

Review of compliance

<p>HC-One Limited Ash Grange Nursing Home</p>	
<p>Region:</p>	<p>West Midlands</p>
<p>Location address:</p>	<p>80 Valley Road Bloxwich Walsall West Midlands WS3 3ER</p>
<p>Type of service:</p>	<p>Care home service with nursing</p>
<p>Date of Publication:</p>	<p>January 2012</p>
<p>Overview of the service:</p>	<p>The service provides accommodation and nursing care for up to 42 older people.</p>

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

Our current overall judgement

Ash Grange Nursing Home 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 to check whether Ash Grange Nursing Home had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 07 - Safeguarding people who use services from abuse

Outcome 08 - Cleanliness and infection control

Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 1 December 2011, checked the provider's records, 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

We spoke to five people who live at the home and seven relatives. People told us that they were happy living there. One person said us, "It's my home, I am happy here".

People told us how they spend their day. They said that they get up and go to bed when they choose and are able to have their meals in the main lounge/dining room or their bedrooms if they preferred or were unwell. They told us that they enjoy the activities that take place. One person said, "I have company here and am not on my own as I was at home".

People told us that staff are respectful and helpful to them. They told us that staff generally assisted them when they needed it, although they sometimes had to wait to be taken to the toilet.

There is a need for some carpets, floor covering, furniture and other equipment to be replaced to ensure that they can be adequately cleaned to reduce the risk of cross infection.

The home has both double and single rooms and people can choose if they wish to share

a bedroom. People are able to personalise their bedrooms to reflect their tastes and interests.

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

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

People receive the care and support that meets their needs.

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

People are protected from abuse or the risk of abuse.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

Improvements are required to ensure that the home is clean and the risk of cross infection is minimised.

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

Improvement is required to ensure risks are appropriately managed and people receive the care they need.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take 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 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 that staff generally gave them assistance when they required it. Relatives told us that sometimes people had to wait for assistance to be taken to the toilet before meals, but generally they did not wait too long. We observed that staff were caring and respectful to people. We saw that staff sat and chatted to people. We saw that staff asked people before they changed the television channel when a children's programme was on. Later staff put on a Christmas tape and were singing along to it, which people appeared to enjoy.

We saw that people have individualised support plans that are based on their needs, choices and capabilities. People told us that they are included in the development of their support plans alongside care staff so this means that people should get the care they need in a way that they prefer. We saw that people or their relatives sign to confirm their agreement to their support plan. We found that care records had been updated when needed and contained the required information about people's individual needs, their choices and capabilities. This means that staff have the information they need to meet people's needs in a way that they need and prefer.

Risk assessments were recorded, which identified when people were at risk of sore skin, poor nutrition or falling and how they should be moved and handled. We saw that staff followed the actions within the risk assessment, for example to reduce the risk of pressure sores or poor nutrition. We saw that a regular check of people's weight is undertaken which gives staff an early warning of other health problems. We found that staff record what people have to eat and drink and have their position moved all at the

same time and frequently at the end of the shift. This means that there is a risk that amount the person had to eat and drink or had their position changed was not accurately recorded and may put them at risk of pressures sores or poor nutrition.

Staff told us that they always contact the Tissue Viability Nurse Specialist for advice if people have pressure sores. We saw records that confirmed the Tissue Viability Nurse Specialist had been contacted for advice and had visited. We found that staff had followed the Tissue Viability Nurse's advice and had obtained specialist pressure relieving equipment, and altered the frequency of changing the person's position and dressings. This means that people received the care they needed.

People who we spoke to told us that staff would support them if, or when they needed more help. One person said they needed adapted cutlery and sometimes needed their meal cutting up. We saw that staff brought the person their cutlery and asked if they would like any other assistance. The person was then able to eat their meal independently. We also saw staff offer and provide support to other people to eat their meal. We saw that when staff provided care they explained what they were doing which reassured people.

We were able to see when other health professionals such as doctors, dentists, opticians and dieticians had visited and the care instructions that they had given. We saw records to show that staff had followed these instructions.

We heard staff ask people about their preferences, for example what they would like to eat, where they would like their meal and what they would like to do to support them to make decisions about their daily life. People told us that they could get up and go to bed when they wanted. People told us that staff treated them with respect. We saw staff treat people with respect and preserve their dignity, for example, they knocked on bedroom and toilet doors before entering.

People told us that they chose what they wear. One person said, "Staff ask me what I want to wear and I tell them". We saw that people wore different styles of dress that was appropriate to the season, their gender, age and culture. Staff told us that people choose what they wear.

Other evidence

We do not have any other information.

Our judgement

People receive the 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

We saw that people responded positively to staff and appeared relaxed when they were around. People told us that staff were caring. One person said, "I have company here, I feel safe now, I had fallen at home and there was no one to help me up".

Staff we spoke to told us that they had received training in safeguarding people and that they received regular updates in all training. Staff were able to tell us about signs of abuse and what actions they would undertake if there were any allegations of abuse. Staff told us what they would do if they felt they needed to raise concerns about abuse or other poor practice. This means that staff are aware of actions needed to keep people safe.

