

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Newstead House

43 Venns Lane, Hereford, HR1 1DT

Tel: 01432263131

Date of Inspection: 20 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Somerset Redstone Trust
Registered Manager	Ms Benedicta Thodlana
Overview of the service	Newstead House is located in Hereford and provides nursing and residential care for up to 46 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer the five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report. This is a summary of what we found.

Is the service safe?

The people who lived in the home and their relatives told us they were pleased with the care provided. They felt that their views were respected and listened to.

People told us they felt safe. We saw that people were free to go about their daily routine. One person told us, "I feel safe here". A relative of someone who lived in the home told us, "Eleven out of ten for care".

We saw that there were enough staff available to meet the needs of the people being cared for.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted proper policies and procedures were in place. Relevant staff have been trained to understand when an application should be made and how to submit one.

Is the service effective?

People told us that they were satisfied with the care they received. They told us that the

registered manager and the staff had asked them what their needs were and how they would like them met. One person said, "They asked lots of questions about what I wanted from them".

Care records confirmed people's needs and preferences had been recorded and care and support had been provided in accordance with their wishes.

People and their relatives were involved in the assessment of their needs. One person said, "We discussed what *** needed and it went into his plan".

People told us staff obtained help for them if they were unwell. This meant people were supported to keep in good health, have access to health care services and received ongoing support.

We found that the staff received the support and training that enabled them to meet the needs of the people living in the home.

Is the service caring?

People we talked with told us their wishes were respected and they were able to live their lives as they wished. Staff took the time to find out about people's background. Staff knew people's needs well and how they wished to be cared for. This meant that staff cared about the person as an individual and were concerned about their well-being.

People and their relatives were encouraged to make their views known about their care. People that we talked with told us that they found the registered manager and the staff easy to approach about any issues they had. A relative told us, "(Registered manager) and (deputy manager) always said go to them if I had a problem and I feel I could. I could approach any of the staff". This meant that people were listened to and they felt that their views mattered.

Is the service responsive?

People had been assessed before they moved into the home so that arrangements could be made to meet their needs.

People and their relatives told us they talked with the registered manager and the staff about what was important to them. They talked the about activities they took part in and their meals. They told us that their care packages had been changed as a result.

Is the service well led?

The management and staff demonstrated values that included involvement, compassion, dignity, respect and independence. Staff we talked with showed they understood those values as they discussed their role and responsibilities. This meant the service promoted an open culture that was centred on the individual and empowered them to take control of their life as much as they were able.

The provider had systems in place to assess and monitor the home so that potential improvements in meeting people's care needs could be identified and put into place.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

During our inspection we talked with ten people who lived in the home, two relatives, eight of the staff that were on duty and the registered manager. People told us the staff had explained to them what care and treatment they would be receiving. One person told us, "I talk with the staff and decide what would be best for me".

People told us that they were looked after in the ways that they preferred. We saw that people were encouraged to move around the home with as little assistance as possible to maintain their independence. We met one person who told us, "I'm just going for a bit of a walk; just to the end; I like to keep active". They were using a walking frame. We talked to the staff. It was clear that they were aware that the person was doing this and what the risks to the person were.

People told us that their privacy and dignity was respected by the staff. We saw how they were taken to their own rooms when they needed their personal care needs met. We saw and heard staff knocking on bedroom and bathroom doors before entering.

We saw a number of examples of care being delivered sensitively and discreetly. Many of the instances we saw were at meal times or when people were being assisted to move around the building. People said that they were reassured by and confident with the support they were given. We saw that people had a choice of meals. We heard staff asking what meals people wanted at lunch time. We saw that they received their meal of choice. One person said, "The food is really nice".

We looked at the records of four of the people who lived in the home. They reflected the views and preferences that people told us they had. This gave staff accurate information to refer to when arranging to meet people's needs.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People told us they were happy with the care they received. One person commented, "I feel safe here". They told us that staff explained to them how they were going to help them and asked for their permission to do so. Another person we talked with said, "They do everything possible to help me".

