Inspection Report

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

Tye Green Lodge

Tye Green Village, Yorkes, Harlow, CM18 6QR

Tel: 01279770500

Date of Inspection: 06 February 2013

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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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

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

Contents

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'.

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 6 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

Many of the people living at the service had complex needs and were unable to tell us directly about their experiences. We used our Short Observation Framework for inspection tool (SOFI) to help us understand people's experiences. We saw that interactions between staff and people at the service were positive and the staff actions validated the people involved even when some behaviours were repetitive.

We noted that in people's care plans their capacity to consent had been considered and in some cases the people involved had signed their plans and consent forms. We found that people's needs were assessed and developed into plans of care. One person told us that they had lived at the home for several years. They said "I am happy here. The staff are kind ....overall I have no complaints."

We spoke with four care staff who were able to demonstrate their understanding of abuse by talking to us about what abuse was, and how they would report it if it occurred. Staff told us that they felt very supported to undertake their roles and they could access support at any time from the senior managers.

We spoke with three relatives who told us that they had been provided with details on how to complain. One relative told us that they had written to the company head office when there had been an issue with access to the garden, and there appeared to be a delay in addressing the repairs. The provider dealt with the matter quickly and resolved the issue.

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 on the 6 February 2013, we observed the interactions between staff and people living at the service. Many of the people living at the service had complex needs and were unable to tell us directly about their experiences. We used our Short Observation Framework for inspection tool (SOFI) to help us understand people's experiences.

We saw that interactions between staff and people at the service were positive and many of the actions validated the people involved. An example of this was a person asking to be assisted to the toilet, even though this was at the meal table, and help was required. Staff quickly assisted with the request. People were seen to be offered opportunities to make decisions about their lives. People moved freely from one room to another and were supported to do this where necessary. We observed that staff spoke using terms such as "What would you like?" and "Can I help you with that?" In response people were co-operative and implied they were consenting to the interaction. This meant that people were treated with respect and they were offered opportunities to take part in the daily routines and activities. Where they declined or did not give consent then this was respected by staff.

We noted that in people's care plans their capacity to consent had been considered and in some cases the people involved had signed their plans and consent forms. Where people lacked capacity then the relatives had been approached to take on this role. In some instances people were deemed unable to give informed consent for significant decisions such as dealing with their finances. Also where people had legal frameworks in place such as Power of Attorney we saw this was recorded in the care plan. This meant that the legal framework in place to protect people and manage their affairs where they were unable to consent was recorded and care delivered in their best interest.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at five care plans during our visit on 6 February 2013. We found that people's needs were assessed and developed into plans of care. There were risk assessments for needs such as skin integrity and mobility. Where risks were identified these were managed by a care plan which detailed for staff how to deliver the care so the potential risk was reduced. Relatives and people told us that they were involved in the care plan process and we saw evidence on files that confirmed this. We observed one relative taking part in a discussion with care staff about the care plan for their family member. The discussions that took place were detailed and focused on how each party could contribute to successful management of the person's needs. This meant that people's needs were identified and potential risks managed so their care was relevant to them as an individual.

One person told us that they were happy at the home, where they had lived for several years and were assisted to access medical care when they needed to. They said "I am happy here. The staff are kind.... and overall I have no complaints."

People living at the service told us that they had opportunities to join in a variety of activities organised by the staff and the activity coordinator. During our visit we observed a group of people and the activity coordinator making choices about the film they would watch that afternoon. The discussion was used as a reminiscence opportunity and stimulated some debate. This meant that people were validated as individuals and maintaining their mental well-being formed part of their overall care.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at the process in place for safeguarding people from abuse during our visit on 6 February 2013. The provider had put in place a system for reporting abuse. The provider has also made available the contact details of the local safeguarding team for the local authority who made decisions on any action to be taken following an alert. We spoke with four care staff who were able to demonstrate their understanding by talking to us about what abuse was and how they would report it if it occurred.

We noted that staff received training in recognising abuse and the provider had made arrangements for staff to receive regular updates in their training. One member of staff who had recently been inducted into the home told us that they were provided with training about recognising abuse and how to report it as part of their induction programme. One person living at the service told us that they would be able to raise any concerns about their care or the actions of staff and felt comfortable in doing so. They told us that staff were very kind and caring and that they felt very safe.

This meant that people were protected from the risk of abuse as staff were able identify potential abuse and knew how to report it.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our visit on 6 February 2013, we spoke with four staff about the support they received to carry out their role. We were told that they received one to one sessions with the unit manager on a monthly basis. Staff told us these sessions gave them the opportunity to discuss their training needs and raise any issues about the people they cared for. We saw evidence that staff attended meetings both as part of the unit where they worked and general staff meetings. Staff told us that they felt very supported to undertake their roles and they could access support at any time from the senior managers. There was evidence that the staff had excess to mandatory training and during our visit some staff were attending training as part of their personal development.

This meant that people's care was delivered by staff who had received training to carry out their role and were given ongoing support with their personal development.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

During on our visit on 6 February 2013, we looked at the management of complaints made about the service. The provider had put in place a complaints process and policy. The manager told us that they tried wherever possible to resolve issues at an early stage. We looked at the policy and the record of complaints and noted that there had been one complaint made to the manager since the last inspection. The letter was recorded, the investigation detailed and a copy of the response retained. This meant that there was a process in place that recognised that complaints may be made and the need to address complaints was important for the ongoing relationships of people and their relatives.

We spoke with three relatives who told us that they had been provided with details on how to complain. They told us that if there were any little things then they would discuss these initially with the care staff. However if that didn't result in a change they told us they knew how to raise issues with the manager and if necessary make a formal complaint. One relative told us that they had written to the company head office when there had been an issue with access to the garden and there appeared to be a delay in addressing the repairs. They told us it had been rectified quickly following the communication and they were very happy with the response. This meant that people knew how to complain and their complaints were responded to swiftly by the provider.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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