

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

## Nutley Hall

Nutley, Uckfield, TN22 3NJ

Tel: 01825712696

Date of Inspection: 22 February 2013

Date of Publication: March 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Nutley Hall
Registered Manager	Mr. Paul Bradford
Overview of the service	Nutley Hall is a care home which provides personal care and accommodation for 33 adults who have a learning disability. The home is made up of a number of small group homes in a community setting.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Supporting workers	11
Assessing and monitoring the quality of service provision	12
<b>About CQC Inspections</b>	13
<b>How we define our judgements</b>	14
<b>Glossary of terms we use in this report</b>	16
<b>Contact us</b>	18

## 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 22 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

---

### What people told us and what we found

---

We used a number of different methods to help us understand the experiences of people who used the service because people's complex needs meant they were not fully able to tell us about their experiences. One person told us "I am happy here". Two people we spoke with both said that they liked it there. Throughout the day we observed that people appeared happy, relaxed and comfortable with whatever they were doing.

We found that people were treated with respect by the staff and that they were involved in the running of the service. People were encouraged to have their say and were listened to.

People received the support they needed to meet their identified needs. Care plan information was up to date and contained detailed information about people's needs and how these should be met. Staff were knowledgeable about the people they supported. Up to date risk assessments encouraged people to be independent whilst maintaining their well being.

We found that staff were aware of how to protect people and what to do if they suspected any abuse. There were clear guidelines in place about what action should be taken if staff had any concerns.

Staff were supported in their roles and had the skills needed to carry out their work effectively. One staff member told us "I feel supported" and that they were "Happy" working there. Staff had opportunities to receive specialist training and regular team meetings meant that staff were able to discuss any concerns or issues.

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](http://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.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

---

### Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. Every morning all the people gathered in the main hall for a quick meeting before starting activities for the day. There was also a weekly 'Community Meeting' where all the people and staff got together for refreshments and people could bring ideas or share interests. We also noted that there were weekly individual house meetings where people could share ideas or talk about any issues about where they lived. In one house we saw that people had decided their weekly food menu at the last meeting and this was displayed on a wall.

We spent some time in one of the houses talking to the people while they had lunch. Staff sat with them and joined in conversations which were light hearted, respectful and involved everybody. One person told us about their work in the local community helping on a farm and in Ashdown Forest. This person said "I like it here". After lunch we saw that all the people were involved in cleaning up before the afternoon activities. The atmosphere was friendly and people were clearly at ease in their home.

People were supported in promoting their independence and community involvement. Nutley Hall ran a number of workshops in the day for people to take part in. These included basket and candle making, weaving and a bakery. We observed that all the people in the workshops took part and had a task to do. We noted that there was a small shop where they sold bakery goods to the local community. One staff member told us about how they sold other goods they made to local shops.

People expressed their views and were involved in making decisions about their care and treatment. We looked at the care records for three people. We saw that where people had to make important decisions they were supported to do this. One person needed to take medication for a medical condition. They initially refused to do this. There was a clear written explanation of how they were supported to realise the importance of the medication

by giving them information which they understood. The person had then agreed to take it.

A staff member told us how they respected people's dignity by ensuring that all personal care was carried out with doors closed. The staff member said that they treated people as equal adults and recognised that all the people had their own individual skills.

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

---

**Our judgement**

---

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

---

**Reasons for our judgement**

---

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at the care records for three people that lived at the home. These all contained a personal profile for each person. These were written from the person's point of view and gave clear information about what was important to them, things they liked and things they were good at. Each person had a care plan which was up to date and which had been reviewed in the past year. Care plans included information about how assessed needs should be met in areas such as health, personal care and communication. This meant that staff had the information they needed to support people appropriately.

We saw that there was effective monitoring and support for people's individual health needs. There was a record of any health related appointments such as the GP, chiropodist, dentist and optician. We found that where people had particular health issues they were supported in managing them. For example, one person had a problem with their skin and this was monitored in daily notes and appointments made with the GP and a dermatologist. This showed that care and treatment was planned and delivered in a way that was intended to ensure people's welfare.

There were clear and up to date risk assessments in place which supported people in maintaining their independence whilst being kept safe. Risk assessments covered areas such as mobility, the environment and behaviour. The staff we spoke with were aware of the risks to each individual and were focussed on what people could do for themselves rather than what they could not do. One staff member said "We try to make it a real home for people".

