

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

Netherfield House

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7RT

Tel: 01926833650

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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

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

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

Details about this location

Registered Provider	Advance Housing and Support Limited
Registered Manager	Ms. Sarah Bull
Overview of the service	Netherfield House are registered to provide personal care to people within the community. They also provide support services which are not regulated by the Care Quality Commission.
Type of services	Domiciliary care service Supported living service
Regulated activity	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 11 December 2013 and talked with staff.

What people told us and what we found

We were unable to speak to people using the personal care service offered by Netherfield House because when we visited on 11 December 2013 as no-one was using this service. Netherfield House are registered to provide personal care to people and aim to provide personal care in the future. At the time of our visit they were offering more general support services such as assistance with transport and helping people to access their local community. On the day of our inspection we were told the registered manager listed in this report had recently left the service.

We saw that people using the support service had signed their support plans which showed their involvement. We saw that people could make suggestions for their support plan using an implemented computer system called 'IPlanIt'.

We found that people's support plans were person centred and were based on the needs of each individual person.

A safeguarding policy was available. Staff had signed to confirm they had read the policy. We spoke with staff about what they thought abuse was. We saw that any safeguarding concerns were documented and raised with the local safeguarding team.

We saw that staff were supported through training and supervision sessions. There were weekly team meetings held for staff where the needs of people were discussed.

We saw that the manager had completed reviews on people's support plans. We saw there were regular opportunities for people using the service to provide feedback.

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

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 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 unable to speak to people using the personal care service offered by Netherfield House because when we visited on 11 December 2013 as no-one was using this service. Netherfield House are registered to provide personal care to people and aim to provide personal care in the future. At the time of our visit they were offering more general support services such as assistance with transport and helping people to access their local community. We spoke with staff and looked at records to see how well the service had prepared for when it is offering personal care.

We spoke with staff and looked at records to see how well the service had prepared for when it is offering personal care. We found staff were clear on how people's independence could be promoted and they were to provide support to people.

We saw that people were involved with planning their support needs. We saw that people were involved when reviewing their progress against their personal objectives or support needs. We saw that people recorded their thoughts during reviews and had opportunities to discuss these with members of staff.

We noted people's consent was sought through their support plan and service agreement in relation to the care provided to them.

We saw meetings for people using the service were held on a regular basis. There were minutes available for the meetings held and we could see people's ideas or feedback were listened to. This meant that people were involved in the planning and delivery of the service.

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

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Staff we spoke with were able to identify the difference between support and personal care. Staff told us that they supported people with their everyday living skills and involved them within the community.

We saw the support plans were reviewed on a regular basis and updated where required. We found that the support plans were person centred and reflected people's needs. We noted that the support plans were flexible and the service would be able to document a person's personal care needs in the future.

We saw the support plans were presented in an easy to read format for people using the service and people were involved throughout their support plan. This meant that the support plans were based on the needs of people who used the service.

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.

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We spoke with staff members about what they thought abuse was. They demonstrated a good awareness of what should be reported. They understood their responsibilities for reporting any concerns regarding abuse. The staff members told us that they knew where to find the safeguarding policy and they understood the policy. We also saw that staff had undertaken safeguarding training and members of staff were confident in reporting any signs of abuse.

We spoke with the manager about when they would make a referral to the local safeguarding team regarding any person being at risk of harm. They told us about their process on reporting any concerns and how they would involve the local safeguarding team. This demonstrated the provider would respond appropriately to any allegations of abuse.

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

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Staff we spoke with told us how they were kept informed of people's needs when coming on duty. This was done by reviewing the person's support plan. We saw there were weekly team meetings where people's support was discussed.

Staff we spoke with told us that the training opportunities were "Excellent". One member of staff told us that Netherfield House was, "Always providing training". Staff also told us that regular supervision was held with their line manager and they felt supported within their role.

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

Reasons for our judgement

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We saw that people using the service were able to contribute to the quality development of the service through regular meetings with staff. We found there were regular file audits of people's support plans to ensure the records were accurate and fit for purpose. This meant there was also opportunities for people to provide feedback on their support plans.

The provider took account of complaints and comments to improve the service. We saw the complaints policy was available to people within their service user agreements.

The manager explained about a survey which had been undertaken recently and how the results would be analysed to identify any areas where the service could be improved. We noted that yearly surveys had been undertaken by the provider and these results had been previously analysed to identify improvements to the service.

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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