Review of compliance

Mr Mohmad Basseer Hulkhory, Mrs Saira Banoo Hulkhory Ashleigh House	
Region:	South East
Location address:	39 Redstone Hill Redhill Surrey RH1 4BG
Type of service:	Accommodation for persons who require nursing and personal care.
Date the review was completed:	19 July 2011
Overview of the service:	Ashleigh House has been registered to provide personal care without nursing for nine people with learning disabilities. It specialises in supporting people with a challenging behaviour, and Autistic Spectrum Disorder. The home is located close to Redhill town and convenient to the local railway station. Accommodation is provided in single en-suite bedrooms and there is ample communal space and a safe garden for people to enjoy.

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

What we found overall

We found that Ashleigh House was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Supporting workers

How we carried out this review

We carried out this responsive review because concerns were raised by a neighbour regarding the safety and welfare of people using the service. It was alleged that the people living in the home were being cared for by students working in the home while the provider/manager was on annual leave. We reviewed all the information we hold about this provider, and carried out a visit on 19 July 2011. We talked to people who use the service to gain their views about the care and support they receive. We talked to staff about their experiences of working in the home, and looked at records regarding individual care and treatment. There were six service users living in the home on the day of our visit.

What people told us

Some people told us that they liked living in the home. They told us that the staff were kind and looked after them well.

They said they had a care plan and that their care was agreed with them before the plan was signed by their care manager.

People told us the food was good and that they liked take away food also. One service user told us they were board and that there was little to do. Another service user said they liked to help in the kitchen

What we found about the standards we reviewed and how well Ashleigh House was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run
People who use the service are supported to understand the choice of care and treatment available to them overall; we found that Ashleigh House was meeting this essential standard.

- Overall, we found that <location> was meeting this essential standard but, to maintain this; we have suggested that some improvements are made.
- Overall, we found that improvements are needed for this essential standard.
- We are taking enforcement action against the provider for this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights.
People living in the home did not experience appropriate care and support to meet their needs. Overall, we found that improvements are needed for this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs
People are supported to have adequate nutrition and hydration.
Overall we found that Ashleigh House was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights. There are shortfalls in how people are being protected from abuse.
Overall we found that improvements are needed for this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way.
People living in the home are given their prescribed medication in a timely and safe way.
Overall Ashleigh House was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills
People living in the home did not receive care from a staff team that were supervised or supported by senior staff.
Overall we found that improvements are needed for this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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 1:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
Some people who were able to express an opinion told us that they were supported to make a choice regarding their care and treatment. They said that staff use pictures and signs to help them understand. A person who uses the service told us that they experience a good level of respect and that staff always knock on their door before they come into the room, and always ask their permission before undertaking her care.

Other evidence
We met and talked with some people who use the service. A person told us that they had been supported by staff and a care manager to visit the home on several occasions before making the choice to live there. Other people who do not have the capacity are supported by relatives or an advocate to make a choice. We were told that all prospective service users have a full needs assessment undertaken to decide the suitability of the home to meet individual needs. People who use the service are involved in this process as much as possible, which may also include

family when required. Individual views and wishes are taken into account in the way service is provided and delivered. For example how people like to be addressed, their daily routine, their choice of activities, and how their care will be undertaken. The three most recent assessments were sampled and these are detailed and informative.
Privacy and dignity was observed to be promoted. Staff were seen to knock on peoples bedroom doors prior to entering. Staff were also polite and professional in their manner and addressed people in an appropriate way; personal care was undertaken in the privacy of service user's rooms or in designated areas that are private.

Our judgement
We found that people have their views and experiences taken into account and that they are treated with dignity and respect. On the basis of the evidence provided and the views of the people using the service, we found Ashleigh House to be compliant with this outcome.

Outcome 4:
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

There are major concerns with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that they had a care plan and that this was discussed with them. They said they liked their room and that staff helped them keep it tidy.

Other evidence

Other evidence Each service user has a care plan in place, and care plans for three service users were seen. These are written with information gathered at the pre admission needs assessment, and includes what the service users told the assessor, and information from relatives and advocates when required. The care plans seen were informative and well maintained. They included information about lifestyle, choices, likes, dislikes, social activities, and psychological needs. The home have developed a picture and symbol format of care planning to help service users understand the content. Staff were observed recording information in care plans and during discussion they had a good understanding of people's physical needs. There was evidence that care plans were being reviewed and the most recent care plans had a six week review recorded with a further review planned for three months.

