

Review of compliance

Mr T & Mrs S Kandiah Remyck House	
Region:	South East
Location address:	5 Eggars Hill Aldershot Hampshire GU11 3NQ
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	<p>Remyck House is a privately owned care home registered to provide residential care for up to 29 older persons, many of whom may have dementia.</p> <p>The home is located in the North Hampshire town of Aldershot with easy access to town centre shops and other communal facilities. The towns of Farnborough and Fleet are within 10</p>

	minutes drive, Guildford 20 minutes drive, as is the M3 motorway giving easy access to London.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Remyck House 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 Remyck House had made improvements in relation to:

- Outcome 05 - Meeting nutritional needs
- Outcome 08 - Cleanliness and infection control
- Outcome 10 - Safety and suitability of premises
- Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 22 September 2011, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

Residents told us they enjoyed the food.

One resident told us the home had dedicated domestic staff that cleaned their bedroom daily and that the home was clean.

What we found about the standards we reviewed and how well Remyck House was meeting them

Outcome 05: Food and drink should meet people's individual dietary needs

Remyck House has addressed the concerns we had identified previously. People who used this service were supported to have enough food and drink. Their nutritional needs were assessed and monitored effectively.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

Outcome 08: People should be cared for in a clean environment and protected from

the risk of infection

Remyck House has addressed the majority of concerns we had identified previously. However, the provider must continue the programme of improvements that have been commenced to ensure people who use this service benefit from a home that is clean and hygienic.

Overall, therefore improvements were needed for this outcome.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Remyck House has addressed some but not all of concerns we had identified previously. The provider must ensure that people who use this service are protected fully; by the premises being adequately maintained.

Overall Remyck House was not meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Remyck House has addressed the concerns we had identified previously. People who use this service benefit from records being maintained effectively and stored appropriately.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

In a previous review, we found that improvements were needed for the following essential standards:

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

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 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Residents told us they enjoyed the food.

Other evidence

Following our last visit, the home provided us with an action plan to improve their compliance with this outcome. The action plan included that nutritional care plans had been developed to include residents' food likes and dislikes, frequency of weight monitoring, level of assistance needed and action to take if the resident lost weight or had a poor appetite. The provider told us that Malnutrition Universal Scoring Tool (MUST) risk assessments would be developed for each resident and reviewed monthly or weekly if necessary. They also said that weekly audits of weight records would be carried out to identify changes in weights and food and fluid charts would be in place for residents at risk of weight lost.

During our visit, we saw residents had access to drinks and snacks. We observed the lunchtime service and we saw that staff were available to support residents that needed assistance or encouragement to eat.

We looked at two records for residents who had been identified as needing their fluid and food intake monitored. Detailed care plans were in place regarding nutrition and guidelines available for staff regarding offering fortified supplement drinks. We saw records had been maintained to show that these residents had received regular meals, snacks and drinks as stated in their care plans.

Our judgement

Remyck House has addressed the concerns we had identified previously. People who used this service were supported to have enough food and drink. Their nutritional needs were assessed and monitored effectively.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

There are minor concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

One resident told us the home had dedicated domestic staff that cleaned their bedroom daily and that the home was clean.

Other evidence

Following our last visit, the home provided us with an action plan to improve their compliance with this outcome. The action plan included that bedroom checks had been completed daily by a senior care assistant. The manager had carried out checks each week since our last visit. The provider told us that hand washing procedures had been displayed throughout the home to remind staff about good hand hygiene practice. They also told us that hand rub gel was made available in the reception area, nurse station and along corridors.

The provider also stated in their action plan that a copy of "The Health and Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance" was made available at the home for use by the manager and other members of staff. The manager had also attended infection control training provided by Hampshire County Council Partnership in Care Training (PaCT) and had arranged to cascade the training to staff.

During our visit, domestic staff told us they were aware of their responsibilities regarding cleanliness and infection control. We observed staff wearing appropriate protective clothing, such as gloves and aprons. We saw that red bags (used for soiled waste) were being used for disposing of paper towels and other domestic waste.

A member of staff who was responsible for laundry explained how they used the red

bags to carry soiled laundry from bedrooms to the laundry, and then opened the bags to place the content into the washing machine. They were not aware that the type of red bags being used by the home were designed to be washed, and therefore not designed to be opened once sealed.

The guidelines on a notice on the wall of the laundry room stated that the tumble dryer filter needed to be cleared of fluff after every use. We saw a large build up of dust and the filter was broken.

