Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Ashleigh Nursing Home

17 Ashleigh Road, Leicester, LE3 0FA

Tel: 01162854576

Date of Inspection: 15 July 2013

Date of Publication: August 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	A Cox and Mrs Z Cox
Registered Manager	Mr. Sheik Torabally
Overview of the service	Ashleigh Nursing Home provides nursing care and support for up to 21 older people who may have additional health needs which include dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

We looked at the records and care plans of three people who used the service. We found people's care was regularly assessed and reviewed. We spoke with a registered nurse who told us where practicable they discussed with the person their views about their care and treatment which were taken into account when reviewing people's care plans. We found people's rights to make decisions about their care and treatment were upheld.

People were supported by staff who were employed in sufficient numbers of meet their needs and who had undertaken training relevant to the needs of people. Staff we spoke with had a good understanding as to the rights of people who used the service and the care and support individual people required.

People had meals prepared using fresh ingredients. We spoke with the chef who was aware of the specialist dietary requirements of people. People's individual dietary requirements were met. We observed the dining experience for people during the lunchtime meal and found improvements were needed. We discussed these with the provider and registered manager who met with staff to discuss our concerns on the day of our inspection.

The provider had a quality assurance system which monitored the effectiveness of the service people received, which included the maintenance of the environment in which people lived. Systems were in place to ensure audits were carried out by the provider and registered manager. The provider had sought the views of relatives of people who used the service by the sending out of questionnaires.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with a registered nurse who had responsibility for reviewing a number of people's care plans. They told us they involved the person when they reviewed their care plan by speaking with them and finding out how they wished their care and support to continue and to discuss any issues of concern they had. They said they also spoke with care staff to find out whether they had identified any areas of change in the person's health and welfare. We asked the registered nurse how they reviewed people's care plans when the person was not able to participate. They told us they used information gathered from care staff and that in some specific instances they would liaise with the person's relative. The provider may find it useful to note that discussions between relatives and staff had not recorded.

We looked at the records for three people who used the service. We found people's health and welfare were supported by external health care professionals who visited the service. We found the three care plans which we looked at had been reviewed monthly. Assessments were carried out monthly by a registered nurse and the information gathered from assessments had been used to develop care plans. Care plans provided guidance for all staff to follow in the monitoring of a person's health. Care plans covered a range of topics which included tissue viability, nutrition, moving and handling and continence management.

People expressed their views and were involved in making decisions about their care and treatment. People who used the service in some instances were on advanced care plans where they or their relatives in consultation with health care professionals had recorded their wishes that they did not wish for health care professionals to attempt resuscitation. Records of the Do Not attempt to Resuscitate (DNR's) were kept on the person's file. We looked at the records of one person who whilst being aware of their health needs chose in some instances not to follow medical advice. The person's wishes had been recorded and they had expressed their views at a meeting to health and social care professionals when their care package was reviewed.

We spoke with staff about the care and support needs of the three people whose records

and care plans we had read. Staff, were of the needs of people and the information they provided was consistent with that recorded within the care plans. We asked staff how they supported people who remained in bed due to their health. Staff told us they undertook regular checks to ensure they were well and delivered personal care. They also told that they spent time with people speaking with them, or reading to them.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We looked at the care plans for two people who required specialist diets and/or support with eating and drinking. People's care plans identified where tailored diets were required. People's care plans identified the role of staff in providing assistance. People's care plans included the use of 'thickeners' which were added to people's drinks. The use of thickeners had been prescribed following an assessment carried out by a Speech and Language Therapist. Records showed that the service had made referrals to a Speech and Language Therapist for assessments to be carried out on people who had been identified at a risk of choking or where they had observed difficulties with their swallowing. People using the service had their weight monitored and issues of concern were managed by referring people to their General Practitioner or other specialist advisors which included Speech and Language Therapists and Dieticians.

We spoke with the chef and looked at the supplies of food and drink. We found there were sufficient supplies of food and drink to meet people's needs. We saw that the provider supported the chef in the purchasing of fresh fruit, vegetables and meat. We noted that the quiche and dessert sponge which were served on the day of our inspection were made by the chef who had used fresh ingredients. The chef was aware of the specialist diets of individual people using the service and they had written confirmation of these, which included diabetic and pureed/soft diets.

We spent time with people during the lunchtime meal. People who required full assistance from staff were supported first by staff taking meals to them in their bedrooms where staff provided one to one support. People who were able were assisted by staff to go into the dining room for their meal. The dining experience for people was not positive. We discussed our observations with the provider and registered manager and the provider met with staff on the day of our inspection to discuss the issues we had observed in order that improvements could be made.

