

## Ashmoor Health Care Limited

# Ash-lee

### Inspection report

18 Thornton Road  
Morecambe  
Lancashire  
LA4 5PE

Tel: 01524420762

Date of inspection visit:  
12 July 2016

Date of publication:  
23 August 2016

### Ratings

Overall rating for this service

Requires Improvement 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 January 2016, at which two breaches of legal requirements were found. This was because the provider failed to protect people from the risks of malnutrition. They failed to report allegations of abuse and other incidents to CQC.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We carried out this unannounced focused inspection on the 12 July 2016 to check they had followed their plan and to confirm they now met legal requirements. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ash-Lee' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Ash-Lee is a small home registered to provide care and accommodation for up to eleven persons who live with learning disabilities, dementia or a mental health condition. The home is situated in a residential area of Morecambe close to the sea front and within walking distance of a number of facilities and amenities. There are ten single bedrooms and one shared room. Bedrooms are located on four floors. Rooms on the ground and first floor can be accessed via a stair lift should people require assistance. At the time of our inspection, nine people were living at Ash-Lee.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our focused inspection on the 12 July 2016, we found improvements had been made. We found there was documentation to monitor people's weights. We saw strategies to manage weight loss and weight gain. There was information for staff on special diets and staff we spoke with knew people's food likes and dislikes.

We saw the registered manager had researched information to underpin their knowledge on what and when to notify CQC. We found no evidence incidents went unreported to the Commission.

We could not improve the rating for effective and well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

We found action had been taken to improve the effectiveness of the service.

Action had been taken to improve the effective monitoring and recording of nutrition for people since the last inspection.

People were protected against the risks of dehydration and malnutrition. We saw documentation and strategies to manage weight loss and weight gain. There was information for staff on special diets and staff we spoke with knew people's food likes and dislikes.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

We found action had been taken to improve the service leadership.

We found action had been taken by the registered manager on what incidents required notifications to be submitted to the Care Quality Commission.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# Ash-lee

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Ash-Lee on 12 July 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 14 January 2016 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service effective and is the service well-led. This is because the service was not meeting some legal requirements.

The inspection team consisted of an adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

We spoke with a range of people about this service. They included three people who lived at the home, the registered manager and two staff. We checked documents in relation to seven people who lived at Ash-Lee.

## Is the service effective?

### Our findings

At our comprehensive inspection of Ash-lee on 14 January 2016, we found the provider had not taken action when care plan monitoring systems and nutritional risk assessments indicated action was required when people lost weight. This was a breach of Regulation 14 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not always protected people from the risks of malnutrition.

During our inspection visit on 12 July 2016, we observed lunchtime. A choice of foods was available and written on the daily menu. People had the choice of moving to the dining table or remaining where they sat. After the meal, we overheard one person tell the staff member, "The food was lovely." One person had a lighter lunch as they were due to attend a medical appointment. A second person had been shopping and brought fresh fish home for their lunch. The staff cooked the fish and served it as directed by the person. One person told us, "[A member of staff] is a good cook, they are really good at pies." A second person commented, "We get a choice of food here." Regarding drinks, a third person told us they had plenty to drink throughout the day, they added, "If I want extra I ask for a drink, I get a drink."

We visited the kitchens and saw the area was clean, tidy and well stocked with foods and fresh produce. We were told all meals were home cooked. Staff had knowledge of special diets and preferences of people who lived at the home. For example, staff told us one person had a gluten free diet. They told us the person had to have gluten free food and gave examples of what was bought for the person. This was stored in the kitchen in a separate cupboard away from other foods. Staff explained a separate toaster had been purchased so the gluten free bread was not exposed to any gluten based products. This meant the person's health and wellbeing was protected. This showed staff were effectively trained and people were protected against the risks of dehydration and malnutrition.

We looked at people's care plans and saw each person had a nutritional risk assessment. Also in the plan were people's food preferences. For example, one person preferred soft food, and a second person had a long list of food they did not like. A third person's care plan identified they tended not to eat breakfast. However, the daily recording sheets noted the person liked a late supper. We saw records showing there was regular monitoring of people's weight. We saw the registered manager had safeguards in place should a person's weight loss be a concern. For example, we saw one person was weighed more frequently in response to their weight loss. There were instructions to staff to contact the GP should they be concerned about weight loss or weight gain. This showed the registered manager had a system to monitor, manage and act when required to respond to nutrition and weight management concerns.

## Is the service well-led?

### Our findings

At our comprehensive inspection of Ash-lee on 14 January 2016, we found the provider had not reported allegations of abuse and other incidents to CQC. For example, we found incidents such as a fall resulting in a serious injury; the development of a pressure ulcer of grade three or above; and events that stop the service running safely and properly. This was a breach of Regulation 18 Health and Social Care Act 2008 (Registration of Regulated Activities) Regulations 2009, because the provider had failed in its regulatory duty to notify CQC about important events they are required to send.

During the inspection carried out on 12 July 2016, we did not find any unreported incidents of abuse or incidents that affected the health and wellbeing of people who lived at Ash-Lee.

At this inspection, we discussed regulatory responsibilities with the registered manager. They had researched information to underpin their knowledge on what and when to submit notifications. We read daily diary sheets for seven people covering a number of weeks and found no evidence incidents went unreported to the Care Quality Commission or local authority.

The registered manager was being mentored by a more experienced colleague from another social care service. They were both in the process of completing a level five diploma in health and social care to increase and update their knowledge. They told us this was to increase their expertise in the field of adult social care. This showed the registered manager was seeking to gain greater knowledge related to their role in delivering high quality care.