

Mr T & Mrs S Kandiah

Remyck House

Inspection report

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13 February 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Remyck House is a residential care home. The service was providing personal care for 26 people at the time of inspection. People supported included older people, and people living with dementia.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk.

People's experience of using the service:

People received a service that was safe. Systems and processes were in place to manage medicines safely and protect people from the risk of abuse.

- Staff had the right skills and were trained efficiently to support the people they cared for. People's care and support led to good outcomes.
- Care workers had developed meaningful relationships with people they supported. They respected people's dignity and privacy, and promoted their independence.
- People's care and support met their needs and reflected their preferences.
- Management processes were in place to monitor and improve the quality of the service. There was an empowering, positive and open culture.

Rating at last inspection:

- At the last inspection the service was rated Good (19 October 2016).

Why we inspected:

- This was a planned inspection to check that this service remained Good.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Remyck House

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection team comprised one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case services for older people.

Service and service type:

- Remyck House is a care home for up to 29 people who require personal care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of inspection there were 26 people living at the home.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on annual leave during our inspection.

Notice of inspection:

The inspection was unannounced.

Inspection activity started on 12 February. We visited the office on 12 and 13 February 2019 to see the manager, people and staff, and to see care records, policies and procedures.

What we did:

Before the inspection we looked at information we held about the service:

- We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return (PIR). This information helps support our

inspections.

- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
- We reviewed the previous inspection report.

During the inspection:

- We spoke with five people who used the service and four family members.
- We spoke with the deputy manager, the activities co-ordinator, two visiting community nurses and five staff members.
- We looked at the care records of five people.
- We looked at five staff records, including training and recruitment records.
- We looked at other records to do with the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff were aware of the risk of abuse, the signs to look out for, and how to report any concerns should they have any. They were confident the provider would manage any safeguarding concerns effectively.
- The provider's systems, processes and staff training made sure people felt safe.
- People and relatives we spoke with said that people felt safe.
- One person told us, "Yes I always feel safe and well looked after. The girls are always there, always helpful, always smiling."
- One person's relative told us, "Yes I think [Loved one] is safe here, they look after her well and always contact me if there's any problems. She has a cough at the moment which has not been getting better but they make sure that the doctor sees her and it's being treated."

Assessing risk, safety monitoring and management:

- People had risk assessments in place to manage risks such as with the risk of falls, moving and handling and the risk of developing a pressure sore.
- Environmental risk assessments were carried out to ensure people were safe in the premises.
- We noted that one person had a comprehensive risk assessment with regards to the risk of a person with dementia wandering into other people's rooms. There were detailed instructions for staff to follow to minimise this risk.
- We noted in people's rooms that every room contained a body mapping document for staff to note down anything that was of concern such as areas of redness, pressure sores or bruises.
- Pressure sensors were provided in rooms where people were at risk of falls so that staff were alerted if they got out of bed in the night.
- The provider had a business continuity plan to manage risks such as bad weather, or large numbers of staff going sick.

Staffing and recruitment:

- There were sufficient numbers of suitable staff to support people safely according to their needs.
- The provider's recruitment process was robust, and included the necessary checks that candidates were suitable to work in the care sector.
- The provider kept the necessary records to show recruitment processes were followed.
- One person told us, "The staff are wonderful at keeping me safe, it's all first-class care."

Using medicines safely:

- We observed staff following procedures that were in place to make sure people received medicines safely, according to their needs and choices, and as prescribed.
- People received their medicines from trained staff who had their competency checked.

- Records relating to medicines were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. The provider checked the use of this equipment on spot checks and we noted throughout the inspection that staff were using these.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection.

Learning lessons when things go wrong:

- The management team reviewed all safeguarding reports to identify lessons and improvements to people's care.
- Incidents were logged and included details of the type of incident, who was involved and any actions taken.
- Where accidents and incidents happened, the management team reviewed them to identify any trends or if there were any required changes needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's care needs were assessed and detailed care plans were created which were individual to the person.
- Staff told us care plans contained the information they needed to support people according to their needs and preferences and contained clear instructions.
- People and their relatives told us they received effective care.
- One person told us, "The staff are brilliant, they make the place. It's not Buckingham Palace but they are always smiling and willing to spend time with the residents".

Staff support: induction, training, skills and experience:

- People were satisfied that staff were properly trained.
- One person told us, "Yes the staff are well trained - at least I think so. They always seem to know what they're doing. They talk to you that's the nice thing. They don't pull you about. They ask you 'is it alright if, can I help you" they're patient."
- Staff completed a thorough induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed mandatory training such as moving and handling, as well as training specific to people's individual needs, such as diabetes and dementia.
- The management team had an effective system to monitor that staff training and competency checks were up to date.

Supporting people to eat and drink enough to maintain a balanced diet:

- We observed staff supported people with eating at mealtimes if required.
- Staff ensured people were adequately hydrated and recorded their dietary and fluid intake if people were at risk of malnutrition or dehydration.
- People were given choices of meals and if someone had a specific dietary requirement this was catered for.
- One relative told us, "The food is very good, most of it is homemade, nothing is overlooked, it couldn't be better."
- If people were at risk of poor nutrition their care plan took into account their needs and choices around food and drink, and appropriate records were kept to check their intake.

Staff working with other agencies to provide consistent, effective, timely care:

- The service worked closely with other agencies to maximise the effectiveness of support people received.