Our observations of the lunchtime meal showed a lack of co-ordination and poor communication between staff, which had an impact on the dining experience of people. The overall noise level was high, a radio played in the background whilst staff spoke across each other. Tables were not laid, in that there were no table cloths or napkins, people's meals were served before they had been given a knife and fork. Sauces and other condiments had to be shared between dining tables, which contributed to the general confusion and noise. One person had been sat in the wrong wheelchair which meant their

wheelchair kept moving away from the dining table, which impacted on the person's ability to eat their meal.

On the day of our inspection and noted people were given choices. The main meal was quiche; staff asked people if they wished to have salad or peas and potatoes or chips with their quiche. People were also asked for their choice of a cold drink. The provider may find it useful to note that people had not been provided with the opportunity to serve themselves food or drink.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk or abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at the records for staff and found staff had received training in the safeguarding of vulnerable adults from abuse. We spoke with a registered nurse and two members of care staff and asked them what action they would take if someone using the service reported to them that someone had hurt them or if they witnessed abuse. Staff had a good understanding as to their role; and responsibilities and were aware of the different forms abuse may take. Staff also told us that they used distraction techniques where people who used the service had become distressed by each other. This means people who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. A vulnerable adult is a person who may be unable to take care of themselves, or protect themselves from harm or from being exploited.

The Care Quality Commission (CQC) has not received any information of concern from the provider or funding authorities about concerns relating to safeguarding concerns or investigations.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough skilled and experienced staff to meet people's needs.

Reasons for our judgement

Our observations of the care and support people received and discussions with staff showed there were enough qualified, skilled and experienced staff to meet people's needs. We spoke with the provider and asked them how they determined staffing levels at Ashleigh Nursing Home. They told us they worked on a ratio of one member of staff to five people who used the service during the day. At the time of our inspection there were 20 people using the service. The rota showed there was a registered nurse on duty over a 24 hour period and that they were supported by three care staff during the hours of 7am and 8.30pm. During the night the registered nurse was supported by two care staff during the hours of 8.30 pm and 7.30am. The provider may find it useful to note that the service did not have a policy and procedure detailing the calculation or determining of staffing levels based on the needs of people who used the service.

We spoke with the registered nurse and two members of care staff and asked them if in their view there were sufficient staff on duty to meet people's needs. They told us that there were sufficient staff and that additional staff were on duty when the needs of people changed, which included when people were unwell and required one to one care. People who used the service were supported by a chef who was on duty from 8am until 6pm. A laundry assistant and domestic technician worked four hours a day from Monday to Saturday.

We looked at staff training records and we spoke with staff. We found the training staff received enabled them to provide the support and care people using the service required. We found some staff had attained a qualification in care which included either a National Vocational Qualification (NVQ) or a Qualification and Credit Framework (QCF which has replaced the NVQ). Staff were required to complete training booklets on a range of topics which included, moving and handling, safeguarding vulnerable adults from abuse, dementia awareness, and malnutrition and food hygiene. Upon completion work books were sent away for external validation and if the work completed met the appropriate level then certificates of achievement were awarded.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider had a quality assurance system which monitored the effectiveness of the service. The provider and registered manager carried out a number of audits. Audits were carried out on the maintenance of the premises, equipment and infection control. The registered manager carried out an audit of people's care plans to ensure they were being maintained as per the provider's requirements. Where shortfalls were identified these were highlighted and discussed with the named registered nurse responsible for the person's care plans. The provider showed us an aspect of their quality assurance system which they had recently developed but not yet introduced. The addition to the quality assurance system would be the carrying out of observations on the service people received, which was planned to include observing the interaction between people using the service and staff.

We found staff meetings were held however the provider may find it useful to note that these were infrequent. Staff received regular appraisals to ensure they were worked effectively.

We looked at a recent report of a quality monitoring visit carried out by the continuing health care team who fund the care of some people who used the service. The report in the main was positive and the provider had responded to the author of the report detailing how they would address the issues highlighted as requiring improvement.

The relatives of people who used the service had earlier in the year been asked to complete a questionnaire which sought their views about the service. We saw that an introductory letter had been attached to the questionnaire which detailed the reasons for the questionnaire and how the information would be used and shared. The questionnaires sought people's views on a range of topics which included the environment both internal and external, the attitude and approach of staff and the care and support people received.

We looked at the complaints the provider had received in 2013. We found the service had received one complaint earlier in the year from a relative of someone who used the service. The provider and registered manager discussed with us the outcome of the complaint and told us that this had been discussed with the complainant. The provider

may find it useful to note that a record of the outcome of the complaint investigation and discussion with the complainant had not been documented.

We looked at records which showed the maintenance of the service and equipment, which was carried out by external contractors. We found them to be in good order and up to date. Records included the maintenance of the fire system and fire equipment, gas and electrical systems, the passenger lift and equipment which included hoist maintenance.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk