



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

<b>Name:</b>	Ashleigh Nursing Home
<b>Address:</b>	17 Ashleigh Road Off Narborough Road Leicester Leicestershire LE3 0FA

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Debbie Williams	0 6 0 5 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

## Reader Information

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Internet address	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>

## Information about the care home

Name of care home:	Ashleigh Nursing Home
Address:	Off Narborough Road 17 Ashleigh Road Leicester Leicestershire LE3 0FA
Telephone number:	01162854576
Fax number:	01162854576
Email address:	ash_ashleigh@btconnect.com
Provider web address:	

Name of registered provider(s):	Mr Ashley Cox, Mrs Zarina Cox
Type of registration:	care home
Number of places registered:	21

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	21
learning disability	1	0
mental disorder, excluding learning disability or dementia	0	21

### Additional conditions:

The maximum number of service users who can be accommodated is: 21

The registered person may provide the following category of service only: Care home with nursing - Code N To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Dementia - Code DE Mental Disorder - Code MD A named person under Code LD (1)

Date of last inspection								
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### Brief description of the care home

Ashleigh Nursing and Residential Home is registered to accommodate up to 21 people over 65 years of age who have dementia or mental health care needs. The home is situated near to the centre of Leicester and is a short walk away from main bus routes. Accommodation is available to both the ground floor and first floor, this being accessed by a passenger lift. Residents have their own private bedrooms or share in double bedrooms. All areas of the premises are accessible for people with mobility problems.

### Brief description of the care home

The rear of the building offers a small garden area with a patio. The laundry facilities are situated in a separate building. All external doors are alarmed.

Information regarding the current range of fees can be accessed from the registered provider. A copy of the last inspection report was available at the home.

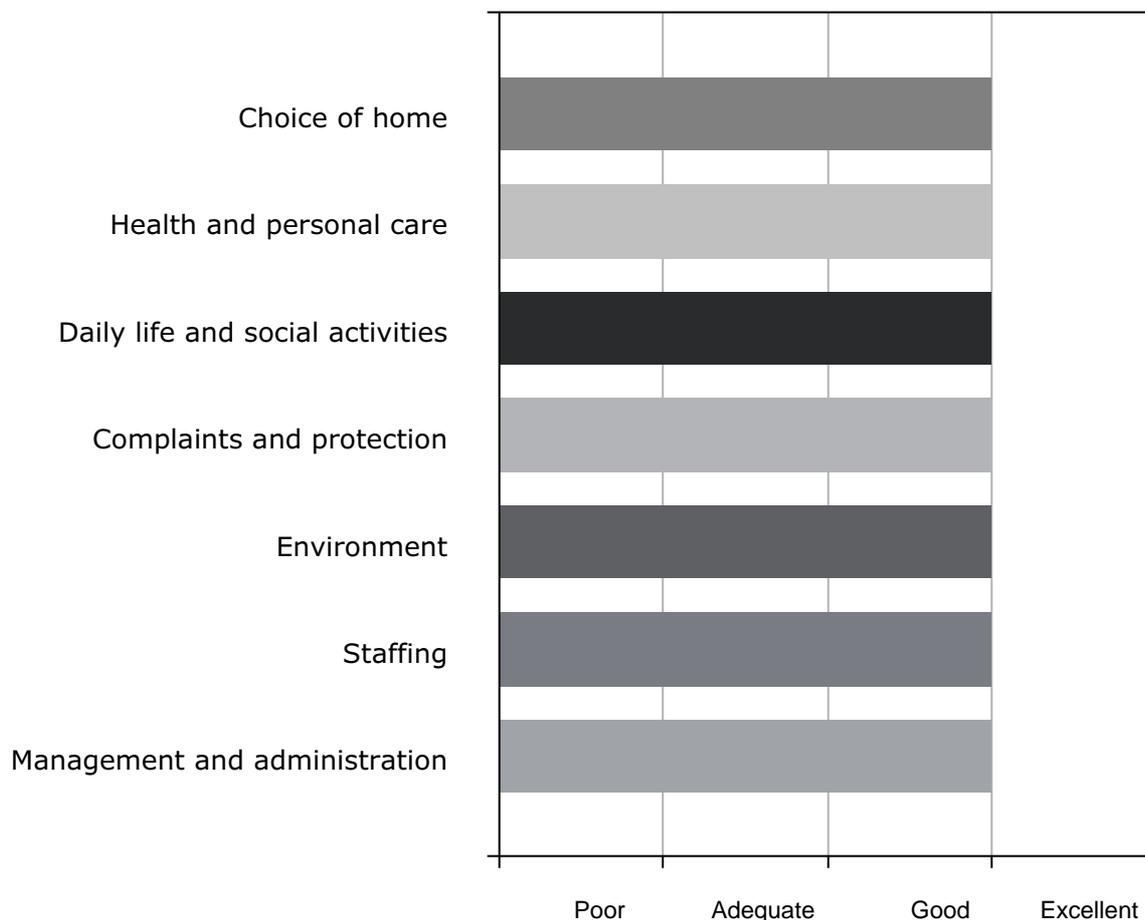
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

