

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

## Tye Green Lodge

Tye Green Village, Yorkes, Harlow, CM18 6QR

Tel: 01279770500

Date of Inspection: 27 August 2014

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September 2014

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Quantum Care Limited
Registered Manager	Miss Melanie Jayne Kemsley
Overview of the service	Tye Green Lodge is a registered care service providing accommodation and personal care for older people, who do not require nursing care. The home has 61 beds and is split into four separate units.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

## Contents

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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 27 August 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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At the time of this inspection there were 58 people living at Tye Green Lodge.

Below is a summary of what we found. The summary describes what people using the service and staff told us, what we observed and the records we looked at.

If you want to see the evidence supporting our summary, please read the full report.

This was an unannounced inspection. We spoke with seven people who lived at the home. We could not speak with some people due to their needs. We also spoke with the manager and two other members of staff. We looked at written records, which included copies of people's care records, medication systems, staff personnel files and quality assurance documentation.

Is the service safe?

We found the home to be warm and clean. The accommodation was adapted to meet the needs of people living there, was suited to caring for people with limited mobility and was appropriately maintained.

The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. People were protected by safe recruitment practices. There were proper processes in place in relation to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Is the service effective?

We saw that care plans and risk assessments were informative and up to date. Staff we spoke with were familiar with their contents and understood people's needs, which enabled them to deliver appropriate and safe care.

People we spoke with were satisfied with the care and support they received.

Is the service caring?

We spoke with seven people who used the service. One person said to us, "It is very good here. They look after you well and they all try to get things right for you." Another person said to us, "This place is absolutely perfect. Nothing could be improved. The staff are superb." Another person said, "We are free to do as we please. I would recommend it to anyone." Nobody we spoke with raised any concerns with us.

We observed a good rapport between staff and the people who lived at the home. We witnessed the care and attention people received from staff. Staff were friendly, were attentive to people's needs and people were treated with dignity and respect.

Is the service responsive?

People were consulted about and involved in their own care planning and the provider acted in accordance with their wishes. Care plans and risk assessments were regularly reviewed. Activities took place regularly that were appropriate to people's needs.

Two staff members told us that the manager was approachable and they would have no difficulty speaking to them if they had any concerns.

Is the service well led?

The manager had a range of quality monitoring systems in place to ensure that care was being delivered appropriately by staff, that the service was continuously improving and that people were satisfied with the service they were receiving. The provider undertook regular detailed audits of the service to support the management of the home.

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

### 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

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### Our judgement

The provider was meeting this standard.

Care and support 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

We spoke with seven people who used the service. One person said to us, "It is very good here. They look after you well and they all try to get things right for you." Another person said to us, "This place is absolutely perfect. Nothing could be improved. The staff are superb." Another person said, "We are free to do as we please. I would recommend it to anyone." Nobody we spoke with raised any concerns with us.

We observed a good rapport between staff and the people who lived at the home. We witnessed the care and attention people received from staff. Staff were friendly, were attentive to people's needs and people were treated with dignity and respect.

At our visit we reviewed the care records for three people who lived at the home. Care records are documents which identify a person's needs and what staff need to do to meet those needs. This includes risk assessments that detail how staff can reduce the risks to people.

The care records contained a full assessment of people's needs. Care plans had been developed from the assessments of need that covered important areas of care such as relationships, personal care, physical health, nutrition, continence care and safeguarding people from abuse. The provider had a system to ensure the care plans were reviewed on a monthly basis. The provider might find it useful to note that one set of the care records we read had not been reviewed during the previous month. Two care staff that we spoke with were knowledgeable about the care needs of the people they supported. This meant staff were able to support people in line with the information contained within care plans that reflected people's needs and were kept up to date.

We saw in each of the care records that the provider had used established scoring systems to ensure that risks to people were identified and managed effectively. This included people's risk of developing pressure ulcers and of becoming malnourished. We saw records which demonstrated that people's weight was monitored on a monthly basis,

in order to guard further against the risks of malnutrition.

Moving and handling risk assessments were in place, which explained how people were to be transferred between different environments and what equipment was required to do this safely. Other risk assessments were also present in the care records, for example falls prevention. Where risks were identified there were instructions to staff explaining what to do to reduce those risks. The risk assessments had been reviewed on a monthly basis. This demonstrated that care and support was delivered in a way that was intended to ensure people's safety and welfare.

At this visit we assessed how the Mental Capacity Act (2005) was being implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. We also looked at Deprivation of Liberty Safeguards (DoLS). DoLS aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

The manager told us that several recent DoLS applications had been made in relation to some of the people who lived at the home. We saw that mental capacity assessments were undertaken for all people living at the home. Where people lacked capacity with certain matters, families and other health professionals had been consulted appropriately to ensure decisions were taken in people's best interests. One example was where it was decided by a best interests meeting that some medicines should be administered covertly to someone. This meant that the provider acted in accordance with legal requirements.

The home employed four activities coordinators who managed a range of both structured and spontaneous activities. During our visit we saw a singer who was entertaining a number of the people who lived at the home. One person told us they enjoyed the chair exercises and the singers. Another person made positive reference to the pamper sessions and the tea and cakes. The manager told us that some members of staff regularly gave up their weekends to take people away on holiday and short breaks. This meant that people had access to and took part in activities that were entertaining and meaningful to them.

