

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

## Nethermoor House

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Tel: 01889584368

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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>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✗ Action needed

## Details about this location

Registered Provider	Nethermoor House Limited
Registered Managers	Mrs. Valerie Hollins Ms. Sally Starkey
Overview of the service	Nethermoor House is a care home which accommodates 19 older people and people with dementia.
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 December 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

Speaking to visiting professionals.

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### What people told us and what we found

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During our inspection we spoke with the registered manager, staff, relatives and a visiting professional.

People we spoke with were positive about the service.

One person told us, "The staff are very nice here".

Another person told us, "The staff are good. We get to go on outings and have entertainers come in".

Staff we spoke with told us they had appropriate induction training to undertake their work competently and had a good level of support from the management team.

We looked at five key outcomes to establish whether people were involved and participated in the service they received; whether care was provided appropriately; whether the home could adequately ensure people's safety; whether requirements relating to workers were effectively implemented and whether there was a system for ensuring ongoing quality assurance within the home.

Nethermoor House was compliant in four outcome areas.

We found that the provider was non compliant in outcome 16. We found that not all systems in place were effective in assessing and monitoring the quality of service provision.

In this report the name of one of the registered managers appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a registered manager on our register at the

time of our inspection. We have asked the provider to submit a notification to cancel their registration.

You can see our judgements on the front page of this report.

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 13 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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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

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### Our judgement

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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.

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### Reasons for our judgement

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We were told that independence and individuality were promoted by Nethermoor House.

One person living at the home told us, "Staff are polite and respectful. I've told people what I like. I go down to breakfast but most of the time I prefer to be in my room. I go to bed when I want to. I have a nice room with my own furniture".

We spoke to staff about how they supported people living at the home to maintain their privacy and dignity. One staff member told us, "I always ensure that I support people to go to a private room to discuss personal matters. I support people to make choices about what they want to do to maintain their independence".

Another member of staff told us, "When I support people with personal care tasks I ensure people wash themselves where they are able. I provide them with a towel to help them maintain their privacy and dignity".

Care records had been completed for each person using Nethermoor House. The care records we looked at provided appropriate information to staff on how people preferred things to be done. For example the care records informed whether people wanted to be supported by male or female carers. This indicated that people had taken part in the care planning process.

We found from looking at care records that people using the service and their families were involved in the care planning process. This meant that peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We were told that a resident meeting had recently taken place and that families were invited to attend. We saw that people had participated in decisions made about Christmas arrangements, activities and menu choices. This meant that people who used the service,

their representatives and staff were asked for their views about the service. The registered manager told us that the meetings were being held every six months. We were told that the frequency of meetings would be reviewed to see whether this met the needs of people living at the home.

We saw from one care record that a person living at the home had access to an advocate. This demonstrated that people who lived at the home were able to express their views and were involved in decisions about their care and treatment.

We observed people eating their dinner on the day of our inspection. We were told that people were asked what food they wanted and could change their mind at any point and request an alternative meal. We saw that there was one hot meal option, but that people could have jacket potatoes or other options if they wanted to.

During our observations we saw that one person did not want their meal. The provider may find it useful to note that the person was not offered an alternative to eat other than waiting for their dessert. We saw that people's food preferences had been recorded and incorporated into the menu. The provider may find it useful to note that we could not find the menu or visual prompts in the dining room areas to remind people of the food choices available to them.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People we spoke with told us about how they were supported at Nethermoor House.

One person living at the home told us, "The care is very good. I have a buzzer in my room which I press when I need help. People come to support me when I need it".

Another person told us, "I need support to walk to the toilet. Staff help me, but they always maintain my dignity".

We spoke with a visiting professional on the day of our inspection, they told us, "The staff are very co-operative. They are good at reporting and notifying us of people who have pressure sores. They give me information about the person and are always helpful and pleasant when I visit. I have got no concerns".

