# Inspection Report

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

## Newstone House

Station Road, Sturminster Newton, DT10 1BD

Tel: 01258474530

Date of Inspection: 20 August 2012

Date of Publication: September 2012

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 |
| **Safeguarding people who use services from abuse** | ✓ Met this standard |
| **Management of medicines** | ✓ Met this standard |
| **Staffing** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

| | |
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| Registered Provider | Colten Care (1993) Limited |
| Registered Managers | Mrs. Claire Frances Brownless<br>Mrs. Rodelyn Sionomio Thompson |
| Overview of the service | Newstone House is registered to accommodate up to 59 older people. On the first floor there is a dementia unit and on the ground floor there is residential and nursing care. The home opened in October 2011. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care<br>Treatment of disease, disorder or injury |

## 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'.*

## 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 reviewed all the information we have gathered about Newstone House, looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations and carried out a visit on 20 August 2012. We observed how people were being cared for, checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff. We received feedback from people using comment cards.

### What people told us and what we found

A summary of comments from what people told us; "I choose to go in the garden a lot. I get privacy when I need it. You can even have what they call a 'duvet day' if you tell the nurse" and "I think there are enough staff around. They're extremely good at lunch time and work jolly hard...they are so nice and polite too".

We found people received encouragement and support to promote their independence. We found people's care records reflected their current needs and risk assessments had been regularly reviewed.

People who lived in the home and staff told us they felt there were enough staff to ensure people's needs were met. Staff were aware of how to recognise signs of abuse and how to report it. Staff understood what they needed to do if someone was unable to make an informed decision about their care and treatment.

We found appropriate arrangements were in place for managing medicines and the home's management had appropriate measures in place to regularly assess and monitor the quality of the service.

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 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

Throughout our visit we spoke to six people who lived in the home. We received positive feedback from people that they had the choice and independence they wanted. One person told us; "I choose to go in the garden a lot. I get privacy when I need it. You can even have what they call a 'duvet day' if you tell the nurse".

Another person told us "It's like a second home to me. I have no complaints. Occasionally the staff call me 'my darling' or 'my sweet' which I don't like. Apart from that I think they are extremely good actually. They treat me with respect". We spoke with the manager about staff using inappropriate names when addressing people who lived in the home. They told us they would ensure staff were reminded that people were called what the person wanted.

We saw evidence that there were a variety of activities arranged everyday for people who wished to participate in them. On the day we visited we saw people participating in an exercise class, flower arranging and a trip to Wardour Castle by mini bus. There was also an afternoon talk by a representative from Diabetes UK. We observed a number of stimulation activities for people with dementia or short term memory loss.

We saw people were able to engage and gain stimulation from a range of areas in the home. This was particularly useful for people with short term memory loss. Some of these were a reminiscence garden, home cinema room, a sun/beach room and a retreat room. We were told by the manager and some people we spoke with that they could use these rooms/areas when they wanted.

The manager told us there was a religious service once a week from a representative from catholic, protestant and Methodist churches to cater for people's individual religions. The manager told us they would cater for any other religion if required.

Some people spoken with told us staff always knocked on their door before they entered and showed respect and consideration towards them. One person told us about an occasion when they were not happy about the care they had received. They said they had

informed the manager and they had dealt with their concern very seriously and took action to address it.

Throughout our visit we took time observing staff interactions with people in various communal areas throughout the home. We found these to be kind and respectful, with staff taking their time with people who needed it. We observed people looked well dressed, clean and comfortable in their surroundings.

We observed staff practices in the dementia unit. We saw that when people became anxious staff knew how to engage them to reduce their anxiety. We saw one member of staff asking people to help with the washing up. We saw this was a positive engagement for the people involved.

Another member of staff was completing a life history questionnaire with a person. We noted that this could have been a good opportunity to have in-depth conversation with them about their life. However this was treated more like a task. We fed this back to the manager who told us they would ensure the staff member got the appropriate support.

We saw from people's care records that the home involved other professionals in decisions about care and treatment if someone was assessed to lack the capacity to make an informed decision. The provider may find it useful to note that in one case we found this process had not being followed.

**Care and welfare of people who use services** ✓ Met this standard

**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

Throughout our visit we looked at how people's care was planned and assessed. We reviewed three care records of people who lived in the home. The records informed care staff of how to care for people's individual care and treatment needs. We found this reflected their current needs and risk assessments had been reviewed regularly. One person told us that their family were involved in their care and took them to appointments with their doctor.

