

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: 24 May 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Somerset Redstone Trust
Registered Manager	Mrs. Pearl Aku Mumford
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

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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 24 May 2013, 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 carers and / or family members and talked with staff.

What people told us and what we found

We spent time in some of the communal areas of the home, such as the lounges, so that we could see how staff supported people. We also visited some people in their bedrooms, and spoke with them about their experience of living at the home. People told us, "they're very kind to me here" and, "I'm happy with how they look after me".

We saw that staff were kind and caring in the way that they supported people. They took time to make sure that people had all that they needed, such as a drink and their call bell. People were dressed appropriately for the time of year, and we saw that care had been taken to make sure that people looked their best.

Some people needed regular care to make sure that their skin did not develop pressure damage. Staff had recorded whenever they supported people to change position. Pressure relieving equipment was being used in accordance with the manufacturer's guidelines. This meant that staff were doing all they could to minimise the risks of people developing pressure damage to the skin.

There were effective systems in place for health and safety checks. There was evidence that people's views were used to make changes to the service. For example, people living at the home had been asked for their views about the menu options. The home had made changes to the meals provided and the way that meals were chosen as a result of people's views.

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

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.

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

Reasons for our judgement

We saw that staff engaged quietly and respectfully with people using helpful body language, for example crouching down to someone's level to speak to them. When people were distressed or anxious, we saw staff supported them in a calm and measured manner.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records for four people who lived in the home. We saw that detailed risk assessments had been completed. These included people's risk of falls, risk of skin damage due to frailty, and mobility needs. The care records also identified people at risk of poor nutrition and dehydration.

We saw that there was information about people's health needs and how staff needed to support them. Records showed that the advice of other health professionals was sought as needed. This included GPs and specialist services such as tissue viability nurses. Staff told us they received a daily handover where they could discuss any concerns or highlight any changes to people's care needs. The handover information was also written down so that staff could easily remind themselves. The staff we spoke with were knowledgeable about how to care for people and how to manage any risks. We found that the records supported what we observed and what we had been told about people's care.

At lunchtime, we saw a member of staff supporting and gently prompting a person to eat. This was done at a pace which suited the person. We saw that the person was encouraged to sit in an upright position. Staff told us that this was to reduce the risk of choking.

We saw that staff treated people with respect. For example, we observed staff speaking to people discreetly when asking if they required assistance with their personal care and we saw that staff knocked and waited to be invited into people's rooms.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Some people had been assessed as being at risk of pressure damage to the skin. Care plans included detailed information about how to prevent skin damage. We saw pressure relieving equipment such as specialist mattresses in people's bedrooms. We saw that people who needed them had pressure relieving cushions when sitting in a chair. This showed that staff were aware of people's needs and risk factors and supported them appropriately.

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

Our judgement

The provider was meeting this standard.

The provider had a system to regularly assess and monitor the quality of service that people receive. The provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that the home had used people's views about the meals at the home to make changes to the food and the way that people chose their meals.

There were systems in place for carrying out health and safety checks. These were generally effective and had been monitored regularly. The provider might find it useful to note that the systems were not fully effective. There was a system in place for making sure that food in fridges was labelled with the date of opening. We found that this system was not being fully implemented. In one fridge, we found a plate of corned beef and a partially used jar of chicken spread, neither of which were labelled with the date when they were opened. This meant that there was a risk that people could have access to meat products which were unsafe to eat.

Individual areas of risk to people using the service were assessed. For example, there were individual risk assessments for topics such as moving and handling and pressure area care. The deputy manager was auditing care plans on a monthly basis, so that any issues could be identified promptly. There was a clear record of these audits and we could see that action had been taken to address any shortfalls in the care plans.

No structured information was available to demonstrate that the provider was monitoring the quality of the service provided in a systematic way. The provider's representative spent time at the service but did not record specific observations or checks that they may have done.

We identified that some care records were not being fully completed. These were charts used to record fluid intake for people at risk of dehydration. The manager told us that some staff did not always complete the charts. The provider might find it useful to note that there was no written evidence that this issue had been identified or that an action plan to improve recording had been agreed.

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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