Care records we saw confirmed that people using Nethermoor House were registered with a GP and had access to other healthcare professionals as necessary. We found evidence in the care records that people using the service, their families and relevant professionals took part in care planning and reviews. This meant that peoples' needs were assessed and care and treatment was planned and delivered in line with their individual needs and wishes.

During our visit we looked at four care records for people using Nethermoor House. The care records were up-to-date and contained evidence of regular monthly reviews depending on the needs of the person. The care records provided information to staff on how people preferred things to be done. This meant that peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The care records we looked at had risk assessments that related to specific and identified risks to people's safety. The care records contained details of actions to be taken by staff to minimise the identified risks. All risk assessments were up-to-date in the care records we saw.

In all four care records we found information on tools to be used by staff to identify issues of concern and guidance on what to do. For example we found information on a pressure ulcer prevention and treatment policy and the 'Malnutrition Universal Screening Tool' to

identify what staff should do if a person's weight changed. This meant people's care and treatment reflected relevant research and guidance.

The provider may find it useful to note that in two of the care plans we looked at people's recorded weight showed a weight gain, however the people's associated 'body mass index' had not been appropriately recorded. This meant that possible follow on care and treatment may not always be planned and delivered in a way that ensured people's safety and welfare.

We were told by the registered manager that care plan audits were completed every month. The provider may find it useful to note that out of the four care records we looked at we found that two people had experienced falls. The falls had been recorded in the accident book, but it was unclear what investigations took place after the fall. We found that the falls risk assessment in the people's care records had not been completed to ensure appropriate changes had been implemented. We saw one example where the falls risk assessment had been completed appropriately by the registered manager. There was no clear evidence of poor outcomes for those individuals identified. The registered manager told us this would be addressed with senior staff immediately and discussed in staff supervision sessions to ensure staff understood what they were required to do.

The registered manager was able to tell us what care and support people living at Nethermoor House needed and had a detailed knowledge and understanding of the way people liked things done.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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People living at the home told us they felt safe living there.

The staff we spoke with said that they had undertaken safeguarding training. They told us if they witnessed abuse they would speak with their manager or with us.

One staff member told us, "I would make sure the person is safe and inform the manager. If I was not happy with the response I would contact the Care Quality Commission".

We saw evidence of internal safeguarding and whistleblowing policies and procedures used by Nethermoor House. The registered manager told us that all staff had access to the safeguarding policy in the employee handbook. We spoke with staff who told us they were aware of these policies. We saw supervision notes that recorded that the whistleblowing policy had been discussed with staff. This ensured that staff understood what to do if they witnessed abuse taking place.

The provider may find it useful to note that we could not locate information on the multi agency safeguarding protocols and guidance implemented by the local authority within the home. This meant that the provider may not have access to up-to-date information about how to respond appropriately to any allegation of abuse.

In accordance with current procedures, the registered manager told us that safeguarding alerts were reported to the local authority where required. We saw that alerts had been appropriately referred to the local authority. We saw that information relating to safeguarding incidents were recorded in the person's care record. This meant that the provider responded appropriately to any allegation of abuse.

The registered manager told us that staff completed safeguarding training every year to increase their knowledge of safeguarding practices and procedures. We saw evidence of this from training records on a computer system. Staff we spoke with said they had completed safeguarding training as part of their induction training programme and had refresher training every year. This indicated that staff had received updated training in safeguarding requirements.

**People should be cared for by staff who are properly qualified and able to do their job**

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**Our judgement**

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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**Reasons for our judgement**

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Staff we spoke with told us they had the appropriate knowledge and skills to carry out their work safely and effectively.

One member of staff told us, "This is a nice home. We get to know residents really well. I have had training in dementia care and privacy and dignity issues. We get written reminders when we need to attend training. We get regular supervision and have only got to ask when we need support with something".

