

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

Ardtully Retirement Residence

Station Lane, Ingatestone, CM4 0BL

Tel: 01277353888

Date of Inspection: 17 April 2014

Date of Publication: May 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Rajan Dhirjal Madlani
Registered Manager	Mrs Susan Hume
Overview of the service	Ardtully Retirement Residence is registered to provide the regulated activity 'accommodation for persons who require nursing or personal care' for up to 26 individuals. Nursing care is not provided at Ardtully Retirement Residence.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 April 2014, 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 and talked with staff.

What people told us and what we found

The inspection was carried out by one inspector who gathered evidence against the five outcomes inspected to help answer our five key questions; is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, the staff supporting them, speaking with relatives and from looking at records.

Is the service safe?

The service had policies and procedures in place to manage health and safety risks within the home and staff were able to outline emergency procedures and practice in an effective manner.

There were systems in place to assess the care needs and the risks of people who used the service, with risk management plans in place to meet these needs. People were not put at unnecessary risk, they were supported to be as independent and as possible and were able to make decisions about their lives.

People told us they were treated well and that the staff on the whole were very good.

Staff had access to and attended a range of training which enabled them work in a safe way with people who used the service.

The registered manager carried out monthly reviews of peoples care plans and ensured staff were rostered to access appropriate training and development.

Is the service effective?

People's health and care needs were assessed and their families involved as appropriate. Care plans were reviewed regularly or as care needs changed. There was good relationships with other professionals such as district nurses or GP's who provided input into the provision of care.

Mental capacity assessments had been carried out and information included about the support needed.

We noted personal profiles had not been completed on some of the notes and these could be helpful where people do not have capacity. The manager informed us these were being undertaken.

Is the service caring?

We spoke with four people who used the service, one person told us, "The carers on the whole are okay, some are excellent, one or two 'hit or miss'." Two others told us they were treated well and happy with the care.

We noted positive interactions between staff and people who used the service during our visit and observed a good response to someone having difficulty eating at the mealtime. When interviewing the manager and staff it was evident there was genuine caring for the people in the home.

There was an annual quality survey undertaken with the most recent one having many positive comments with the exception of comments on food and staff name badges. The manager informed us they were in the process of taking photos for badges.

The provider may wish to agenda the menus for discussion at meetings with people and their relatives.

Is the service responsive?

We noted information documented in a separate section of the care notes of interventions provided by professionals giving input to care and were told by the manager there was no difficulty in accessing advice as needed.

We were informed by the manager and a relative of someone using the service about the support that could be offered to couples where this was required. This provision showed a good degree of flexibility and responsiveness to care needs.

Relatives we spoke with were confident they could raise any concerns directly with the manager and these would be resolved.

Is the service well led?

The service works well with other agencies.

The management of the service was praised by staff and people who used the service.

Staff were clear about their roles and responsibilities. There was an excellent range of training opportunities available and during discussions it was evident staff worked according to their skills and experience.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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.

Reasons for our judgement

During our visit we observed staff carrying out their day to day activities in the home. We noted staff asking people for their consent before entering their rooms or carrying out any tasks with them. Some of the people who used the service had some psychological deterioration or were living with dementia which at times meant they had limited capacity to make decisions. The manager informed us that mental capacity assessments were carried out for all admissions to the home and all staff attended MCA training.

Care records showed that people's capacity to make decisions had been formally assessed and included what action to take and where assistance was needed. Two sets of records we reviewed included records of discussions with families and GP's with signed and completed 'do not attempt resuscitation' (DNAR) forms. The manager informed us that discussions about end of life arrangements were currently being undertaken with relatives.

Staff told us how they worked with people who may have capacity issues and the importance of assuming everyone had the rights to make decisions. All staff interviewed could describe how they treated people with respect, taking time to explain things and listen to them, and where necessary, how they would assist people. One member of staff said, "It is common sense, you look at what is good for them and what they like. Sometimes people's mental state changes, but they are still able to nod their heads or point at things."

All care records reviewed held signed and completed 'consent to share information' forms. We were therefore assured that before people received care and treatment they were asked for their consent.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our inspection to the home we spoke with four people who used the service, five members of staff and three friends and relatives. We reviewed care records and spent time in communal areas. We observed positive interactions between people who used the service and staff during the day, and at lunch observed staff helping people with feeding. We also noted staff responding promptly and effectively to someone who had difficulty eating and who appeared to choke on their food.

One person who used the service informed us, "The home is comfortable and clean and the carers are good. We are very well treated, though the food is not as good as it used to be, too much custard." Another person told us, "The carers by and large are okay, some are excellent, one or two 'hit or miss'." One person who used the service informed us they were very sorry to lose their independence and would continue with activities in the local area out of the home, such as local church and WI meetings. They told us, "As far as I am able to, I intend to be as independent as possible."

During discussions with staff and whilst reviewing care plans, it was evident that people were encouraged and supported to be as independent as they could be or wished to be. One person was observed walking down to the village, another went out for lunch with a relative.

