

Review of compliance

Somerset Redstone Trust Newstead House	
Region:	West Midlands
Location address:	43 Venns Lane Hereford Herefordshire HR1 1DT
Type of service:	Care home service with nursing
Date of Publication:	July 2011
Overview of the service:	Newstead House is located in Hereford and provides nursing care for older people.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Newstead House was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 11 - Safety, availability and suitability of equipment

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 18 May 2011, carried out a visit on 19 May 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us that Newstead House is a 'nice place to live'. One person expressed satisfaction with her bedroom adding 'This place is great'. People spoke highly of the staff team and of the food provided.

We observed staff throughout the time we were at the home and found them to be kind and caring.

Many of the people residing at Newstead House were not able to tell us much about their experience at the home due to their condition but those who could were happy with the care provided. Nobody told us of any concerns they have during our visit.

We found that improvements are needed in some areas including record keeping, cleanliness of commodes, the management of medication and systems to ensure equipment is maintained.

What we found about the standards we reviewed and how well Newstead House was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People living at Newstead House are placed at risk of not having care needs fully met due to inaccurate care planning and risk assessment records.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The Code of Practice on the prevention and control of infection and related guidance was not being followed as shortfalls were established regarding the cleaning and decontamination of commodes.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

Systems in place to ensure safe delegation of responsibility and recording of some medicines are not sufficient to demonstrate that these tasks are carried out safely.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

Appropriate systems are not in place to ensure that people living at Newstead House are residing within a safe environment.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People expressed satisfaction with the care they receive. One person stated that any ailments are dealt with promptly. Care workers generally had a good knowledge of people's care needs. Throughout the visit care workers seemed to be very busy.

We saw drinks available in bedrooms. We brought to the attention of the manager designate that the amount of squash in a jug in one bedroom had not gone down to any great extent during our visit. We were assured that other drinks had been given.

Information was displayed about activities and we saw some examples of art work on the walls of one corridor. We were informed that flower arranging was due to take place on the day of our visit.

Other evidence

Care plans and risk assessments were in place for each person living at the home. During our visit we were informed that changes were taking place regarding care planning. Daily records and care plans were on computer while visits from visiting professionals remained to be paper versions. Staff were able to print out documents for us from a computer.

We saw a range of risk assessments; however these were not always either completed accurately or were not up dated as frequently as needed. We saw records showing that some people had lost weight: however this had not triggered a referral to a dietician or extra monitoring regarding their food intake or more frequent weighing.

Where significant events or incidents had been reported in the daily notes there was not always evidence that these were followed up, such as a request for a person's ears to be syringed.

Some of the information within care plans was conflicting, for example one person's record stated that they were bed bound while other records stated differently. We saw the person sitting out of bed in their bedroom. Another record stated that a person had intact skin whilst elsewhere we read of a break in the skin.

Equipment was available for people who were at risk of developing pressure sores. We saw people sitting on suitable pressure relieving cushions although this was not always recorded within a care plan.

Gaps in the care records means there is a risk that people may not receive the appropriate care at all times through staff not having sufficient information to enable them to give the care to people in a consistent manner. Overall despite the fact that they were busy staff had a good knowledge of people's needs.

Our judgement

People living at Newstead House are placed at risk of not having care needs fully met due to inaccurate care planning and risk assessment records.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

There are minor concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People expressed satisfaction with the cleanliness of the home especially their bedrooms where many people spent the majority of the day. We were advised that the home has a designated person to ensure that the hygiene code developed and published by the Department of Health is implemented. We were told that this person carries out 'spot checks' around the home. An audit dated April 2011 was on display. At the time of the visit the home had a vacancy for a domestic member of staff.

Other evidence

During a look around the home we became concerned about the cleanliness of some areas and infection control practices. We saw some dirty commodes, dirty toilets and a dirty bath seat.

We looked inside a sluice room and found it to be untidy. A shelf for commode pots was dirty as were commode pots stored there. Other equipment was also dirty and not ready to be used. The floor covering had a hole within it therefore making effective cleaning difficult. When we returned the following day the manager designate showed us the improvements she had made in this area.

Information on a notice board showed that training is provided. This training included infection control. Some members of staff told us that they had not received infection control training while working at Newstead House. For one person this was over seven months.

Our judgement

The Code of Practice on the prevention and control of infection and related guidance

was not being followed as shortfalls were established regarding the cleaning and decontamination of commodes.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are moderate concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We did not speak directly to people living at Newstead House about their experience regarding the management of medication within the service. We saw two members of staff checking the balance of some controlled medication.

