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

**Newstead Nursing Home**

Denewood Road, Highgate, London, N6 4AL

Tel: 02083484611

Date of Inspections: 01 August 2013
30 July 2013

Date of Publication: August 2013

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

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<thead>
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<th>Standard</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>Action needed</td>
</tr>
<tr>
<td>Staffing</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>Action needed</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>GCH (Newstead) Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of the service</td>
<td>Newstead Nursing Home provides residential care to up to 36 people. At the time of our inspection there were 19 people living at the home. It is one of a number operated by Gold Care Homes and is situated in Highgate, in North London.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service with nursing</td>
</tr>
</tbody>
</table>
| 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 30 July 2013 and 1 August 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, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by other authorities and were accompanied by a specialist advisor.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

The inspection was carried out by two inspectors and one nurse specialist on 30th July and one inspector returned on 1st August. There were 19 residents when we carried out the inspection. We spoke with seven residents, two relatives, eight members of staff and looked through eight files. One person told us "I think they do everything all right" and another person said "it's nice". We observed staff and residents throughout the day including during two lunch time periods and during activities. We saw that staff supported residents with respect and dignity.

We saw that consent for different aspects of people's care was recorded. Some people had end of life preferences recorded. Staff were able to explain to us in detail the needs of different residents well which indicated they knew the people that they provided care to.

The provider had carried out an analysis of the numbers of staff needed and there were sufficient staff to meet the requirements of the service.

Staff had not received supervision since April when there had been a change in management however staff we spoke with told us they felt supported.

We found that one person had been given medicine for three days which had not been signed for or recorded by staff.

The provider conducted audits regularly including infection control, care plans to ensure that the quality of the service provision was maintained. Some concerns raised in a report regarding staff blood glucose levels had not been acted upon.
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 27 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

<table>
<thead>
<tr>
<th>Consent to care and treatment</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before people are given any examination, care, treatment or support, they should be asked if they agree to it</td>
<td></td>
</tr>
</tbody>
</table>

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We looked at the records of eight people who used the service at the home. We saw that consent for care was indicated in the files as well as specific consent forms for photographs to be taken of people and, where relevant, for bed rails to be used. We saw that other professionals and family members were consulted when someone did not have capacity to make specific decisions about their care or treatment and this was documented.

We saw that some information on mental capacity assessments was not consistent with decision specific assessments being carried out. One person's mental capacity assessment said "staff to take decisions on administration of prescribed medication" and also said "[resident] has mental capacity".

The provider may find it useful to note that the lack of clear decision-specific mental capacity assessments may lead to staff not having a clear understanding of what decisions people could make for themselves and which decisions needs to be made in their best interests.
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 spoke with seven people who used the service and carried out observations at different times during the day, including two meal times. We used the Short Observational Framework for Inspection (SOFI) to observe care being provided. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with two relatives. One relative told us "[the management] have always been accessible".

People told us "on the whole it's very good", "I think they [care workers] do everything alright" and "staff are nice".

We saw people were treated with respect and dignity by care workers. During lunch, we saw care workers sit with people who needed help to eat and talk to them, explaining what they were doing and involving people in the meal.

We saw communal activities taking place in the lounge during our visit. We saw people were enjoying the activities and participating fully. We spoke with the activities coordinator who told us about the activities during the day. The activities co-ordinator said individual sessions were arranged for people who chose not to join in the group activities or who were not able to. They also told us that they sometimes come in during the weekend.

We looked at the care plans for eight people. We saw that the care plans were reviewed regularly and were up to date. They included information about people's preferences and their life histories so that care workers would have an understanding of the people who were receiving care. We saw that there were risk assessments based around particular areas, such as nutrition, pressure care management and the use of bed rails, along with risk management plans.

We saw that weight and blood pressure was recording consistently for people. We saw that people had access to health care professionals such as GP, dentists, opticians as necessary and people attended hospital appointments when needed. These visits were recorded in their files.

We looked at the way that pressure ulcers were managed in the home. We found that they
were monitored and people were provided with care to ensure that skin integrity was addressed. This included the home liaising with the local tissue viability nurse when necessary. We saw for one person it was recorded they needed to be repositioned every two hours. We saw them sitting in a chair between 10am ? 3.30pm. The provider may find it useful to note by not changing the position of someone who is at risk of developing pressure ulcers during the day, there may be deterioration in their skin integrity.
Management of medicines

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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 checked the medication charts for a number of people using the service and we observed their medication being administered. We saw that the home had a system for ordering medication and that the medication was stored safely and securely.

We saw that when medication, including eye drops, was being administered, nurses explained to people what they were doing and administered them with care. Only nurses administered medication and we saw they had received appropriate training.