Nursing staff told us they had a good relationship with the local GP and said they would visit the home at least once a week to review people in the home.

We spoke with care staff about the individuals. We found they were knowledgeable about their needs and this corresponded with the person's care records. One member of staff said "I couldn't work here if I thought people's needs were not being met".

All care staff spoken with told us all people who lived in the home could tell them if they were pain and needed assistance. One person told us that staff treated them with respect and there were enough staff around to help them when they needed it; "I press the button. They come. I don't have to wait."

Staff spoken with told us they felt the care team had good communication. They had handovers between every shift when care staff would discuss people's current needs. Care staff told us that if they were ever concerned about someone and felt people's needs had changed, they would always report it to the nurse in charge.

**Safeguarding people who use services from abuse** ✓ Met this standard

**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

Two people we spoke with told us they could raise concerns with the manager of the home. They told us they had complained previously and their concern was dealt with professionally and appropriately. They told us the manager had changed what they were not happy with and made improvements to their care. They said they would not have a problem in reporting to the manager again.

Three of the care team told us they felt well supported by the manager of the home and they felt confident to report any concerns to them.

Three of the care team we spoke with told us how they would recognise signs of abuse and what action they would take if they felt concerned about someone. They were fully aware of who to report to within the home and in the organisation. If they wanted to report externally to the authorities some staff were not sure who to report to but knew where there was a policy to refer to in the home.

People who lived in the home may at times lack the capacity to make an informed decision about their care and treatment. This meant it was important that staff understood the Mental Capacity Act 2005 (MCA). This is set out to protect vulnerable people to ensure their rights to make their own informed decisions are upheld. If someone is deemed to lack capacity then the home should follow the procedures as detailed in the MCA.

People who lived in the home could display challenging behaviours at times and there maybe occasions when people's liberty may need to be deprived to keep them safe. The Deprivation of Liberty safeguards (DoLS) is set out to protect people when this situation may arise so the provider follows the procedures that protect the individual.

We spoke with three members of the care team about their understanding of the MCA and DoLS. Staff spoken with provided us with examples of when they would need to follow the procedures set out under the legislation. They had a good understanding of what it meant for people who lived in the home. Although we did find some records reviewed did not follow correct procedures under the MCA.

**Management of medicines** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

## Reasons for our judgement

We spoke with two people who lived in the home about their medication. They told us that staff always remembered to give them their medication at the right times. They said they did not have any concerns about the way staff gave them their medication.

We found that appropriate arrangements were in place in relation to the recording of medication. We looked at the medication administration record (MAR) charts for five people who lived in the home. We found that medication had been signed for by nursing staff to indicate they had been given as prescribed.

We saw where medication had not been given a recognised code had been used. This was to ensure the reason for not administering the medication was clear. Where there were handwritten instructions about people's medicines on the charts we saw these had been double-signed by nursing staff to ensure the information was accurate.

Medication records contained information about people's allergies.

We saw that medicines were prescribed and given to people appropriately. We saw that one person used an inhaler for their asthma. A nurse told us that they used their inhaler independently and we saw that a risk assessment had been carried out to ensure they were safe to do this.

We saw that another person was prescribed medicine 'as required' for pain relief. We saw there was information in their records to advise staff what the medicine was for and the prescribed dosage. This helped ensure the person received the right dose of pain relief medicine when they needed it.

We had suggested improvements at our last inspection in March 2012 regarding the monitoring of risks for people receiving crushed medication. We reviewed one person who had some medicines administered to them by a feeding tube. We saw that a doctor had provided written confirmation that it was safe for the medication to be crushed and administered to them this way.

We saw people's medication was kept safely. There was a clinical room on each floor of the home where medicines were stored. The rooms were tidy and clean. Each clinical

room had a medicines fridge for storage of specific medicines if required.

We saw one person's medication was stored in a medicines fridge. We saw that the temperature of the fridge was monitored each day and was at the correct temperature to ensure safe storage. We saw another medication fridge which did not contain prescribed medicines and was not at the correct temperature. The manager told us they had already identified this during a medicines audit earlier that day and had taken action to ensure this was addressed. This helped ensure that, if any medicines needed to be stored, this could be done safely.

We found that people's medication was disposed of appropriately. We spoke with two nurses about procedures in place to ensure the safe disposal of medicines. Both nurses described how medicines were returned to the pharmacy and showed us the records to support this.

We spoke with three nurses about the training they had received to administer medicines at the home. They told us that they had received a competency assessment. This included an observation of them administering medicines and being asked questions about safe practice. They told us that a local pharmacy had also visited the home to provide training on medicine procedures which had been useful. The operations manager confirmed that assessments were carried out every year to ensure that nurses remained competent to administer medicines.

**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

Throughout our visit we observed all communal areas in the home that were used. This included lounge areas, the dining room during lunchtime and observing activities taking place. Through our observations we noted care staff were able to meet to people's needs promptly when requested.

One person told us that in the evenings they sometimes had to wait for a cup of tea. They told us that on one occasion they had used their call bell and staff had responded quickly. They said "I think there are enough staff around. They're extremely good at lunch time and work jolly hard...they are so nice and polite too".

We spoke with various members of the care team who told us they felt there were enough staff to meet the needs of people who lived in the home. One member of the care team told us when care staff called in sick and management could not find cover then this impacted on staffs workload but told us they were always able to meet people's needs.

At the time of our inspection the home had 26 people living in the home. The home could accommodate 59 people overall. The manager informed us that the staffing levels were assessed on the needs of people who currently lived in the home. They gave us an example of when they had changed the levels of staffing due to one person requiring one to one support whilst they adjusted to the home.

We reviewed the staffing rotas for the last month. We saw that the shift patterns for the day shift ran from 7:30–19:30 or 7:30–13:30, 13:30–19:30. We saw there would be two registered general nurses; one on each floor and care staff would vary from 5 to 6 care staff on each morning shift and 4 to 5 in the afternoon. The night shift ran from 19:30-07:45 or 07:30. There would be one registered general nurse and two care staff on shift.

We saw there were team meetings for care staff. We saw the minutes of the last care assistants meeting in July 2012. They had discussed moving and handling, promoting dignity, key worker responsibilities, activities, attitudes of staff, call bells and training. Staff contributed ideas for training they felt would be useful. For example, staff requested training to support people with hearing aids and how to use wheelchairs appropriately. The manager told us that training was being sourced in these areas.

**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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

## Reasons for our judgement

We talked with two people who used the service. They could not recall being asked what they thought about the service. One person said, "The manager doesn't do any visiting. I feel managers should visit their residents". However, when we looked at the minutes for a residents' meeting in June 2012 we saw that both people had attended. Minutes showed that residents' meetings were held every three months.

We saw the minutes from the last resident's meeting in June 2012. We saw that eight people who lived in the home, a relative, the manager and activities coordinator had attended the meeting. Some of the discussions included recent social events, future trips, one to one time for people who did not want to participate in organised activities and GP visits. The manager reminded people to come to her to if they had any problems.

The home also had a catering committee meeting that included three people who lived in the home, the manager and chef. We saw the minutes from the last meeting in July 2012. They discussed the quality and choice of the food and people were encouraged to contribute to ideas for the menus.

We saw the home had positive compliments about the service provided. Comments included; "staff have been kind showing dignity and respect".

We reviewed the home complaints log. We saw the last complaint was in April 2012. The manager had responded, a meeting had been held and training was provided to staff. This meant the complaint had been taken seriously and appropriate action had been taken.

We saw that the home had recently had a meeting with GP in May 2012. This included the manager and three of the nurses. They had discussed how to raise concerns, seek advice about treatment plans and make referrals to multi-disciplinary teams. They also discussed falls management, head injuries, end of life care and out of hours services. This meant the home was creating relationships with other professionals that had a large involvement with the service.

We saw the home had completed risk assessments for health and safety in the last year. The home also has a health and safety committee meeting. This includes the manager,

chef, domestic supervisor and maintenance person. We saw the minutes from the last meeting in July 2012. They discussed accidents and incidents in the home and action taken in response to the incidents. They identified environmental risks such as carpets lifting and discussed how these would be addressed.

The manager also completed a monthly accident analysis from October 2011 to June 2012. We saw that this was a thorough analysis detailing the type of accident, the time of day it happened, where it happened and injuries sustained. This would enable the manager to gain a picture of when accidents were happening and if there could be any improvements to help reduce the risk.

The manager carries out a call bell audit. We saw the last audit was in June 2012. This showed that out of 2718 calls 2663 were answered within five minutes. There were 45 calls that were answered in over 5 minutes and 10 calls that were over 11 minutes. This meant that the manager was able to monitor the levels of calls and investigate calls over what was appropriate.

## 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, 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, primary medical services 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.

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| ✓ **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 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. |
| ✖ **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:

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| 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

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