Risk assessments were completed and formed part of the care plans. These included prevention of falls, car travel, management of challenging behaviour, kitchen skills, and choking. More detailed risk assessments were in place to address diverse needs. However one risk assessment related to a previous location and was required to be updated to reflect the service user's current home. Health action plans outline how individual health care needs are managed and provide information on General practitioner visits, and other health care support offered.
It was reported to us anonymously that the registered manager and the deputy manager were on annual leave and made no provision for the home to be overseen by experienced staff, therefore placing the service user's safety and welfare at risk.
On arrival at the home there were three carers on duty all of whom are studying for a B Tech qualification at a London college. They are qualified nurses in another country and undertaking further studies to become registered nurses in the UK. They are working in the home by arrangement on student visas. The carer in charge was unsure of the provider's whereabouts. She told us that he was attending training, and then said he was out. Eventually the carer called the provider, and he told her and us that he was talking to us from overseas, where he was on holiday with his wife who is the deputy manager of the home. The lack of senior staff support jeopardised the service user's welfare and safety, and it was our judgement that the staff on duty did not have the experience to manage the complex behavioural needs of the people living there.
Approximately thirty five minutes later there was a visit from a provider of a limited company of a group of homes in the area who is a relative of the provider of Ashleigh House. We will refer to this person as BM in this report. BM stated that she had been appointed by the provider to oversee the home during his leave. This had not been communicated to the staff on duty and they were not aware of this arrangement. We saw no written agreement, or evidence recorded anywhere to demonstrate this arrangement, and it is our judgement that this was arranged by telephone following the provider's conversation with the carer and us. We then asked BM to provide a contact telephone number and on call arrangements for the staff to be able to contact her in an emergency.
During discussion with the staff they told us that the service users had not been able to attend their planned activities for example horse riding, music therapy and the day centre as there was no driver available to drive the home's mini bus. BM told us that she would ensure that a driver from one of her homes would be allocated for the duration of the provider's leave, to enable service users to attend planned activities.

Our judgement
We found the home had good procedures in place for the delivery of personal care. However because there was no provision made for an experiences person to cover the home during annual leave service users safety and welfare was put at risk. The lack of drivers employed in the home meant the provider was not able to meet peoples agreed social and educational needs. On the basis of the information provided and the views of people using the service, we found Ashleigh House to be non compliant with this outcome.

Outcome 5:
Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:
- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
Someone told us that they enjoyed the food offered. Another person told us that the food was good and that they plan the menu weekly with staff, and choose things they like. Staff told us that they know what people like and dislike and they support people to make a choice using pictures and prompts.

Other evidence
During a discussion with staff they demonstrated how food is monitored and recorded within the home. Daily records are maintained recording the food offered. We were told that menus are planned for the week ahead and the shopping is done accordingly. People using the service had a MacDonald's take away meal for lunch. Some people take a packed lunch if they are attending day services, and the main meal is served in the evening.
The staff told us that the provider had shopped in advance to cover their leave and that money was provided in petty cash for food purchases. When questioned staff were unable to explain the conflicting statements about not knowing the whereabouts of the manager in outcome 4 and the forward planning for food provision. BM stated that she would make arrangements if required for an additional budget to ensure sufficient supplies of food were provided in the home for the duration of the providers leave. The freezer, fridge and larder were well stocked.

Our judgement
We found that the home is meeting the nutritional needs of the people living there. On the basis of the evidence provided and the views of the people using the service, we found Ashleigh House to be compliant with this outcome.

Outcome 7:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are moderate concerns with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We did not on this occasion speak to people regarding this outcome, so are cannot report what people using the service said.

