Care Quality Commission

Key inspection report

Care homes for older people

Name:	Remyck House
Address:	5 Eggars Hill Aldershot Hampshire GU11 3NQ

The quality rating for this care home is:	zero star poor service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	**Date:**							
Damian Griffiths	1	7	0	7	2	0	0	9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	Remyck House
Address:	5 Eggars Hill Aldershot Hampshire GU11 3NQ
Telephone number:	01252310411
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Mr Thedchanamoorthy Kandiah,Mrs Shanthini Kandiah
Type of registration:	care home
Number of places registered:	29

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
dementia	29	0
old age, not falling within any other category	0	29

Additional conditions:

The maximum number if service users to be accommodated is 29.

The registered person may provide the following category/ies of service only: Care home only - (PC) to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - (OP) Dementia (DE)(E)

Date of last inspection								

Brief description of the care home

Remyck House is a care home that provides personal care and support for up to 29 older people. The home also provides a service for people who may have dementia. Mr & Mrs Kandiah own Remyck House. The home is located on the outskirts of Aldershot town centre and is close to local amenities and bus route. The home has three communal lounges and a communal dinning room.
People that are interested in living in Remyck House are provided with a copy of the home's 'Service Users Guide' that contains information about the facilities and service

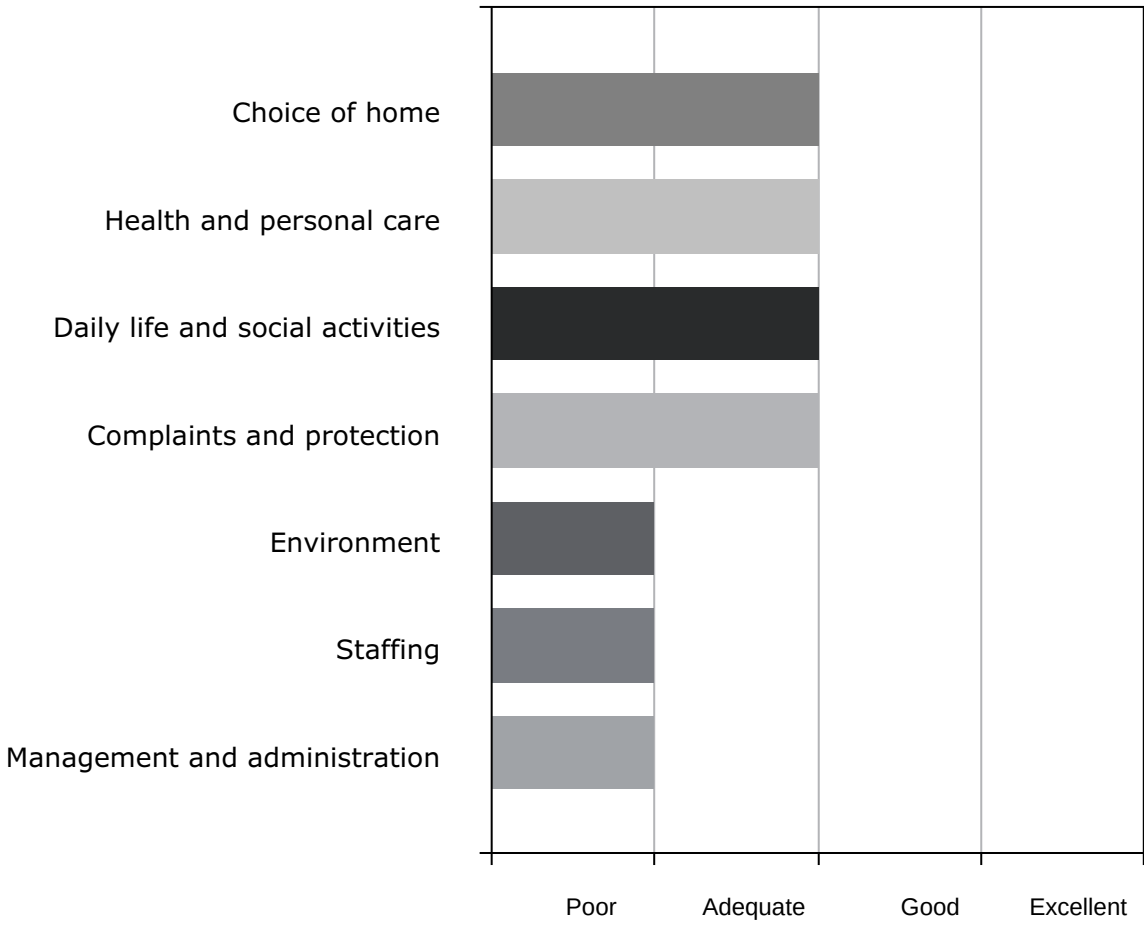
Brief description of the care home
provided at the establishment. They are also invited to visit the home and spend some time there meeting people and sampling a meal. A copy of a report of the most recent inspection of the home by the Care Quality Commission (CQC) is included in the Service Users Guide and a copy is also readily available in the home. At the time of this site visit the scale of charges for the home was not available . The cost of chiropody, hairdressing, toiletries, newspapers and journals and confectionary are not included in the fees .

Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:	zero star poor service

Our judgement for each outcome:



How we did our inspection:

The inspection took place at 10 AM on the 15th July and again at 9 AM on the 17th July. We agreed and explained the inspection process with the manager and the registered owner.

We were required to return to the home to ensure that we had time to examine the homes recruitment records due to the way they had been kept. The registered manager was present throughout the first and second day of the inspection. The registered owner was also available intermittently over the two days of inspection. Information included in this report was gathered from talking to residents, four of the care staff on duty and a visiting healthcare practitioner.

A selection of Care Quality Commission (CQC) surveys were sent to the home prior to the inspection. 10 CQC surveys were completed by the residents, some of the resident's relatives helped to complete these. 5 surveys were sent out to social and

healthcare practitioners and four were returned, Five surveys were sent to care workers and 4 were completed. We also have gathered our information from talking to 3 relatives visiting the home one of them completed another CQC survey. We conducted a tour of the premises and documentation and records were read. Time was spent reading, and reviewing care plans and records kept in the home this included; preadmission assessments, risk assessments, duty rota, training and recruitment records. Observation of residents and care worker communication also formed part of the information gathering process included in this report. The home had completed an Annual Quality Assurance Assessment, (AQAA) a self assessment. This provided us with information relating to; what the home considers it does well, what it could do better and what had improved within the last 12 months and planned improvements. The AQAA had been completed on time by the registered manager and contained useful information about the home.

The judgements have been made using the Key Lines of Regulatory Assessment (KLORA) which are guidelines that enable the Commission to be able to make an informed decision about the outcome areas.

All references and referrals relating to the home, it's residents, relatives and care staff have been altered slightly in respect of confidentiality.

What the care home does well:

A resident completing the CQC survey commented:' residents are always clean and freshly dressed and appear happy and well cared for'.

The home had produced easy to read and detailed care plans that helped enable staff to provide personal care in a way the residents preferred.
A comment from one of the relatives completing the CQC survey was that the; ' staff are friendly and helpful'.
Residents completing the CQC survey confirmed that they received the care support that they needed, staff were available when needed and they listen to and acted on what the residents said.
Social and healthcare practitioners completing the survey in the section called ; what does service do well;' treats patients with respect and dignity' and' support clients with dementia, respond to phone calls, offer relatives support.

What has improved since the last inspection?

The home endeavours to provide a good service to its residents.

What they could do better:

We discussed a number of concerns with the manager and the owner of the home. Most areas relating to the administration/records were in need of action to bring up to standard with the exception of residents monies that were well recorded. This may have put the residents at unnecessary risk in areas of medication administration and personnel records. The home was dirty and in places smelly and there was a risk of cross infection due to the way the home managed waste disposal. People who used the home were not consulted in a way that could be measured against the quality of care being provided at the home. The home was required to improve in all these areas.

We were advised, by the registered manager, that plans to address all of the following issues were in the process of change or had already been actioned and recorded in the homes AQAA they included; The homes statement of purpose and service user's guide that were being reviewed and a new brochure was being considered that would provide more information in a picture format that would be helpful to new and existing residents. The home was aware that it needed to improve its activities with the residents and that they needed to be designed better to meet their needs and capacity. The homes AQAA confirmed that; 'we have purchased a larger television for visually impaired residents to be able to see it better' and 'we have also purchased a games console to try and give a different variety of activities that will stimulate and promote coordination with the service users'.

Good practice recommendations were made in the following areas.

That the home provides details of how to contact CQC to people using the home.

That the home review the way it supports residents privacy and dignity when providing support with personal-care, such as hairdressing, so that they could have their hair done in the privacy of their own room or in an alternative and appropriate setting, such as a room set aside for this purpose.

In respect of the residents best interests the home should replace plastic containers used by the residents for cold drinks on a regular basis.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk.
You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Potential residents received information about the home that helped them to make a decision about moving in. The information available to new and existing residents was in need of updating. Potential residents received a pre-admission assessment to ensure that the home could meet their care needs before confirming of residence was made.

Evidence:

The statement of purpose and service user guide required updating to include details of how to contact the Care Quality Commission CQC, details of the weekly fees and how the home meets the care needs of people with dementia care. We were advised that the home is currently reviewing this information document and the service user guide and considering a new brochure. The homes AQAA confirmed that the home were;' statement of purpose to be reviewed and changed ' and ' new detailed picture brochure to be developed'.

Evidence:

10 CQC surveys were completed prior to the inspection by residents, some were helped to complete the survey by their relatives. 8 out of 10 people confirmed that they had received enough information to help them decide that this home was the right place for them, prior to moving to the home.

In order to meet the care needs of potential new residents to the home a pre-admission assessment is required to be completed in order to confirm that the home can meet the person's care needs . A sample of 3 care plans were inspected and each contained a preadmission document, although one care plan did not include the date of the pre-admission for comparison with the admittance date . Assessment details included, next of kin, social/healthcare practitioners, likes and dislikes, healthcare/personal care needs, ability needs. Details of hobbies and what activities preferred were not in evidence in two of the assessments.

4 social and health care professionals were asked whether the homes assessment arrangements ensure that that accurate information was gathered and to ensure the home was able to provide residents care needs. 3 out of 4 confirmed that the home usually achieved this .

The home does not provide intermediate care.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents had the support they needed with their personal and healthcare. Better recording was required to ensure residents medication needs were fully safeguarded. It was not always apparent how the home respected residents privacy and dignity when providing activities relating to personal care needs.

Evidence:

Residents care needs had been recorded following a series of comprehensive assessments that began from the pre-admission assessment prior to admission to the home; therefore, the resident's care plans were the result of continued assessment and review. Details ranged from the residents basic background details and went on to include personal care support, for instance whether help was needed with dressing and with mobility and extended to fluid charts to ensure the residents do not become dehydrated. Each care plan was focused on the individual resident for example, its care plans contained the residents life history; Mister X, ' grew up in London, has grandchildren', favourite colour blue, enjoys any music. The care plans also contained a daily record of events, for instance, healthcare details and observations: Mr X ' was unhappy today but he enjoyed his dinner'.

Evidence:

We inspected 5 of the residents care plans to establish how the home cared for their personal, social and health care needs. A relative consulted during the inspection said; 'residents were always well presented'.

Other details inclusive of care plans were to do with safeguarding the residents from physical and psychological harm. A full range of assessments were in place to guide staff and help reduce the possibility of accidents for instance; falls and mobility issues. Evidence was in place to show that, where necessary residents had been referred to the most appropriate healthcare practitioner for, instance to ensure the residents individual mental healthcare needs were monitored a mental health practitioner had been involved and a psychological profile had been completed. Essential healthcare information contained details of; allergies, mobility, breathing difficulties and sight impairments. These were well detailed and had been reviewed on monthly basis. A healthcare practitioner visiting the home commented that; ' he/she was always informed if there was a problem; ' such as pressure sores, generally day-to-day healthcare is fine '.