Other evidence

During our visit it became evident that Health Care Assistants (HCAs) were regularly administering medication in part of the home where people who need personal care only reside. We asked whether care workers such as HCAs also administer medication to people assessed as requiring nursing care. It was confirmed that this does at times happen when the nurse is busy doing other things. We were informed that some further training was scheduled to take place and that both nursing staff and HCAs would be taking part in the training.

We looked at how medicines were stored and the records of administration made. The administration of medicines by either nursing staff or health care assistants was recorded on printed medicine administration record (MAR) charts. We checked a number of MAR charts and found them to be generally completed correctly. We saw some gaps where staff had not signed for medication following administration and one occasion when a drug was signed as given but it remained within the blister pack. The nurse on duty was unable to explain why this drug was not given.

We were able to carry out some audits of medication and determined that people were

having their medicines as prescribed. We found that carry forwards (the number of tablets remaining at the end of a month) were not recorded between MAR charts therefore making some auditing difficult. The information recorded within the care plans regarding people's prescribed medicines was not up to date as it did not match with the MAR charts.

We found that the storage of medicines was satisfactory. Items were stored securely and within a safe temperature range.

We viewed records and systems in place to ensure the safe storage and administration of controlled drugs. The home had medication which needs to be held as a controlled drug. Best practice states that this medication should also be recorded in the same way as a controlled drug. The recording system in place consisted of a note book and contained gaps. For one person the total number of drugs held at one time was unclear. The manager designate confirmed that she would change the system and ensure that staff record this type of medication appropriately.

Our judgement

Systems in place to ensure safe delegation of responsibility and recording of some medicines are not sufficient to demonstrate that these tasks are carried out safely.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- * Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- * Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

There are minor concerns with Outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

People expressed satisfaction with their bedrooms and equipment available to them.

Other evidence

Whilst having a look around the environment we checked some of the lifting equipment to see when they were last examined. From labels on the equipment it appeared that the last examination had taken place during October 2010. The Health and Safety Executive state that equipment should be examined every six months. The manager designate believed that the equipment had been recently seen by contractors. Towards the end of our first visit we were informed that engineers had contacted the home and that they were due to visit the following day as the equipment had not received a recent examination.

We previously reported a faulty boiler. It was planned to have one large boiler for all central heating & water. However, problems were identified in linking the old pipe work to the new pipe work which resulted in leaks and damage. We were assured that pipe work was replaced and that heating and hot water supply is now working satisfactory.

We checked a small number of fire doors and found that they closed into their rebates correctly. During our visit we saw items of clothing on coat hangers hanging from two fire door closures. We brought this observation to the immediate attention of the manager designate.

Our judgement

Appropriate systems are not in place to ensure that people living at Newstead House are residing within a safe environment.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People living at Newstead House are placed at risk of not having care needs fully met due to inaccurate care planning and risk assessment records.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People living at Newstead House are placed at risk of not having care needs fully met due to inaccurate care planning and risk assessment records.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People living at Newstead House are placed at risk of not having care needs fully met due to inaccurate care planning and risk assessment records.	
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities)	Outcome 08: Cleanliness and infection control

	Regulations 2010	
	<p>How the regulation is not being met: The Code of Practice on the prevention and control of infection and related guidance was not being followed as shortfalls were established regarding the cleaning and decontamination of commodes.</p>	
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>How the regulation is not being met: The Code of Practice on the prevention and control of infection and related guidance was not being followed as shortfalls were established regarding the cleaning and decontamination of commodes.</p>	
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>How the regulation is not being met: The Code of Practice on the prevention and control of infection and related guidance was not being followed as shortfalls were established regarding the cleaning and decontamination of commodes.</p>	
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: Systems in place to ensure safe delegation of responsibility and recording of some medicines are not sufficient to demonstrate that these tasks are carried out safely.</p>	
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities)	Outcome 09: Management of medicines

	Regulations 2010	
	<p>How the regulation is not being met: Systems in place to ensure safe delegation of responsibility and recording of some medicines are not sufficient to demonstrate that these tasks are carried out safely.</p>	
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: Systems in place to ensure safe delegation of responsibility and recording of some medicines are not sufficient to demonstrate that these tasks are carried out safely.</p>	
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 11: Safety, availability and suitability of equipment
	<p>How the regulation is not being met: Appropriate systems are not in place to ensure that people living at Newstead House are residing within a safe environment.</p>	
Diagnostic and screening procedures	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 11: Safety, availability and suitability of equipment
	<p>How the regulation is not being met: Appropriate systems are not in place to ensure that people living at Newstead House are residing within a safe environment.</p>	
Treatment of disease, disorder or injury	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 11: Safety, availability and suitability of equipment
	<p>How the regulation is not being met: Appropriate systems are not in place to ensure that people living at Newstead House</p>	

	are residing within a safe environment.
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The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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