

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

Newstead House

43 Venns Lane, Hereford, HR1 1DT

Tel: 01432263131

Date of Inspection: 10 January 2014

Date of Publication: February 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✗ Action needed
Records	✓ Met this standard

Details about this location

Registered Provider	Somerset Redstone Trust
Overview of the service	Newstead House is located in Hereford and provides nursing and residential care for up to 46 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures 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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Supporting workers	9
Records	10
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	11
<hr/>	
About CQC Inspections	12
<hr/>	
How we define our judgements	13
<hr/>	
Glossary of terms we use in this report	15
<hr/>	
Contact us	17

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 10 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

We spoke with people living at the home about their experience of the care and support that they received. People told us, "the staff are lovely and kind" and, "they can't do enough for you". Some people said that they had seen great improvements over the past year.

We found that people were generally receiving care and support which met their needs. There had been some occasions recently where people had been put at risk. The home had worked with other professionals to make sure that people were safe and that lessons had been learned.

Some staff had not had all the training they needed to do their work. Records generally provided a complete and accurate picture of the care and support provided to people living at the home. Records were stored securely and could be accessed promptly when needed.

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 18 February 2014, 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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We visited the home because we had received information from the Local Authority which indicated that people might have been at risk. We spoke with the manager and she was able to explain the actions she had taken to make sure that people were safe at the home.

We saw that staff were kind and caring in the way that they supported people. We visited four people who were being cared for in bed. Some of these people were extremely frail and needed full nursing care. We saw that each person was wearing clean clothing and appeared comfortable in bed. They had call bells within reach and drinks were within reach for people who could drink independently.

Some people had been assessed as being at risk of developing pressure damage to the skin. Records showed that the assessment of risk had been reviewed each month and as people's needs changed. There were measures in place to prevent pressure damage. These included air mattresses and pressure relieving cushions, as well as regular repositioning. We checked to make sure that air mattresses were set at the correct pressure for each person's weight. In three out of the four we checked, we found that the pressure was correct. The manager told us that she would make sure that all the air mattresses were checked again to ensure that they were being used correctly. Records showed that people were generally repositioned regularly. The provider might find it useful to note that it was not always easy to see from the care plans how often people should be repositioned.

We checked the records for five people to see how their needs had been assessed, and what plans had been put in place to meet their needs. We found that each person had a full assessment of their needs and that this was reviewed regularly. Care plans were in place for each identified need. The care plans were written in a person-centred way. This meant that they were not just a list of tasks, but were focused on the person as a whole.

The home was using the Gold Standard Framework for end of life care. This is a national

standard to ensure that people end their lives with dignity. The home had a named member of staff who spent time with people and their families discussing their wishes. Records showed that this aspect of people's care had been managed sensitively and thoroughly.

We looked at the records for two people who had wounds which needed dressings. The records were detailed and provided clear information about the progress of the wounds. There were written instructions for staff about how to manage the wounds. We spoke with care workers and they told us that they would report any concerns to the nurse on duty. Records confirmed that concerns were reported to the nurses, and action taken if necessary.

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

We had received information from Herefordshire Council, which indicated that staff at the home had not raised concerns as they should have done. There had been two incidents where people had come to harm. The home had not referred these to the Council under its procedures for the protection of vulnerable adults. Staff had therefore not responded appropriately to possible neglect and abuse.

Since these incidents, the manager had spent time updating her knowledge about the protection of vulnerable adults. Records showed that she was shortly to be attending a training session with Herefordshire Council to enhance her knowledge. There was a training programme for all staff about safeguarding people from abuse. We spoke with staff and they knew how to report any concerns. People told us that they felt safe living at the home.

Since the earlier incidents, there had been other occasions where people were potentially at risk. The manager had referred these to Herefordshire Council and had taken appropriate action to protect the people living at the home. There was evidence in the records that staff had been open and honest with families about the concerns. Staff from Herefordshire Council told us that staff at the home had co-operated with investigations into the concerns.

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

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were not always supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a moderate 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

We had been told about an incident when two nurses at the home had carried out a procedure which they had not been assessed as competent to do. They had done this because the person needed the procedure and there were no staff on duty trained and assessed as competent to carry it out. We checked the training records for staff at the home. These showed that only two nurses had current training in this procedure. Therefore there were times when there were no nurses on duty who could carry out this necessary procedure.

We found that only three staff currently available for work had first aid training. We asked if other staff had basic life support training. Basic life support training covers emergency resuscitation techniques and is intended to support life until the emergency services arrive. The manager told us that this training had not been provided. This meant that there were times when there were no staff on duty who were trained to provide emergency first aid.

One person at the home had their nutrition provided via a percutaneous endoscopic gastrostomy (PEG). This is a tube into the stomach via the skin of the abdomen. There was no evidence that staff had been trained or assessed in how to manage the PEG. The manager told us that she did not think that staff had received the necessary training. The care records showed that staff had been taking appropriate steps to manage the PEG. There was a risk that staff might not provide consistent and appropriate care because they had not received the required training.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We checked the daily care records for six people living at the home. These were all people who needed high levels of support from staff. The provider might find it useful to note that records did not always provide a full picture of the care provided. For example, one person's records showed a very low level of fluid intake over the previous two weeks. We visited the person in their bedroom. They appeared well hydrated as their skin and mouth were not dry. The manager confirmed that their urine output was normal. Therefore it appeared that staff were not recording all the care that they had provided. This meant that the records might not give an accurate picture of the person's condition.

The manager had already identified the fact that staff were not always completing records in accordance with the home's policies and procedures. She told us that she was carrying out regular checks of care records to ensure that they were completed accurately and completely.

Records were stored securely on a computerised system. The system could only be accessed by authorised staff members. Daily care records were stored in people's bedrooms in folders, so that the contents were kept private. Records were kept in an organised way so that it was easy to find important information.

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 activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
Diagnostic and screening procedures	How the regulation was not being met: The service was failing to ensure suitable arrangements were in place to support employees to enable them to deliver care and treatment safely and appropriately. Regulation 23.
Treatment of disease, disorder or injury	

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 18 February 2014.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