Residents completing the CQC survey confirmed that they received the care support that they needed, that staff were usually available when needed and that staff listen to and acted on what they said.

Three healthcare practitioners completing the CQC survey had indicated that the home 'always' correctly managed resident's medication. Care personnel files inspected contained details of training received by the care staff who were administering medication. Medication was administered from custom built trolleys enabling staff to provide residents with their medication quickly and safely. Care staff were observed administering medication to each resident individually and ensuring the medication trolley was locked each time the resident's medication was administered. The trolley was secured appropriately when not in use ensuring that security and safety was observed at all times. Residents were treated with respect and patience while staff waited for them to take their medication. The medication administration record (MAR) for the last current month was inspected and was shown to be a complete and up-to-date account of the medication administered that had been signed by the care workers administering the medication. The MAR did not contain the staff signature specimen page that showed a list of the care staff signatures and the initials used when completing the MAR. This made it impossible to compare the signatures on the MAR and went against the home's own medication's policy. We were advised by the care worker that the, much used, page, had 'fallen out'. In order to be able to complete a review of medication in the event of a mistake occurring it is essential that care staff

Evidence:

administering medication are identifiable.

Controlled drugs (CD) were kept in a separate storage area and they were recorded in a CD book. We inspected the controlled drugs cabinet and the records kept. Controlled drugs that were spoilt or no longer required had been recorded and corresponded with drugs kept in the cabinet waiting for disposal. It was brought to the attention of the manager that there was no pharmacy stamp or signature confirming that the pharmacy had collected the spoilt CD's. The signature in evidence was the manager's that also contained the date of collection. In order to confirm that drugs have been returned to the pharmacy appropriately a receipt must be obtained. The home is required to ensure that their policy and practice is maintained and upheld in order to properly safeguard residents in this area of support.

4 care staff completing the CQC survey agreed that they always received up two date information about residents care plans, and commented;' all day staff work together as a team to make our task easier'. Staff were observed responding to residents in a manner that respected their privacy and dignity, for example, waiting for a reply before entering the resident's bedroom. A healthcare practitioner confirmed that they attended residents in the privacy of their own rooms when needed and healthcare practitioners completing the CQC survey agreed that residents were; 'always clean, tidy and well cared for'. 2 out of 4 health care practitioners confirmed that the home' always' respected residents dignity but 2 replies indicated that the home only 'usually' respected resident dignity. This seemed to go some way in explaining the homes practice of arranging for residents to receive their 'hairdressing' appointments in the entrance hall of the home in full view of anyone visiting the home. The resident was consulted but did not wish to comment. The manager advised that one of the reasons for this arrangement was because the hairdresser did not posses the required documentation provided by the criminal records bureau that would be required before a person is allowed to work on an individual basis at the home. It was recommended that the home review this area of care.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.
There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Activities were offered but these were not varied and did not always meet the needs of all residents. The home provided a choice of food that most residents liked and catered for special dietary needs. Residents were supported to keep in contact with their family and friends.

Evidence:

The 10 residents surveys completed confirmed that the activities planned at the home were in need of improvement. Only 2 out of 10 residents agreed that the home 'always' provided activities that they could take part in. Health and social care practitioners completing the CQC survey in the section titled; 'what could the home do better', also agreed; 'staff training on dementia maybe more activities during the afternoon'. And; 'service users tend to always be sitting in the lounge in a circle' and in the section titled; is there anything else you would like to tell us;' most times I visit my client; staff are sitting around in another room and not with the clients. There was a time last year when most staff were out in the garden and not indoors with service users'.

The home was unable to show that they were providing activities that were relevant or meeting the assessed care needs of the residents in this area. Information found in

Evidence:

the sample group' s preadmission assessment and care plans were inconsistent and did not contain information that would indicate that an assessment of capacity or ability had been completed. The example given in the previous section of Mr X liking music could be seen in some files and Mrs X likes painting for instance. Some of the activities listed included; daily newspapers, hairdressing, manicure, crosswords, gardening and games on Wii. The home's ' activities folder' held a collection of activities and entertainers these were mainly for'information purposes only'. The manager advised that a specialist demetia care/activities organisation worked with the residents once per month. There was no indication as to how the activities list was drawn up. The home's AQAA did acknowledge this and had stated in the AQAA section titled our plans for improvement in the next 12 months; 'review of some of our social activities and to change according to the needs of the service users'. This issue was discussed with the manager and features in the management section of this report.

