Inspection Report

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

Ashleigh Court Rest Home

20 Fountain Road, Edgbaston, Birmingham, B17 8NL

Tel: 01214201118

Date of Inspections: 01 July 2013
26 June 2013

Date of Publication: August 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr Sunil Odedra and Mrs Shanti Odedra
Registered Manager	Mrs. Carol Ward
Overview of the service	Ashleigh Court Rest Home provides accommodation and personal care for up to 19 older 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
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Requirements relating to workers	11
Staffing	12
Assessing and monitoring the quality of service provision	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 26 June 2013 and 1 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and talked with commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

At our last inspection in February 2013, we found that process for recruiting staff was not robust enough. We followed up these concerns at this scheduled inspection and found that improvements had been made.

At this inspection we spoke with five of the 19 people who lived in the home and observed the care of the others. We saw that staff treated people with respect and responded when people asked for assistance. People were not restricted by routines or regimes within the home; for example they could choose where they wanted to spend their time; in their room or in the communal areas, and had choices about when they ate, received personal care and whether to be involved in any activities.

Staff at the home we spoke with were knowledgeable about people's health conditions and the care and support people needed.

People who used the service were protected from the risk of abuse, because staff were aware of; what could be abusive in a care home setting and the need to report any concerns.

Appropriate measures were taken to ensure that risks to people were minimised by ensuring the safety of services such as the gas, electrical equipment and supply.

There were enough qualified care staff on each shift to ensure that people received the assistance they needed.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During this inspection we spoke with five people who lived in the home. We also observed and listened to interactions between staff and people whilst looking at records in the dining and lounge areas. We observed the interactions between three people and staff during the SOFI observation.

We found that people were enabled to move freely in the home. Some people spent time walking around the home. People that needed assistance to walk, received this assistance if they wanted to move from room to room. During our visit some people decided to spend most of the time in their bedrooms only joining other people who lived at the home at mealtimes. Other people decided to have all their care and support in their bedrooms. People had the freedom to move around the home as they wanted.

Two people told us that they wanted to go out of the home; one person said that they didn't live there and another understood that they needed to go out with someone. We observed that neither of these people became distressed nor were they attempting to leave the property. Staff were able to divert people's interest to other activities easily. Staff we spoke with told us if a person became anxious to go out they made arrangements with the manager to take the person out. People were able to go out of the home when there were staff available to make it safe to do so.

People were able to have visitors in the home and join them for drinks and meals if they wished. We noted that one visitor stayed for a number of hours on one of the days that we were in the home.

People were not required to get out of bed or, go to bed at set times. People could have a meal outside of the set meal times. Although people were encouraged to partake of drinks at set times of the day; we also observed that two people went to the kitchen door and requested more drinks and these were made available. We spoke with staff about caring for people who stayed in their room. Staff said sometimes they tried to persuade people to join with others for meals and activities but it was the person's choice. They told us that

sometimes people resisted assistance with their personal care but they would ask at several points during the day. They told us they always asked for people's consent before trying to assist them. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During this inspection we observed the interactions between staff and people that lived in the home both during our SOFI observation and whilst looking at records in the lounge and dining area. In addition we spoke with five people; four of whom received most of their care in their room. Some people had dementia or other conditions that made it difficult for them to express their views verbally. The majority were happy with the care they received. One person told us: "If I ring my buzzer they come promptly," and that the manager was: "Extremely competent."

We saw good interactions between staff and people who lived in the home. We saw that staff spoke with people in a kind and caring manner. We heard staff addressing people by their first name, or their title and surname indicating that staff were aware of people's preferences. We saw that when people asked for attention they were responded to. One member of staff told us what they liked about the home was that call buzzers were not going all day long, because people got the attention they needed. We saw that people were supported with their personal hygiene needs where necessary. Generally, people's nails, hair and body care was attended to. People received care that was responsive to their needs.

We looked at the care records for two new people and found that an assessment of each of their needs had been completed. Although the care plans to meet their needs had similar wording we found that there were parts of these plans which were individual to the person. For example: one person '…likes to read' and the other '…likes a can of lager before going to bed.' We observed, during our visit, staff offering a book to the person who liked to read and the other person told us that they had cans of lager at night. The information in care plans helped to ensure that people retained routines that were important to them.

The provider may wish to note that one person's care plan had information belonging to another person in it. This could have caused confusion if this information needed to be passed on to a health professional. However, generally people's needs were assessed and care and treatment was planned in accordance with their needs.

During our observations we saw that people were assisted with their mobility safely. For

example, when people were supported to move from place to place we saw staff reminding people to use, and explaining how to walk safely, using Zimmer frames. In addition, staff walked at the pace of the person and did not rush them. Care records showed the assistance people needed to move from place to place and what aids they needed. These measures helped to keep people safe when being assisted to move. We also looked at three records for people that had health professionals assisting them and found that care staff were acting as these health professionals directed. We also noted a comment from a health professional recorded in the home's comment book which stated the staff were: 'helpful on home visits,' and they had: 'no concerns about the home's care.' Care and treatment was delivered in a way that was intended to ensure people's safety and welfare.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with five people that lived in the home. People we spoke with, who were able to reply, told us they were safe in the home. Amongst the comments we received were: "Gosh, yes I feel safe enough" and "I think I am in the best place, I am not sure what I am safe doing anymore."