Other evidence

We were told that the home has policies and procedures in place to promote safeguarding and to protect vulnerable people. It was not possible to view any documentation to support this.
We spoke to staff who told us that they had recently undertaken training at college in safeguarding adults and were aware of their responsibility for reporting abuse and whistle blowing, and deprivation of liberty safeguards when it is in the best interest of the person who uses the service. There was no evidence available to support that this training had taken place. The carer overseeing the inspection had not undertaken or was familiar with the local authorities' policies on safeguarding vulnerable people. It was agreed that they would make themselves aware of these

procedures and contact telephone numbers to be used if required. Concerns regarding the lack of senior support in the home were referred to Surrey's Safeguarding Team by us and are currently being investigated following adult protection procedures. A further meeting has been arranged between the provider and Surrey Safeguarding Team on 19 August 2011.

Our judgement

People using the service are not fully protected from abuse or the risk of abuse, and the staff on duty were not familiar with the local authorities safeguarding procedures and contact details for reporting suspected abuse. On the basis of the evidence provided and talking with staff we found Ashleigh House to be non compliant with this essential standard.

Outcome 9:
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 9: Management of medicines

Our findings

What people who use the service experienced and told us
One service user told us that they were unable to look after their tablets. Staff told us that service users are unable to manage their own medication.

Other evidence
The home has a medication administration policy in place. A copy of this procedure is available in the office for staff reference, and was seen during the visit. All staff undertake medication safety training and are assessed as competent prior to undertaking medication administration. It was not possible to view certificates of achievement, but staff had signed the medication policy in the medication file as assurance of completion.
Medication is provided by a local pharmacy and dispensed in monitored dosage systems. The supplying pharmacy visits the home regularly to undertake audits of medication and give good practice advice. A copy of visits are retained in the home for information and were seen during this visit. Authorisation has been obtained from the General Practitioner in respect of homely remedy medications, and a copy of this was seen in the medication folder.
Medication records inspected were well maintained and one unexplained gap was

seen, which was accounted for following further audits. Medication is stored safely. Currently there are no service users who can self medicate but we were told that this would be encouraged when required.
The staff on duty in the home in the manager's albescence were competent in medication administration.

Our judgement
People living in the home have their medicines at the time they need them, and in a safe way. On the basis of the information provided, and talking with staff we found Ashleigh House to be compliant in this outcome. Copy and paste the text from Step 5 of the assessment record

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

There are major concerns with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
We did not on this occasion speak to people regarding this outcome so we cannot report what the people using the service said.

Other evidence
During a discussion with the staff on duty in home and BM, we were told that all new staff follow an induction programme and are assessed as competent by the manager before working alone. They are then mentored by the deputy manager until they have the confidence to work unsupervised. It was not possible to view evidence of this training to confirm that this training took place.
There was no evidence available to confirm that formal and informal supervision takes place.
We were told by BM who was present for the inspection that annual appraisal takes place. However staff could not confirm this as they have only been in post for four months.
The lack of a designated senior staff member to take charge of the home in the absence of the manager did not ensure good leadership and maintain regular supervision of staff. It also placed service users at risk as the staff on duty did not have the management experience to manage the home with confidence.

Our judgement
People who use the service are supported by a team of caring staff. However the

provider failed to provide senior support during his period of leave to ensure that the staff working in the home received appropriate supervision and leadership, and that people living in the home are protected by an experienced and competent staff. On the basis of the information provided and the evidence seen during our visit we found Ashleigh House to be non compliant with this outcome.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require personal and nursing care.	9.	4 Care and Welfare of people who use services
	How the regulation is not being met: We found the home had good procedures in place for the delivery of personal care. However because there was no provision made for an experiences person to cover the home during annual leave service users safety and welfare was put at risk. The lack of drivers employed in the home meant the provider was not able to meet peoples agreed social and educational needs. On the basis of the information provided and the views of people using the service, we found Ashleigh House to be non compliant with this outcome.	
Accommodation for persons who require personal and nursing care.	11	7 Safeguarding people who use services from abuse.
	How the regulation is not being met: Copy and paste the 'our judgement' text from the end of the 'our findings' section in each relevant outcome above	
Accommodation for persons who require personal and nursing care.	23	14 Supporting workers.
	How the regulation is not being met: People who use the service are supported by a team of caring staff. However the provider failed to provide senior support during his period of leave to ensure that the staff working in the home received appropriate supervision and leadership, and that people living in the home are protected by an experienced and competent staff. On the basis of the information provided and the evidence seen during our visit we found Ashleigh House to be non compliant with this outcome.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

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 Adult 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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