

Review of compliance

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| Ashview House Limited Ashview | |
| Region: | East |
| Location address: | River View High Road Vange Basildon Essex SS16 4TR |
| Type of service: | Care home service without nursing |
| Date of Publication: | November 2011 |
| Overview of the service: | Ashview House provides care and accommodation for up to 13 people who have learning disabilities and/or physical disabilities. There are currently nine people living at Ashview House. |

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

Our current overall judgement

**Ashview 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 and carried out a visit on 28 September 2011.

What people told us

People told us that they were involved in their care. They said that they had helped to write their care plans and daily notes. People told us that they often visited the local market and shops and that they were due to go on holiday shortly, which they were looking forward to. People said that they felt respected and that staff treated them well.

People told us they were happy with the care they received. One person said that staff were nice but could sometimes get on their nerves. People told us that they have asked for more outings and that they now got them. People told us that they were happy with their rooms and one person told us that they had chosen their own furnishings. They told us that staff had helped them to keep their room clean and tidy.

People told us that they were happy with the quality of the service they received at Ashview House.

What we found about the standards we reviewed and how well Ashview 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 using the service are fully involved in the way that the home is run and in how their care is provided; their views and wishes are respected.

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

People using the service receive appropriate care and support that meets their needs.

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

People using the service are protected from the risk of abuse and their human rights are respected.

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

People may not always receive their medication appropriately and safely.

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

Whilst the home is kept clean, the poor state of repair and general condition of the communal areas does not provide people with a safe and well maintained environment.

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

People using the service are cared for by a staff team that has been safely recruited.

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

People receive their care and support from well trained staff. The lack of staff supervision may put people at risk.

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

Ashview House is not consistent in using the systems and processes that they have in place to ensure that people receive a good quality service.

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

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that they were involved in their care. They said that they had helped to write their care plans and daily notes. People told us that they often visited the local market and shops and that they were due to go on holiday shortly, which they were looking forward to. People said that they felt respected and that staff treated them well.

Other evidence

The provider told us in July 2010 that they met this outcome. The statement of purpose, which provides information about the service, had been recently reviewed and was available in easy read and pictorial formats.

People that use the service were encouraged to make choices in their everyday life and although the care plans (my plan) had not always been signed and dated by the individual, it was clear that they had been involved. The care plans that we looked at during our visit in September 2011 were well written, person centred and included pictures. This helped people with communication difficulties to understand and participate in writing their care plan.

The daily notes showed that people regularly accessed the local community and on the day of our visit people were busy planning their daily outings. One person went

shopping in a nearby market and several other people went on a bus trip to Southend seafront for an ice cream.

Our judgement

People using the service are fully involved in the way that the home is run and in how their care is provided; their views and wishes are respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us they were happy with the care they received. One person said that staff were nice but could sometimes get on their nerves. People told us that they have asked for more outings and that they now got them.

Other evidence

The provider told us in July 2010 that they met this outcome. Our last report dated December 2009 stated that Ashview House had provided a thorough pre-admission assessment. It stated that the person using the service, their relatives and other professionals were involved in the process. There had been no recent admissions to the service, so we were not able to see if the process had changed.

During our visit we looked at a sample of care plans. They were person centred and provided staff with detailed information on how the individual's care and support was to be provided. Each of the care plans that we looked at provided a pen portrait, a life story so far and details of what was required for end of life care. There were risk assessments in place for any identified risks. Each of the risk assessments included clear plans on how they were to be managed.

Each person had a keeping healthy plan which detailed any medical intervention that had taken place. The plan included information on planned health related visits, such as chiropodist, optician and dentist. All of the care records that we looked at during our recent visit had been fully completed and regularly reviewed.

Our judgement

People using the service receive appropriate care and support that meets their needs.

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 told us that they felt safe living at Ashview House. One person said that they were very happy and that the staff treated them well.

Other evidence

The provider told us in July 2010 that they met this outcome. Ashview House had an up to date policy and procedure that set out clear instructions for staff to follow if they suspected abuse. Most of the staff team had received training in safeguarding adults and the training matrix showed when updates were due. There were copies of certificates on the staff files that we looked at.

Staff with whom we spoke showed a good knowledge of safeguarding procedures. A recently employed member of staff told us that they had received safeguarding information as part of their induction. Safeguarding issues had been dealt with appropriately by the home.

Our judgement

People using the service are protected from the risk of abuse and their human rights are respected.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are moderate concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People did not comment on how their medication was managed in the home.

Other evidence

The provider told us in July 2010 that they met this outcome. Our last inspection that took place in December 2009 had identified issues with the recording of medication audits. During our visit in September 2011 we looked at the medication audit records and they had not been consistently completed.

Each of the health plans that we looked during our recent visit contained a list of the individual's medication which detailed the reason it was prescribed, the start date and how and when it was to be taken.

One of the medication administration record sheets (MARS) that we looked at during our recent visit was incorrect. It showed that two different types of pain relief were prescribed for use on an 'as and when required' basis. The pharmacy had identified the error and staff had ensured that the excess medication was safely stored whilst awaiting instructions of what to do with it.

We found some out of date medication in one person's lockable cabinet. This was immediately replaced with in date medication that had been received and held in the main medication cabinet. Controlled drugs were inappropriately stored. A controlled drugs cupboard must be a metal cupboard manufactured in line with the Misuse of

Drugs Regulations, (BS 2881/1989), and it must be fixed to a solid wall with rag-bolts.

Staff with whom we spoke told us that they had received medication training and there were certificates on the staff files that we looked at. The training matrix showed that six of the 18 staff had not received medication training.

Our judgement

People may not always receive their medication appropriately and safely.

