

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

## Newstone House

Station Road, Sturminster Newton, DT10 1BD

Tel: 01258474530

Date of Inspections: 14 August 2013  
13 August 2013

Date of Publication:  
September 2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Colten Care Limited
Registered Manager	Mrs. Rodelyn Sionomio Thompson
Overview of the service	Newstone House is registered to accommodate up to 59 older people who require nursing and personal care. The home has three levels of accommodation. The ground floor is for people who require support with nursing and personal care. This has 23 rooms. The first floor is a specialist unit for people living with dementia. This has 30 rooms and currently has four vacancies. The second floor is currently vacant and has four rooms.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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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 13 August 2013 and 14 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 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.

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### What people told us and what we found

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At the time of our inspection there were 49 people living at Newstone House who had varying levels of care, support and treatment. On the first floor there were 26 people living with a dementia. On the ground floor there were seven people who required varying levels of nursing and sixteen people who required varying levels of personal care support. During our inspection we spent time observing care practices and talking to people and their relatives about their experiences of the home.

We spoke with five people who used the service and five people's relatives. All people spoken with told us they were happy with the care and support provided at Newstone House. One person commented "the carers are very helpful in every way". Another person said "they treat you well here and you get what you need". People's relatives spoken with commented "I don't worry about her now, staff are great, so patient and take in feedback", "excellent, this home is by far leaps ahead of everybody else" and "I know they are looking after her, mum would say if not".

People who lived in the home and their relatives felt that staff treated them with dignity and respect. Care was planned and assessed regularly to ensure people's needs were met.

Sometimes people were not able to make their own decisions about their care and treatment. The home did not always follow the correct legal procedures to ensure people's rights were protected.

We saw where people had made a complaint this was dealt with appropriately. The home recruited staff who had received a number of checks to ensure they were appropriate for the role.

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

**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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who lived in the home told us they had a choice and made their own decisions about their care and treatment. One person said "the choice is always up to us". Another person told us about mealtimes "you have a choice of what you want, if you don't like something you can change it".

People told us staff respected their privacy and dignity when providing personal care. For example, staff closed the door and covered them to maintain their dignity. Staff spoken with showed a good understanding of what it meant to treat people with consideration and respect. We observed people looked well dressed, clean and comfortable in their surroundings. People's relatives also commented on how their relative appeared; "they are always dressed nicely with their jewellery on, when clothes are washed they are brought back to their room ironed and on a clothes horse". People's relatives said this showed the home respected people as individuals and they were not treated as a number.

We used a 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 to us. We carried out an observation for 30 minutes of four people who were living with a dementia. We found that three of the four people were interacted with by the care staff with consideration and respect. For example, staff spoke to people at their level and holding a person's hand to help to ease their anxiety. We noted that when people displayed signs of agitation, this was identified and acted upon quickly by the care staff. This showed good evidence that people received care from staff that considered and acted on the needs of the individual.

During our SOFI observation we noted one of the four people did not have any interactions from staff. They were either asleep or appeared to be withdrawn. The care manager advised they would check their care plan to see if they needed more stimulation or engagement from care staff.

Throughout our inspection we saw various activities going on throughout the home. We noted one activity in particular had positive interactions from people. A large board game was used that was specifically made for people with sensory impairments and could be used in a big group. We also saw people were involved in making cakes and others had one to one sessions with the activity co-ordinators. This meant that the home provided opportunities for people to be engaged and stimulated by various activities run in the home.

We observed people receiving their lunch on the first floor of the home. We were told people were given a choice if they wanted to eat their meal in the main lounge or on the first floor. They were also given a choice of what meal they wanted by showing both plated meals. This meant people with communication difficulties were able to make an informed choice.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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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.

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**Reasons for our judgement**

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People spoken with told us that staff assisted them quickly when they called their bell for assistance. One person said "if I wake up at night and want a cup of tea, they always get one straight away for you or if you want a bit of reassurance they are there for you". We saw staff supported people when they became distressed or anxious in a kind and patient manner. We observed staff attending to people quickly when they required assistance.

We spoke with one person's relative about how they felt their relative who lives with dementia was treated in the home. They told us "staff adapt to people's needs which reduces people's anxieties, they always notice if someone is not well".

The home had small kitchens fitted on the first floor. They were also used to engage and stimulate people in daily living tasks, such as cooking or washing up. The manager told us that there were always finger foods in the fridge for people to help themselves to food.

At lunchtime we saw where people required a soft diet their meals were presented in an appealing way. All meals were separated into different food sections. This helped people to identify what they were eating. We saw staff supporting people to eat and told people what they were eating before they gave it to them. People living with dementia were also given coloured plates to aid identity of the plate. The chef told us they were involved in weekly meetings with the care manager to discuss options for people who had lost weight or if they needed any other support with their nutrition.

The manager told us people had their care and support assessed before they moved into the home to ensure the home could fully meet their needs. We looked at five care plans of people who lived in the home. We saw that all care plans had been reviewed in the last year. Care plans showed assessments of people's health, social and emotional needs. We saw risk assessments for people's health and welfare had been completed, such as falls, malnutrition and skin integrity. Where people were at risk we saw plans were in place to reduce these risks.

We looked at one person's care plan which showed they had a high number of falls. We saw the home had put precautions in place to reduce the person's falls and they had seen a physiotherapist to see if anything more could be done to reduce their falls.



We saw that part of people's assessments was to assess their pain levels. We looked at one person's care plan which detailed that the person could be in daily pain. However, it did not say how staff could recognise they were in pain. This person had communication difficulties so may not be able to say verbally they were in pain. The provider may find it useful to note that the person's care needs had not been fully assessed to ensure staff could identify when the person was in pain.

People living in the home could sometimes display challenging behaviours. We saw people's care plans included information on how to recognise and manage particular behaviours, such as anxieties or aggression.

During our inspection the GP was visiting the home. We spoke with the GP who told us the home had improved a lot in the last year and said the home was very good with communicating with them about changes in people's needs.

We saw the home had procedures in place to deal with emergencies such as a fire or flood. If the home needed to evacuate people they had established what support each person would need to leave the home safely. This information was easily accessible and displayed in each nurse station on both floors.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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The home used a range of equipment to assist and support people with poor mobility. We looked to see how the home maintained this equipment to ensure it was safe to use. The home had a system in place to check the equipment on a regular basis. We saw a weekly check sheet where the maintenance person checked equipment in the home, such as nursing beds, fire alarms and lighting. We saw that it was noted where improvements were required and addressed.

We saw the home had three hoists and a stand aid that had been serviced in April 2013. Wheelchairs had been serviced by the maintenance person in August 2013. This included checking the chair's foot rests, tyres and brakes. Some people had bed rails to keep them safe whilst they were in bed. We saw these were checked on a weekly basis to ensure they were safe to use. The home's portable appliance's had been tested in the last year.

We also looked at the home's medical devices used for nursing treatment. We saw there was a clear system for checking medical device equipment. There were checklists for devices used and we saw they had been checked on a monthly basis to ensure equipment was working safely. Some medical device equipment was used only for certain individuals in the home. This was stored in a locked cupboard and separated into individual's rooms so they would not get mixed up with anyone else's medical devices.

People told us that where they owned their own equipment the home ensured that this was only used by them. One person's relative said "they have their own wheelchair and I know it is always used for her". We were told that where people needed to be hoisted every person had their own individual sling that was kept in their room. This was to reduce the risk of using the incorrect size and also to reduce the risk of transmitting infections from person to person. Care plans also detailed what size sling was required. One person's relative commented "staff are very good at moving people".

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, treated and supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at how the home recruited staff to ensure they were of good character and had the necessary skills, experience and qualifications for the role. We looked at five recruitment files of staff that had been employed in the last 12 months. We saw all staff had a criminal background checks taken before they started to work in the home. References had been taken from staff's last employers and an employment history had been provided. The provider may find it useful to note that where gaps of employment were noted in the staff's history the reasoning for these gaps was not always evidenced.

All five recruitment files showed the staff member had made a health declaration stating they were physically and mentally fit to work. Staff had signed a contract of employment. They were also subject to a six month probationary period. Part of staff's induction period was to participate in a number of mandatory training subjects, such as recognising and reporting abuse, health and safety and communication. Once staff had completed training they had to complete competency checks to ensure they fully understood what they had learnt in training.

We spoke with five members of the care team who told us they had recruitment checks as described above. They also told us they felt their induction prepared them and gave them the necessary information for their role.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People living in the home and their relatives told us they found the manager or senior team members in the home easy to approach if they had any concerns about their care or treatment. One person said the manager always says "what can we do to make your life better? They always do what they can". A person's relative told us "the home is very accommodating, if I have any suggestions they always listen and change things for the better".

Staff spoken with knew what to do if someone wanted to complain about their care or treatment. We looked at the home's complaints policy. This showed clear detail of how the complaint would be dealt with internally. There was also information for people to raise their complaints externally. The provider may find it useful to note that the Care Quality Commission does not investigate individual complaints.

The home had a system for logging all complaints that were raised. We saw this log and the action the home had taken to address these complaints. Where possible the home manager would make improvements to the whole service following a complaint. For example, where there had been a concern about the call bell system, the manager had arranged to increase checks to ensure it was working correctly.

## 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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