There have been two safeguarding reports concerning people living at Ash Grange. We found that all required actions have been and or were being taken to keep people safe.

Staff told us that training in the Mental Capacity Act was being arranged. Staff we spoke to were aware of their responsibilities under the act and of the need to act in the best interests of the person.

The manager informed us that most people living at the home have their money looked after by their relatives or the Court of Protection. The service keeps small amounts of money for safekeeping for people living at the service. All transactions are checked by two people and receipts are available for each transaction. This means that there are appropriate systems in place to protect people from the risk of financial abuse.

We saw that some people needed to have bedrails to stop them falling out of bed. We saw that there are risk assessments in place that detailed the actions staff should take to minimise any risks to people. The bedrails we saw were appropriately and safely fitted to ensure that the risk of harm to people is minimised and people are kept safe.

Other evidence

The manager of the service has told us that they have policies and procedures in place to protect people and highlight any concerns when needed.

Our judgement

People are protected from abuse or the risk of abuse.

Outcome 08: 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

There are moderate concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

The service has been inspected by the Walsall Primary Care Trust Infection Control Nurse. A number of requirements were made of the service to reduce the risk of cross infection. The manager has created an action plan showing how improvements will be made and by when.

When we visited the home we were told that the majority of improvements have already been undertaken, including a deep clean of the entire home and some redecoration. We saw that the carpets in the corridors and main lounge, and the floor covering in the dining room still looked dirty. Some damaged chairs that cannot be easily cleaned and dirty light switches are yet to be replaced. The manager's action plan identified that all items will be replaced by mid December 2011. The manager confirmed that the timescale for replacement remains mid December 2011, and that all required replacements will be made by this time. Completion of the required improvements will give greater assurance of the ongoing cleanliness of the home and a reduction in the risk of cross infection.

Bedrooms we visited looked clean. It was positive when we spoke to relatives they commented favourable about the cleanliness of their relative's room.

The manager told us that she did not have a copy of the guidelines for practice, 'The Code of Practice for health and adult social care on the prevention and control of infection and related guidance' (The code). The manager agreed that she would obtain a copy of the code to ensure that that the service maintains compliance with the regulations in the future.

Other evidence

We do not have any other information.

Our judgement

Improvements are required to ensure that the home is clean and the risk of cross infection is minimised.

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

The ownership of the service changed at the end of October 2011. The manager told us that she has already seen improvements to the interior of the home, new equipment has been bought and approval has been given to replace furniture and floor coverings. The manager told us that during the change of ownership they have continued to use the previous provider's policies and procedures and will continue to do so until the new owner replaces them.

The manager told us that a quality assurance system is already in operation with monthly monitoring of accidents, complaints. Monthly visits are also undertaken by a senior manager of the new provider to review care people receive and the general condition of the building. The manager has told us that there is ongoing review and regular updating of support plans and risk assessments to minimise any risks to people and check that people are receiving the care they need.

The service has regular staff meetings and individual staff supervision sessions. Agenda items include training needs, concerns and an update of support needs of people living at the home. This means that there is an ongoing review of people's needs and staff training needs to ensure that staff have the knowledge and skills to meet people's needs.

People living at the home told us that there are regular service user/ relative meetings. People told us that they are able to discuss their concerns about the service as well as highlighting things that are working well. The manager told us that the new provider will

continue to survey people's views on a random basis throughout the year. This means that people are involved and can contribute to what is happening in the home. We have found that any suggestions for improvement are acted upon when ever possible, giving assurance of ongoing improvement of the home.

The manager told us that when any area of concern is highlighted, such as a person developing a pressure sore, a 'root cause analysis' is completed. The manager said this in-depth review of the incident enables lessons to be learnt and actions to be taken to reduce the risk of a similar incident. This means that there are systems in place to make required improvements and, when appropriate, learn from mistakes. The manager has already told us about improvements she has made since our visit. She told us that all care records, such as turn charts and fluid and food records are now kept in people's bedrooms so staff can record care when it is given. This means that care given can be recorded more promptly and accurately.

We were told that the manager has an 'open door policy', which allows people to raise any issues of concern whenever they want to. People told us that they were listened to and any concerns they raised were addressed when needed.

Other evidence

We do not have any other information.

Our judgement

Improvement is required to ensure risks are appropriately managed and people receive the care they need.

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 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	Why we have concerns: Improvement is required to ensure risks are appropriately managed and people receive the care they need.	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	Why we have concerns: Improvement is required to ensure risks are appropriately managed and people receive the care they need.	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	Why we have concerns: Improvement is required to ensure risks are appropriately managed and people receive the care they need.	

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 14 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 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	How the regulation is not being met: Improvements are required to ensure that the home is clean and the risk of cross infection is minimised.	
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	How the regulation is not being met: Improvements are required to ensure that the home is clean and the risk of cross infection is minimised.	
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	How the regulation is not being met: Improvements are required to ensure that the home is clean and the risk of cross infection is minimised.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of

compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

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

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

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

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