

Review of compliance

Ms S J Wright Ayrshire House	
Region:	East Midlands
Location address:	24-26 Main Road Long Bennington Newark Nottinghamshire NG23 5EH
Type of service:	Care home service without nursing
Date of Publication:	November 2011
Overview of the service:	<p>Ayrshire House is registered to provide the regulated activity "Accommodation for persons who require nursing or personal care" for up to 15 people.</p> <p>Ayrshire House is a care home for people with learning disabilities or autistic spectrum disorder.</p>

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

Our current overall judgement

Ayrshire House 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 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 22 September 2011, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

There were 15 people accommodated at the service, at the time of our visit.

We spoke with three people who used the service, as well as the manager and the provider.

People who used the service told us that they receive care in a way that was respectful of their privacy and dignity.

People who used the service told us that they were treated by staff in a kind and caring manner. We were told that care staff were respectful and open to changes in people's care needs.

People told us that there are lots of activities to go to and that they are free to attend the ones that they like.

People who used the service that we spoke with, told us that they felt safe living there.

People that we spoke with told us that there always seemed to be enough staff on duty. They told us that staff are approachable and willing to help.

People who used the service told us that they can speak with staff and the manager at any time and that they feel included in decisions made about the care received and the way in which the service is run.

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

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who used the service can be assured that their privacy and dignity was respected. There is a need for best interest assessments to be improved, to ensure that decisions made on behalf of people who use the service, are in line with current guidance.

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

People who used the service experienced safe and appropriate care and support that met their individual needs. Whilst care plans had been improved, progress was required to ensure that all care plans are person centred.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who used the service were safe and protected from abuse, or the risk of abuse.

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

People who use the service have their health and welfare needs met by sufficient numbers of staff.

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

People who use the service were protected from unsafe or inappropriate care. Reporting systems were good and information about quality and safety is collected and linked to risk management and quality improvement.

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 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People who used the service told us that they receive care in a way that was respectful of their privacy and dignity.

When we asked people about their care plans and reviews, we were told that they are involved as much or as little as they like. We observed that this information had been clearly recorded in the care files that we viewed.

Other evidence

Care files showed us that initial assessments of people's care needs, were being completed. These clearly recorded the needs and wishes of the people who use the service. There have been no new admissions into the service within the last 18 months.

Where people were coming into the service with the support of the local authority, we saw that the necessary documentation was in place.

We looked at a sample of three care files (which contained care plans) and found that these were the local authority generated care plans, which covered all areas of physical needs and associated risk assessments. The manager told us that there were plans in

place to review care plan documentation, to ensure they are person centred.

We spoke with one person about their care file and saw that they had been involved in 'testing' the new documentation. They told us that they had been able to give feedback about what worked well and what needed editing.

Care files included documentation relating to using specialist services, such as speech and language therapists and occupational therapists, evaluation records and evidence of reviews and updates. We saw that some reviews were out of date; however appointments had been booked for reviews to take place with the person's social worker or a representative from the local authority.

We saw staff encourage and support people to exercise choice and control when making everyday decisions.

We observed the care given by staff and found that this was a positive experience for people. We observed staff talking to people who used the service and giving consideration to their personal needs and wishes. Staff showed a clear interest in the person, asking after their welfare and reassuring them when needed.

From the care files that we looked at, we saw that Mental Capacity Act 2005 (MCA) assessments had been carried out for people by the local authority.

We saw that best interest assessments had not been completed, however the manager was aware of the need to conduct these and had planned dates for these to be completed.

We saw that there was an information board for people who used the service, which gave details of how to contact an advocacy service for advice and support. Advocacy leaflets were also available in the main entrance.

The service had an equality and diversity policy in place. We saw from care files viewed that people's needs and wishes were recorded. The records of activities that people took part in that we saw, showed us that people were supported to practice their religious beliefs.

Our judgement

People who used the service can be assured that their privacy and dignity was respected. There is a need for best interest assessments to be improved, to ensure that decisions made on behalf of people who use the service, are in line with current guidance.

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 minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People who used the service told us that they were treated by care staff in a kind and caring manner. We were told that care staff were respectful and open to changes in care needs.

People told us that there are lots of activities to go to and that they are free to attend the ones that they like.

Other evidence

The provider and manager told us that there was a clear system in place for reporting any changes in people's needs or welfare. We saw evidence in people's files to support those views.

Care plans were in place for each person whose care files we saw. There have been significant improvements made to care files however not all care plans were fully personalised or 'person centred'. The manager acknowledged that whilst improvements had been made, she knew that further improvements were required.

People who used the service were helped to access day centres, college and employment. We saw clear plans showing when people attended and how they were supported to attend their daily activity.

We saw that activities were provided by Day Centres during the week. We were told by

people who used the service that they enjoyed the activities held at the home during the weekend.

We were told that family and visitors are free to visit the people who used the service at any time and if the person using the service wanted to have visitors.

We saw from care files and from our discussions with people who used the service, that they are encouraged to build and develop friendships.

Our judgement

People who used the service experienced safe and appropriate care and support that met their individual needs. Whilst care plans had been improved, progress was required to ensure that all care plans are person centred.

Outcome 07: 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 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who used the service told us that they felt safe living at the service.

We were told that any concerns are reported to staff or the manager and are acted upon quickly.

Other evidence

The local authority had investigated an incident of serious concern under their safeguarding procedures. The action plan put in place by the local authority, had been addressed by the manager and significant improvements had been made to issues relating to care and welfare needs of people who use the service.

There have been no other safeguarding alerts raised since the service registered under the Health and Social Care Act 2008 in October 2010.

We saw from the list of training staff had attended, that all staff had been trained in safeguarding vulnerable adults and the relevant local authority procedures.

We saw that the service had a copy of the multi agency procedures in place for Deprivation of Liberty Safeguards (DOLS). We were told by the manager that no one had a DOLS authorisation in place at present.

Our judgement

People who used the service were safe and protected from abuse, or the risk of abuse.

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 told us that they thought there were enough staff on duty and that staff were approachable and willing to help.

Other evidence

We looked at the staff duty rota and saw that it showed all members of staff and their job title/designation. The staff team consists of the manager, two senior carers and seven carers.

We were told by the manager that there is a bank of staff to cover shifts, in the event of staff sickness and holidays. We looked at the records for bank staff and found that there were two extra carers.

From the records viewed and from discussions with the manager we saw evidence that morning shifts are worked by two carers until 12:30 pm, then one carer on duty with the manager in the afternoon. At night there are two carers on duty; one who is awake and one who sleeps and is on call if needed.

The manager has only been in post for a short while and has applied to be registered with the commission. From discussions with the provider and the manager, we were told that the manager had many years experience of working within the adult social care sector.

Training records that we saw told us that the manager attends all training with staff, as

well as additional training in relation to management.

We observed staff spending time with people who used the service and saw that they were knowledgeable about the person's needs and preferences.

Our judgement

People who use the service have their health and welfare needs met by sufficient numbers of staff.

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

People who used the service told us that they can speak with staff and the manager at any time and that they feel included in decisions made about the care they received and the way in which the service is run.

People who use the service told us that they have regular contact with the provider and the manager and they feel they can approach them easily.

Other evidence

We saw that there had not been a way of formally monitoring the quality of the service in place. However, this had been addressed and surveys for people who used the service and relatives, together with auditing of complaints and incidents had been started. We saw that surveys had also been sent to staff and other healthcare professionals.

Senior staff meetings were held every three weeks; senior staff then inform carers of the outcome of such meetings. Resident's meetings are held every month or at longer intervals, at the request of the people who used the service; these meetings are minuted. We saw the minutes, of both staff and resident's meetings and these showed that discussions are held about previous minutes and any agreed actions that were put in place.

The provider had recognised that the policies and procedure file in place were out of

date and in need of updating. The provider told us that they were aware of this and had found new policies and procedures, which could be made specific to the home.

Our judgement

People who use the service were protected from unsafe or inappropriate care.

Reporting systems were good and information about quality and safety is collected and linked to risk management and quality improvement.

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 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	How the regulation is not being met: People who used the service can be assured that their privacy and dignity was respected. There is a need for best interest assessments to be improved, to ensure that decisions made on behalf of people who use the service, are in line with current guidance.	
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: People who used the service experienced safe and appropriate care and support that met their individual needs. Whilst care plans had been improved, progress was required to ensure that all care plans are person centred.	

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

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