

Review of compliance

Adiemus Care Limited The Old Rectory	
Region:	East
Location address:	Spring Lane Lexden Colchester Essex CO3 4AN
Type of service:	Care home service without nursing
Date of Publication:	February 2012
Overview of the service:	The Old Rectory provides accommodation with personal care for up to 60 older people. Some people who use the service may have dementia.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Old Rectory was meeting all the essential standards of quality and safety.

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 The Old Rectory had made improvements in relation to:

Outcome 08 - Cleanliness and infection control

Outcome 09 - Management of medicines

Outcome 13 - Staffing

Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 January 2012, checked the provider's records, talked to staff and reviewed information from stakeholders.

What people told us

People with whom we spoke to on our visit on 06 January 2012 told us they were happy with the way that the home managed their medicines on their behalf and that the staff were 'very good' but that they were 'always busy'.

What we found about the standards we reviewed and how well The Old Rectory was meeting them

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider is compliant with this outcome. People live in a home that is kept clean and provides them with a pleasant and safe environment.

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

The provider is compliant with this outcome. People can be assured that their medicines are handled safely and that they are given them as prescribed.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider is compliant with this outcome. People are supported by sufficient numbers of staff throughout the day and night.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider is compliant with this outcome. Systems were in place to monitor and improve the quality of the service.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People who use the service made no comments about cleanliness and infection control.

Other evidence

The provider was compliant with this outcome at the time of our previous visit on 10 June 2011 and October 2011. However, to remain compliant, improvements were needed. We had received information about concerns in relation to cleanliness and infection control.

We reviewed all the information we had, and talked with the provider and staff about the improvements they had made to the service.

A new carpet cleaner had been purchased in October 2011 after our last visit and robust cleaning which had taken place had resulted in removing the offensive odour. Two new domestic staff had been employed in October 2011 to help with this improvement and training and supervision had been held with existing domestic staff in November 2011. Quotes for new flooring in parts of the home had been obtained in December 2011 and this was awaiting approval.

The Health Protection Unit and the community matron provided advice and support around the containment and treatment for scabies. Residents and staff underwent this treatment and the home was free of scabies at the time of this visit.

Environmental Health also visited the service on 19 December 2011 and talked with kitchen staff, care staff and the manager. They found that all policy and procedures were in place and that appropriate clothing was worn when working in the kitchen. No

concerns were found with regards to the cleanliness of the kitchen or dining room.

Our judgement

The provider is compliant with this outcome. People live in a home that is kept clean and provides them with a pleasant and safe environment.

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 with whom we spoke said they were happy with the way that the home manages medicines on their behalf.

Other evidence

The provider was not compliant with this outcome at the review of compliance in October 2011. A compliance action was made and the provider subsequently sent us a plan detailing the actions they would take to achieve compliance. The purpose of this visit on 06 January 2012 was to assess that these actions had been taken.

We had also received information about poor practices with regard to the handling and recording of medicines.

On this visit we found most medicines were stored securely for the protection of people who use the service. However, we found medicine that had been supplied for one person in July 2011, and which were no longer listed on their medication record form, in an unlocked cupboard in the open hair dressing salon. This was removed and disposed of during our visit. The temperatures of the areas where medicines were stored were monitored and recorded regularly to ensure the quality of medicines used.

Systems were in place to record when medicines were received into the home, when they were given to people and when they were disposed of. These were in good order, provided an account of all medicines used and demonstrated that people received their

medicines as prescribed. Where people were prescribed medicines on a 'when required' basis, for example, for pain relief, there was written guidance for staff on the circumstances these medicines were used. Care plans for people prescribed medicines were in place and consistent with the medication record forms.

At our last visit in October 2011 we found that the time taken to administer medicines to people during the morning meant that some people may have received medicines too close together. On this visit we found that the procedure used to administer medicines had been revised and the time taken was acceptable.

Before the visit the provider told us that 'medication training...was undertaken on 28/10/11' and 'competency assessments' would commence on 25 November 2011, we found evidence to support this and that competence assessments had been completed.

Our judgement

The provider is compliant with this outcome. People can be assured that their medicines are handled safely and that they are given them as prescribed.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People we spoke with said that staff were 'very good' but that they were 'always busy'.

Other evidence

The provider was not compliant with this outcome at the review of compliance in October 2011, a compliance action was made and the provider sent us a plan detailing the actions they would take to be compliant with the essential standards of quality and safety. The purpose of this visit on 06 January 2012 was to assess that these actions had been taken.

In the action plan that the provider submitted to us in November 2011, they told us that 'a recruitment drive had been undertaken, staffing numbers had been increased to eight care staff and two senior staff for am and pm shifts and five at night.' During our visit on 06 January 2012 we found that this was the case. We looked at the staff rotas for a four week period up to and including the day of the site visit and found that staff numbers were at or above this planned level.

Staff with whom we spoke confirmed the numbers of staff on duty and that they felt there were enough staff on duty to meet people's needs. However there were 33 people living in the home at the time. All staff we spoke with said that if the number of people living at the home increased, or their level of needs increased, the current numbers of staff on duty would be insufficient to meet people's needs. Staff also raised concerns that a change in shift times had left no overlap between shifts and that any information concerning people who use the service which needed to be communicated between

staff had to be in their own time.

Our judgement

The provider is complaint with this outcome. People are supported by sufficient numbers of staff throughout the day and night.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People who use the service made no comment about assessing and monitoring the quality of the service.

Other evidence

The provider was not compliant with this outcome at the review of compliance in October 2011, a compliance action was made and the provider sent us a plan detailing the actions they would take to be compliant with the essential standards of quality and safety.

The manager told us in the action plan submitted in November 2011 that they would hold monthly residents meetings, ensure feed back is given, set up a notice board and suggestion box and undertake surveys.

The manager told us that they had undertaken a survey with families and friends to seek their views about the care being provided at The Old Rectory. The home received a satisfactory response, with families and friends saying that they were happy with the care their relatives received and felt they were well cared for, people's privacy was respected and they felt safe living at the home. However, families and friends said that activities, food and involvement in decision making could be improved.

An independent organisation will be undertaking a survey with people who use the service in February 2012 to seek their views. This will give an opportunity for people who use the service to tell someone who is separate from the home their views and

experiences.

A meeting with the residents had taken place on 10 January 2012 and the manager had fed back the results of the survey from families and friends and what they would be doing to improve the service. At the time of our visit the 'What we asked, What you said, What we are doing' board was in the process of being put up in the entrance hall to give feed back to people using the service and families and friends to ensure better communication and a better service.

A suggestion box had been set up in the entrance hall for everyone including staff to put forward suggestions for improvements within the home and the manager told us that two suggestions had been received since Christmas so it was being used.

The first of the quarterly newsletters for people who use the service and relatives went out just before Christmas to inform them of the results of fundraising and details of the new activities coordinator.

A relative/representatives meeting is planned to be held in January 2012 to continue to seek their views and update them about the improvements to the service to ensure they were kept informed and involved.

Our judgement

The provider is compliant with this outcome. Systems were in place to monitor and improve the quality of the service.

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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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