

Review of compliance

Quantum Care Limited Tye Green Lodge	
Region:	East
Location address:	Tye Green Village Yorke Harlow Essex CM18 6QR
Type of service:	Care home service without nursing
Date of Publication:	May 2012
Overview of the service:	Tye Green Lodge is a registered care service providing accommodation and personal care for older people, who do not require nursing care. The home has 61 beds and is split into four separate units.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Tye Green Lodge was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Tye Green Lodge had made improvements in relation to:

Outcome 09 - Management of medicines

Outcome 13 - Staffing

Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider and checked the provider's records.

What people told us

We undertook a desk top review to assess improvements made in the home following our review and visit to the home in September 2011. On this occasion we did not speak to people living in the home.

What we found about the standards we reviewed and how well Tye Green Lodge was meeting them

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider is compliant with this outcome. People living in the service can be assured that their medication is managed correctly.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider is compliant with this outcome. People living in the service can be assured that there are sufficient staff on duty to meet their assessed needs

Outcome 16: The service should have quality checking systems to manage risks

and assure the health, welfare and safety of people who receive care

The provider is compliant with this outcome. People living in the service can be assured that they will be asked for their opinion and listened to.

Other information

In a previous review, we suggested that some improvements were made for the following essential standards:

- Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights
- Outcome 17: People should have their complaints listened to and acted on properly

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We did not visit the home on this occasion and talk to people using the service

Other evidence

When we visited the service in September 2011 we found that the management of controlled medication was unsatisfactory. Since the visit the manager has ensured that the staff at the home who administer and manage this type of medication have attended a comprehensive training course. This was completed in September 2011, to ensure that they are all these staff are competent to undertake this role. In total the evidence shows that nine staff have completed this training. A medication audit, completed by an external pharmacist in October 2011 found that the management of medicines, including controlled medication, was in good order at the service.

Our judgement

The provider is compliant with this outcome. People living in the service can be assured that their medication is managed correctly.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We did not visit the home on this occasion and talk to people using the service

Other evidence

Since we visited the service in September 2011, the manager has introduced a new dependency tool that helps the team at the home assess the amount of staff required, based upon the needs of the people living in the home. This tool is also linked to a comprehensive needs assessment tool that is part of the care management system. Records show that the staff team regularly discuss staffing levels at the home and the dependency of the people living there. Records also show that the staffing levels have been increased in relation to dependency and the staff rotas confirm this.

Our judgement

The provider is compliant with this outcome. People living in the service can be assured that there are sufficient staff on duty to meet their assessed needs

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not visit the home on this occasion and talk to people using the service

Other evidence

When we visited the service in September 2011, the team did not supply sufficient evidence to show that people living in the home were consulted about day to day life. The manager has now provided evidence to show that there is regular consultation with the people that live in the home and records show that they are free to raise any matters they wish. Meetings are now held with all the people living in the home together rather than meetings on individual units and the records show that this is popular as people like to meet other people and discuss things. Comprehensive minutes are kept and progression of queries and suggestions is evident.

In addition the provider uses a annual satisfaction survey and at the time of writing this report the survey is underway. People are asked for their opinion on a range of subject including the care, complaints management and the food provided.

Our judgement

The provider is compliant with this outcome. People living in the service can be assured that they will be asked for their opinion and listened to.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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