

# Review of compliance

Minster Care Management Limited  
Ashleigh House

<b>Region:</b>	North East
<b>Location address:</b>	North Road Darlington County Durham DL1 3AF
<b>Type of service:</b>	Care Home without nursing.
<b>Date the review was completed:</b>	24 January 2011
<b>Overview of the service:</b>	<p>Ashleigh House is registered to provide care for people with young on-set dementia and those with low, medium enduring mental health needs.</p> <p>The home is a large detached purpose built care home standing in its own grounds with visitors parking facilities. There are good transport links to the town centre of Darlington, where people who use services can access a wide range of leisure activities, education and employment opportunities.</p>

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

## What we found overall

**We found that Ashleigh House was meeting all the essential standards of quality and safety we reviewed.**

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 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 21 January 2011, observed how people were being cared for, talked to people who use services and talked to staff.

### What people told us

The location had 4 people in residence. All 4 people were prepared to talk to us about the care that they received. They said that staff and others involved in their care always respected their privacy, dignity and listened to their views about the way the service was provided and delivered.

One person said, "My key worker is very good at telling me about things that are happening. They always ask what I want to do, and if I don't want to do something such as going into Town, that's ok, they don't try to persuade me to go".

### 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**

Overall, we found that Ashleigh House was meeting this essential standard.

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**Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

Overall, we found that Ashleigh House was meeting this essential standard.

**Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

Overall, we found that Ashleigh House was meeting this essential standard.

**Outcome 5: Food and drink should meet people's individual dietary needs**

Overall, we found that Ashleigh House was meeting this essential standard.

**Outcome 6: People should get safe and coordinated care when they move between different services**

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**

Overall, we found that Ashleigh House was meeting this essential standard.

**Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

Overall, we found that Ashleigh House was meeting this essential standard.

**Outcome 9: People should be given the medicines they need when they need them, and in a safe way**

Overall, we found that Ashleigh House was meeting this essential standard.

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

Overall, we found that Ashleigh House was meeting this essential standard.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

Overall, we found that Ashleigh House was meeting this essential standard.

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

Overall, we found that Ashleigh House was meeting this essential standard.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

Overall, we found that 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**

Overall, we found that Ashleigh House was meeting this essential standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

Overall, we found that Ashleigh House was meeting this essential standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

Overall, we found that Ashleigh House was meeting this essential standard.

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

Overall, we found that Ashleigh House was meeting this essential standard.

**Action we have asked the service to take**

No Action required.

**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

<b>Our judgement</b>
<b>The provider is compliant</b> with outcome 1: Respecting and involving people who use services

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b></p> <p>They said that staff and others involved in their care always respected their privacy, dignity and listened to their views about the way the service was provided and delivered.</p> <p>One person said, " My key worker is very good at telling me about things that are happening, They always ask what I want to do, and if I don't want to do something such as going into Town, that's ok, they don't try to persuade me to go".</p> <p><b>Other evidence</b></p> <p>The provider compliance assessment received from the provider, clearly stated that people who used the service were consulted on all aspects of the care that they received. Information stated that each person was encouraged to make decisions relating to their care and treatment.</p>

Where appropriate, encouragement and support was provided in relation to promoting individual autonomy, independence and community involvement. The provider told us that there were policies and procedures in place in relation to promoting people's privacy, dignity and independence.

Prior to admission to the location, each person would have a pre-admission assessment completed and that each person fully contributes to this assessment, as well as others involved with the person life. Following admission, more detailed care plans and risk assessments were completed with input from people who use services by taking into account their expressed wishes, choices and preferences. Multi disciplinary agencies are involved in this process, to ensure the persons support needs and aspirations are met. Detailed health monitoring records were always maintained for all people who use services, and these were reviewed regularly to identify any changes to the people's health care needs.

People who use services were informed of choices available to them and the provider would always look to provide alternative solutions if necessary to meet each persons care treatment and support. Support plans were always devised with each individual, and if necessary, with a multi disciplinary team with focus on the best interest of the person. Key worker reviews were held each month with people who use services, or any one acting on their behalf, this was to ensure that each person needs continued to be met. People who use services were supported to make their own choices in all aspects of their lives and care.

Staff follow policies and procedures, each person's agreed support plans, and were respectful of each person's choices and wishes.

