

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

## Remyck House

5 Eggars Hill, Aldershot, GU11 3NQ

Tel: 01252310411

Date of Inspection: 07 March 2013

Date of Publication: April 2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Notification of other incidents</b>	✗	Action needed

## Details about this location

Registered Provider	Mr T & Mrs S Kandiah
Overview of the service	Remyck House is registered to provide accommodation to up to 26 people who require personal care. The home is located in Aldershot, Hampshire.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with three people who used the service. One person said "I'm very happy here. I feel well taken care of". A second person we spoke with said "I'm very happy here and the people are very helpful". The third person we spoke with said "we're very well looked after. I think it's wonderful".

We found people looked well groomed and we observed staff following good manual handling practices when they assisted people. We saw the home had systems in place for the hygienic management of waste.

We saw staff rotas had been completed a month in advance and ensured sufficient staff were on duty throughout the day and night to meet people's needs. We found the service had ensured the Care Quality Commission (CQC) were notified of a number of notifiable incidents however we were unable to determine whether all notifiable incidents had been correctly notified as the service's incident book was out of date.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 02 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### 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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We spoke with three people who used the service. One person said "I feel well taken care of. It's a very good home. I've only got to ask for help and I get it, they see to my every need". Another person we spoke with said "I'm always looked after well. The people are very helpful". The third person we spoke with said "we're very well looked after".

We spoke with the deputy manager who was the senior member of staff on duty. They told us all staff had been trained to ensure people were assisted with personal care on a regular basis and before every meal. We spoke with another member of staff who confirmed this was the case and told us people were supported regularly to ensure they received appropriate and regular support with personal hygiene. One person we spoke with said "they help me go to the toilet, I'm never left without". This meant the service had procedures in place to ensure people were well cared for and their dignity was respected.

The deputy manager told us no person who lived in the home required assistance by means of a hoist. They told us mobility assessments had been completed for each person and each of them had the ability to mobilise independently. We saw the home had a hoist which was easily accessible to staff should they need to use it. The deputy manager also told us all staff had received mandatory training in manual handling. We spoke with a member of staff who was able to explain the moving and handling techniques they had been trained to use when they assisted people. During our inspection we observed several members of staff whilst they assisted people to stand up, sit down and walk. We saw the appropriate manual handling practices were followed. One person we spoke with said "there was a member of staff a few years ago who used to pull at people but they got rid of them. There have been no problems since". Another person we spoke with said "I have never been hurt by any of the staff. They're very good at helping me up. I would tell them if they didn't do it right". This meant care and treatment was delivered in a way that was intended to ensure people's safety and welfare.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection.

We found the home to be clean, welcoming and there were no malodours. We spoke with the deputy manager who told us the home employed two members of cleaning staff who together ensured the home was cleaned daily. We saw a member of cleaning staff was present throughout the course of the inspection. The deputy manager told us people's rooms and communal areas were cleaned daily as were toilets, the kitchen and bathrooms. They told us people were assisted with personal care daily and were provided with clean clothes every day. They also told us bedding was changed at least once a week but was also changed more regularly if necessary. We spoke with a member of staff who confirmed bedding was changed weekly but also more if necessary. They told us that, when it had been required, bedding had been changed every day.

As part of our inspection we looked at eight people's bedrooms, each of these had an en suite bathroom. We found each of these rooms to be clean and tidy. One room we looked at was clean and tidy but had a slight malodour. The deputy manager told us this was due to the member of cleaning staff not having visited the room at the time of the inspection. Two of the rooms we looked at had stains on the duvet cover, one was a small stain on the inside of the cover and the second had a much larger mark on the outside of the cover. We spoke with the deputy manager about this and they arranged for these to be changed immediately. One of the rooms we looked at had small stains on the sheet of the bed and the deputy manager arranged for this to also be changed immediately. The provider may wish to note the procedures in place for the management of bed linen had not ensured people always had clean bedding in their rooms.

We also looked at two communal toilets and two communal bathrooms and found these to be clean.

We looked at the linen cupboard and saw there was a large supply of bedding which was all clean and labelled. We looked at the laundry room and saw a clear procedure for the washing and separation of bedding, towels and flannels from people's clothing. This meant the service had systems in place to ensure people's clothing was washed separately and bedding was washed and stored appropriately.

One person we spoke with said "everything is kept spotless. They change the bedding every day". A second person said "my room is always looked after". A third person said "my room is wonderful, they clean it well. The beds are always changed".

The member of staff we spoke with told us people's clothes were changed every day and washing procedures were in place to ensure this took place. One person we spoke with said "my clothes are washed here and I get clean clothes every morning". Another person we spoke with said "my clothes are always changed, I get different clothes every day". We observed people looked well dressed and presented. This meant there were arrangements in place to ensure people were supported to manage their personal hygiene.

We spoke to a member of staff about the disposal of clinical waste and they told us about the service's procedures. They also showed us the different coloured bags used for different waste products and the different rubbish bins located outside the home. This meant there were effective systems in place to reduce the risk and spread of infection.

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

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### **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### **Reasons for our judgement**

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There were enough qualified, skilled and experienced staff to meet people's needs.

One person we spoke with said "they're a little bit short on helpers. They cope pretty well though". Another person we spoke with said "they are a little bit understaffed and it gets on top of them sometimes. They don't have time to chat". The provider may find it useful to note people felt there was a lack of staff.

The deputy manager told us there were always a minimum of three care staff members on duty for each shift. They told us this number was sufficient for the 18 people they had living in the home at the time of the inspection. They told us all people were independently mobile and did not require any one to one care. They told us the staff ratio had changed depending on the number and abilities of people who lived in the home. This meant the service had taken into account people's care needs when they determined the number of staff required.

We looked at the home's staff rota and saw this had been completed a month in advance. We looked at the completed rota for the month of March 2013 and confirmed at least three members of care staff were rostered to be on duty at any given time. This meant the service had ensured there was enough staff to meet people's needs.

We spoke to a member of staff who told us the staff worked well as a team and they felt the staff ratio was high enough. They told us people received good care.

The service must tell us about important events that affect people's wellbeing, health and safety

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## Our judgement

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The provider was not meeting this standard.

The registered person had failed to demonstrate they had notified the commission without delay of injuries, allegations of abuse and incidents.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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Prior to our inspection visit we analysed the notifications that had been sent to the Care Quality Commission (CQC) from the provider. We looked at the notifications that had been sent by the provider since November 2012.

We looked at the accidents and incidents folder. We found that the last incident recorded in the folder was dated 15 January 2013. From our records we knew the provider had notified the CQC of five notifiable incidents (as defined within the essential standards of quality and safety) following this date therefore the accident and incident folder was inaccurate and out of date.

This meant that due to the accidents and incidents folder being inaccurate and out of date we were unable to determine whether the provider had notified the CQC correctly of all notifiable incidents.

We spoke with the deputy manager about this and they were unable to demonstrate they had notified us of all incidents due to not having readily accessible information about all accidents and incidents that had occurred since 15 January 2013. This meant the provider had not ensured the CQC had been notified of all notifiable incidents by not keeping the accidents and incidents folder up to date.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 18 CQC (Registration) Regulations 2009</b> <b>Notification of other incidents</b>
	<b>How the regulation was not being met:</b>  The registered person had failed to notify the commission without delay of injuries, allegations of abuse and incidents. (Regulation 18 (1))

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 by 02 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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