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:	July 2012
Overview of the service:	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. It is registered to care for people under the following regulated activities:- 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. Action is 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 as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 18 June 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

We spoke with one person who used the service and visitors who were visiting relatives. We were told by them that they were happy with the service provided and felt that staff provided the care people needed. People's comments included: - "I visit often, I think the care is very good, he gets all the care he needs, if I had any concerns I would speak with the manager, but I really can't find any fault here." Someone who used the service told us "the staff here are very good, you only have to ask for something and they'll get it." People's experiences of living at the home were positive. Our inspection found concerns with regards to records.

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

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider was not meeting this standard. Before people received any care or treatment they were not in all instances asked for their consent and the provider therefore did not always act in accordance with legislation.

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

The provider was meeting this standard. People experience care, treatment and support that met their needs and protected their rights.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The provider was meeting this standard. There were effective recruitment and selection processes in place.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was not meeting this standard. People were not in all instances protected from the risks of unsafe or inappropriate care and treatment.

Actions 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. We will check to make sure that this action has been taken.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 02:
Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:
* Where they are able, give valid consent to the examination, care, treatment and support they receive.
* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
* Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is non-compliant with Outcome 02: Consent to care and treatment. We have judged that this has a moderate impact on people who use the service.
Except in respect of Diagnostic and screening procedures, where the provider is compliant.

Our findings

What people who use the service experienced and told us
We observed staff interacting with people who use the service. We found staff secured people's consent prior to administering personal care and support. Where people initially declined due to their mental health staff provided reassurance or left the person for a while before returning to provide care. We saw people being offered choices as to their daily lives which included their involvement in activities along with food and drink options.

Other evidence
Where people did not have the capacity to consent, the provider did not in all instances act in accordance with legal requirements. We found that six people on occasions had their medication administered to them covertly; (disguised within food or drink without the persons knowledge) this was because they sometimes declined to take their medication due to their mental health. The provider had received authorisation from their G.P. to administer the medication in this manner. We found one of the six people had had a mental capacity assessment carried out which determined that they did not have the capacity to make an informed decision as to whether to take their medication. The remaining five people had not had their capacity assessed.

The provider and registered manager had received training on the Mental Capacity Act, however other staff employed at the service had not. (The Mental Capacity Act is legislation that covers how people's capacity to consent should be assessed).

A pre organised meeting took place following the inspection which involved health and social care professionals, the Care Quality Commission, the provider and registered manager. The provider and registered manager reassured attendees of the meeting they would be making the appropriate referrals to ensure that medication being administered covertly was in accordance with legislation.

Our judgement
The provider was not meeting this standard. Before people received any care or treatment they were not in all instances asked for their consent and the provider therefore did not always act in accordance with legislation.

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

The provider is compliant 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 three visitors who were visiting relatives who use the service. We asked the visitors for their views about the care and support their relatives receive. People told us they were happy with the care provided and that they had the opportunity to discuss their relatives care with the provider, registered manager and staff. One visitor said "the staff here are excellent, I can't praise them enough, they always make you welcome." Another visitor told us "I visit often, I think the care is very good, he gets all the care he needs, if I had any concerns I would speak with the manager, but I really can't find any fault here." Someone who used the service told us "the staff here are very good, you only have to ask for something and they'll get it."

Other evidence
Our inspection of 21 February 2012 found that staff the process of assessing and reviewing people's needs was not robust or consistently applied. We found significant improvements in the assessment of people's needs and developing of people's care plans. We looked at the care records of two people. We found assessments had been carried out on a range of areas which included, nutrition, pressure area care, moving and handling and continence. The assessments had been used to develop care plans, which detailed the care and support people required.

We spoke with three members of staff and asked them about the care and support they provided to the people whose records we viewed. All staff had a good understanding as to their needs, and were able to describe in detail how they supported them with aspects of their personal care, which included the use of moving and handling

equipment and providing full support with eating and drinking.

A pre organised meeting took place following the inspection which involved health and social care professionals, the Care Quality Commission, the provider and registered manager. It was found that the service had made improvements in relation to the care and welfare of people using the service, and that the service provided a good level of overall care. Shortfalls in the service still remained with regards to record keeping.

Our judgement
The provider was meeting this standard. People experience care, treatment and support that met their needs and protected their rights.

Outcome 09:
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 09: Management of medicines

Our findings

What people who use the service experienced and told us
We spoke with people using the service and their visiting relatives but their feedback did not relate to this standard. We observed two people being administered their medication by the registered nurse. People were supervised to ensure they had taken their medication.

Other evidence
Appropriate arrangements were in place in relation to the obtaining, recording and handling of medicine. Medication was locked within a trolley and the registered manager told us they ordered medication on a monthly basis from a pharmacist with whom they had a contract with. Medication is administered by a registered nurse. We looked at the medication records for the two people whose care records we had viewed and found them to be in good order. One person using the service was prescribed a controlled drug; we found records with regards to the storage and administration of these were in good order. (A controlled drug is one whose use and distribution is tightly controlled because of the potential for it to be abused.)

Our judgement
The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 12:
Requirements relating to 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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
We spoke with people using the service and their visiting relatives but their feedback did not relate to this standard. People using the service were supported by staff that had undergone a robust recruitment and selection process.

Other evidence
We looked at the recruitment records of three members of staff who were working at the service on the day of our inspection. Appropriate checks had been undertaken before staff began work as the service had an effective recruitment and selection process in place. Records showed pre-employment checks had been carried out, which had included the completing of an application form, the seeking of two written references, a Criminal Record Bureau (CRB) disclosure and confirmation of their identity. The provider had a system in place to routinely check that registered nurses employed by the service continued to be registered with the nursing midwifery council. This meant people using the service could be confident that staff had been screened as to their suitability to work with vulnerable adults.

We spoke with one member of staff who confirmed they had had to complete an application and provide two written references and obtain a satisfactory CRB prior to commencing work at Ashleigh Nursing Home.

Our judgement
The provider was meeting this standard. There were effective recruitment and selection processes in place.

Outcome 21:
Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is non-compliant with Outcome 21: Records. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us
We spoke with people using the service and their visiting relatives but their feedback did not relate to this standard.

Other evidence
We looked at the care records of two people who used the service and found people's personal care and medical records were not always accurate and fit for purpose.

We found that the care plan for one person stated that the person's weight needed to be monitored and therefore they should be weighed monthly. We looked at the records of the person's weight and found they had not been weighed since January 2012. We asked the registered manager for an explanation. They told us that due to the deterioration in the person's health they were now unable to weigh them, and that other systems for the monitoring of their weight should have been introduced. They acknowledged that the care plan had not been reviewed to reflect the changes and other mechanisms for monitoring the person's weight had not been introduced. The registered manager spoke with the registered nurse on duty about the need to review the persons care plan.

We found that the care plan for the second person stated that the person should be repositioned every three hours, as they were cared for in bed. Records were in place which required staff to sign what time they had repositioned the person, we found gaps

in the recording, in some instances the record had not been completed over two nights, and had gaps during the day. Incomplete recording has the potential to put people as risk as it cannot be determined whether a person has had the care and support as detailed within their care plan.

Our judgement
The provider was not meeting this standard. People were not in all instances protected from the risks of unsafe or inappropriate care and treatment.

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 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	How the regulation is not being met: People in some instances were adminstered their medication covertly. Mental Capacity Assessments and Best Interest Meetings had not taken place and their was no evidence that the service had considered applying for a Deprivation of Liberty Safeguard.	
Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	How the regulation is not being met: People in some instances were adminstered their medication covertly. Mental Capacity Assessments and Best Interest Meetings had not taken place and their was no evidence that the service had considered applying for a Deprivation of Liberty Safeguard.	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: Peoples' care plans were not in all instances followed and supporting records such as	

	weight and repositioning charts were not always completed. This had the potential to put people at risk.	
Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: Peoples' care plans were not in all instances followed and supporting records such as weight and repositioning charts were not always completed. This had the potential to put people at risk.	
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: Peoples' care plans were not in all instances followed and supporting records such as weight and repositioning charts were not always completed. This had the potential to put people at risk.	

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 14 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

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