Another member of staff told us, "I enjoy working here and spending time talking with people at the home. I have had my induction training. I worked alongside experienced staff for a few shifts and have had supervision sessions. I get really good support here. Any problems or queries I have are addressed".

We were told that staff members who worked for Nethermoor House undertook an induction programme which included mandatory training such as safeguarding, infection control, manual handling and medication training. The staff we spoke with confirmed they had completed induction training. One new member of staff had not completed the induction training and was being supervised and was not undertaking personal care or medication tasks until the induction training had been completed.

We looked at four staff files and saw evidence of completed Criminal Record Bureau (CRB) checks for each staff member. This showed that effective checks were undertaken before staff began work. The provider may like to note that we could not find an internal policy which informed when CRB checks would be updated for people working at the home.

We found that staff files had copies of CVs and application forms and there was written information which showed that interviews had taken place. We saw that correct references had been taken for staff employed at Nethermoor House. This meant there were effective recruitment and selection processes in place.

## Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was not meeting this standard.

The provider did not always have effective systems in place to regularly assess and monitor the quality of service that people receive.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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The registered manager showed us copies of compliments, complaints and suggestion forms that were available in the home. We were told these forms could be completed by people living at the home and their relatives or visitors. The registered manager told us that no recent satisfaction forms had been completed by people living in the home or their families. This made it difficult for the provider to understand people's views about their care and treatment and how they were acted on.

We saw that staff training needs were recorded on a computer system. We found that staff had completed the relevant training for their role. We also saw that the home had a system in place which alerted them when staff needed to undertake refresher training. The registered manager told us that some staff members were overdue for refresher training. We were shown evidence to demonstrate that staff had been booked on training courses to address this issue.

The registered manager told us and we saw records to show that accidents and incidents were clearly documented and logged. We saw that a monthly assessment of accidents and incidents was completed. We were told and we saw that information on accidents and incidents was analysed with appropriate actions taken. There was evidence from discussions with the manager that learning from incidents / investigations took place and appropriate changes were implemented.

We saw that an internal health and safety audit had been completed on 18 September 2012. We found that areas had been identified where actions were required.

We were told and saw that an external fire safety audit had recently been completed. A number of issues were identified as part of this audit. The registered manager told us and we saw that an action plan had been written to address recommendations made. The registered manager told us that an ongoing audit was undertaken and that as issues were identified, action was taken.

We saw evidence from a certificate displayed that an environmental health audit had been completed in August 2012. Nethermoor House had received a rating of 'generally satisfactory'. This meant that the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

We saw that an internal infection prevention and control assessment had been completed on 8 May 2012. This identified areas where actions were required. We found that where actions had been identified, it was not always clear from the assessment as to whether or when the actions had been completed.

The registered manager told us she completed regular spot checks to assess the hygiene levels in the home. We saw documented evidence that some checks had been completed. The registered manager told us that checklists were not always completed after spot checks took place. This meant that although there were systems in place to reduce the risk and spread of infection, it was not always clear what had been done to assess and manage risks to the health, safety and welfare of people using the service.

During our tour of the premises we found that the carpet in one of the rooms was loose and puckered and could increase the risk of someone having a fall. We were told that the person living in the room had mobility problems and used a walking frame. The registered manager told us that usually maintenance issues were reported to the maintenance man to resolve. We found that this issue had not been reported. This meant that although there were systems in place to identify assess and manage risks to the health, safety and welfare of people using the service, this had not been managed effectively.

We found the décor in the corridors to be tired and in need of upgrading. We were told and saw that the lounge had recently been decorated. We could find no evidence of a formal maintenance programme or refurbishment schedule in the home. This meant that although some refurbishments had taken place, it was not clear what had been done to assess environmental requirements and manage risks to the health, safety and welfare of people using the service.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Assessing and monitoring the quality of service provision</b>
	<b>How the regulation was not being met:</b>  10.-(1) The registered person must protect service users, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to-  b) identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.

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 by 13 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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