

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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2LQ

Tel: 01889584368

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2013

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
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Nethermoor House Limited
Registered Manager	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

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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

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 26 July 2013, 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.

What people told us and what we found

During our inspection we spoke with the registered manager and two staff members.

We spoke with four people who lived at the home. We also spoke with six relatives who were visiting the home.

People we spoke with told us that they were happy with the standard of care provided and were involved in giving feedback to the service.

One person living at the home told us: "I like the staff very much. They are very patient".

One relative told us: "It's really good here, you can't beat it. The food is excellent. We are very happy with the home".

We found that the provider had a system in place to ensure appropriate infection control standards were met.

Staff told us they were supported to deliver care safely and to an appropriate standard.

We also looked at Outcome 16: Assessing and monitoring the quality of service provision. The home was found to be non-compliant at the last inspection in December 2012. We found that the provider did not have effective measures in place to regularly assess and monitor the quality of service that people received. On the basis of this inspection we have judged that the home had not taken sufficient measures to assess and monitor quality standards at the home.

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

What we have told the provider to do

We have asked the provider to send us a report by 21 September 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.

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 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

Reasons for our judgement

We were told and we saw that everyone received a 'service user' guide. This is a document which provides people with information on what to expect from the service. We were told that people could have the service user guide in larger print, in braille or in different languages to cater to people's individual requirements. This meant that people who used the service were given appropriate information about the service provided.

We were told and we saw evidence that resident meetings were held every three to six months to enable people living at the home to talk about issues of importance to them. This meant that people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

We saw that there was a suggestion box in the entrance area of the home. This enabled people living at the home and visitors to make suggestions on how the home could be improved.

We saw that people who used the service had signed their care plan where possible to demonstrate they were involved and agreed to the care service provided. This meant that people had been involved in making decisions about their care and treatment.

We saw that people's gender preference for carers had been recorded in their care plans.

One person who lived at the home told us: "I can have what I want. They support me well. I have a female carer to maintain my dignity".

Another person living at the home told us: "The staff are friendly. The food is alright. I can choose what I want". This meant that peoples' diversity, values and human rights were respected.

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

During our visit we looked at the care records for three people who lived at the home. We found that the care records were up-to-date. They contained evidence of regular reviews. We were told that people had a review of their care needs every month. We found this to be the case in the care files we looked at.

A relative told us: "I can't sing their praises enough. It is homely here. The staff are sympathetic and caring. They communicate things to me".

Another relative told us: "The staff deal with [our relative's] agitation really well. They talk to her, reassure her and hold her hand. We feel confident about the care provided at the home. If there are any problems they tell us. We have attended care plan reviews".

The care records we looked at had risk assessments that related to specific and identified risks to people's safety. The risk assessments contained details of actions to be taken by staff to minimise risks. We were told that risk assessments were reviewed when people's needs changed. This meant that peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We observed people living in the home and how staff interacted with them at lunchtime. We observed that staff had positive, warm interactions with people living at the home. We observed that staff members were vigilant and attentive in supporting people during the mealtime. This meant that care had been delivered in a way that ensured people's welfare.

The care records we saw confirmed that people were registered with a GP and had access to external healthcare professionals as necessary.

One person who lived at the home told us: "I am supported very well here. They could not do things any better".

We read feedback from a visiting professional to the home, it read: "The manager gave me a comprehensive overview about this [person's] history, current condition and future plans. I was very impressed at how well she knew her client and nothing was too much trouble".

Another visiting professional wrote: "Can I say your staff were fantastic. They were attentive, caring and speedy". This meant that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

Prior to this inspection we received a report of a recent infection outbreak at the home. We contacted the registered manager to find out what infection control measures had been put in place at the home. We were told and saw evidence that the home had contacted the Health Protection Agency to seek advice. We found that the home had acted responsively to advice given.

The registered manager told us they had followed their infection control policies and procedures. They told us and we saw that they provided all staff with an information pack on how to protect themselves and prevent the spread of the infection. We spoke to staff who told us they were well informed about what measures to take. They were asked to read up on all infection control policies. We saw evidence that all staff had signed to demonstrate they had read the policies to ensure they adhered to infection control standards.

One member of staff told us: "We got in touch with all of the agencies. People living at the home and the staff were treated and given information packs. There was good guidance in place and we also got support from Head Office".

