

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

The Old Rectory

Spring Lane, Lexden, Colchester, CO3 4AN

Tel: 01206572871

Date of Inspection: 04 January 2013

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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
Cleanliness and infection control	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✗	Action needed
Complaints	✓	Met this standard

Details about this location

Registered Provider	Adiemus Care Limited
Registered Managers	Miss Lisa Curtis Mrs. Agnieszka Helena McDonald
Overview of the service	The Old Rectory is a care home that provides accommodation and care for up to 60 older persons who may have dementia related needs.
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'.

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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, reviewed information sent to us by other organisations, carried out a visit on 4 January 2013 and observed how people were being cared for. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

We spoke with five relatives and friends visiting people who used the service. They told us that they were happy with care provided at The Old Rectory. Comments included "The manager is approachable and efficient and the staff kind and cheerful" and "The ambience in the home has improved and things have settled down in the last few months".

People who live in the home and/or their families told us that they were consulted about how their care was delivered and that they had input into how the home was run. We looked at care plans and these showed that people, where they were able, made choices and consented to their care planning arrangements.

There were arrangements in place to ensure the safe management of medicines.

Overall we found that staff had been through a period of change and the new manager, with the support of the provider, was making positive improvements to the environment and quality of the service delivered. However we found that staffing levels were not sufficient to meet the individual needs of people using this service and this needs to be addressed.

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 10 May 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

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.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

We observed staff to be kind and considerate when talking and assisting people in the home. People we spoke with told us they felt well cared for and that they enjoyed the company of the cheerful staff. We spoke to visitors who told us they were happy with the care provided for their relatives and one relative said "I would live here myself if I needed to." We were told that staff understood people's individual needs.

We looked at the records of five people who used the service. Each had a range of care and support needs. There was evidence to show that people were consulted about their care before it took place. Staff spoken with demonstrated an understanding of capacity and the systems in place to protect people who lacked capacity to consent.

We looked at people's care plans and these showed that care was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw records that illustrated where required people had been seen by a dietician and advice had been given on nutritional content of meals and supplements to minimise risk of malnutrition. The provider may find it useful to note that recent reviews with people, undertaken by the local authority, found that there was a limited choice of food and the timing of meals did not meet people's needs. One person told us "The second choice of two was not so different from the first."

People told us that the staff were sometimes rushed to get everything done. We noted during our inspection that there was a lack of activities that would help to stimulate people and prevent social isolation. However we were told by the manager that this was being addressed by the recruitment of an activity coordinator. This meant that staff would be supported and guided in accessing activities suited to people's individual needs.

We found that risk assessments were in place and staff knew what actions to take in emergency situations.

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

Overall the home provided a clean and welcoming environment. The bathrooms were clean and uncluttered. There was a cleaning schedule in place for ancillary staff to follow. This helped to ensure all areas of the service were cleaned properly and regularly.

Staff showed us that they had supplies of suitable protective equipment such as gloves and aprons to minimise the risk of spreading infection. Hand washing facilities were available around the building and staff were observed to wash their hands regularly.

Records showed that staff members had received training in infection control. This showed that staff knew how to prevent and or minimise the risk of infection.

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

People's medication records included a photograph for identification and a record of each medicine prescribed and what they were prescribed for.

All medication was supplied by the same local pharmacy in a colour coded system which enabled easy storage and clear labelling to show when each medicine was due to be administered.

Staff spoken with demonstrated a good understanding of safe handling and administration of medication to people. Staff were trained in the safe administration of medication and competence was checked before they were assigned to this duty.

Medication checks were undertaken daily by a senior staff member to ensure medication administration records were up to date and the correct medications had been given to people.

A weekly and monthly medicine audit was also undertaken to ensure procedures were followed and to identify any gaps in staff learning and training needs. The audit system was set up and overseen by an external specialist at regular intervals to provide an objective view.

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

Our judgement

The provider was not meeting this standard.

There were not enough skilled and experienced staff to meet people's needs.

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

Prior to our visit we had received information of concern in relation to people's individual needs not being met due to insufficient staffing levels. We spoke with the manager, senior staff members and other staff about their roles and how they work. Staff told us that they sometimes have to rush to get everything done at the busier times. Senior staff were now undertaking medication administration which left reduced staffing levels at the busier times of the day. Staff told us "The new system for administering medication is now settling in but there are times when it can take until late in the morning before we are able to get everyone up."

Relatives, visiting people who use the service, told us that overall they were happy with the staff providing the care but at times the staff had little time to spare to spend quality time with people and their individual needs were not being met. One relative told us "They get through all the basic things and they don't complain, but they have little time to engage with people." We were told that there was a lack of activities during the day for people. This meant that people may become socially isolated.

We were told by staff that there was still a need to use outside agency staff and permanent staff were called upon to work extra hours as the service was short staffed. Staff told us that they were very likely to be called in when they were on annual leave as the service was short staffed.

The area manager acknowledged there was a need for more staff and following the inspection we were told that staffing levels would be increased.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were aware of the complaints system and had their comments and complaints listened to and acted on, without the fear that they would be discriminated against. The relatives we spoke to told us that they knew how to complain and felt that they would be listened to if the need arose. They told us that the manager was approachable.

We looked at the complaints log. We saw that a complaint from a family member had been investigated and resolved satisfactorily. During our inspection a meeting was taking place to address a complaint. We observed the meeting to be conducted in an open and transparent manner with a view to addressing the concerns raised in a positive way.

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 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
	How the regulation was not being met: Regulation 22. The provider had not taken appropriate steps to ensure that, at all times, there are sufficient numbers of suitably skilled and experienced staff to meet people's individual needs.

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 10 May 2013.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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