

***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: 25 June 2013

Date of Publication: July 2013

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

Supporting workers

✘ Action needed

Complaints

✘ Action needed

Notification of other incidents

✔ Met this standard

Details about this location

Registered Provider	Mr T & Mrs S Kandiah
Overview of the service	Remyck House is a privately run care home providing accommodation and personal care for up to 26 elderly people.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Supporting workers	6
Complaints	8
Notification of other incidents	10
Information primarily for the provider:	
Action we have told the provider to take	11
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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:

- Supporting workers
- Complaints
- Notification of other incidents

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 25 June 2013, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

This follow up inspection visit was carried out in order to assess if the provider had taken action to address concerns that had been identified at the previous inspection. These concerns related to supporting workers, complaints and notifications. We did not need to speak with people using the service on this occasion.

We found that systems had been implemented to ensure staff received regular supervisions and personal development planning; however these were not fit for purpose. A number of yearly appraisals had taken place; however, there were not appropriate systems in place to monitor appraisal scheduling or recording. We saw no evidence that action plans relating to the outcome of supervisions and appraisals had been created or that actions taken had been recorded.

We found that the service's complaints policy had been updated to include the details of the local government ombudsman; however, details of the registered manager and the service provider had been removed. We saw copies of the reviewed complaints policy had been placed within 'service user guides' and placed in people's rooms. Previous complaints had not been acknowledged and staff did not have access to the complaints policy.

We found the accidents and incidents folder had been brought up to date and any notifiable incidents had been referred to the correct parties.

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

What we have told the provider to do

We have asked the provider to send us a report by 08 August 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.

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

Supporting workers

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider was unable to demonstrate that people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Staff did not receive appropriate professional development.

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.

Reasons for our judgement

This follow up inspection visit took place in order to follow up on concerns identified during our previous inspection, which took place in January 2013. The concerns we identified related to there being no evidence of staff supervision or personal development planning and staff appraisals being last completed in 2010. We did not, on this occasion, speak to people who used the service, as their previous feedback had not highlighted any concerns related to this outcome.

The manager provided us with an action plan which detailed how this matter had been addressed and the measures taken to achieve compliance. These included completing a supervision matrix showing all staff supervision dates, ensuring all staff received six supervisions per year, ensuring staff appraisals were scheduled and their outcomes and actions were recorded.

During this latest inspection we were shown a completed supervision matrix which listed staff names and a number of dates their supervisions were due to take place. The supervision matrix indicated that in the month of April seven members of staff had undergone supervisions. We asked to see records of supervisions for these seven members of staff and the manager was able to produce two records of supervisions for that month. The supervision matrix indicated that in the month of May 11 members of staff had undergone supervisions. We asked to see records of supervisions for these 11 members of staff and the manager was able to produce three of these records. The manager assured us more supervisions had taken place; however they were unable to demonstrate this. This meant the service had appropriate systems in place to ensure staff were supported and supervised but the registered person had failed to effectively

implement this system.

We asked to see records of staff appraisals. The manager told us they did not have systems in place to schedule or record staff appraisals; however, they were able to produce four appraisal records dated after March 2013. The manager told us they had not implemented systems to record staff appraisal outcomes or any actions taken following these meetings. This meant that there were no systems in place to monitor which members of staff had received yearly appraisals and whether these appraisals had been used to improve staff competencies.

Within the records of staff supervisions and appraisals we were shown, we saw evidence further qualifications, such as NVQs, had been discussed and offered to people. This meant staff were able, from time to time, to obtain further relevant qualifications.

People should have their complaints listened to and acted on properly

Our judgement

The provider was not meeting this standard.

There was not an effective complaints system available. Comments and complaints people made were not responded to appropriately.

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.

Reasons for our judgement

This follow up inspection visit took place in order to follow up on concerns identified during our previous inspection, which took place in January 2013. The concerns we identified related to the service's complaints policy which had contained out of date information, the complaints folder being kept out of reach of people using wheelchairs, there being undated, unacknowledged complaints within the complaints folder and staff not being able to locate complaint forms. We did not, on this occasion, speak to people who used the service, as their previous feedback had not highlighted any concerns.

The manager had provided us with an action plan detailing how this matter had been addressed and the measures taken to achieve compliance. These included reviewing and updating the complaints policy, placing the complaints procedure within reach of people using wheelchairs, completing an easy read version of the complaints procedure and training staff to locate complaints forms.

During this latest inspection we asked to see the reviewed complaints policy and were told this was located within the policy folder. The complaints policy was not where we were told it was and after an hour of searching the home for the policy the manager printed off a new copy for us. The manager told us staff had been shown the policy and had signed a form to state they understood it. We were, however, unable to verify this as the manager was unable to locate the form. This meant staff did not have access to the service's complaints policy.

During this inspection we asked a member of staff to provide us with a complaints form and they were able to locate blank forms for us quickly. We did find, however, that the blank complaints forms were all tea stained and dirty. This meant staff had been trained in locating complaints forms.

We saw the updated complaints policy contained details for the local government ombudsman; however it did not contain details for the manager or the service provider. This meant that people did not have access to the names and contact details necessary for complaining to the home's management. We saw copies of the updated complaints

procedure had been placed within 'service user guides' which were placed within people's rooms. This meant people were aware of the complaints system.

We looked at the complaints folder and found this to be located on top of a high cupboard within the reception area. This was out of reach of people using wheelchairs. This meant the provider had not ensured people were able to easily access the complaints folder. During our inspection in January 2013 we saw two entries within the complaints folder. One negative comment was undated and had not been acknowledged and one positive comment had been acknowledged by the manager. We looked at the complaints folder during this inspection and saw that there had been no update relating to the undated and unacknowledged comment and no new comments had been added. This meant we were unable to ascertain whether people's comments had been responded to appropriately or whether people's complaints had been fully investigated.

Notification of other incidents

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had notified the Care Quality Commission, where required, of incidents in the appropriate time scale.

Reasons for our judgement

This follow up inspection visit took place in order to follow up on concerns identified during our previous inspection, which took place in March 2013. The concerns we identified related to the service's accidents and incidents folder being out of date and the service being unable to demonstrate whether the Care Quality Commission (CQC) had been notified of all notifiable incidents. We did not, on this occasion, speak to people who used the service, as their previous feedback had not highlighted any concerns.

The manager had provided us with an action plan detailing how this matter had been addressed and the measures taken to achieve compliance. These included reporting and recording all incidents and accidents per CQC requirements and ensuring the records were kept up to date.

Prior to this inspection we analysed the number of notifications we had received from the service. During this latest inspection we looked at the accidents and incidents book and saw this had been brought up to date. There were 17 incidents and accidents recorded. We looked through the recorded details for each incident and saw that two of the 17 incidents required notifying to the CQC. We saw these two incidents had been appropriately notified to the CQC and the records seen at the service matched the records analysed prior to our inspection. This meant the service had ensured the CQC were notified of all required incidents and accidents.

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	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: The registered person did not have in place suitable arrangements for staff carrying on the regulated activity to be supported to enable them to deliver care to service users safely and to an appropriate standard. Regulation 23(1)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints
	How the regulation was not being met: The registered person did not have an effective complaints system to handle complaints made by people who used the service or persons acting on their behalf. Regulation 19(1)(2)(a)(b)(c))

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 08 August 2013.

This section is primarily information for the provider

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 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.

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