We were told that all beds were replaced with the exception of two owned by the people in the home. We saw that the registered manager had recorded an initial treatment log to ensure that everybody living in the home had been given preventative treatments. We saw that a report had been completed which demonstrated that everyone's clothes and bed linen had been washed at the correct temperature in line with infection control measures.

We found that the registered manager had kept a log of all actions taken to resolve this matter and all communications with the Health Protection Agency. We saw that the registered manager had contacted everyone's GP and had contacted the pharmacy to ensure that people had access to the best advice and treatment.

During our inspection we completed a tour of the home and found that the rooms and communal facilities were clean. We saw there were four areas in the home where staff could access supplies of protective clothing, equipment and hand washing products. We

saw that there were daily cleaning schedules in place to ensure that the home adhered to infection control standards. This meant that there were effective systems in place to reduce the risk and spread of infection.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff we spoke with said they had a positive relationship with the registered manager. They said they had no difficulties raising issues of concern with them and knew that they would be listened to.

Staff we spoke with told us they felt supported by the registered manager and had access to training when they needed it.

One member of staff told us: "There is an open door policy here. We can talk to the manager any time. Any issues always get acted on. We get the training we need".

We were told that all staff completed induction training covering areas such as first aid and health and safety. We saw that staff undertook training throughout the year to ensure that they provided care safely and to an appropriate level. This was confirmed in the training matrix that we looked at.

Staff told us they had up to four supervision sessions every year and were subject to three spot checks per year. The registered manager told us they completed spot checks to observe care delivery provided by care staff. We saw evidence that these spot checks had taken place and that staff had been supported to improve their practice through discussions with the manager. We saw one example where a staff member had been supported by undertaking refresher training in medication management to improve their practice in this area.

We were told that staff training needs, areas requiring improvement and an update of people's support needs were discussed in these sessions. This meant that staff members were appropriately supported in relation to their responsibilities, to enable them to deliver support to a safe and appropriate standard.

Staff told us they were able, from time to time, to obtain further relevant qualifications.

One member of staff told us: "I have been supported to complete NVQ Level 3 training. We also get regular supervision and appraisals". This meant that staff received appropriate professional development.

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

Our judgement

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.

Reasons for our judgement

The home was found to be non-compliant at the last inspection in December 2012. We found that the provider did not have effective measures in place to regularly assess and monitor the quality of service that people received.

At our last inspection we found that the carpet in one of the rooms was loose and undulating 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.

At this inspection we found that the carpet issue in this room had not been resolved and we found the same issue with a carpet in another room. The registered manager was unclear as to why this matter had not been addressed. During our inspection the registered manager contacted the provider and we were told that the carpets would be changed on 1 September 2013. This meant that the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

At our last inspection we found the décor in the corridors to be in need of upgrading. At this inspection we found that the corridors had been painted. We were told and saw that refurbishment work had been undertaken at the home. We could find no evidence of a formal maintenance programme or refurbishment schedule in the home. During our inspection the registered manager contacted the provider to request information on the refurbishment schedule. 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.

At this inspection we found that one of the fortnightly audits completed by the Quality Manager on 18 December 2012 had highlighted a number of maintenance issues that

needed to be resolved. It was unclear from the audit information provided whether these had been resolved.

At this inspection we found that a care plan audit process had been set up. Three care plans were audited every fortnight by the Quality Manager. We found that where actions had been highlighted it was unclear who was responsible for following up on the actions. We could not always find timescales attached to actions to ensure they were completed and actions had not always been signed off to demonstrate completion.

We saw that a daily cleaning schedule was undertaken at the home. We found that between Monday and Friday all cleaning schedules had been signed off by the responsible staff member. We found that cleaning schedules for Saturday and Sunday had not been signed off and there was no evidence that cleaning was completed. The registered manager told us that cleaning was completed by weekend staff. We had no way of verifying that this had taken place.

At this inspection 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 and we saw records to show that accidents and incidents were clearly documented and logged. We were told 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.

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	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: The registered person had not 10(1)(a) regularly assessed and monitored the quality of services provided in the carrying on of the regulated activity against requirements set out in this Part of these Regulations The registered person had not had regard to 10(2)(b)(v) reports prepared by the Commission relating to the registered person's compliance with the provisions of these regulations.

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 21 September 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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