The staff told us they had cleaning schedules to ensure each area was cleaned thoroughly, although the cleaning of the filter was not included on the schedule. We saw records that had been signed by the member of staff responsible for carrying out the cleaning on the schedule.

The kitchen area appeared clean but the staff told us, and records showed, that they had not been able to clean the cooker due to not having enough time. We discussed this with the provider who said that the reduction in staff hours was a trial and was being reviewed as it was not effective.

We saw mops being stored in buckets that had dirty water in. The mops and buckets were left outside where residents could access if they wanted to. The provider told us that a new procedure for cleaning and storing mops would be circulated to all staff immediately.

Rushmoor Borough Council (RBC) carried out a follow up environmental health inspection on the same day as our visit. They reported concerns directly to the provider regarding risks of infection control and scalding. The provider supplied risk assessments to RBC that they shared with us, that stated how the risks would be reduced.

We looked at training records that showed staff had received training in infection control. The staff we spoke with told us they understood the training in infection control they had received.

Our judgement

Remyck House has addressed the majority of concerns we had identified previously. However, the provider must continue the programme of improvements that have been commenced to ensure people who use this service benefit from a home that is clean and hygienic.

Overall, therefore improvements were needed for this outcome.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are moderate concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People told us that they liked living at the service and they enjoyed having their own room. They said that they were able to see their visitors in the privacy of their bedroom.

Other evidence

Following our last visit, the home provided us with an action plan to improve their compliance with this outcome. The action plan included that daily checks had been made of the home with the maintenance person to identify any shortfalls and action such shortfalls in a timely manner. A maintenance book was available for staff to write any repairs identified and for the maintenance person to action.

During our visit we looked around all areas of the home, including bedrooms. We saw personal items displayed, such as photographs and pictures. Residents confirmed the majority of the furniture in their rooms was theirs, which they had brought with them when they started living at the home. We observed that residents were using communal areas, such as the lounge and dining room.

Accommodation was provided over two floors, with communal areas and a bathroom on the ground floor. Access to the upper floors was either by passenger lifts or stairs. Visitors were required to sign in on entering and leaving the building.

Whilst we walked around the home during our visit, we found the majority of radiator covers in the hallways were not secured to the wall, and were therefore at risk of falling off.

During our last visit, we found a wall in the dining room had paint flaking and peeling off. We found the same during this visit. Rushmoor Borough Council (RBC) carried out a follow up environmental health inspection on the same day as our visit. They reported the same concerns regarding the wall and radiators to the provider separately to this report. The provider supplied risk assessments to RBC that they shared with us, that stated how the risks would be reduced.

We looked at records and saw that regular health and safety checks were carried out. Generic risk assessments were up to date. We saw that emergency evacuation plans were in place for events such as a fire. Records showed that fire safety checks were carried out routinely and staff explained the evacuation procedure to us.

During our visit, we saw records of an audit carried out on 11 August 2011 by the manager. All of the issues that we found during this visit had been highlighted in the audit that the manager had completed and none had been actioned. A maintenance book was available for staff to record any problems, but there was nowhere for the maintenance person to record when it had been actioned.

Records showed that the dishwasher had broken on 29 September 2011, and dirty water remained in the bottom of the machine. During our visit the dishwasher was fixed by an engineer.

Our judgement

Remyck House has addressed some but not all of concerns we had identified previously. The provider must ensure that people who use this service are protected fully; by the premises being adequately maintained.

Overall Remyck House was not meeting this essential standard.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

On this occasion we did not speak with people who used the service about records, so cannot report what they said.

Other evidence

Following our last visit, the home provided us with an action plan to improve their compliance with this outcome. The action plan included that care plans had been reviewed by the manager and records had been updated to ensure that appropriate language was being used.

During our visit, we found records had been reviewed regularly and were stored appropriately. Staff told us they were aware of the importance of keeping records up to date and ensuring they kept them securely.

Our judgement

Remyck House has addressed the concerns we had identified previously. People who use this service benefit from records being maintained effectively and stored appropriately.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	Why we have concerns: Remyck House has addressed the majority of concerns we had identified previously. However, the provider must continue the programme of improvements that have been commenced to ensure people who use this service benefit from a home that is clean and hygienic. Overall, therefore improvements were needed for this outcome.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>How the regulation is not being met: Remyck House has addressed some but not all of concerns we had identified previously. The provider must ensure that people who use this service are protected fully; by the premises being adequately maintained.</p> <p>Overall Remyck House was not meeting this essential standard.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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