Information leaflets and other information about other agencies were displayed on notice boards. This information would include activities available in the local community. There are monthly meetings held for people who use services. People were encouraged to discuss areas for improvements, raise any concerns that they may have had, and discuss future events etc. Minutes of these meeting were kept We saw staff treating people who use services with respect during the site visit.

### **Our judgement**

- Overall, we found that Ashleigh House was meeting this essential standard



# Outcome 2: 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 compliant with outcome 2: Consent to care and treatment

### Our findings

**What people who use the service experienced and told us**

One person said, "I have signed a consent form. Staff fully explained what this entailed. I then made the decision to sign the consent form."

**Other evidence**

The location had procedures in place that they said were followed in practice, monitored and reviewed for people who are able to give consent, or for those who decided to withhold consent in relation to care, treatment and support.

**Our judgement**

- Overall, we found that Ashleigh House was meeting this essential standard

# 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 meet their needs and protect their rights.

## What we found

### Our judgement

**The provider is compliant** With outcome 4: Care and welfare of people who use services.

### Our findings

#### What people who use the service experienced and told us

They were supported live the life they chose with full regard to their gender, age, sexual orientation, race, religion or belief, and disability. They were able to take risks and were not limited by assumptions and beliefs about their diversity. People felt their rights as citizens were recognised and promoted, including fairness, equality, dignity, respect and autonomy over their chosen way of life.

#### Other evidence

Information supplied by the provider clearly stated that each person had a plan of care, treatment and support in place. These were regularly reviewed, evaluated and were changed if found not to be effective. The plans aimed to maintain each person's welfare, and took into account each persons physical, mental, emotional, personal relationships, and their social needs. This ensures all aspects of each person's health were maintained.

The provider stated that they had a robust system and procedures in place for managing identified risks, and how these were reviewed. These were developed with people who use services, or those acting on their behalf.

Information received clearly stated that, people were able to take risks and were not limited by assumptions and beliefs about their diversity.

## **Our judgement**

- Overall, we found that Ashleigh House was meeting this essential standard

# 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

People who used the service told us their dietary needs were met. They were able to help to prepare meals, snacks and drinks at any time. They said that they assisted staff with the weekly food shopping, and were able to select things that they liked. They said the meals were very good and that they were always offered a choice.

#### Other evidence

The provider ensures that each person's nutritional needs are assessed where necessary. The locations menus were based on the known likes and dislikes of each person. At least two hot meals were available each day. Healthy eating was always promoted.

There were measures in place to ensure menus were varied and well balanced. There were procedures in place for people at risk of poor nutrition, or hydration, and there was access to professional nutritional experts if needed.

#### Our judgement

- Overall, we found that Ashleigh House was meeting this essential standard

# Outcome 6: Cooperating with other providers

## What the outcome says

This is what people who use services should expect.

People who use services:  
Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

## What we found

### Our judgement

**The provider is compliant** With outcome 6: Cooperating with other providers.

### Our findings

**What people who use the service experienced and told us**

One person said, "My key worker always keeps me informed of things, and they always ask me about things that I want. They always involve me if we need to make changes to my care plans".

**Other evidence**

The provider said that they always place a great deal of emphasis on integrated working across services with the aim of delivering more effective intervention at an early stage. Early intervention aimed to prevent problems escalating and increased the chances of achieving positive outcomes for people who use services.

They recognised the need to fully co-operate with services involved in the care, treatment and support of each person, whilst understanding what information was deemed confidential and should not be disclosed without consent.

The provider said that they would not accept anyone into their care without a detailed and thorough completed assessment of the persons care requirements, such as: mobility, continence, behaviours, mental capacity, preferences, choices, diet, religious needs, social activities, medical diagnosis and ongoing care, medication details, personal care, allergies, professional contacts, vulnerability and

emotional needs. People would not be admitted, including emergencies, without an up to date care plan assessment and risk assessment from the persons care manager. Following admission specific care plans and risk assessments were implemented, and consent forms were completed with each person, their care manager, advocate or N.O.K.

All records were evaluated monthly to reflect any changes by the appointed key worker. People who use services, their care managers, and their representatives were then asked to sign off the documentation at review meetings.

### **Our judgement**

- Overall, we found that Ashleigh House was meeting this essential standard

# 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

**The provider is compliant** With outcome 7: Safeguarding people who use services from abuse.

### Our findings

#### What people who use the service experienced and told us

People who used the service said they would know who to speak to if they were unhappy about anything. One person said, "I have every confidence in the staff team, they always look out for me, and keep me safe. This is a super place and I feel secure and happy living here". Another said, "I have only been here a short while, I am very settled, the staff take good care of me. I can talk to them about anything, and I feel safe living here". Another said, "Oh yes, I will always have my say, and I make sure that people listen to me. I have not needed to make a complaint yet, but will do if I ever need to".

#### Other evidence

The Provider Compliance Assessments received stated that all staff at this location had attended safeguarding Vulnerable Adult training through Darlington Council Safeguarding Team. The manager had also attended safeguarding for managers, managing alerts. The staff induction programme covered all aspects of the safeguarding procedures. Staff had also been trained by Darlington Borough Council to gain an understanding of the Mental Capacity Act and Deprivation of Liberty.

All service user risks were determined upon admission and would then be reviewed, and updated regularly. All care professionals involved with each person were

consulted to ensure that appropriate measures were in place to eliminate or limit the risks safely.

Darlington Council had approved the internal safeguarding procedures. The company policies and procedures were reviewed annually, and these were updated to reflect changes in legislation. There were clear policies and effective procedures to safeguard people from financial abuse, and this was also followed up within the safeguard training. The provider said there were stringent and robust documentation in place to manage finances on behalf of any service user that required support. There were very regular audits carried out of those records.

There were robust recruitment procedures and checks to ensure that the company only employed suitable staff with the right skill mix. All people, at the location, were encouraged to openly discuss any concerns they had with the manager, key worker, or their representative/advocate. People would be reassured that they had the right to discuss concerns and that they would not be victimised if they did so.

Personal interests, hobbies and activities were discussed with each person upon admission, and this information was then used to develop a social activities plan that was tailored to meet each person's needs. Plans were checked daily to ensure activities were carried out, and were in line with people's support plans and risk assessments. Where a person presented harm to themselves, the provider would work closely with all agencies involved to identify specific areas to be managed in the best interests of the person, and always in accordance with the Human Rights Act, and preserving the person's dignity. When formulating individual support plans, the provider made sure that they were compliant with the Mental Capacity Act and Deprivation of Liberty safeguards. There were stringent procedures in place for reporting all incidents, accidents and safeguarding alerts.

### **Our judgement**

- Overall, we found that Ashleigh House was meeting this essential standard



# Outcome 8: 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 8: Cleanliness and infection control.

### Our findings

#### What people who use the service experienced and told us

People who used the service said that the facilities were always kept clean and tidy. One person said, "I help to keep my room tidy and help staff with the washing up in the kitchen, I like to keep busy".

#### Other evidence

The provider said that the location fully complies with regulation 12 with regard to the Code of Practice for Health and adult care on the prevention and control of infections and related guidance. There is a nominated responsible employee who was being trained in all aspects of cleanliness and infection control, and this training would be completed by 8 February 2011.

During the site visit we saw that all parts of the building were very clean, tidy and fresh.

#### Our judgement

- Overall, we found that Ashleigh House was meeting 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 person said, "I always receive my medication at the right times, and they are always the right tablets. I have kept the same Doctor which is good, and I have a nice Community Nurse that comes to see me often".

**Other evidence**

You told us that people who used the service medicines were handled safely, and securely stored. Any prescribed medicines were given to people safely. There was medication guidance and safeguards in place, which were monitored and reviewed. All staff had been properly trained to manage and administer medication safely. This included monitoring the effect of people's medicines, potential side effects and any adverse reactions.

There were procedures in place to support people to self-administer their medicines independently or with support from staff.

There were procedures in place for recording and reporting adverse events, drug reactions, incidents, and errors. Stringent procedures were followed in practice, for all controlled drugs prescribed.

The provider said that the systems complied with the requirements of the Medicines

Act 1968 and the Misuse of Drugs Act 1971, and the safe Management of Controlled Drugs Regulations 2006.

**Our judgement**

- Overall, we found that Ashleigh House was meeting this essential standard.

# 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

People who used the service said that the facilities were always kept clean and tidy. One person said, "I help to keep my room tidy and help staff with the washing up in the kitchen". Another person said, "There are lots of different rooms that we can use, there are lots of lounges, activities rooms, a computer room, meeting rooms and kitchen areas. We all have our own bedrooms, I chose mine myself, and I have brought in lots of my own personal possessions".

#### Other evidence

During the site visit we saw that all parts of the building were very clean, tidy and fresh.

The home was newly refurbished to a high standard, well decorated and well maintained. There were lots of sitting, recreational, dining space and personal space available. There were more than enough rooms for a variety of activities to take place.

Service users were able to see visitors in private in their own rooms if they wished. Furnishings and fittings were domestic in design and were in very good condition. All doors had privacy locks and All bedrooms seen were spacious and highly personalised. The rooms were centrally heated and the heating level was controlled within each bedroom. Radiators and pipes were guarded.

There was emergency lighting throughout the home. Valves were in place at water outlets; this was to ensure water is provided close to 43°C to prevent scalding.

The laundry facilities were well organised. The washing machines had the specified programme that would meet disinfection standards.

### **Our judgement**

- Overall, we found that Ashleigh House was meeting this essential standard.

# Outcome 11: Safety, availability and suitability of equipment

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:  
Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).  
Benefit from equipment that is comfortable and meets their needs.

## What we found

### Our judgement

**The provider is compliant** With outcome 11: Safety, availability and suitability of equipment.

### Our findings

**What people who use the service experienced and told us**

One person said, "All the equipment here is brand new, so everything works well".

**Other evidence**

The provider said that all equipment was safe to be used and suitable for its stated purpose. The necessary equipment was provided to support people who use services in their day to day living, and that this supports and promotes each person's independence. Equipment was maintained and used correctly by always following the specifications and manufacture's instructions, and expert advice, such as: occupational therapists or physiotherapists.

A ramp was being built to the rear of the building to enable the location to accommodate someone who uses a wheelchair to allow them to access the rear gardens.

**Our judgement**

- Overall, we found that Ashleigh House was meeting this essential standard.

# 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 that 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**

One service user said, "All the staff are great, I don't know where I would be without them. They have helped me in lots of ways, I feel more confident, and I am getting more independent each day". Another said, "up to now, I have no complaints, everyone is so helpful, it is a real pleasure being here. Compared to where I was before, this is like a first class hotel".

**Other evidence**

The provider told us that there were rigorous staff recruitment and selection process to ensure that all appropriate checks and references were in place prior to employment. All staff employed were over 18 years of age and those left in charge were at least 21.

There was good staff training and development programme in place, and all mandatory training was up to date. The training needs of the staff were identified in supervision and appraisal sessions, this was to make sure that staff had the relevant knowledge, skills and experience to carry out their role, and keep up with current practice. All staff had received equality and diversity training and deprivation of liberty training, and there were detailed equality and diversity procedures in place. The induction training programme met the National Training Organisation



requirements for the first six months.

All staff had access to the locations policies, procedures and CQC standards.

Any temporary staff, voluntary or agency staffs were always subject to the same level of checks as staff recruited directly. The providers ensured there were sufficient numbers of staff with the right competencies, skills and experience to meet the needs of people who use services at all times.

### **Our judgement**

- Overall, we found that Ashleigh House was meeting this essential standard.

# Outcome 13: Staffing

## 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 sufficient numbers of appropriate staff.

## What we found

### Our judgement

**The provider is compliant** With outcome 13: Staffing.

### Our findings

**What people who use the service experienced and told us**

People who used the service said that "the staffs are always there when we need them." One person said, "I feel that the staff support me in the way that I want, they listen to me, and I feel that they respect my views and choices".

**Other evidence**

The provider said that they always take appropriate steps to ensure that, at all times there are sufficient numbers of suitably skilled and competent staff employed, because this would safeguard the health, safety, and welfare of people who receive services.

Training was ongoing for all staff to provide them with the skills and experience necessary for the tasks they would be expected to do, including specific knowledge of the disabilities of people who use services such as: specialist skills to meet individual's needs, including understanding of physical and verbal aggression as a way of communicating needs, preferences and frustrations, understanding of the cultural and religious heritage of people, Have knowledge of various rehabilitation techniques, including treatment and recovery programmes, and by maintaining professional relationships, and seeking expert advice from, doctors, care managers, nurses, psychiatrists, therapists and other community agencies.

### **Our judgement**

- Overall, we found that Ashleigh House was meeting this essential standard.

# 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

**The provider is compliant** With outcome 14: Supporting workers.

### Our findings

**What people who use the service experienced and told us**

One person said, "I think the staff are good at their jobs, and I think they are also well trained".

**Other evidence**

Staff attended a 4 day induction programme at the location before they were allowed to work unsupervised. Staff had all mandatory training required, and there was a copy of the employee handbook that outlined their role, responsibilities, duty of care etc. Staff were provided with a detailed job description and a copy of the provider's health and safety handbook.

