

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

Tye Green Lodge

Tye Green Village, Yorkes, Harlow, CM18 6QR

Tel: 01279770500

Date of Inspection: 30 October 2013

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November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Quantum Care Limited
Registered Manager	Miss Melanie Jayne Kemsley
Overview of the service	Tye Green Lodge is a registered care service providing accommodation and personal care for older people, who do not require nursing care. The home has 61 beds and is split into four separate units.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 30 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We found that people's care was planned and delivered as appropriate to their needs and was regularly reviewed. One person's relative we spoke with told us, "I was very much involved when we came for the assessment, they asked all sorts of questions about [relative's] health needs and also about [relative's] likes and I was able to input into that." They also told us that staff were, "Consummate professionals."

People who used the service were provided with a choice of suitable and nutritious food and drinks. Service users were supported to eat and drink sufficient amounts for their individual needs. One person who used the service told us, "The food here is very good, there is always a choice, and if there is something we don't want the chef will cook us something individual."

People who used the service received their medicines in a safe way, and at the times they needed them. One person who used the service told us, "You can set your watch by how regular they are, never early and never late."

People who used the service were supported by sufficient numbers of staff and the home constantly reviewed their staffing to maintain this. One person who used the service told us, "If I need help I ring this bell and within a minute or two staff are here. They are a fantastic bunch and know exactly what they need to do to help me."

There were systems in place which were designed to regularly assess and monitor the quality of the services provided. People we spoke with felt the management team was approachable and responded to concerns raised.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

One person's relative told us they were happy with the care at Tye Green Lodge. They told us that staff understood their relatives care needs and felt involved in any changes to their care. They told us they thought the service given was, "Excellent, of the highest standard," and that the staff were, "Consummate professionals."

We spoke with two people who used the service and one person's relative who told us they felt very involved with the initial assessments and subsequent reviews of their care needs. People we spoke with told us they were kept up to date with developments, and their views were sought. One person's relative told us, "I was very much involved when we came for the assessment, they asked all sorts of questions about [relative's] health needs and also about [relative's] likes and I was able to input into that. Ever since [relative] has lived here, the staff always keep me informed. I may miss [relative] but I can sleep at night knowing they are safe."

We looked at four people's care records which included details about their support, health needs and personal care requirements and included needs such as skin integrity and mobility. Where risks were identified these were managed by a care plan which detailed for staff how to deliver the care so the potential risk was reduced. We saw that these records were reviewed monthly by senior carers and any changes to the record were updated in a summary at the front of the record. This summary provided staff with up to date instruction on people's care requirements. For example one person's summary that we looked at detailed that the person required two staff to assist with transfers, and concise details about how to provide personal care. We spoke with three staff members who were able to demonstrate their knowledge of people including recent changes to their care needs.

This demonstrated to us that people's care was planned and reviewed in a manner to ensure they received appropriate support.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We observed staff assisting people with their lunch time meal and saw that people were supported to eat and drink sufficient amounts to meet their needs. We observed staff members assisting and encouraging people to eat their food. This was done at the person's own pace, with the staff member interacting with them in a polite and friendly way. People were given sufficient time to finish their meal and were offered a range of different drinks at frequent intervals.

One person who used the service told us, "The food here is very good, there is always a choice, and if there is something we don't want the chef will cook us something individual." We observed one person ask for scrambled egg at lunchtime and this was made available for them.

People's support plans included a malnutrition universal screening tool (MUST) and nutritional assessments. People's care plans identified their specific dietary needs, such as allergies and personal preferences. People were weighed monthly and the manager monitored weight changes. We saw that additional measures had been put in place where this was required. This included more frequent monitoring of the person's weight, monitoring the person's food intake and referral to health care professionals.

We saw that, where it had been identified that people were at risk of not eating or drinking, their food and fluid intake was monitored accurately. Food and fluid charts we saw recorded the amount of fluid or foods consumed and were updated throughout the day. Charts we looked at recorded the amount a person had consumed. For example we saw one person had consumed at breakfast 200mls of tea and two slices of toast. Where people may have been at risk of malnutrition this information was detailed for review by healthcare professionals.