We observed the staff speaking with and supporting people and found that there were good interactions. People appeared relaxed with staff. Some people showed that they knew the names of staff that supported them. Staff listened to people and responded if they became upset. For example, a person misinterpreted staff clearing an empty mug away from the dining table as taking one of their belongings away. Staff calmly explained and offered another drink which resolved the situation. We saw staff speaking to people calmly, ensuring that they were at eye to eye level and so that people could see the expression on staff's face at each interaction. This helped to ensure that people could understand what staff were saying. People were listened to and their views were respected.

We saw information displayed in the reception that informed people who lived in the home about adult abuse and who they could talk to. We saw a picture representation of the complaints process should anyone want raise concerns. We spoke with three staff about protecting people from abuse. They were able to tell us what they needed to do if they were concerned about the safety, health and well-being of a person living in the home.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

At our inspection in February 2013 we found that the processes of recruitment and selection were not robust enough to show that people always received assistance from care staff that were of suitable character and had the appropriate skills and experience.

At this inspection we looked at the recruitment files of three new staff and found some improvements. We found that there were copies of disclosures from the Disclosure and Barring Service, (formerly the Criminal Records Bureau), showing that checks as to staff suitability had been undertaken. References were generally more available where staff had worked in care previously or from colleagues that had worked with them. There was evidence that staff had been called to interview and copies were kept of the questions they were asked and their responses. Staff had been asked to declare that they were physically and mentally well enough to manage the work outlined in the job description which was kept on file. Where staff had appropriate relevant qualifications, copies of these were kept on file. Appropriate checks were undertaken before staff began work.

We noted that the Care Quality Commission had issued new guidance on the recruitment and selection of staff and the Disclosure and Barring Service In June 2013 and we supplied a copy to the provider so that the service's recruitment practices could continue to improve.

We spoke to three staff on duty on our second visit, two of whom had been recruited in the last six months. One of them told us that when they started they mainly worked shifts at the middle of the day and assisted with meal times and activities rather than undertaking personal care. This meant that the staff member had time to get to know people who lived in the home before supporting them with intimate care.

All three staff told us that they were given training on a regular basis. In February 2013 and on 26 June 2013, we visited the home unannounced on days when training had been arranged. We saw notices reminding staff of future training in the reception area of the home. Staff were receiving on-going training to ensure they could meet the needs of people living in the home.

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 qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with five people and those who were able to do so told us that staff responded to their requests for assistance in prompt way. During our visits on 26 June and 1 July 2013 we found that there were sufficient staff to support the needs of the 19 people living in the home. We found that staff responded to people's need and were flexible enough to provide care and support when people wanted it. For example, we saw a person requesting drinks on several occasions. In addition to the set drink times, they requested a drink just before lunch was being served. Each time the person was asked what type of drink they wanted and we saw that their preferred hot drink was supplied. We saw that five people had some individual time spent with them enjoying an activity and some staff engaged people in conversations throughout the day.

We spoke with four staff who raised no concerns with us about staffing levels in the home. We looked at two weeks' staffing rotas and found that the number of staff available was consistent with the amount of staff expected to be on duty. There were appropriate numbers of staff available.

We spoke with four staff about the care of people in the home. Staff were knowledgeable about people's health conditions, their concerns and how their care was to be provided. Staff told us that they were continuing to receive training. Staff had completed nationally recognised qualifications in care, were finishing these soon or, hoping to enrol. The staff rotas showed that there was always a senior member of staff on duty during the day and at least one of the two members of staff had a National Vocational Qualification in Health and Social Care level 2 at night.

There were enough qualified, skilled and experienced staff to meet people's needs.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We looked at how the views about the care in the home were managed. We found, in the reception area, that there was information about how to make to complaints. This information was also presented in an easy to read form. The provider may wish to note that the contact details for the Care Quality Commission(CQC) needed to be updated and advice given that CQC would use the detail of the concerns raised to determine their next steps. There was also a comment book available where we noted good comments from a health professional, and from relatives. One comment recorded stated that the relative was happy with the care especially for the staff contacting the GP about their relative and being kept up to date about their relative's care. Another comment the home had received stated that the care was good but that the dining area needed attention to decoration. When we arrived we were shown where the torn wallpaper had been replaced and told of the plans for replacing the floor covering. The provider had sent a survey to relatives asking their views at the end of last year. The provider took account of complaints and comments to improve the service.

We checked some records of the maintenance of the services to the building to ensure that risks associated to the building were being managed. We found that inspection and servicing of the gas supply and equipment and the passenger lift had been completed and an inspection of the electrical hard wiring had been completed within the last five years. The manager had ensured that that there were regular checks to ensure that the home was maintaining good infection control. These measures helped to ensure the safety of people who lived in the home.

During our inspection we found some areas that needed attention such as a bedroom that had an offensive odour, a bedroom that was very warm, a bedroom ceiling that had some water damage and the dining area where the floor covering needed replacing. The provider may find it useful to note that although staff and the manager provided explanations and assurances that there were plans to improve these areas, there was no transparent recording of these deficits or plans of how and when they would be attended to. At our last visit we were also told that a newsletter and annual report were planned but these had yet to be completed.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.