

# Review of compliance

Adiemus Care Limited The Old Rectory	
<b>Region:</b>	East
<b>Location address:</b>	Spring Lane Lexden Colchester Essex CO3 4AN
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	July 2012
<b>Overview of the service:</b>	The Old Rectory is registered to provide 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 inspected.**

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 taken action in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 09 - Management of medicines
- Outcome 13 - Staffing
- Outcome 14 - Supporting workers
- Outcome 17 - Complaints

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 June 2012, observed how people were being cared for, talked to staff and talked to people who use services.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

### What people told us

People who lived at The Old Rectory told us they were generally happy with the care they received. They had a choice about meals and menus and could stay and eat in their room if they wanted.

One person told us "They look after you really well, can't fault them. I like reading and there is a library. There are record players and the food is alright." A relative who was visiting said "Everything is going well. They (staff) follow the care plan and do what they can."

A number of people were not able to tell us directly about their experiences. However, we observed how they interacted with staff and how they were assisted. We saw that staff understood people's needs and were respectful when assisting and supporting them. The staff took their time, were patient and treated people with dignity.

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

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

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.

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

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

### **Outcome 17: People should have their complaints listened to and acted on properly**

The provider was meeting this standard. There was an effective complaints system available.

## **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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect. People who use services: \*  
Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People who lived at The Old Rectory told us they were generally happy with the care they received. They had a choice about meals and menus and where they wanted to eat and spend their day.

We saw that staff were respectful and treated people with dignity when supporting them. However, we saw that some people who could not manage to hold a cup or glass were not assisted with their drink in a timely way.

One person told us "I don't usually have to wait to be hoisted from my chair when I want to move." Another person said "They look after you really well, can't fault them. I like reading and there is a library. There are record players and the food is alright." One relative said that "Everything is going well. They (staff) follow the care plan and do what they can."

##### Other evidence

At our last inspection on 09 March 2012 we had moderate concerns about the care and welfare of people who lived at The Old Rectory. These related to care plans which were not kept securely, some people waiting too long to get up in the morning and mealtimes for some people with dementia were not person centred. We asked the provider to respond with an action plan telling us what they would do to achieve compliance with this standard. We received this response within the timescale given.

The provider wrote to us on 10 April 2012 and told us that they would arrange for care plans to be kept securely, meal times would be brought forward for those who required support and to look into staffing levels at busy times of the day by the end of April 2012

. We undertook a further inspection on 21 June 2012 to see if improvements had been made.

We found that a keypad had been fitted to the office door in order to keep care plans more securely. Two extra shifts had been introduced with extra staff being available at key times such as in the morning and in the evening and this was working well. Staff told us that they had more time to spend with people and were not so rushed especially in the morning. This gave people more choice about being able to get up when they wanted.

Meal times for people with dementia had been improved and we saw that staff were sitting with people in the dining room and helping them eat on a one to one basis. They were engaged in conversation together and relaxed. The staff told us that meal times were now staggered so that people could eat lunch at their own pace. People with dementia were being provided with support in a person centred way and treated with dignity and respect. However, the provider may find it useful to note that people were not being assisted with their morning drinks in a timely way which may result in them being dehydrated.

#### **Our judgement**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

## 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

We spoke to people using the service but their feedback did not relate to this standard.

##### Other evidence

At our last inspection on 09 March 2012 we had moderate concerns about the management of medicines. We asked the provider to respond with an action plan telling us what they would do to achieve compliance with this standard. We received this response within the timescale given. The provider wrote to us on 10 April 2012 and told us that all the necessary audits and administration changes had been put in place by 30 March 2012. We undertook a further inspection on 21 June 2012 to see if improvements had been made.

On this inspection we found medicines were stored securely for the protection of people who use the service. The temperatures of the areas where medicines were stored were monitored and recorded regularly to ensure the quality of medicines used. Before our inspection the provider told us that a new cupboard had been installed for the storage of controlled drugs. We found this to be the case and that the cupboard was of a construction, and fixed to the wall in the way required by the regulations.

Systems were in place to record when medicines were received into the service, when they were given to people and when they were disposed of. We looked at several records for people and these were in good order, provided an account of 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 or to control a person's mood, there was guidance for staff to follow on the circumstances such medicines were to be used, but in some cases this guidance could be more detailed to ensure a consistent approach by staff.

We were told that only suitably qualified staff who had received training in the safe use of medicines were permitted to handle medicines, and that they have had an assessment that they were competent. We found evidence to support this.

We were told that the management carried out regular checks on the quality and accuracy of medication records and we found evidence to support this.

**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.

## 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

We spoke to people using the service but their feedback did not relate to this standard.

##### Other evidence

At our last inspection on 09 March 2012 we had moderate concerns about staffing levels at The Old Rectory. These related to numbers of experienced staff on each shift to meet the high support needs of people who lived at the home. We asked the provider to respond with an action plan telling us what they would do to achieve compliance with this standard. We received this response within the timescale given.

The provider wrote to us on 10 April 2012 and told us that they would review the staffing levels, look at additional shifts and undertake daily audits of staffing levels by 21 March 2012. We undertook a further inspection on 21 June 2012 to see if improvements had been made.

The deputy and area manager told us that the staffing levels had been increased, after our inspection, based on the concerns we had raised. Two extra shifts were introduced and these were 7.30am to 11am and 5pm to 9pm to assist people with getting up and going to bed and mealtimes. We were assured that these arrangements would continue, as the monitoring of this system had found that these shifts had made a difference to the personalised care and support people received for both people who use the service and the staff.

On viewing the rotas and the daily audits for the previous four weeks, we saw that there was still a reliance on agency staff being used due to sickness and absenteeism. We were told that a new process for dealing with and reducing staff sickness and lateness had been introduced. Regular monitoring and review would be completed as part of the daily audits.

**Our judgement**

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

## Outcome 14: Supporting workers

### 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 competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard.

##### Other evidence

At our last inspection on 09 March 2012 we had moderate concerns about the management and support for staff. We asked the provider to respond with an action plan telling us what they would do to achieve compliance with this standard. We received this response within the timescale given.

The provider wrote to us on 10 April 2012 and told us that they would improve the induction period for new staff and introduce mentoring and one to one support sessions and that this had already been completed. We undertook a further inspection on 21 June 2012 to see if improvements had been made.

The induction process for staff had been reviewed and was more comprehensive. It now included the Skills for Care 12 week induction programme with mentoring, regular supervision, shadowing and observations of care practices.

Changes to the management structure and clarity of roles and responsibilities were now in place and the staff reported that they had been more involved in decisions about the home and were being given more responsibility.

The deputy and area manager told us that they were introducing two new programmes as part of the Age UK 'My Home Life' project. Some staff would take responsibility for acting as dignity champions across the home and other staff trained as dementia care champions to support the staff to work in a more person centred way with people who had dementia.

The provider had introduced a new system of essential training for all staff. This was to ensure that people were trained to an acceptable level and had the necessary knowledge and skills to care and support people in a professional and respectful way. Senior staff would continue to observe care practices on a daily basis to ensure people were receiving good care that met their needs.

**Our judgement**

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Outcome 17: Complaints

### What the outcome says

This is what people should expect. People who use services or others acting on their behalf: \* Are sure that their comments and complaints are listened to and acted on effectively. \* Know that they will not be discriminated against for making a complaint.

### What we found

#### Our judgement

The provider is compliant with Outcome 17: Complaints

#### Our findings

##### What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard.

##### Other evidence

At our last inspection on 09 March 2012 we had minor concerns about the ways complaints were recorded. We asked the provider to respond with an action plan telling us what they would do to achieve compliance with this standard. We received this response within the timescale given.

The provider wrote to us on 10 April 2012 and told us that a verbal complaints form would be introduced and a recording system for verbal complaints by 11 April 2012. We undertook a further inspection on 21 June 2012 to see if improvements had been made.

We saw that a policy and procedure was now in place and the staff had all received copies. A verbal complaints form had been introduced and we saw two on the file for April 2012. These were appropriately completed and identified the issue, concern or complaint and what action had been taken. People who lived at The Old Rectory and their families could be assured that their complaints would be fully investigated and resolved where possible to their satisfaction.

##### Our judgement

The provider was meeting this standard. There was an effective complaints system available.

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

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