

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

## Nethermoor House

131 Chaseley Road, Etching Hill, Rugeley, WS15  
2LQ

Tel: 01889584368

Date of Inspection: 24 February 2014

Date of Publication: March  
2014

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

**Assessing and monitoring the quality of service provision**



Met this standard

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Nethermoor House Limited   |
| Registered Manager      | Ms. Sally Starkey  |
| Overview of the service | Nethermoor House is a residential care home which is registered to accommodate 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

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### Why we carried out this inspection

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

- Assessing and monitoring the quality of service provision

This was an announced 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 24 February 2014 and reviewed information given to us by the provider.

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### What people told us and what we found

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We completed an inspection on 26 July 2013, where we found the provider was non-compliant with outcome 16: Assessing and monitoring the quality of service provision. We found that improvements were needed. We found that the provider did not have effective measures in place to regularly assess and monitor the quality of service that people received.

After the inspection, the provider sent us an action plan. This told us the action the provider would take and by what date.

At this inspection we checked whether required improvements had been made to the quality assurance system at the home.

During the inspection, we spoke with the registered manager and completed a tour of the premises.

We found that the provider was compliant and had appropriate arrangements in place in relation to assessing and monitoring the quality of service provision.

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

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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

### 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

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### Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

At a previous inspection in December 2012, we found that the carpet in one of the rooms was loose and undulating and could increase the risk of someone having a fall. At our last inspection on 26 July 2013, 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.

At our last inspection we could find no evidence of a formal maintenance programme or refurbishment schedule in the home.

At this follow up inspection we found that the provider had a refurbishment schedule in place. We saw that the maintenance system had been reviewed and improved. When a maintenance issue was identified, a form was completed. This included the location, the problem and action taken to resolve it. We saw that when the issue had been addressed the registered manager signed the form to confirm the issue had been resolved.

We found that carpets had been replaced in five rooms since our last inspection. During our tour of the premises we found that the carpet in the communal area on the ground floor was loose in parts and in one section had large holes in it. We looked at the refurbishment schedule which identified this issue was to be addressed by the provider in April 2014. We will check this at our next inspection.

On our tour of the premises the registered manager told us about other improvements that had been made to the home since our last inspection. We were told that a previous technical issue with the lift had now been resolved. We saw that new chairs had been purchased for the smaller lounge. We found that additional call bells had been installed in communal lounges. The registered manager showed us plans for a new walk-in shower due to be installed in April 2014.

During our tour of the premises we found that the flooring had come loose in Toilet 7 and

there was a hole in it. This could present a safety risk to people. We checked the refurbishment schedule and this was not identified as an issue. The registered manager told us they would ensure an action plan for this was completed immediately. Three days later we received an action plan from the provider advising that the flooring would be replaced in March 2014. We will check this at our next inspection.

We found that one of the toilets on the first floor was out of order. The registered manager told us that this was being addressed. We checked the maintenance records and found that this had not been recorded as an issue. The registered manager told us that they would complete a maintenance form for this as this should have been formally recorded. After the inspection the provider confirmed that this would be repaired in March 2014.

At the inspection in July 2013, we found that a care plan audit process had been set up. 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.

At this follow up inspection, we looked at recent care plan audits. We saw that where issues had been identified, actions had been identified with dates for completion clearly documented.

At this follow up inspection we found that audit paperwork had been improved to include timescales for when actions needed to be completed. The Quality Manager checked medication records, care plans, staffing and interviewed people who used the service and their relatives.

The registered manager told us that regular infection control and medication audits were completed. We saw that necessary actions were taken subsequent to a recent medication audit. We saw that staff had completed medication competency assessments, had supervisions to discuss any issues arising, had undertaken additional training and had read and signed a log to demonstrate they had read medication policies in the home.

The registered manager told us that they completed a daily tour of the home and completed an audit form. This enabled them to check the environment and make general observations. We found that it was not always clear in this audit form whether actions had been addressed. The registered manager told us they would add a section to demonstrate when actions had been completed. We will check this at our next inspection.

At our inspection in July 2013, 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.

At this follow up inspection we found that cleaning schedules for Saturdays and Sundays had been signed off by the responsible staff member.

At this inspection we saw that the registered manager had introduced a training forward planner. This identified future training needs of staff at the home. We spot checked the training details of three staff members and found that where a staff member required refresher training, they had been updated and given a deadline to complete the training.

The registered manager told us that in January 2014 they had completed a survey with people who lived at the home. They told us they were waiting for all the forms to be

completed. The registered manager told us that they had looked at completed surveys received and identified that some people wanted to do different activities. We saw that the registered manager had taken steps to address this. They told us they would discuss options at the next residents meeting. We will check the outcome of the survey at our next inspection. This meant that people who used the service and their representatives were asked for their views about their care and any issues were acted on.

## 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.

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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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