Throughout the day relatives were observed visiting the residents. Three relatives were consulted and one was able to complete a CQC survey. The survey indicated that the home ' always' supported their relative in all of the areas of care as indicated above. This included supporting their father/mother to live the life they chose as much as possible.

6 out of 10 of residents completing a CQC survey confirmed that staff listen to and acted on what what they said indicating that residents choices were respected. Relatives consulted confirmed that they could 'pop in' whenever it was convenient to do so.

We were advised that the menus changed 2 to 3 times a year and residents were consulted daily about what meals they would like. Care staff were observed asking residents to choose from a choice of meals available on the weekly menu that was in place on each table. There was also information written on a blackboard in the dining area. Details of residents' special dietary requirements and likes and dislikes had been recorded by the cook and were readily available in the kitchen.
On the day of inspection fishcakes were on the menu with a selection of vegetables. Residents consulted after lunch confirmed that they had enjoyed their meal. This corresponded with the views expressed in the CQC surveys, a resident had stated that the; 'standards of meals' was something that the home did well.
Cold drinks being served to the residents were in plastic containers that were in need of replacement due to constant use. It is recommended that as a matter of good practice, the home regularly replaces such items.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.
People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents felt confident that they could talk to somebody at the home if they were unhappy but the homes complaints system was incomplete and needed to provide more information.
Service users had been exposed to the risk of harm and this risk has now being reduced.

Evidence:

The homes AQAA stated that ' service users and or service users representatives are provided with the homes complaints procedures on their admission to the home'.

The CQC surveys completed by residents confirmed that there was somebody to speak to informally if the residents were not happy and 6 out of 10 residents did know how to make a formal complaint. 4 care staff completing the service confirmed that they knew what to do if someone had concerns about the home and 2/4 health and social care practitioners agreed that the home responded appropriately if residents had concerns. There were no complaints listed in the homes AQAA or the complaints book on inspection. The home's Statement of Purpose , currently being reviewed, did not give the correct contact details about how to contact the Care Quality Commission (CQC) . The home had not considered putting the new contact details of the commission on the noticeboard for residents and their relatives who may wish to have this information. It is recommended that the home provide full details of how to contact CQC and consider this area for their next quality assurance review.

Evidence:

The AQAA stated;' the home provide a safe environment all service users with different needs'. The home had responded appropriately to two safeguarding incidences over the last 12 months by following Hampshire's safeguarding procedures. Both incidents involved improving the security of residents at the home. Measures had been taken to ensure that the entrance to the home were secured. The manager advised that residents were free to leave the home at any time but would need to request assistance and they were informed about the key code upon request.

The home's copy of the Hampshire safeguarding procedures was out of date and in need of replacing. The homes manager agreed that this would be done. Care staff consulted had received in-house training in this area of support and were aware of safeguarding procedures. In order to ensure that the home continue to remain confident of using the Hampshire procedures the manager advised that she would be attending a Hampshire Safeguarding training course.

The homes safeguarding awareness however was put into question following poor recruitment practice. This will be dealt with in the staffing section of this report.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.
People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents do not have a pleasant, clean and homely environment to live in.

Evidence:

There was ample room for car parking at the entrance to the home which was also protected by electric gates and a side gate accessible by keypad only. The entrance hall/reception area contained a television set situated on the top of a cupboard and a table that contained care staff documentation and old ring binders. There was a collection of items found behind this cupboard situated in front of a disused fireplace indicating a need for better cleaning management. We were informed by the manager that a previous resident had used this area to watch the television. The manager advised that she was reviewing the use of this area and planned to change it into a reception area now that it was no longer used by residents to watch the television. Care staff also use this area for staff handovers and as reported in a previous section of this report, the 'reception area' was used for hairdressing.