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

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## Our judgement

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## Reasons for our judgement

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We looked at the arrangements for people's medicines. We observed that they were safely stored in trolleys and refrigerators within medicine rooms, one for each of the four sections of the home. A further lockable facility was available for the storage of controlled drugs, which was the correct type to be used for this purpose. Controlled drugs are a group of medicines that require an enhanced level of secure storage. Keys to the medication storage facilities were kept safely by the shift leaders on each unit. This meant the home kept medicines stored securely and in an appropriate manner.

We found that staff monitored the storage temperatures of the medication rooms and the medication refrigerators on a daily basis. Records indicated they were within safe limits. This meant people's medicines were kept at the right temperature, which protected them from harm caused by the effect of extreme temperatures on certain types of medicines.

Medicines were delivered to the home from the pharmacy in pre-packed boxes with dosages and set times for administration clearly marked. We saw that people's medication administration record (MAR) charts were easy to read and up to date, with staff having signed appropriately when they had administered each medicine. Where medicines had not been administered, for example due to refusal, reasons were clearly written on the back of the MAR charts. There were no gaps in any of the records we inspected.

Each person had their photograph on an identification sheet in front of their MAR chart. This meant that staff could identify people correctly before giving medicines to them. We also saw accurate and up to date records for the receipt of medicines into the home and the return of medicines to the pharmacy. Bottled medicines had been dated upon opening to ensure amounts of liquid remaining could be checked accurately against administration records. We spot checked the stock of some medicines held against the records. All amounts tallied exactly. This showed that people were protected by safe systems for the administration of medicines.

The provider might find it useful to note that we observed one staff member leave a medicine trolley unlocked and unattended in one of the communal lounges whilst administering medicines to a person in a different room. On another occasion the staff

member locked the trolley before leaving it unattended, but left some medicines on the top of it that were not locked away. This presented risks to the people living at the home. We advised the manager of this finding. The manager responded appropriately by ensuring the staff member would no longer be responsible for medication administration until they had undergone re-training and been re-assessed as competent. We saw that the manager and senior staff regularly undertook audits of medication and observed staff practices. We were satisfied this shortfall was a one-off event and that the manager would ensure it was not repeated.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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One person specifically commented to us, "I like this home because it is very clean." Another person said, "My bedroom is brilliant. I like having my own bathroom and toilet."

The home was divided up into four separate units, named Copshall, Brays Grove, Rydons and Netteswell. We found all areas of the home to be warm and clean. We saw that people's bedrooms were personalised, for example containing photographs of their families and many of their own possessions, including pieces of furniture. Where people had dementia, staff had placed a name caption underneath each photograph to remind the person who they were looking at in the photograph. This enabled people to feel orientated and settled at the home.

The corridors were in the process of being re-designed to be helpful for people with dementia. One of the corridors had been completed on the theme of the City of London. Other themes planned were 'Springtime' and the 'Seaside'. Next to each person's bedroom door was a memory box with some personal items of importance to them, as well as a picture of their 'keyworker', who was the named member of staff responsible for coordinating the person's care. This helped people with confusion orientate themselves within the home.

The home also had secure, well-kept gardens, where people could wander freely and safely.

We observed that Control of Substances Hazardous to Health (COSHH) risk assessments were in place and that cleaning materials were locked away when not in use. We saw paperwork that showed the gas boiler and all fire prevention equipment, such as alarm systems and extinguishers, had been serviced within the last year by suitably qualified professionals. The electrical appliances had been tested for safety, as had the lifts, hoisting equipment and the home's wiring. This meant that the provider had taken steps to provide care in a safe and suitable environment that was appropriately maintained.

## 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.

There were effective recruitment processes in place at the home.

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### Reasons for our judgement

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We looked at records obtained by the provider for the employment of three staff members who had been recruited to work at the home. We found that all required checks had been carried out before these staff started work. The checks included written references, documentary proof of their identity and completed application forms with full employment histories. These staff had signed declaration forms indicating they were medically fit for work. We also saw that criminal records checks had been undertaken to ensure the staff were not unsuitable to work with vulnerable people.

We saw that detailed notes were kept from the interviews of each candidate. Staff were given contracts of employment and written job descriptions, with copies kept in their personnel files. There were clear records in place of each staff member receiving a full induction to the home. This meant people were protected by a robust staff recruitment process.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

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### Reasons for our judgement

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The home had a suggestion box in the foyer, where visitors to the home could note suggestions and leave them for the manager's attention.

A quality assurance survey had been completed in February 2014, where questionnaires had been sent to people who lived at the home, their relatives and care professionals who regularly visited the home. The results were mostly positive. The feedback from the survey had been analysed and a report of the findings had been produced along with an action plan for the following year. We saw that the manager had taken note of some minor grumbles that the survey had produced. For example, the home changed a de-staining fluid that was being used in the laundry, as it had ruined some people's items of clothing. This meant that the provider took account of people's views and experiences and acted upon them.

A representative from the provider organisation conducted regular quality assurance visits to the home and produced a written report on the standard of care, environment and general compliance they had observed. These reports contained some action points for remedial attention, which the management team had ensured were completed.

We saw records to demonstrate the manager and senior staff undertook a full monthly medication check to ensure the systems were being adhered to correctly by staff. The manager also ensured the care records were audited on a monthly basis, as well as training records and staff supervision records. Staff undertook health and safety audits and cleanliness checks on a regular basis. This meant the provider had systems in place to monitor the quality and safety of the service provided at the home.

## 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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