This key inspection included a visit to the service. We visited the service on the 6th of May 2009.

The main method of inspection used was case tracking which meant selecting three people and tracking the quality of their care by checking records, discussion with them and with staff.

We also looked at the providers own assessment of the services they provide, which they sent to us, this is called the annual quality assurance assessment or AQAA.

We checked all the standards which the Commission for Social Care Inspection have

decided are key standards during this inspection. In some sections we have also checked additional standards, these will be detailed in the main report.

We spoke with people living at the home and their relatives. We also spoke with staff and observed care practice.

We looked at records required for the efficient and safe running of the home and spoke with the registered provider and care manager about policy and procedure at the service.

### **What the care home does well:**

Ashleigh Nursing Home provides a service primarily for people who have dementia or mental health needs. The home is staffed with at least one qualified nurse at all times and many of the qualified nurses also have a nursing qualification in mental health. Care staff had also received training in caring for people with dementia and some care staff had received training in the provision of activities for people with dementia. It was evident that care provided was person focused and staff made every effort to meet individual needs and preferences and were creative in their efforts to minimize challenging behaviour. There was a wide range of activities on offer which were again tailored to meet individual needs and were appropriate to meet the needs of people with dementia. Where possible, people were given opportunities to go out of the home to participate in recreational and social activities.

Staffing levels were sufficient to meet the needs of people accommodated and staff spoken with demonstrated a good knowledge of people's needs and preferences.

There was a friendly and homely atmosphere and people living there appeared comfortable and at ease. Interactions observed between residents and staff were very positive and professional. People spoken with felt the management team were supportive and approachable.

### **What has improved since the last inspection?**

Since the last inspection nutritional risk assessments have been introduced. This enables staff to monitor the risk of people developing malnutrition and to take appropriate action where this is required.

The providers were in the process of implementing a quality assurance programme in order to monitor the quality of service being delivered and to ensure this meets the needs and preferences of people living at Ashleigh Nursing Home.

A programme of redecoration and refurbishment was ongoing and the providers had made every effort to improve the environment in a non institutional way while supporting people with dementia and mental health needs.

### **What they could do better:**

Where people are prescribed medication on an 'as required' basis, a protocol should be in place which informs staff of when this medication should be administered. Advice should be sought regarding the administration of insulin to ensure this follows best practice guidelines and medication management should be included within the providers quality assurance and audit programme.

Where people require their food to be liquidized, this should be presented in an appealing way, further advice regarding the provision of meals for people with dementia should also be sought from an appropriate health care professional.

Two signatures should always be obtained for each transaction regarding people's personal money, this is to minimize the risk of financial abuse.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line –0870 240 7535.

## Details of our findings

### Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

## Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are provided with the information they need to make an informed decision before moving into the home. The providers ensure that peoples needs can be met before they move in.

Evidence:

People moving into the home are provided with the information they require to make an informed decision. The providers service users guide sets out the aims and objectives of the service and the facilities and services offered.

We case tracked four people living at the home and looked at their assessment of needs records. People have their needs assessed before moving into the home and this ensures that people only move in if their needs can be met. The care manager who is a qualified nurse carries out the assessments. People moving in also have an assessment of risk, and this includes risk of developing pressure sores, risk of

Evidence:

malnutrition and risk of falls. The action staff need to take to minimize risk is then included within care records.

The majority of staff had received training in caring for people with dementia and mental health needs, although this training was due to be renewed and was included within the providers training and development programme. The care manager is a qualified nurse with a qualification in mental health. Staff had the skills and experience to meet the specialist mental health needs of people living at the home.

Social, cultural and religious needs are also recorded within care records. Peoples cultural and religious needs are respected by staff and arrangements were put in place to meet these needs such as the provision of Halal food. The provider and care manager were also able to speak Gujarati and Hindi and were knowledgeable about the cultural/religious needs of people living at Ashleigh Nursing Home.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Ashleigh Nursing Home had their health and personal care needs met and were treated with respect and dignity.

Evidence:

We case tracked four people living at the home and looked at their care records. Care plans were comprehensive and included physical, psychological and social support needs. Care plans included individual preferences and cultural needs. Evidence was seen of people having access to health-care services and staff consulted with the relevant health-care professionals as required.

Risk assessments were included within peoples care plans. Since the last key inspection, nutritional risk assessments have been introduced, this means that the risk of malnutrition is assessed regularly for each person living at the home and therefore, appropriate action can be taken where a risk is identified. The risk of developing pressure sores was also regularly monitored and appropriate action was taken.

## Evidence:

We looked at medication administration records, storage, policies and procedures. Medication is administered by registered nurses. We saw evidence within staff supervision records that the care manager addressed the safe management of medication with staff during their supervision. The care manager said informal audits were carried out to check that staff were adhering to safe policies and procedures, a recommendation was made that records should be maintained of medication audits carried out. Medication administration records were seen and these appeared accurate, stock levels of medication checked were also found to be accurate. Medication to be administered on an as required basis was being used but there was no protocol for staff to follow regarding when this medication should be used, we made a recommendation that this should be introduced. We also made a recommendation that the medication prescribed for one person to control diabetes be reviewed by a diabetic specialist nurse or GP to ensure that it was administered in accordance with best practice guidelines and to reduce possible discomfort for the resident.

Interactions observed between staff and residents were positive and respectful. People living at the home appeared at ease and were comfortable interacting with staff. Visitors and staff spoken with felt that staff treated people with respect and that people were 'well cared for'.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Ashleigh Nursing Home experience a lifestyle that matches their needs and preferences and satisfies their social, cultural, religious and recreational needs.

Evidence:

During this inspection we saw that a range of activities were being provided and these were specifically designed to meet individual needs. Individual preferences and cultural needs were stated within care records and staff gathered as much information about peoples social history and preferences as possible. We found that staff made every effort to meet individual need and found creative solutions to respond to individual needs and in some instances this reduced peoples challenging behaviour.

Staff had received training in the provision of activities for people with dementia and the providers had joined an association which provided training and advice about the provision of activities.

Visitors spoken with said they felt welcome at the home, were offered a cup of tea and could see their relatives in private.

## Evidence:

Routines of daily living were made flexible in order to meet peoples individual needs. Staff spoken with said that people were always given choice about how to spend their day, what time to get up or go to bed for instance. One person had their meals in one of the lounges rather than the dining room as this is what they preferred to do.

The lunchtime meal served during this inspection was seen and this appeared appetizing and nutritious. A choice of meal is always available and people spoken with said there was always plenty of food and drinks available. Catering staff were on duty until six o clock each evening, catering staff spoken with said they were supplied with the resources and equipment required to provide a balanced diet for people living at the home. A list with each persons dietary needs and requirements was kept in the kitchen for catering staff to refer to. Special diets provided included diabetic and liquidized diets. A recommendation was made that the presentation of liquidized meals would be improved if food items were liquidized separately rather than all mixed up together.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Ashleigh Nursing Home were protected by safeguarding adults and complaints policies and procedures.

