

Review of compliance

A Cox and Mrs Z Cox Ashleigh Nursing Home	
Region:	East Midlands
Location address:	17 Ashleigh Road Leicester Leicestershire LE3 0FA
Type of service:	Care home service with nursing
Date of Publication:	March 2012
Overview of the service:	<p>Ashleigh Nursing Home is owned and managed by Mr Ashley Cox & Mrs Zarina Cox. The service is located in Leicester and provides nursing care and support for up to 21 people.</p> <p>It is registered to care for people under the following regulated activities:-</p> <ul style="list-style-type: none"> Accommodation for persons who require nursing or personal care. Treatment of disease, disorder or injury. Diagnostic and screening

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

Our current overall judgement

Ashleigh Nursing Home was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

We carried out this review to check whether Ashleigh Nursing Home had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 08 - Cleanliness and infection control

Outcome 10 - Safety and suitability of premises

Outcome 14 - Supporting staff

How we carried out this review

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

What people told us

A relative of someone using the service told us that they were happy with the care and support provided by the service and its staff. They told us: - "They're very good here I can't fault them, the staff are very good."

We inspected the service in January 2012, and spoke with people who were visiting relatives all of which expressed satisfaction with the care and support provided by the service.

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

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

The process of assessing and reviewing people's needs was not robust. This had the potential for people not to receive the care and support they needed.

Outcome 08: People should be cared for in a clean environment and protected from

the risk of infection

People using the service had access to equipment that was clean and well maintained.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Remedial works had ensured people using the service lived in accommodation which was safe and promoted their wellbeing.

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

A system for the systematic training and supervision of staff had been introduced which had the potential to support staff to deliver care and treatment to people using the service safely.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 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.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

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 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with someone who was visiting a relative at Ashleigh Nursing Home. We asked them for their views about the care and support provided to their relative. They told us "They're very good here I can't fault them."

We inspected the service in January 2012, and spoke with people who were visiting relatives all of which expressed satisfaction with the care and support provided by the service.

Other evidence

We saw during our inspection staff spending time with people who used the service providing reassurance and talking with them.

We found that issues identified at the previous inspection with regards to the management of a person's diabetes had been addressed with clear guidelines detailing what action should be taken to manage their care and support being documented within their care plan. At our earlier inspection we found that people were not always being weighed at the frequency their care plan stated. We found this had been acted upon.

We looked at the care plans and records of three people. We found that assessments had been carried out on a range of topics which included moving and handling, pressure area care, nutrition and hydration. The assessments were not always dated. This meant there was no assurance that the current needs of people were being met. We found no clear link between the assessments which had been carried out and

people's care plans. Care plans did not provide a clear picture of a persons needs and did not include the views of people using the service.

A person's records included a mental capacity assessment that had been carried out on the person, the outcome of the assessment stated that the person did not have capacity. We found no additional action had been taken following the outcome of the mental capacity assessment.

We were made aware that someone using the service had recently, on occasions, declined to take their medication. We looked at their medication administration records and noted they had declined to take their medication on three days over a period of a month and on the same day on each occasion. The registered manager had not noted the pattern. This showed that information is not looked at to find out whether a person needs should be reassessed.

The registered manager told us registered nurses were being recruited to work at Ashleigh Nursing Home and that each nurse would be responsible for a number of people using the service and it would be their responsibility to review the needs of people and develop care plans.

The service is working with representatives of the Leicester City Council and the Primary Care Trust who are supporting the service in the development of assessment tools and care plans.

The provider following our inspection in January 2012 provided an action plan detailing how the service would become compliant with outcome 4. The action plan detailed that issues identified at our previous inspection with regards to the promotion of people's dignity had been discussed at a team meeting. Issues with regards to individual care plans highlighted at the previous inspection had been addressed and that the registered manager would be reviewing a number of care plans weekly.

Our judgement

The process of assessing and reviewing people's needs was not robust. This had the potential for people not to receive the care and support they needed.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People using the service had access to equipment that was used to support them with their care which was clean and well maintained.

Other evidence

We looked around communal areas of the service and some of the bedrooms. We found following our earlier inspection in January 2012 that new commodes and shower chairs had been purchased. Bed side protection bumpers had been either replaced with new ones or existing ones cleaned.

Following our inspection in January 2012, the provider gave us an action plan detailing how the service would become compliant with outcome 8. The action plan stated that a new schedule for cleaning had been devised and implemented which had included a deep clean of the service. Staff had received training on infection control and at a meeting staff had been reminded of their responsibilities.

Records showed that staff had or were in the process of completing a workbook on infection control which was accredited. We also saw staff had discussed the subject of infection control at their most recent supervision. During the supervision they had to evidence their understanding as to their role and responsibilities.

We had liaised with representatives of Leicester City Council who had carried out a number of visits to the service to review improvements. We received feedback from them that the service had made improvements to the environment in line with their own action plan.

Our judgement

People using the service had access to equipment that was clean and well maintained.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We looked around communal areas and some of the bedrooms. The dining room had been painted; dining tables had new place mats and some walls benefited from new pictures.

The stains to bedroom ceilings identified at the earlier inspection in January 2012 had been dealt with and freestanding fans/heaters had been removed from a bedroom. The trip hazard identified on the first floor had been managed and made safe.

Other evidence

Following our inspection in January 2012, the provider gave us an action plan detailing how the service would become compliant with outcome 10. The action plan stated that a maintenance plan had been developed and essential works had been carried out or planned for.

We spoke with the provider who showed us the maintenance plan which included both urgent and scheduled works. We had a tour of communal areas of the home where the provider pointed out planned works of decoration which included painting and the replacement of floor coverings. The provider told us that roofing contractors had been contacted and works to address the roof were in progress. On the day of our visit the cracked window panes identified at our previous inspection were being attended to by the maintenance person employed by the provider.

We had liaised with representatives of Leicester City Council who had carried out a number of visits to the service to review improvements. We received feedback from

them that the service had made improvements to the environment in line with their own action plan which had been drawn up detailing what action the service had to take.

Our judgement

Remedial works had ensured people using the service lived in accommodation which was safe and promoted their wellbeing.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We spoke with someone who was visiting a relative at Ashleigh Nursing Home. We asked them for their views about the staff. They told us: - "The staff are very good."

Other evidence

Following our inspection in January 2012, the provider gave us an action plan detailing how the service would become compliant with outcome 14. The action plan stated that the service would carry out thorough supervision with staff which would be planned and recorded.

We looked at the records for two staff and found that they had received a comprehensive supervision session which had focused on key topics, including infection control. Supervision sessions reflected the induction and training programme the service used.

The induction and training programme the service used focused on specific areas which included health and safety topics such as fire and safety awareness, food hygiene and moving and handling. Topics also supported the direct care and promotion of people's privacy and dignity such as care and administration of medication, dementia awareness, equality and diversity and the mental capacity act.

Staff meetings had taken place since our inspection in January 2012, which had in part focused on the areas the service had to improve upon.

We had liaised with representatives of Leicester City Council who had carried out a

number of visits to the service to review improvements. We received feedback from them that the service had commenced the supervision of staff which had been recorded.

Our judgement

A system for the systematic training and supervision of staff had been introduced which had the potential to support staff to deliver care and treatment to people using the service safely.

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 nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: The process of assessing and reviewing people's needs was not robust or consistently applied.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: The process of assessing and reviewing people's needs was not robust or consistently applied.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: The process of assessing and reviewing people's needs was not robust or consistently applied.	

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 the date that the final review of compliance report is sent to them.

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 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

Document purpose	Review of compliance report
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