

# Review of compliance

Mr T & Mrs S Kandiah Remyck House	
<b>Region:</b>	South East
<b>Location address:</b>	5 Eggars Hill Aldershot Hampshire GU11 3NQ
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	May 2012
<b>Overview of the service:</b>	<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 ten</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 meeting all the essential standards of quality and safety inspected.**

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 taken action in relation to:

Outcome 09 - Management of medicines

Outcome 10 - Safety and suitability of premises

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 3 May 2012 and talked to staff.

### What people told us

At the time of our visit, most people who lived at Remyck House had either a clinical diagnosis of dementia, or were suffering from the symptoms of dementia.

So we were not able to talk to people or to gain their views. We gathered evidence of people's experiences of the service by reviewing comments made to us via our website. We found that overall relatives were very satisfied with the care and support their relative was receiving from Remyck House.

We looked at all areas of the home, including the bedrooms, bathrooms, kitchen and communal areas. We talked with members of staff on duty on the day of our visit.

We found the home to be clean and well maintained. People were warm and comfortable and we observed good care by staff.

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

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

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this essential standard.

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

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises

The provider was meeting this essential standard

**Other information**

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

People who lived at Remyck House had varying degrees of dementia. We were therefore able only to get limited information from people about the management of their medication.

##### Other evidence

Our previous Inspection carried out 5 September 2011 found that whilst there were some improvements in the management of medicines at Remyck House, the home did not fully protect people against the risks associated with the unsafe use and management of medication; as it did not have detailed care plans for medicines prescribed to be taken 'as required'.

The provider wrote to us and told us that they would carry out an immediate full medication audit, and weekly thereafter.

During our visit 3 May 2012 we found appropriate arrangements for the storage and management of medicines. Staff explained the procedure for storing, administering and recording any prescribed controlled medicines. We saw records that showed regular audits of the stock of medicines had been made. The service had a drugs trolley that was stored in a locked cupboard. We observed staff administering medication to people and saw that medicines were handled and administered safely and appropriately.

Appropriate arrangements were in relation to the recording of medicine. We saw records which showed that the medicines administration record (MAR) charts were

checked daily, the MAR charts we looked at were clear and there were no gaps or errors.

Appropriate arrangements were in place for obtaining and disposing of medications. The service had a good relationship with the local pharmacy and arranged for reviews of people's medication from time to time.

**Our judgement**

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this essential standard.

## 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

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

People who lived at Remyck House had varying degrees of dementia. We were therefore able only to get limited information from people about the safety and suitability of Remyck House. However two relatives told us via our website feedback that the provider had re decorated the dining area and that the home was well maintained.

##### Other evidence

Our previous Inspection carried out 22 September 2011 found that Remyck House had addressed some, but not all of concerns we had identified previously. The provider was not ensuring that people were protected fully; by the premises being adequately maintained.

The provider wrote to us and told us that the dining room walls had been redecorated. A maintenance book was available for recording maintenance needs, and the date by which actions had been taken to address the problem.

During our visit we saw that actions had been taken, such as all radiators had been covered and the dining room wall had been re plastered and decorated. The maintenance book showed us that issues had been reported and dealt with promptly. The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained

##### Our judgement

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises

The provider was meeting this essential standard

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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