Staff including the home's cook told us about people's needs and preferences relating to their diet. We observed the lunch time service and reviewed people's care records, which showed evidence that staff had provided us with an up to date assessment of people's dietary needs.

This meant that people who use the service were supported to ensure they had adequate nutrition and hydration.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that each person had a medication administration record (MAR) in place and that medicines were given at the correct time and in correct dosages. We reviewed the MAR records for four people and saw that entries were dated and signed. We saw that people's medicines were ordered and checked in by two members of staff to reduce the chance of errors.

Medication was stored safely in each separate residential unit in a secure locked trolley that only the senior member of staff had access to. Stocks of medicines were held securely in a locked room and we saw that staff monitored the temperatures of medicines daily to ensure they were kept within safe temperatures. Senior staff routinely audited the stocks of medicines held in the home. We saw that where there had been errors made by staff this had been reported to the registered manager and had been investigated. We reviewed two records which recorded the reason for an investigation by the manager, the outcome of this and the follow up actions needed. In these two examples we saw that the staff members had undertaken medicines refresher training.

The home also stored controlled medicines that were prescribed for people who used the service. These were securely locked in a medicine cabinet that only senior staff had access to. When controlled medicines were administered by senior staff we saw that two entries were recorded in the person's MAR record, and the controlled medicines register was updated.

We observed staff administering medicines appropriately and supporting people individually, prompting people where necessary to make sure they had taken their medicines as prescribed. One person told us, "You can set your watch by how regular they are, never early and never late."

Our observations of staff administering medicines showed us that medicines had been given at an appropriate time as prescribed.

This meant that people received their medicines as prescribed, and that medicines were stored and managed in a safe manner.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough experienced staff to meet people's needs.

Reasons for our judgement

The home accommodated people in four separate units. This was made up of three units each of 15 people, and one unit with 16 people. The manager told us that there was a minimum ratio of day staff to residents of one to five. This included managers who also provided care.

The manager told us the needs of the people living at the home were kept under review and that staffing levels were amended to ensure there were sufficient staff to meet people's needs. We saw copies of people's dependency needs that were reviewed regularly by the manager. This indicated the number of staffing hours that were required, and rotas we looked at confirmed these hours were mostly met. One person who used the service told us, "If I need help I ring this bell and within a minute or two staff are here. They are a fantastic bunch and know exactly what they need to do to help me."

We noted that staff interacted with people living with dementia both when carrying out practical tasks and at other times for social inclusion. We saw that when people were distressed staff spent time with them, speaking with them and trying to engage them in meaningful activities, and there were sufficient staff to facilitate this so that other residents were not disadvantaged.

During our inspection we spoke with three staff members. All were knowledgeable about the needs of the people living at the home. They told us they received regular training in a variety of topics, including dementia, moving and handling, pressure care, and safeguarding. One staff member we spoke with told us, "Overall yes there are enough of us, it does get busy at times but there are always staff around to help us if needed."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that surveys were carried out annually and the results collated by the manager. We looked at the results for the most recent survey from April 2013 and saw that the manager had taken actions where needed. For example, one person was unhappy there was a limited number of brown bread sandwiches available. We saw that the manager had discussed this with the catering team, and a wider range was provided. One person who used the service told us, "The manager is very approachable and if we have any concerns we can speak to [manager] and they will do their utmost to fix it."

The home held relatives, residents and staff meetings on a regular basis as a joint meeting. In this meeting a board member from Quantum Care would attend to provide feedback to people and hear any concerns or compliments.

We looked at records that showed the provider had arranged for staff to attend a forum where they could discuss their current experience of working within the homes as a manager or a member of staff. The results of these forums had been fed back to senior management as part of an on-going review of service delivery. Staff we spoke with felt the management team were approachable and that their views were listened to.

We saw that the manager and senior staff undertook regular audits of areas including care records, the environment, medication and infection control to make sure that the quality of the service was checked, maintained and any issues were quickly identified.

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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