

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

Nettlestead Retirement Home

19 Sundridge Avenue, Bromley, BR1 2PU

Tel: 02084602279

Date of Inspection: 05 March 2013

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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
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Supporting workers	✓ Met this standard
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Records	✓ Met this standard
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Details about this location

Registered Provider	Nightingale Retirement Care Limited
Registered Manager	Mrs. Kim Thomas
Overview of the service	Nettlestead Retirement Home is a care home that provides accommodation for up to 22 older people. It is located in the London borough of Bromley.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Supporting workers	8
Records	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

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 5 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People and the relatives we spoke with were happy with the care provided at the home. They said that the staff spoke to them in a pleasant manner and addressed them as appropriate. One person we spoke with said the staff "are very friendly". One relative said that they were kept involved in the care and received appropriate information as and when needed. They said that the manager and other staff were available when they needed them, and they could easily speak with them about their needs. One relative we spoke with said the staff treated people "with care".

We found that the people who used the service were involved in their care planning and received a personalised care and support which was based on an assessment of their needs. Staff received support and training in different aspects of care and demonstrated an understanding of safeguarding of vulnerable adults. Care records were accurate and stored securely.

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 privacy, dignity and independence were respected and their 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

People who used the service were involved in making decisions about their care. We looked at a sample of care plans. These had been developed with input from the people using the service or their relatives. People's care plans outlined their likes and dislikes and their requirements.

We saw staff supporting people in their daily care and treating them with respect and dignity. Staff addressed people respectfully by their names. People and relatives we spoke with said their wishes were respected and care provided accordingly. Staff members we spoke with were aware of people's care plan details and what they liked doing on various days.

We observed the breakfast and lunch-time in the dining room and saw people being offered a choice regarding their meal, drinks and desserts. Staff assisted people with their food and where appropriate encouraged them to eat independently.

The staff members we spoke with were aware of respecting the privacy and dignity of people they cared for. They were able to explain how they were able to do this and maintain people's independence. For example, they said that they ensured that the door was closed and covered the person appropriately while providing personal care. They were aware of identifying change in people's needs and said that they would ask for a review of the plans if they noticed any change.

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

The provider undertook assessments to ensure people's needs were appropriately assessed prior to their coming to live at the home. Care was planned based on people's needs and delivered in line with their individual care plan. People's care plans and risk assessments included support in personal care, moving and handling and communications care. Risk assessments had been undertaken on nutrition, support and behaviour. We saw that the plans were mostly up to date and reviewed regularly.

People were protected from the risks of unsafe or inappropriate care and treatment. People who lived at the home had access to external healthcare professionals like GP, chiropodist and dentists, as evidenced by records of visits in people's care plans, and they received care based on professional advice.

There was a planned programme of activities which included arts and crafts, flower arranging, quizzes, pub-lunch and bingo. There were arrangements in place to take people out on a visit for example to the market or the garden centre. People told us that they mostly enjoyed the activities.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People living at the care home 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. Criminal record checks had been carried out on all staff whose records we checked. This meant that only suitable people were employed by the service.

The care home had a safeguarding policy in place. This outlined what constituted abuse and the action that would be taken in the event of abuse being suspected. We were also shown policies and protocols for whistle blowing, making complaints and reporting accidents and incidents. Staff we spoke with were aware of the policies. This meant that the provider had taken steps to protect people from the possibility of abuse. The provider offered yearly safeguarding of vulnerable adult (SOVA) training. The provider submitted training data and we noted that most staff were up-to-date with their SOVA training. Staff members we spoke with were able to explain to us what constituted abuse and what they would do if they suspected abuse. They told us how they would respond to allegations of abuse and they were aware of how to report concerns and allegations to external agencies. The manager, though not all staff we spoke with, were aware of requirements under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

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

Staff received induction, training and supervision and support to deliver care to an appropriate standard. The service maintained records of when staff were due for supervision and training updates. The provider submitted data on supervision which showed that staff had received supervision at regular intervals and an annual appraisal.

There were mandatory training sessions for different aspects of care delivery. These included, for example, moving and handling, first aid, safeguarding and health and safety. All the staff we spoke with were aware of the correct procedures as regards moving and handling of people, food hygiene, safeguarding of vulnerable people and how to raise concerns. They confirmed that had regular supervision sessions and felt well supported.

We saw data on the training provided to staff which showed that staff were mostly up to date with their training. The provider had a system in place to ensure staff's competencies were assessed following completion of their online training modules. However, up to date data was not available as to how many staff had completed these assessments. The provider may also wish to note that a third of 31 staff had not completed their updated training in diversity and equality and Deprivation of Liberty Safeguards (DoLS). These were due in January and February respectively of this year.

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who lived at the care home had an individual care plan. These were available in an electronic format. Staff needed to login to access the care records on the computer.

Care plans we looked at mostly contained suitable information, such as people's choices and preferences in terms of their personal hygiene, the activities they liked and their general likes and dislikes. Information was available on various aspects of care such as health needs and social and behavioural requirements. However the provider may wish to note that some records were not up to date. For example, in one case a person had been admitted to the home two weeks ago with a pre-existing risk of falls. Though the staff were aware of the needs of the person and the risks, the risk assessments had not been appropriately completed and documented in the care records.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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