The office was accessed via the entrance/reception hall and was in need of decoration and parts of the hallway wall leading to the lounge areas contained chipped plaster work that required attention. In the interest of infection control the home had made available an antibacterial hand wash situated next to the visitors signing in book.

The resident's main area of activity was situated in a large lounge area that had been

Evidence:

divided into two parts. A small area at the entrance to the lounge had been partially separated from the main lounge area and housed a television that was the main point of focus. We were advised that this area was preferred by the residents who were using it. The main lounge area also housed a television, confirming the homes AQAA;' we have purchased a larger television for visually impaired residents to be able to see it better'. Residents were sitting in a circle around the lounge walls so some of the residents would be looking at each other and only those residents at the far end of the lounge would be sitting facing the new television so it was not clear whether this improved the resident's ability to see it better.

Resident's bedrooms were mainly situated upstairs and accessible by stair lift or passenger lift. They were all well decorated and contained the resident's personal effects and furniture.

Bathrooms and toilets areas were clean and contained paper towels and liquid soap to reduce the possibility of cross infection. It was noted that in some toilets/bathrooms there was malodours. In each toilet/bathroom area there was a bin for hazardous waste. We discussed this with the manager. We were advised that the hazardous waste was removed from the bins when used but the manager agreed to remove the bins to ensure that any hazardous waste could not be left unintentionally and ensure that hazardous waste was deposited appropriately. This also ensured residents were protected from possible cross infection and reduced the possibility of malodour. The AQAA clearly showed that the home wished to promote good practice in this area; 'cleaning schedules are in place to maintain the building to a good standard of cleanliness and comply with infection-control'. The evidence reported suggests that more attention is required in this important area of care.

A relative completing the CQC survey had stated in the section titled; what could the home do better;' I have to give my mother/father a bath because there are no shower facilities'. We were advised that there new bathroom/toilet furniture was due to be fitted. The homes AQAA stated, in a section titled; what we could do better, and how we are going to do this; stated;' one of the existing bathrooms is to be refurbished and shall include a shower'. This indicated that it was listening to the needs of the people that use the home.

Comments from relatives completing the CQC survey stated in the section titled; what could the service do better; 'carpets could be cleaned more regularly, terrible odour'. Carpeting throughout the home was stained and in need of cleaning and other parts of the home were malodorous. This had been an issue in the previous inspection and detracted from the home's commitment to 'comply with infection-control' and put

Evidence:

residents at unnecessary risk. We were advised by the manager and the owner of the home that arrangements to clean the carpets have been made to take place that evening. A deodorizer was used to disguise the malodour. The smell was over powering. The information given by the domestic staff using the deodoriser was not clear about how to measure the strength of the chemical being used. This practice may also put residents with respiratory difficulties at unnecessarily at risk.

Service users could access a small garden from the main lounge area. During the tour of the garden and outside area, conducted with the owner of the home, faeces were discovered in a drain outlet situated at the back of a door accessing a toilet. This indicated that the premises were not regularly inspected and that toileting supervision should be urgently reviewed. This constituted a health and safety risk that required further assessment by the home.

Comments from 2 relatives completing the CQC survey stated in the section titled; what could the service do better; 'Laundry could be better', 'Mum/dad's clothes have gone missing, staff not always available'. The home employed a housekeeper to ensure that the laundry was well organized and to reduce the chances of this happening. However, care plans sampled did not all contain an inventory of personal items therefore residents clothes could not be fully accounted for. The manager advised that she would be reviewing this area of care and that she would contact the owner to arrange for maintenance to be carried out when necessary.

The home was unable to provide a detailed maintenance programme to confirm what arrangements had been made in the past and for the future. Areas such as; carpet cleaning, general repair needs, decoration and overall refurbishment plans were not in evidence.
This indicated that there was room for improvement within the resident's home environment. The home was required to ensure the health, safety and welfare of the residents was not put at risk by the maintenance and hygiene control arrangements in and around the home.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.
There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Care staff on duty had recieved the relevant training to meet the residents care needs. Recruitment procedures at the home did not ensure the safe keeping of the residents.

Evidence:

We looked at staffing levels and the relevant skill mix of staff on duty to confirm that they had received the training that enabled them to meet the residents' needs. The care staff on duty had acquired training that provided an appropriate level of skill-mix. Personnel files and the homes training programme showed evidence of training including; dementia care, first aid and infection-control. The home's AQAA stated that most of the care staff had attained NVQ level 2 or were in training to gain this level of qualification. 6 out of 10 CQC surveys completed by residents and their relatives in the section of the titled; Are staff available when you need them indicated that there were 'usually' enough staff available and 7 out of 10 residents confirmed that they ' always' received the care and support that they needed.

The staffing structure at the home consisted of; the manager, care assistants, kitchen staff and a housekeeper responsible for the residents laundry. We were advised that there were at least three care staff always on duty and available 24 hours a day. Staff rotas indicated that there were 2 additional staff available during busy times of the day and including mornings and lunchtimes. The manager advised that sometimes she would be required to provide care during busy times and care staff would work longer

Evidence:

shifts to cover any shortfalls.

3 out of 4 of the care staff completing CQC survey felt that there was enough staff available only sometimes, and comments included in the section titled; what could the home do better; 'more staff so we can do our job to the best of our ability'. The manager advised that she was currently reviewing additional staffing need with the owner and was aware of care staff views and opinions. 4 out of 4 care staff agreed that the manager regularly gives them enough support and supervision. And one comment ' she (the manager) provides the training we need and has made the home a lot better'.

Personnel records belonging to 4 of the care staff on duty over a 24-hour period were inspected to confirm that the home had complied with robust recruitment procedures. Personnel files did not show evidence of terms and conditions/job specifications.

The Criminal Record Bureau (CRB) documentation of a staff member who's personnel details had not been properly processed by the manager. The manager advised that the member of staff had provided a CRB from another company that he/she was currently employed part-time. The manager did not feel it necessary to process the original CRB although CRB's are not transferable. The owner of the home was contacted and alternative staffing arrangements were made to replace the member of staff until a satisfactory outcome was achieved.

New care staff were undergoing an induction process and were under the supervision of an experienced care staff 'mentor' until their CRB had been processed and they had completed their induction programme satisfactory.
We were advised by the manager that she would be reviewing the care staff personnel files to ensure that all the necessary documentation, including terms and conditions would be included.
Care staff training files and training records showed that staff had received training in the areas of; safeguarding, diet and nutrition, medication administration, health and safety, in addition to the training mentioned at the beginning of this section.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Management of this home was not meeting the needs of resident's safety in terms of choice, staffing, health and safety. Quality monitoring systems were ineffective and did not demonstrate that the home monitored the quality of service residents received. Residents health, safety and welfare was not always promoted and protected.

Evidence:

The registered manager had been in post for the last two years and had acquired a Registered Managers Award (RMA). Care staff consulted felt supported and one commented in the CQC survey that; ' the manager is very supportive and always gives me supervision every 6 to 8 weeks to discuss my work and individual ideas. All staff work very well as a team'. Comments made by the residents in the CQC survey in the section titled; 'What does the home do well; included; 'Standard of accommodation and meals'. Mum/dad is 'Very happy with his/her bedroom'. 'Residents are always clean and freshly dressed and appear happy and well cared for'. 'The staff are friendly and helpful'. 'My mother/father is looked after very well, he/she seems content'.

Evidence:

Health and social care practitioners comments in the CQC surveys section titled; what the service do well, included; 'The manager is good', 'Treats patients with respect and dignity'. 'Support clients with dementia, respond to phone calls, offer relatives support, and maintain contact and good communication with care manager'.

We are concerned that the manager had not obtained a CRB before allowing someone to work in the home. This may have compromised the resident's safety and contradicted the homes statement of purpose to 'uphold the care and protection of residents'.