- The manager told us they worked in partnership with district nurses, pharmacies, GP's and end of life care nurses to meet people's needs, we saw evidence of this in peoples care notes.
- One person told us, "I think they look after us very well. They are very polite, always asking if they can help you and the nurses come in to see us every few days as well."

Adapting service, design, decoration to meet people's needs:

- The home was in quite poor decorative order and did need updating, this was fed back by people and relatives to us during inspection.
- We noted that adaptations had been made such as specialist baths and showers to accommodate people's needs.
- There was adequate space for people to be able to use walking aids where needed.
- People's rooms had their personal belongings in and if requested furniture from their last home.
- Signs were put around the home to help people with dementia to find their way to their rooms.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to attend healthcare appointments.
 - Staff were provided with information about people's medical conditions and how they impacted on them.
- People felt well supported by staff to ensure their healthcare needs were met.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people lacked capacity a best interest decision involving relevant parties was documented in people's care files.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People we spoke with consistently told us the staff who cared for them were kind and caring. One person told us, "I've been here a while now so they know me well. They are like friends really. Ever so kind. They're not pushy. They let me do anything I can for myself and help with the things I can't manage."
- People told us they had developed caring relationships with their care workers.
- One person told us, "I like the friendliness of the girls. Everyone is happy and so nice. The staff are very caring and very good. They are all so friendly to everyone and happy with it. It lifts you up and gives you a boost."
- People's individual needs, preferences and beliefs were respected by the service and any specific requirements were catered for. One person could speak little English. The provider ensured there was a member of staff on each shift who could speak in their preferred language.

Supporting people to express their views and be involved in making decisions about their care:

- People were actively involved in their care and support decisions and their relatives where this was appropriate.
- The provider ensured people and their families could feedback regarding the service in a number of ways to gather people's views on the service provided.
- In addition to daily contact with care workers, people and relatives could speak with the management team at any time, they had an 'open door' policy.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives confirmed that people were treated with dignity, respect and that their independence was promoted.
- One relative told us, "The staff are wonderfully caring and kind. [Loved one] can't do much for themselves now but they still encourage [Loved one] to do what they can. They are always cheerful and smiling and that makes a big difference and it can't be easy in this job. They've always treated [Loved one] with respect and the others too. I've never seen anything that has given me even the slightest hint of concern."
- Staff we spoke with told us and we observed how they promote people's independence and respected their privacy and dignity. One staff member told us, "We give them their own choice and wishes, privacy and dignity come first, I ensure curtains are drawn and I cover them with a towel while doing personal care."
- People's care plans considered what people could do themselves and had specific instructions for staff regarding what people wanted the staff to do for them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff planned care and support in partnership with people.
- People's needs were captured in comprehensive care plans which contained detailed information about how they wished to receive care and support.
- The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider gave information in a format that people could understand.
- Communication preferences were documented in people's care files.
- The provider had an activities co-ordinator who supported and encouraged people to join in an array of activities both within and outside of the home. This helped minimise the risk of social isolation. One to one activities were also offered to people who did not wish to engage in group activities.

Improving care quality in response to complaints or concerns:

- The provider had systems in place to log, respond to, follow up and close complaints.
- There had not been any complaints since our last inspection, the deputy manager told us this was due to the 'open door' policy so any concerns are dealt with prior to it becoming a complaint. Relatives confirmed this.
- People told us they were aware they could complain but had not needed to. One person told us, "I've never had to complain about anything. They pretty much let me do what I want so it's not really an issue for me. I suppose if there was something I wasn't happy about I'd speak to the woman in charge."

End of life care and support:

- Where the provider had supported people at the end of their life, they worked closely with the persons GP and the community nursing team to make sure people were comfortable, dignified and pain-free death.
- People's families were given emotional support during and after their loved one's final days.
- The provider was not currently supporting anyone at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- There were robust management systems in place to promote person-centred care.
- The management team worked together to deliver high quality care, and to support staff who took a direct interest in the service.
- There was a good culture within the staff team, and staff worked in line with the providers values.
- Our feedback and the provider's own surveys showed that people were satisfied with the care and support they received.
- The provider was aware of their responsibility to be open in communications with people and others involved in their care.
- One relative had told us, "I would recommend it because of the staff. It's them that make it a nice place to be. They are so caring. I think it would be nice if they'd invest a bit more in the building but firstly it's about the care and that's good. Very good."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The provider had systems and processes in place to monitor the quality of the service.
- There were regular quality checks on care files, care logs, medicines records, staff files and other records.
- Spot checks and competency checks were carried out on staff to monitor the quality of the care being given.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- In addition to day-to-day contact with people who used the service, questionnaires were left in the reception area, there were online surveys that could be accessed and space for relatives to leave feedback in people's care files should they wish to.
- The management team had an "open door" policy and regular team meetings and supervisions to engage with staff and give staff the opportunity to feedback.

Continuous learning and improving care:

- The management team had a service improvement plan.
- Actions in the plan came from audits, quality assurance processes and feedback.
- Open actions had a target completion date and identified the staff member responsible for them. We noted this system had been effective in driving improvements.

Working in partnership with others:

- There was a good working relationship with the local authority.
- The provider worked in partnership with other agencies such as community nurses, GP's, pharmacies and specialist healthcare providers such as mental health services.