Evidence:

The providers complaints procedure is included within the service users guide. People spoken with said they would feel confident raising any concerns or complaints with the staff or management team and felt they would be listened to and appropriate action taken.

All staff members complete a workbook regarding safeguarding adults during their induction training. Senior staff had also attended local authority training about safeguarding adults and reporting suspected abuse. Staff spoken with were able to demonstrate a good awareness and understanding of policy and procedure in this area.

Staff had attended training about the safe management of challenging behaviour.

Procedures for the management of peoples money minimised the risk of financial abuse.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Ashleigh Nursing Home had a well maintained, comfortable and homely environment suitable for their needs.

Evidence:

Ashleigh Nursing home is a converted older building. Accommodation is on two floors, the first floor can be accessed by a passenger lift. There are two lounges and a dining room on the ground floor.

The provider told us there was an ongoing programme of maintenance, refurbishment and redecoration. We undertook a partial tour of the premises and looked at the private rooms of people we case tracked. All areas of the home seen were clean and fresh. Peoples private rooms were personalized and appeared comfortable and homely. The providers had recently purchased some new signage specifically to support people with dementia to locate bathrooms and toilets.

Since the last inspection some new furniture had been bought for the lounge and a bathroom had been converted to a shower room and redecorated. Perspex protectors had been fitted to first floor windows, the providers had made every effort to promote safety while also providing a homely non institutional environment.

Evidence:

Staff had received training in infection control and this minimized the risk of cross infection for people living at the home.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Ashleigh nursing Home are looked after by skilled and competent staff and are protected by the home's recruitment procedures.

Evidence:

The numbers of staff on duty were sufficient to meet the needs of people living at the home. Training records were seen and staff spoken with about the training they received. A programme of staff training and development was in place and this ensured that staff had the skills required to meet the needs of people living at the home and to promote their safety and wellbeing.

We looked at staff files and found that the necessary checks required such as Criminal Records Bureau checks and references had been carried out, this is to ensure that people working at the home are suitable to do so.

All care staff employed had achieved or were working towards a National Vocational Qualification in care.

All new staff undergo induction training when they begin working at the home, we saw records of this and spoke to a member of care staff who had recently started working at the home, this member of staff said they felt well supported by the management

Evidence:

and staff team.

A visitor spoken with said that staff employed were skilled and competent.

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service is well run and in the best interests of people living at Ashleigh Nursing Home.

Evidence:

The home is managed by the provider and a care manager. The care manager is working towards a leadership in care management award and is also a qualified nurse. People spoken with said the management team were open and approachable.

A programme of staff supervision was in place and records of this were seen, this ensures that staff are supported to do their jobs and development needs are identified.

A quality assurance programme was being introduced and this included risk assessment and regular audits of all aspects of the service, this will assist the providers in ensuring that the service they provide is of a good quality and meets peoples needs and preferences. Quality assurance includes satisfaction questionnaires

Evidence:

sent to relatives, a summary of the results is published in the providers newsletter.

Records are maintained of all transactions regarding residents personal money, this minimizes the risk of financial abuse for people living at the home, however, a recommendation was made that two signatures are obtained for each transaction.

Staff had received all mandatory health and safety training. The providers told us that all routine maintenance and safety checks had been carried out.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	9	It is recommended that when medicines are prescribed on an as required basis, a protocol should be in place to direct staff when to administer the medicine.
2	9	Advice should be sought regarding the administration of insulin in order to establish it is being administered in line with best practice guidelines and minimizes discomfort for the resident.
3	15	Where people require liquidized meals, these should be presented in an appealing manner and this can be achieved by liquidizing each food item separately.
4	35	Two signatures should be obtained for each transaction regarding residents personal money, this is to minimize the risk of financial abuse for people living in the home.

## Helpline:

**Telephone:** 03000 616161 or

**Textphone:** or

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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