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

There are moderate concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People said they were happy with their rooms. One person showed us around the home and said that they had chosen their own furnishings. They told us that staff had helped them to keep their room clean and tidy.

Other evidence

The provider told us in July 2010 that they met this outcome. Our last report stated that essential safety certificates had not been up to date. During this inspection we checked a sample of safety certificates and they were all up to date. The home was found to be clean but many areas were in a poor condition. There was paintwork scraped off doors and walls in many of the communal areas. The decoration of the home in general was quite run down.

There were a number of wheelchairs and a set of weighing scales (chair) that were stored in the hallway outside the lounge. One of the upstairs bathrooms had a bath panel hanging off exposing sharp edges. The upstairs shower room was out of use as there were several wall tiles missing in the shower area. An area of flooring had been removed in the upstairs hallway outside of peoples' bedrooms and it left a lip that may be a trip hazard to people using the service.

The home did not keep a maintenance book. Requests for repairs were made using the organisation's email system. There was a maintenance team work log but it did not provide information on when jobs had been reported. The service improvement manager told us that this issue had been identified and that she was in the process of developing a form to enable all information to be recorded in one place.

Some of the bedrooms had been recently decorated and all of the furniture was in a reasonable condition. People used both kitchens to make themselves drinks. The service improvement manager told us that there were plans to refurbish the home to ensure that people that used wheelchairs were able to access the kitchen and make themselves drinks. The plans included replacing the kitchens with lower more suitable worktops.

Both the locality manager and the service improvement manager told us that the refurbishment had been planned to take place earlier that month but they were not sure why it had been delayed. During our recent visit the regional director telephoned and informed the service improvement manager that part of the refurbishment funds had been approved. The service improvement manager has since informed us that phase one of the refurbishment had started on 05 October 2011.

Ashview House was visited by Essex Fire and Rescue Authority in July 2011 and was issued with a letter of non-compliance. The fire safety officer reported four issues that required urgent attention. The service improvement manager told us in October 2011 that the refurbishment work would address the issues raised in the report.

Our judgement

Whilst the home is kept clean, the poor state of repair and general condition of the communal areas does not provide people with a safe and well maintained environment.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People did not comment on staff recruitment.

Other evidence

The provider told us in July 2010 that they met this outcome. The last registered manager left the service in August 2008. Since that time Ashview House has had many changes to the management team. The home is currently being managed by a service improvement manager. A recruitment drive recently took place and a number of new staff were recruited and are going through the induction process.

During our recent visit we looked at a sample of newly employed staff files. Each file contained information in the form of a document that confirmed that appropriate recruitment checks had been made. The document stated that references and criminal records bureau checks were stored at the organisations head office. Staff with whom we spoke told us that the recruitment process was thorough. They said that they were not able to start work until their references and CRB's had been received.

Our judgement

People using the service are cared for by a staff team that has been safely recruited.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People did not comment on supporting workers.

Other evidence

The provider told us in July 2010 that they met this outcome. During our inspection we looked at the training matrix and some of the staff files. The training matrix showed that staff had received training in the past year in medication, moving and handling, food hygiene, fire, first aid, safeguarding adults, health and safety, epilepsy and MAYBO (conflict management). The staff files contained certificates that confirmed that recent training had taken place. Staff with whom we spoke told us that the training was good. New staff said that the induction covered basic training such as health and safety and moving and handling and safeguarding adults.

When we looked at the staff records we found that supervision was inconsistent. It was a particular concern because issues had been identified in one staff member's supervision session in June 2011 and they had not been followed up. The service improvement manager told us that she had not carried out any supervision since the previous manager left in August 2011 as she had been busy recruiting staff. They told us that a supervision plan would be developed now that a deputy manager was in post.

Our judgement

People receive their care and support from well trained staff. The lack of staff supervision may put people at risk.

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 told us that they were happy with the quality of the service they received at Ashview House.

Other evidence

The provider told us in July 2011 that they met this outcome. Ashview House carried out its last quality assurance survey in January 2010. The report identified the need for improvements and stated how they were going to be met. Many of the identified improvements had been implemented such as changes to the menus and items purchased for activities. There have been a lot of changes to the management of the home since the 2010 survey was carried out, which may be the reason a 2011 had not been done. The service improvement manager told us that there were no plans in place at present for a 2011 survey.

The service improvement manager told us that she had carried out regular audits of the home's health and safety systems and support plans. The records confirmed that audits had been carried out on a regular basis. Medication audits had taken place by previous managers but were not consistently recorded. The service improvement manager told us that although she had not carried out medication audits she had developed an audit form for this purpose and would be including it as part of her quality assurance process.

Our judgement

Ashview House is not consistent in using the systems and processes that they have in place to ensure that people receive a good quality service.

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 |
|--|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 14: Supporting staff |
| | Why we have concerns: People receive their care and support from well trained staff. The lack of staff supervision may put people at risk. | |
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 16: Assessing and monitoring the quality of service provision |
| | Why we have concerns: Ashview House is not consistent in using the systems and processes that they have in place to ensure that people receive a good quality service. | |

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 to us within 28 days of the date that the final review of compliance report is sent to them.

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 |
|--|---|--|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 09: Management of medicines |
| | How the regulation is not being met: People may not always receive their medication appropriately and safely. | |
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 10: Safety and suitability of premises |
| | How the regulation is not being met: Whilst the home is kept clean, the poor state of repair and general condition of the communal areas does not provide people with a safe and well maintained environment. | |

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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| Document purpose | Review of compliance report |
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| Audience | The general public |
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Care Quality Commission

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| Website | www.cqc.org.uk |
| Telephone | 03000 616161 |
| Email address | enquiries@cqc.org.uk |
| Postal address | Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA |