

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

Newstead House

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Tel: 01432263131

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Meeting nutritional needs

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Records

✓ Met this standard

Details about this location

Registered Provider	Somerset Redstone Trust
Registered Manager	Mrs. Pearl Aku Mumford
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

We carried out this inspection to check whether Newstead House had taken action to meet the following essential standards:

- Meeting nutritional needs
- Assessing and monitoring the quality of service provision
- Records

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 13 November 2012, 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

At our previous inspections over the past year, we have had concerns about aspects of the service, which were putting people at risk of poor outcomes. At this inspection, we found that the service had made significant improvements. People were receiving a service which met their needs and protected their rights.

People told us that they were happy at the home. One person said "it's a safe place to be when you need help" and another told us "they've given me my life back, I've got so much better since being here".

Care records were detailed and accurate. They contained the information that staff needed so that people received the care and support they required. People told us that the staff were "wonderful, always so patient" and "just lovely".

People were able to choose from a nutritious and varied menu. Drinks were accessible at all times, and staff were encouraging people to drink frequently. Staff understood the importance of a balanced diet and the need for adequate hydration.

There was a clear management structure in place. We saw that effective systems were in place for monitoring the quality of the service. People told us that they knew that they could raise any concerns with the manager or her deputy. They said that they were confident that action would be taken as necessary.

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

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

At previous inspections, we had some concerns about the way that the home managed people's nutritional and hydration needs. At this inspection, we found that the home had made significant improvements and were making sure that people's needs were being met.

People were provided with a choice of suitable and nutritious food and drink. People told us that they enjoyed the food provided at the home. They said that there was a varied menu and that they could have snacks between meals if they wanted. We saw that people had a choice of main meal at lunchtime, and that people could have alternative meals if they wished.

Staff explained how they used pictorial menu cards to prompt people with memory loss. People told us that staff took time to make sure that they were happy with their menu choices.

People were supported to be able to eat and drink sufficient amounts to meet their needs. We saw that staff were supporting people who needed assistance with eating at lunchtime. This was done discreetly and kindly.

We saw that people had drinks within reach, and that staff were offering drinks regularly. There were clear records to show food and fluid intake for anyone at risk. Records showed that risks such as weight loss had been identified. There were clear plans in place to manage weight loss.

We spoke with staff in the kitchen. They showed a good understanding of people's dietary needs, including specialist diets. We saw that the home was using more fresh food and had reduced its use of processed food.

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

At our previous inspections, we had concerns about the way in which the quality of the service was being monitored. Since then, the provider sent us regular action plans telling us how the service would make the necessary improvements.

Records showed that staff were carrying out regular checks on all aspects of the care and support provided. There was a clear management structure in place. We saw evidence that action had been taken whenever any concerns had been found. Therefore the systems in place for monitoring the quality of the service were effective.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw records of meetings with people living at the home and their relatives. People told us that they found the manager and deputy very approachable. One person said "I can ask them anything and I know they will do it if they can".

There had been significant improvements throughout the service, and this was reflected in some of the comments we received, such as "it was good anyway but now it's better" and "the assurance that things will be done is much better". People also commented on the improved morale of the staff.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our previous inspection, we had concerns that records did not always accurately reflect people's care needs. At this inspection, we found that people's personal records including medical records were accurate and fit for purpose.

People's care needs were clearly described, and we saw that there were clear plans in place to address any risks. For example, one person had been assessed as being at risk of pressure damage. Records showed that staff were regularly monitoring the person's skin. The care plan stated how the person should be cared for, including the use of specialist equipment, to ensure that they did not develop pressure damage.

Records were kept securely and could be located promptly when needed. People's individual records were held on a secure computerised system. The system could only be accessed by authorised staff. There was a user guide to the computer system beside each computer terminal. This meant that all staff could easily find what they needed on the system.

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.

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