We saw that one person appeared to have missed three doses of a prescribed medication. This medication was not written in the folder where the medication charts were kept as it had been dispensed out of the usual delivery cycle from the pharmacist. We were informed after the inspection that the medicine had been administered by nurses on duty but it had not been signed for. By not keeping accurate records of medicine prescribed and administered, people were at risk of not receiving medicine which was prescribed for them. We were told that the staff involved had been given additional training in medicine management since the inspection and the provider told us that a full audit took place immediately following the inspection which found no other discrepancies.
Staffing

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the previous inspection we found that while the numbers of staff working at the home were sufficient, there were vacancies in the senior management structure of the home. Since that inspection, the Business Development Manager who is a registered nurse, has taken over the day to day management of the home while a permanent manager is being recruited. The provider had appointed a deputy manager, who was also in post. We were told that the recruitment of a permanent manager is under way. The Business Development Manager would continue to cover the post until a new manager was in post and had been appropriately inducted. The managers of the home were supported by a regional manager.

A relative told us "staff are always accessible".

There were 19 people using the service when we visited. The Business Manager told us that the night shift consisted of care workers and one nurse. We saw in one person's care plan that they needed three people to help them to be moved. When we asked about this we were told that that person preferred to go to bed before the night staff came on duty.

We saw that the home had completed its own dependency analysis to determine a safe staffing level and had ensured that the staff available matched with the recommended number.
Supporting workers

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 not supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

One care worker told us "managerial support has improved" and another told us they were "very pleased with [business development manager] and [deputy manager]". Staff we spoke with told us they felt supported by the management.

We looked at the training which had been taken by staff over the last year and found that almost all the staff had completed core training including safeguarding vulnerable adults, fire safety awareness, dementia awareness and infection control. Nurses had had specific training on administration of medication, PEG feeding training and wound management. The provider may find it useful to note that the lack of specific training to manage diabetes where there are residents with diabetes may mean that some of the issues around blood glucose monitoring and management might not be picked up.

We found that there had been no supervision of care or nursing staff since the new management had started in the home in April 2013. The provider told us after the inspection that a full supervision schedule is in the process of being completed and that communication was maintained through an open door policy which staff utilised regularly. The provider may find it useful to note that the lack of regular individual supervision for staff in a period of change may lead to the risk of staff not feeling sufficiently supported.
Assessing and monitoring the quality of service provision

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 have effective system 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

People who used the service, their representatives and staff were asked for their views about their care and treatment and their views were acted on. Staff told us they were able to bring concerns to the attention of management. One nurse told us they "wouldn't hesitate to bring issues they had to the management".

We saw that there was a complaints file and there had not been any recent complaints. In the reception area, there was a visitors' book for people to write comments. The recent comments we read were positive.

The provider's senior staff carried out monthly visits to audit the quality of care at the home. We saw the reports of the last two visits. They included audits of the records, medication and infection control. We saw that these visits identified areas in which improvements could be made and led to an action plan being developed for the service to work on.

Staff meetings were held regularly to ensure that staff were able to provide feedback about how the service was managed. We saw the minutes from the last staff meeting which included time for members of staff to raise issues and concerns. We saw that staff supervision had not taken place since April but a new programme of supervision was being introduced. The provider may find it useful to note that the lack of regular supervision may lead to the risk of staff not being able to feedback information which could improve the service.

There had not been any residents or relatives meetings. We were told that residents/relatives meetings were being planned. There was an annual survey which was also planned by the end of the summer. The provider informed us after the inspection that the views of relatives and residents were considered by management however the provider may find it useful to note that the lack of any meeting or survey meant that people and their family members had not had a variety of opportunities to feedback information.
about the service.

We saw that there had been recent visits by the local Clinical Commissioning Group who had produced a report and an action plan indicating improvements to be made had been put in place by the provider for example, increasing one to one sessions with the activity co-ordinator for people who did not choose to or were not able to, join in group activities.

The Clinical Commissioning Group report had raised concerns about the management and recording of blood glucose levels. We checked the care records of people who had diabetes which indicated that their blood glucose levels should be checked weekly but we found that these checks were inconsistent. We saw that one person had their blood glucose level checked and recorded. However, two people had not had records of their blood glucose level recorded since 13/7/13 and two people had not had records of the blood glucose level recorded since 7/7/13. This meant that the provider had not addressed an issue which had been raised in a recent external audit. The provider informed us after the inspection that while there were some omissions recently, these had been rectified and a more robust management programme had been initiated.
### 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.

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<thead>
<tr>
<th>Regulated activities</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td><strong>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</strong></td>
</tr>
<tr>
<td>Diagnostic and screening procedures</td>
<td><strong>Management of medicines</strong></td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td><strong>How the regulation was not being met:</strong></td>
</tr>
<tr>
<td></td>
<td>People were not protected against the risks associated with unsafe recording of medicines as the administration some doses of a prescribed medicine had not been recorded (Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).</td>
</tr>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td><strong>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</strong></td>
</tr>
<tr>
<td>Diagnostic and screening procedures</td>
<td><strong>Assessing and monitoring the quality of service provision</strong></td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td><strong>How the regulation was not being met:</strong></td>
</tr>
<tr>
<td></td>
<td>The service had not made changes to the care provided to reflect information which related to the conclusions of a local audit carried out by the clinical commissioning group. (Regulation 10 (2) (c) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010)</td>
</tr>
</tbody>
</table>

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 27 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.
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.
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.