Inspection Report

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: 16 April 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Records ✓ Met this standard

Details about this location

Registered Provider	Mr T & Mrs S Kandiah
Registered Manager	Mr Antony Gabaza
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'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Remyck House had taken action to meet the following essential standards:

- Records

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 16 April 2014, observed how people were being cared for and talked with staff. We reviewed information sent to us by other authorities and talked with other authorities.

What people told us and what we found

Since our previous inspection on 16 February 2014, we found that actions had been taken by the provider to ensure that records for people and staff were accurate and fit for purpose. This meant that people were not placed at risk of receiving inappropriate care

The registered manager told us, "Every aspect of each person's care is reviewed every month when they are resident of the day. At that time I ensure that only up to date, relevant documents are in people's care plans. Everything else is archived in the manager's office and kept under lock and key. Staff now sign regularly to confirm that they have read the file and understand the person's care needs". This meant that the provider had introduced a process designed to ensure that staff were working only with current information which had been regularly updated.

We saw that staff records had been filed alphabetically, were structured and easy to navigate. The records indicated that effective recruitment checks and procedures had been carried out. This meant that people were likely to receive safe care because the provider had clearly documented care records and staff records which were current, easily located and fit for purpose.

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

Records ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

On 16 February 2014 the Care Quality Commission (CQC) carried out a responsive inspection at the service. At that time we were not satisfied that people's needs and the care provided to them had been recorded in a clear and timely way. In addition we found that out of date information was contained in some records. This meant that there was a risk of people being provided with unsafe or inappropriate care because information may have been unclear or out of date.

The provider later supplied CQC with an action plan indicating how they proposed to achieve compliance.

On 16 April 2014 we carried out a follow up inspection to assess progress. As the issues related only to care records we did not speak with people who used the service or their relatives during this inspection. However, we did speak with three care staff and the registered manager.

People's records were accurate and fit for purpose.

We reviewed six people's care plans and noted that they were well structured and the information in each appeared comprehensive and was easy to navigate. The registered manager told us that people's care plans had been updated to ensure that all documents had been dated and where appropriate signed by people who used the service or their relative. They told us, "Every aspect of each person's care is reviewed every month when they are resident of the day. At that time I ensure that only up to date, relevant documents are included in people's care plans. Everything else is archived in the manager's office and kept under lock and key. Staff now sign regularly to confirm that they have read the file and understand the person's care needs". A member of staff that we spoke with said, "The files are much easier to use now and I can go straight to the section I need". This meant that the provider had introduced a process designed to ensure that staff were working only with current information which had been regularly updated.

We reviewed the daily records of care provided in all six care plans that we read. We noted a significant improvement in the quality and timeliness of entries and saw that all information relating to each person's care had been placed in a single folder. This meant that staff, people and relatives had a single source of reference regarding people's care records.

We saw minutes of a staff meeting that had occurred on 17 February 2014. This indicated that the registered manager had outlined new procedures regarding the structure and maintenance of care plans to their staff. The registered manager said, "Those who weren't at the meeting have had the process and the importance of accurate recording explained to them individually and have signed to confirm it. I have been very pleased with the response so far. It's about responsibility and accountability". All three of the staff we spoke with had a clear understanding of the need for accurate records and supported the changes that had occurred. One care worker told us, "When things are going OK records of care are important because we can see what we're doing and be satisfied that it is right. When things go wrong records are even more important because we need to know if errors have been made, so they're not repeated". This meant that staff understood and had been supportive of the changes.

Staff records and other records relevant to the management of the services were accurate and fit for purpose.

We found that staff records and other records relevant to the management of the service were easily located and fit for purpose. We sampled a number which had been kept in a lockable steel cabinet in the registered manager's office. We reviewed the personnel records relating to three care staff. We saw that the records were filed alphabetically and noted that staff recruitment, training and professional development records had been completed. The records were structured and easy to navigate. Also filed in the same location we saw guidance notes and records relating to the management of the company, including invoices. This meant that records were kept securely and could be located promptly when needed.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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