The poor state of cleanliness, tidiness and attention to hygiene arrangements witnessed around the home also contradicted the statement of purpose that stated that Remyck house offered' high standard of accommodation and care', The manager was unable to confirm what actions were being taken to clean the carpets due to the owner taking responsibility for making the arrangements. This showed a need for better communication between the owner and manager that was in need of improvement. The AQAA completed by the manager and sanctioned by the owner had highlighted areas needing improvement. There was evidence of investments being made that benefited the residents, such as the new kitchen, resident's rooms that had been decorated, a new television provided and new bathroom suites that were waiting to be fitted. The registered owner and manager must ensure that arrangements for the health, safety and welfare of the residents are in place and must ensure good outcomes for the residents.

The home had produced a detailed questionnaire titled; 'Service User Survey' to gain information about the quality of the care being provided. There was no evidence of any recent survey being completed. The manager advised that the rate of return for the surveys of this kind was generally poor and felt it was not a good form of consultation for residents and people who were involved with the home. We were advised that residents, relatives and other people involved with the home preferred to approach her directly about these issues. Relatives where unhappy about the problems with residents laundry going missing and a resident commenting in the CQC survey, in the section titled; what could the home do better, confirming; 'better communication for family members of residents'. This indicated that better communication was needed to confirm the strengths and weaknesses of care delivery at the home. We were advised that there would be a review of the homes information gathering processes and a 'complaints and compliments' book for visitors would be made available.

Residents at the home required financial support and assistance from relatives and

Evidence:

advocates. We were advised the home does not act on behalf of the residents in relation to their financial interests other than to ensure that monies kept at the home, at their convenience, were safeguarded. A random check of residents monies held at the home was inspected and we were able to confirm that the cash and receipts held at the home corresponded with the balance recorded.

As stated, there were areas of health and safety that required attention such as; hazardous waste in toilets/bathroom areas and the need for greater attention to general cleaning inside and outside of the home. Action was taken either during or after the inspection to remedy the situations.

CQC surveys completed by residents and their relatives in the section titled; ' is the home fresh and clean', 5 out of 10 residents answered 'usually' and 5 out of 10 answered 'always'.
The home had received two inspections from the Environmental Health Department, in January and April this year and been required to improve its management of Legionella disease and water temperatures. The home had since employed a company to undertake and check all aspects of water treatment and water temperatures. Lists and dates of water temperatures were in evidence showing that regular checks had been undertaken. This also included fire extinguishers that had been checked within the last 12 months. Care staff had received fire safety training and the manager had evaluated risk procedures. Fire alarm testing had been recorded regularly and electrical appliances had been tested.

Are there any outstanding requirements from the last inspection?				
	Yes	☐	No	☑

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
1	29	19	In line with regulation 19 and scheduled 2 the register person must ensure that all required checks are completed prior to allowing staff to work with residents. This must happen to reduce the risk of harm to residents.	17/07/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	26	13	In line with regulation 13 (1) (b) (4) the home must improve infection control measures including eliminating odours and implimenting sanitising policies and procedure for carpets ensuring all areas of the home are clean. This must happen to reduce infection control risks to residents	28/09/2009
2	31	10	In line with regulation 10 (1) the resident provider and the registered manager must ensure that the standard of care in all areas are met and consistently managed with special regard	28/09/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			to; policies and procedures for medication administration, safeguarding, maintenance and infection control, recruitment and quality assurance. This must happen to reduce the risk of harm to residents.	
3	33	24	In line with regulation 24 (2) (a) (b) (5) quality monitoring systems must be undertaken on a regular basis including obtaining the views of people using or involved in the home. This must happen to ensure residents receive a consistent and safe service.	28/10/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	10	It was recommended that the home review the way it supports residents privacy and dignity when providing support to receive personal-care, such as hairdressing.
2	15	In respect of the residents best interests the home should replace plastic containers used by the residents for cold drinks on a regular basis.
3	16	It is recommended that the home ensures that the new contact details of how to contact CQC are made avaiable to residents and their relatives.

Helpline:

Telephone: 03000 616161
Email: enquiries@cqc.org.uk
Web: www.cqc.org.uk

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