Training requirements were identified and a personal development plan was implemented, and this was documented in each person's individual training record. The manager kept detailed training and development plans for each employee and copies of training certificates were held on file to evidence the training they had received. They also kept a training matrix, and this enabled them to identify training needs and updates.

All staff received planned supervision sessions at bi monthly intervals. All supervisions were recorded and signed and held in each person's staff appraisal file.

There was a location building risk assessment in place and staff were made aware of these. All identified risks were reviewed and updated and monthly health and safety checks were carried out monthly. All these checks provide a safe working environment for staff employed.

99% of staff had completed NVQ level 2 in health and social care. New members of staff were enrolled on QCF (Qualification and Credit framework) which will replace the NVQ programme.

The manager is a registered general nurse and is working toward completing the Leadership in Management qualification Level 4 Health and Social care.

### **Our judgement**

- Overall, we found that Ashleigh House was meeting this essential standard.

# Outcome 16: Assessing and monitoring the quality of service provision

## What the outcome says

This is what people who use services should expect.

People who use services:  
Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

## What we found

### Our judgement

**The provider is compliant** With outcome 16: Assessing and monitoring the quality of service provision.

### Our findings

**What people who use the service experienced and told us**

One person said, "we are involved in meetings, and staff are always asking us to make suggestions about how they can make things better for us".

**Other evidence**

There was a quality system in place to monitor the quality of the service provided. This involves gaining feedback from service users, relatives and professionals involved with the location. The outcomes were published and made available to all prospective service users. The location also had an annual development plan. In addition to the above, all accident and incident forms were audited and monitored for any trends, and if necessary, risk assessments were implemented to minimise repeated incidents and accidents.

To maintain the health and safety of people who used the services and staff, infection control audits were carried out monthly, and if necessary action plans were devised by seeking advice from professionals in the field.

Each persons plans of care was regularly reviewed, and risk assessments were always implemented following consultation with all professionals involved in each

individuals care.

Policies and procedures were regularly reviewed in order to reflect the service provision.

Staff training and development programmes were reviewed and updated to reflect current legislation, acts or changing regulation.

The provider said that these measures ensured that people who used services were not harmed or their health, welfare and safety was not placed at risk.

**Our judgement**

- Overall, we found that Ashleigh House was meeting this essential standard.

# Outcome 17: Complaints

## What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:  
Are sure that their comments and complaints are listened to and acted on effectively.  
Know that they will not be discriminated against for making a complaint.

## What we found

### Our judgement

**The provider is compliant** with outcome 17: Complaints.

### Our findings

**What people who use the service experienced and told us**

Two service users confirmed that they had been given copies of the complaints procedure and that staff listened to their concerns and dealt with them fairly. They spoke of their key workers supporting and helping them to talk about any concerns they might have.

**Other evidence**

The provider told us there was a complaints procedure that contained details of how people who use services could make a complaint and who to. This was written in a way to ensure that service users fully understood its contents.

The provider said that all complaints would be fully investigated. At the time of the review, there had been no complaints received. A record was kept of all complaints.

There was a whistle blowing policy and procedure as well as, the Local Authorities Vulnerable Adults procedures that all staff had access to. The location also had a copy of the Department of Health “No Secrets” documents for further information.

**Our judgement**



- Overall, we found that Ashleigh House was meeting this essential standard.

## 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 compliant** With outcome 21: Records.

#### Our findings

##### What people who use the service experienced and told us

People who used the service were consulted about their individual care records and what was recorded. One person said, "I have helped staff to record everything about my life, it is important to me because I know what happened, and it helps me to talk about my experiences".

##### Other evidence

The provider said that clear policies and procedures were always followed in practice, monitored and reviewed. This ensured that all personalised records and medical records were maintained for each person. All records about each persons care, treatment and support were kept up to date and were accurate, were kept securely, and were retained for the required stipulated times.

#### Our judgement

- Overall, we found that Ashleigh House was meeting this essential standard.

# Action we have asked the provider to take

## Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
		No concerns were identified.

The provider must send CQC a report about how they are going to maintain 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 within 28 days of this report being received.

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

# 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

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.

# Enforcement action we are taking

The table below shows enforcement action we have taken because the service provider is not meeting the essential standards of quality and safety shown below. Where the action is a Warning Notice, a timescale for compliance will also be shown.

Enforcement action being taken			

# 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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