Throughout the day we observed people being supported appropriately by staff. We spoke with five people who lived at Nutley Hall. They were all positive about living there. One person told us "Staff look after me" and another said "I am supported".

**People should be protected from abuse and staff should respect their human rights**

---

## **Our judgement**

---

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

---

## **Reasons for our judgement**

---

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We looked at the safeguarding policy for the home. This provided clear details about types of abuse and what staff should do if they suspected abuse had happened. The policy informed staff that they should make use of supervision sessions and advised that they should flag up any uncharacteristic behaviour patterns they observed in people. The policy made reference to other related policies such as complaints, whistleblowing and restraint.

We saw that information was given to people that lived at the home which told them what they could do if they were afraid or had been mistreated. This was in large print and included contact details of the CQC.

The staff we spoke with were clear about their safeguarding responsibilities. One staff member told us how they always recorded any marks or bruises and if there was anything concerning they would report it to the manager. This was confirmed by the care records we looked at. Staff told us they were aware of the whistleblowing policy and one staff member said "There are notices around the building advising staff of their responsibilities".

One person's records showed that they had a series of unexplained bruises during 2012. These were clearly recorded and monitored. Concerns had been raised about the possibility of self injury and the service had sought the advice of a psychologist and the local Community Learning Disability Team. This showed that action had been taken to promote the safety of the person.

The provider may like to note that some unexplained marks on people had not always been reported to the local safeguarding team. This was discussed with the manager who explained that staff were aware of people who were prone to falls or bumping into things. It was evident that unexplained injuries were closely monitored however consideration was not always given as to whether they were reportable as possible safeguarding incidents.

One member of staff told us that they had training in safeguarding as part of their induction last year. Another staff member said that they "Have not had safeguarding training recently", but that it was "Often discussed in team meetings". The provider may like to note that we looked at training records which were not clear about who had received safeguarding training over the last year. However, we noted that there had been a discussion about safeguarding in the team meeting the previous week. This meant that staff had the information they needed to protect people in the home.

**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

---

We looked at the training records for staff which showed that mandatory training was available covering subjects such as first aid, medication, infection control and moving and handling. Specialist training was also provided if needed. This included, for example, dementia care and epilepsy management. This meant that staff received appropriate professional development.

We were shown evidence of some of the training that staff had in the last year. The provider may like to note that it was unclear if all the staff had received the training needed to support them in their roles. There was no training matrix in place and staff training needs had not been identified. The training manager told us that a training and development plan had been drafted. They said that, when finished, this would assist with monitoring and ensure that all staff got appropriate and up to date training.

We spoke with three members of staff who told us they were supported in the roles. They told us they got the training they needed. One member of staff said "I like working here" and "I can always discuss issues with my manager". Another staff member told us that they had an induction which included mandatory training and said "I feel supported".

We saw records of regular team meetings which happened every week. Staff told us that they got formal supervision usually every three months. One member of staff told us that they sometimes had group supervision which they found useful. There was a detailed supervision contract which was given to staff which explained the purpose of supervision and how it could be used.

## 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 who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. In July 2012 the provider asked for a team of people who had experience of receiving care to come to Nutley Hall to carry out a "Quality Check". They spoke to people at the home to get their views and wrote a report about their findings. This identified that one person wanted to move rooms. This was followed up by the provider who was able to support this person in deciding what they wanted to do.

We saw from looking at people's records that they were asked for their opinion through a 'Lifestyle and Choice' questionnaire. This included questions about how they felt living at the home. There was also feedback from relatives about how they found the home.

The provider wrote an annual quality assurance development log which reviewed what action had been taken during the last year and what improvements had been made to the service. We saw that the last review covered 2011. The manager told us that this was currently being completed for the last year.

The manager told us that there were designated staff members who were responsible for different aspects of monitoring. We met with the Health and Safety Lead who showed us environmental and equipment checks had been carried out. We saw recorded evidence of regular fire drills and weekly fire alarm checks. There were up to date certificates in place for the checking of gas safety, electrical systems and legionella testing. This meant that the provider was assessing and managing risks to people who lived at the home.

The provider took account of complaints and comments to improve the service. We looked at the complaints records and noted there was one complaint received last year from a person who lived at the home regarding a path in the grounds. We saw that this had been recorded in the person's care records together with action taken by the manager to resolve the situation. This included making improvements to the path to make it safer.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---