

Review of compliance

<p>Nethermoor House Limited Nethermoor House</p>	
<p>Region:</p>	<p>West Midlands</p>
<p>Location address:</p>	<p>131 Chaseley Road Etching Hill Rugeley Staffordshire WS15 2LQ</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>February 2012</p>
<p>Overview of the service:</p>	<p>Nethermoor House provides accommodation with personal care for 19 older people.</p>

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

Our current overall judgement

Nethermoor House was meeting all the essential standards of quality and safety.

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 to check whether Nethermoor House had made improvements in relation to:

Outcome 13 - Staffing

How we carried out this review

We reviewed all the information we hold about this provider and checked the provider's records.

What people told us

At our last review the service did not have sufficient staff to meet all the needs of the people that lived there. Staff were not always receiving supervision to undertake their role and the service could not demonstrate that staff had received the training they needed to support people. The service provided us with an action plan showing us how it would become compliant.

The service has provided us with information to show that it has addressed the issues raised. The rosters confirmed that there was an extra staff member on duty. We spoke to a relative who confirmed that there were more staff on duty. Another relative said that they were "pleased" with the care provided and that their relative was always clean and tidy and dressed suitably. They also said that the staff supported people to take part in activities.

Evidence was provided to show us that staff were receiving individual supervision and that a range of training had been booked. Relatives were complimentary about the staff. Comments included, "They try their best for people" and, "Very caring".

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

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

People can now be confident that there are sufficient staff on duty to meet their needs and that staff have the training and supervision to provide appropriate care and support.

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 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We did not speak to people about this outcome area at this review. We spoke to some relatives who regularly visited the home. One person told us that they had noticed an increase in the number of staff on duty. This relative said they were "quite pleased" with the care their relative received. Another relative said that the care was "very good" and that their relative was always very presentable and suitable dressed. This relative also commented that the staff were "very caring".

Other evidence

At the last review we saw that the service was short staffed. People were having to wait for their care and staff did not have time to spend with people. When we visited last we also saw that due to the staffing levels the manager was not able to provide staff with individual supervision. The service could not provide us with evidence that staff had completed all the required training to meet people's needs. The provider sent us an action plan to show us how it was going to address the concerns we had raised.

The service has sent us evidence to show us that it has increased its staffing levels. We have seen copies of recent rosters that show there are now three care staff on duty throughout the day and two staff on duty over night. This level of staffing is currently sufficient to meet people's needs.

The provider has sent us documents to show that staff are receiving individual supervision. We have seen the records of individual supervision with four staff. These cover such areas as the duties they undertake, recent and planned training, areas they

are good at and areas for development. The records were all dated within the last 3 months.

The provider sent us information to show that a range of training had been booked. This training included moving and handling, fire safety, medication, dementia awareness, infection control and food hygiene. We have asked the manager to confirm that this training has been provided. Information in the supervision records confirmed to us that some staff had recently completed training in safeguarding.

Our judgement

People can now be confident that there are sufficient staff on duty to meet their needs and that staff have the training and supervision to provide appropriate care and support.

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
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