The care records were clearly laid out, easily accessible with individual assessments of needs and plans to meet these needs. Plans identified where staff needed to assist in specific activities such as bathing, dressing, feeding, dental care or help with aids. Risk assessments and plans to mitigate against risks were identified, for example in one person's file we noted the use of assistive technology such as sensor pads and electric hoists as they required full physical care. Care plans were reviewed on a monthly basis by the manager and updated as required or when there was a change in someone's care needs.

There were regular activities planned and provided in the home such as outings, quizzes, bingo, entertainers and other interactive games. The hairdresser attended weekly and we were told everyone used this service. During our visit a local chaplain held a service in the

lounge which a number of people attended.

We looked at the staff training records, these included an induction to care standards alongside the mandatory training programme with refresher dates identified. Most staff were trained to NVQ 2 or 3 level, with one recent employee about to start NVQ 2. The manager informed us that the deputy manager held a split post, the other part being an 'in house' trainer for the provider company. The post-holder was trained to offer a range of courses, and on the day of our visit was providing training for staff from Ardtully and other homes in the company, at another central venue.

The manager told us working relationships with district nursing services and GP's were extremely good and the home could call on these whenever assistance or advice was required. We noted details of professionals visits and interventions written up in a separate section of peoples care records.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We were shown around the home on arrival and found it to be clean and welcoming with no offensive odours noted. There was a designated laundry room and a sluice, as well as a locked utility area which held a range of cleaning products, equipment and substances. The home provided sharps and waste disposal facilities and had contracts in place with an external specialist company to provide waste disposal. We did not speak with domestic staff during the visit, however, we noted them wearing gloves and aprons at work on communal area cleaning on arrival. We spoke with the cook who outlined the cleaning requirements for the kitchen and were shown different cleaning substances used and the colour coded systems in place for food preparation

We were told by people who used the service that the home was clean and tidy and we noted the cleanliness in bedrooms and ensuite toilets. People were encouraged to bring their own items of furniture and some of the rooms were very homely. Some areas looked a bit tired and in need of repainting or updating and one relative stated, "I am very happy with the home, however, some areas need some decoration and a change of pictures." The manager told us rooms were being redecorated as people moved on and showed us one room that was nearing completion. There were several rooms designated for two people to share, however, these were not being shared currently. We were shown three empty bedrooms, two used as storage for furniture and supplies, the other was in the final stages of redecoration.

The registered manager was the identified infection control lead and showed us the infection control policy and training records for staff. We were told there was direct access to infection control services if needed. All staff interviewed were able to tell us how to prevent the spread of infection and how to manage the personal care of people with an infection, as well as the importance of hand washing. During our observations of care being provided, it was evident staff followed procedures and had access to protective equipment such as disposable gloves and aprons.

We reviewed the training records of staff and these confirmed all staff had access to training and regular updates in infection control and food hygiene.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Quality monitoring involving feedback from residents, relatives and external agencies was carried out at least yearly. We were shown the most recent survey which for the most included positive comments. Two areas were identified as issues, these were a lack of name badges and some comments on food. When asked about the action being taken to resolve these issues, the manager showed us a new digital camera, the provider had bought to enable the production of photo identification badges. On our visit some staff were wearing name badges but others were not. The provider may wish to note the need for staff name badges to support the people who live in the home as well as their visitors. Whilst speaking with people and visitors, it was evident that most people knew the names of staff as many people had been there for a number of years.

We spoke with the care staff and the cook about the food, we were told they tried to discuss menus with people who live there, however, there was minimal input. The cook showed us the menu prepared on a month to month basis, this appeared to have a range of choices. The provider may wish to put meals on the agenda of a future residents and relatives meeting.

We reviewed complaints and incident books, there were no recent formal complaints noted and the manager informed us that processes were in place to deal with any concerns as they arose. There had been no recent formal meetings with staff, residents and relatives. Two relatives expressed concern about staff attitudes during the absence of the manager. One relative told us, "Some staff are wonderful, but one or two can affect the atmosphere." Another informed us, "The manager is excellent but whilst they were on holiday we had some concerns about staff attitudes." These relatives informed us they had a good relationship with the manager and would discuss their concerns with them, now they had returned from holiday. The provider may wish to organise some regular meetings with relatives.

The service had contracts with external agencies to carry out regular health and safety and fire audits in the home and we were shown reports during our visit. Emergency policies

and procedures were in place and staff outlined emergency procedures during our interviews with them.

There was a good schedule of staff training provided and outcomes from audit or research were fed back during staff handovers and individual meetings. Medication audits were carried out monthly as were care plan reviews.

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

We noted the service registration details and registered care manager information displayed in the entrance hall in the home. The service 'statement of purpose' which we reviewed contained full details of how records should be kept, including how people who used the service or their relatives could obtain 'freedom of information' access to individual care notes.

The service had excellent typed care records which were easy to follow and well laid out. They were located in a small lockable staff office with clear policies and procedures in place regarding people's personal information. Care staff were observed reporting verbally, relevant information about people in the home to the manager during our visit and we noted whilst reviewing care notes, this information had been documented promptly.

All care records we reviewed were up to date with daily notes written, dated and signed for each shift.

Three of the four records reviewed held signed and completed 'consent to share information' forms and risk assessments were completed and signed with review dates. Notes of other professional interventions with people or discussions about their care were recorded and signed in a separate section of 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 other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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