We saw that staff were respectful, friendly and compassionate to people who lived in the home. The staff we talked with said people chose what time they wanted to get up and what clothing they wanted to wear. They also chose what food they liked on the menu and what they wanted to do during the day. The staff showed a good knowledge of people's individual preferences as well as their medical needs.

We saw that alternative meals had been prepared and served in different ways according to people's needs and wishes. We saw staff helping and prompting people at mealtimes. They did this while chatting with them in a sensitive and professional manner. This showed the service could cater for people's individual dietary needs.

We saw that people had a choice of what activities to take part in. There was a poster on the wall in reception which showed each day's activities such as choir practice, music and movement, bingo, quizzes and arts and crafts. People confirmed that those activities took place. This showed that there was a range of stimulating activities available to occupy people.

During our visit we looked at four care plans. People told us they were involved in planning their care and personal preferences were taken into account. One person told us, "We discussed what *** needed and it went into his plan". The care records showed healthcare professionals were involved when people needed them. For example, we saw that the GP and chiropodist had visited the home.

Each person had a support plan which identified their individual needs before they came into the home. There was also an assessment of possible risks to them and a description of their needs for support and treatment. One person told us, "They asked lots of questions about what I wanted from them".

Care plans were reviewed monthly by the registered manager or their deputy. Family members told us they were kept informed of any changes in their relatives' health.

The registered manager confirmed that none of the people who lived in the home were subject to any formal decisions (Deprivation of Liberty Standards often referred to as DoLS) that deprived them of any of their liberty. The manager showed a good knowledge of their and the provider's duties under the Mental Capacity Act 2005.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People told us that when they asked for assistance from staff they always received it promptly. They told us that they felt confident that the care that they received from each member of staff would be professional and friendly. This meant that there were enough staff available to respond to people and they had time to do so in an unrushed way.

We saw that call bells were answered promptly. This meant that there were enough staff available to do so. One person said, "I just ring the bell and someone comes".

We talked with some of the people who lived in the home. They told us they were able to regularly take part in the activities that they needed to or enjoyed. This showed that there were enough staff available for this to happen.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Throughout our visit the people who lived in the home were very complimentary about the staff and the way that they delivered their care. They said such things as, "They do everything possible to help me".

Staff told us that they had regularly talked with their line manager about how they carried out their role or about the people they provided with care, treatment and support.

Staff told us that they had received a range of training in such subjects as wound management, food hygiene, infection control, the handling and administration of medication, end of life care, infection control and manual handling. We saw the training records which confirmed what they had told us.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People living in the home, the registered manager and the staff told us the provider's representative regularly visited the home and looked at how well people's needs were being met. They told us that they asked the views of the people living in the home during the visits. These visits were carried out to identify possible improvements to the ways people's needs were met.

Records showed that the registered manager, the deputy manager or the provider had regularly reviewed medication, care plans and health and safety. This ensured that they could identify and put right any concerns in the care provided to people living in the home. The manager was aware with any issues that needed attention.

Assessments had been carried out where there was any risk involved in meeting people's needs. Examples of these were assessments and analysis about managing the risks to people with fragile skin and those who needed moving and handling. The records showed that these plans had been effective in managing the risks. This showed the provider had considered the risks to people and taken steps to reduce them.

People told us that there had been a recent meeting with the senior staff that they could attend. They said that they had been able to express their views on such things as the meals and the activities available to them. Questionnaires had been circulated to people who lived in the home. These contained questions about the quality of the care people had received. We saw that people's responses had been analysed and changes made as a result. This showed that people's view were asked and acted upon.

We saw that the registered manager was available to people who lived in the home, their relatives, visiting professionals and the staff. People living at the home and their relatives confirmed this and told us that they felt comfortable raising any concerns and were confident that action would be taken. A relative told us, "(Registered manager) and (deputy manager) always said go to them if I had a problem and I feel I could. I could approach any of the staff".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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