Ashmoor Health Care Limited

Ash-lee

Inspection report

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Tel: 01524420762

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 14 January 2016 and was an unannounced inspection. Ash-Lee is a small home registered to provide care and accommodation for up to ten people who have 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 nine single bedrooms and one flat. Bedrooms are located on four floors. Rooms, a bathroom and a toilet on the first floor can be accessed via a stair lift. There were nine people living in the home when we carried out our inspection.

At the last inspection in July 2013, the service was meeting the requirements of the regulations that were inspected at that time. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

Feedback from people who lived at the home was positive. Staff demonstrated they had a good understanding of the needs of people they supported. Staff were aware they should report concerns should they identify when someone was at risk of abuse. Staff had received safeguarding vulnerable adults training. We noted that following reporting a recent safeguarding incident to the Local Authority, the provider and registered manager had failed to submit a notification to CQC and inform all appropriate bodies. They told us in future they would ensure they notified the Commission of such events. We found notifications regarding other incidents affecting the health and well-being of people who lived at Ash- lee had not been reported to CQC.

Records in staff files showed us there were safe recruitment processes in place. Staff told us they were safely recruited and did not start their employment until all checks were completed. We found staff were supported through an induction process. New staff told us they felt well supported by their registered manager. Staff were supported to undertake training courses and received supervision by the registered manager.

People told us staff were friendly and caring and this was observed during our inspection. We found members of the staff team were welcoming and there was a friendly atmosphere in the home. Records and surveys showed us relatives were encouraged to visit and be involved in the care of their loved ones. People were supported to comment about the support they received by using easy read questionnaires. These were available for people to use when they find reading and writing more difficult. Questionnaires were available for people`s relatives to comment on the quality of care people received. In the questionnaires we viewed we read many positive comments regarding the care and staff support. However in two of the easy read questionnaires we found some comments had not been managed in a timely way. There were no formal complaints at the time of the inspection.

There was a new registered manager in post since the last inspection. The registered manager had worked at Ash-Lee and had been promoted to her new role. We found there were career development opportunities for staff. Although the registered manager provided regular support and supervision for her staff team, we found there was no formal supervision process in place for the new registered manager. At this inspection we found gaps in her knowledge and experience in her new role.

We were told the service was short staffed. Staff provided cover for each other during times of absence. This meant people benefitted from being supported by staff who knew them well and understood their care needs. However staff were responsible for the cooking, cleaning in the home as well as providing care and support for the people who lived at Ash-Lee. We found the deployment of staff at lunchtime was not always managed for the benefit of the people who lived at the home. There were two new staff on duty and two other staff had recently been recruited. They were awaiting all appropriate recruitment checks before they commenced working at Ash-Lee.

Care plan records showed us people were involved in their care. We found staff had a received training regarding the Mental Capacity Act 2005 (MCA).
Some essential maintenance checks of the building was not always carried out. There was no risk management in place regarding the hot water in people`s bedrooms. We found the hot water temperature in one person`s bedroom too hot. We found that regular monitoring was not in place regarding window restrictors and hot water temperatures in some areas of the home. We have made a recommendation about the maintenance of the home.

Although we found there were quality monitoring systems in place these were not always effective. We found that risk management for people was not always well managed. Information regarding changes in people`s health was not always responded to in a timely way. One care plan record indicated this person had lost a substantial amount of weight. There was no evidence action had been taken. We found there was a breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to meeting the nutritional and hydration needs of people. You can see what action we told the provider to take at the back of the full version of this report.

Staff knew and understood people's history, likes, dislikes, needs and wishes. We found staff demonstrated positive relationships with the people they supported. We found staff treated people with respect and patience. Although we found some signage in use regarding the menus at mealtimes, this had not been extended to other parts of the home. We have made a recommendation about incorporating dementia friendly signage in the home.

Since the last inspection we found several incidents had not been reported to the Commission. These related to a safeguarding incident, a pressure ulcer, a fall resulting in a hospital admission and the boiler breaking down resulting in no heat or hot water for several days. It is a requirement for the provider and the registered manager to submit notifications regarding these incidents. We found there was a breach in the Regulation18 of the Care Quality Commission (Registration) Regulations 2009in relation to the failure to notify the Commission when incidents have affected the health, safety and welfare of people. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider and registered manager did not submit a notification to inform the Commission when they suspected someone was at risk of harm or abuse. Other appropriate bodies were not informed of the safeguarding concerns. However they did report safeguarding concerns to the local authority for their investigation.

The maintenance of the environment was not always safe. We found the hot water temperatures in people`s bedrooms and window restrictor checks were not routinely checked. The temperature in the downstairs lounge and hallway felt uncomfortably cold.

The deployment of staff during mealtimes was not well managed.

People`s medicines were managed safely and medication was stored safely.

There were safe recruitment processes in place.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always protected against the risks of malnutrition. We found in one person`s care plan their weight loss was not being effectively managed.

We observed people were not deprived of their liberty. The registered manager had received Mental Capacity Act (2005) training. Mental capacity assessments were undertaken and reviewed as part of the care planning process.

Staff were supported through training and supervision. New staff received induction training.

People living with dementia were living in an environment that needed some improvement in order to help them achieve more

independence.

Is the service caring?

Good

The service was caring.

We observed relationships between people and staff were warm and friendly. People spoke about staff with affection and in a caring way.

We found staff were caring and attentive.

Staff promoted people`s privacy and dignity in the care they provided.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We found that staff did not consistently respond to people`s changing health care needs.

Care plan records were personalised and staff were knowledgeable regarding people`s needs.

There was a range of activities available for people. People were supported to maintain friendships and their links in their local community.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider and registered manager did not always submit notifications regarding incidents affecting the well-being of people to CQC.

People living at Ash-Lee and staff were consulted and involved in the way the home was managed. However some improvements were required to ensure that information of concern gathered in quality assurance systems were addressed in a timely way.

Formal questionnaires and surveys took place to gain feedback from people and their relatives.

Ash-lee

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 January 2016 and was unannounced.The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We had not received any notifications since the last inspection.

We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, two members of staff, six people who lived at the home and one visitor.
We looked at care records of three people, staff rotas, staff recruitment and staff training records and records relating to the management of the home.

We also contacted the commissioning department at the local authority prior to our inspection. There were no concerns shared with us at the time of this inspection. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Requires Improvement

Is the service safe?

Our findings

We asked people what would they do if they were worried or had concerns about their safety and well-being. One person commented, "I would tell them and report it. It`s a nice home here." A second person told us, "I would tell you or my sister." This showed us some people felt able speak out and knew what action to take if they felt unsafe.

Some people we met were unable to directly express to us what they would do if they felt unsafe or if they had any concerns about their care and treatment. We found the registered manager undertook an annual survey in order to gather the views of people about their care and staff support. This was written in an easy read format using pictures and symbols to assist people with communication difficulties to express themselves. This was good practice as it is another way of assessing whether people are sufficiently able to raise concerns if they feel at risk of harm and abuse.

In the three surveys we read there were positive comments received from people. However in two instances we did read of some negative concerns expressed by people. One person had concerns regarding the attitude of staff. A second person expressed they would not tell anyone if they were unhappy with their care. Their comment read, "I like to keep things to myself." When we discussed with the registered manager what action had been taken in relation to this information we found that neither comments had been managed pro-actively. We were told the staffing concern was now no longer an issue due to the person no longer working at Ash-Lee. However we found no action had been taken in relation to exploring ways to support the second person to raise concerns. This showed us the systems in place to protect people from harm and the risks of abuse could be improved.

We found people had their own locks to their bedrooms and their personal belongings. One person told us they felt their personal possessions were safe.

We found staff had received recent safeguarding vulnerable adults training. Discussions with staff confirmed they understood what types of abuse people were at risk of. Staff were aware they should report concerns should they identify when someone was at risk of abuse. Staff told us they were aware of the home`s whistle blowing policy. This means staff are protected should they be required to report any poor practice they may witness in the workplace. This showed us staff were trained and supported to keep people safe from the risks of abuse.

We looked into the records of people who had been subject to an investigation under local safeguarding procedures. There was evidence the registered manager had reported safeguarding concerns to the local authority for their investigation. We found the registered manager had taken steps to manage the potential risks posed at the time of this safeguarding incident. At this inspection we found there were no longer any risks posed to people who lived at the home. However our records indicated that the registered manager and provider had failed to submit a notification to the Care Quality Commission regarding this safeguarding incident. We also found the provider and registered manager had failed to notify another appropriate body. It is a requirement that they should submit a notification regarding any safeguarding incidents to the

Commission. In our discussions regarding this matter, the registered manager acknowledged their error. She told us she had not realised this was a requirement. The registered manager told us she would complete and submit a notification regarding this incident. In future she would ensure any such incidents were reported to all appropriate bodies.

We looked at how the service was being staffed. People we spoke with did not raise concerns regarding the staffing levels in the home. We noted some people we met were very independent and were able to go out independently. However other people were more dependent upon staff for their care and support.

There were two staff on duty, the registered manager and a member of the management team. The registered manager told us ideally there should be two care staff on duty during the day, plus herself to provide management support. In addition to the care and activities provided, staff were required to undertake cooking, cleaning and washing in the home. The registered manager told us they were currently short staffed. She advised there were two new staff recently recruited who had commenced their employment. There were a further two new staff awaiting their recruitment checks before they could take up their positions. She added staff worked additional hours in order to provide care when there were any shortfalls in the staffing levels. They never used agency staff. This meant that people benefited from familiar staff who could provide a consistent level of support. Occasionally staff from a second home the provider owned locally offered assistance.

The registered manager advised that currently they were making changes with the staff employment hours. With the aim to increase staff availability to work additional hours and at the same time to reduce the impact of staff working excessive hours.

During our inspection arrangements were made for an additional staff member to work at short notice. This had a positive impact upon the people living at Ash-Lee. This meant that one person was supported to attend a dentist appointment, as well as providing support for two people to take their pet dog for a walk. The registered manager and senior management team provided an out of hours on call support. This showed us there were contingencies in place in case of an emergency.

Although we found the registered manager was taking steps to manage the staffing levels within the home, we did not find the deployment of staff during mealtimes was well managed. We found staff were busy serving meals and taking away plates. This meant staff were continually in and out of the dining room. This did not contribute to a relaxed and social mealtime. We found there was never a consistent staff member available in the dining room to monitor and provide assistance to people. We observed one person struggle to reach their desert. Their hand shook and they had difficulty in using the utensils given to them to eat their meal in comfort. Some people ate off small portable tables, and we noted the heights of the tables were not adjusted to the individual needs of people. One person told us they had been waiting to go to the toilet for 10 minutes. This showed us the staffing levels deployed across the home were not managed for the benefit of the people who lived at Ash-Lee.

One staff member told us, "We would sometimes benefit from an extra person, not a caring role but at mealtimes and doing the cleaning. I think the residents miss out." A second staff member added, "I think there is usually enough staff, we are struggling at the moment. We do have two new starters." This showed us the staffing levels in the home were not always consistently managed to meet the needs of people who lived at the home.

The registered manager completed a range of risk assessments to identify the potential risk of accidents and harm posed to people in their care. They included pressure care, moving and handling, nutritional risk

assessments, falls management and the identification of risks when people were undertaking external trips.

Although we found there were processes in place regarding the identification of risks, we did not see that any concerted action was always taken as a result of concerns for people being identified. In one care plan we found nine records of falls recorded over a nine month period. Records showed some action had been taken in isolated events; however no one had taken an overview to analyse the frequency of incidents. This showed us the registered manager was not always analysing information in order to manage and reduce the risks posed to people.

Accidents and incidents were not always reported and reviewed and reported to the Commission and other appropriate authorities. The registered manager advised us that one person was receiving treatment for a pressure sore by the district nurse. We asked the registered manager if they had submitted a notification advising CQC regarding this matter. She told us she had not because she was not aware she had to. This information would assist the Commission and other appropriate bodies with their ongoing monitoring of the service.

We checked the environment to make sure it was safe. We found there was some equipment available to support people and promote their independence. There were a range of pressure cushions in the lounge. There was a blanket available on one of the lounge chairs for additional warmth, and a stair lift to the first floor. However we noted there was not an accessible toilet to the ground floor. We found many people spent time and ate their meals in the ground floor lounge area. One person we observed required staff assistance to locate the toilet area on the first floor. Although there was a stair lift to this floor, this meant people may be dependent upon staff to operate it. This showed us aspects of the environment could be improved.

The registered manager advised us there had been some re-decoration and re-furbishment invested in the home for the benefit of people who lived there. Unfortunately due to recent storm damage, the re-decorated upper floor lounge had suffered a roof leak. The room had been closed off for essential repairs. We found two of the windows in that room required some maintenance to ensure they operated safely. We found the upstairs hallway had been redecorated, and it was bright and fresh. This brighter area would assist people to move around their home more safely. In the downstairs lounge there were two ceiling light bulbs that required replacement. This showed us routine maintenance was not always kept up to date for the benefit of people who lived at Ash-Lee.

We were advised there were plans to replace the kitchen flooring and worktops. The last inspection undertaken by the food agency in September 2014 awarded the home 5 stars. This rating was awarded at the time of the inspection and means the standard was found to be very good.

The registered manager told us through a process of consultation there was no longer a smoking area in the home. She told us she had found some people had been found to be passive smoking for long periods of time when spending time together in the smoking area of the home. Although the cessation of an indoor smoking area was seen as a positive development, the impact of people smoking outside the front of the house had created another problem. It was a very cold winter`s day when we inspected, and the effect of the front doors being opened and closed by those people who smoked had reduced the temperatures in the hallway and lounge to an uncomfortable level. We observed one person in the lounge was shivering and stating they felt cold.

We spent time with people in the lounge and sat on the seats by the large bay windows. We found there was a cold draught from the windows in that area of the lounge. There was no independent means to monitor the room temperatures in the home to ensure they were at a safe level. The registered manager agreed with

our findings and told us she would take action to ensure the room temperatures remained at a safe and comfortable level for people. This would help to keep people safe and well. She added that she would look for an alternative outdoor smoking area through a process of consultation with the people who lived at Ash-Lee.

We found the provider had fitted window restrictors to most of the windows in the home. Window restrictors prevent windows from opening too wide. This helps to reduce the risk to people who could fall out of windows, should they not have the capacity to understand the risks posed to them.

However the top office window did not have a window restrictor in place, and the office door was not locked. We noted there was a toilet next door, which was frequently used by people. We discussed there may be some concerns regarding the type of restrictors the provider had fitted. This is because there is some evidence to say the restrictors can be operated and opened independently. This means there remains the potential for someone to open the windows independently and therefore poses a risk to people. The registered manager told us she would seek advice from the Health and Safety Executive [HSE].

Records indicated emergency lighting and fire exits were checked on a monthly basis. Fire drills were undertaken regularly. Personal call bells were also regularly checked to ensure they were working. Although we found there were a range of building maintenance in checks in place, some aspects of the safety of the home was not being monitored. We found regular checks did not include the safe operation and maintenance of windows. We found hot water temperature checks in people`s bedroom was not being monitored. The registered manager advised us she had been told by the provider because people who lived at Ash-Lee had the capacity, they were not required to fit thermostats to the hot water taps. This meant there was no system in place to prevent hot water from reaching temperatures that could scald people. We found in one bedroom the hot water was very hot. The registered manager referred to guidance from the HSE and agreed they could do more to reduce the risks posed to people. This showed us people did not always benefit from living in a safe environment.

We looked at the procedures the registered manager had in place for assisting people with their medicines. Only members of the senior management team who had been trained could support people to take their prescribed medication. A senior member of the management team told us they undertook e learning training. They explained they were supported through observations and shadowing as part of their training. They told us they felt supported in their role. The registered manager completed medication spot checks and competency checks to ensure the senior staff team handled and managed medicines safely within the home. This enabled her to assess and monitor the ongoing competency of senior staff.

Staff we spoke with showed they were knowledgeable regarding people`s health conditions. A member of the senior management team was currently updating people`s care plan records to include information regarding people`s medicines. This is good practise as this information will assist the staff team to be aware of possible side effects and risks associated with their health condition. Staff we spoke with were aware of what action to take if they had any concerns. The registered manager told us they did not operate a homely remedy policy, because they preferred to seek the advice of the local GP. The home used body maps for the administration of creams. This is good practice as it reduces the risks of staff administering creams incorrectly.

We observed staff administering and recording some medicines. We found staff supported people to take their medicines safely. The home also utilised the support from the local pharmacist. Arrangements were in place for the pharmacist to undertake an independent audit within the next few weeks. Overall we found that there were safe systems in place to manage and administer medication that help protect the health and

wellbeing of people who lived at the home.

We looked at the recruitment procedures the registered manager had in place. We looked at three staff records. We found employment records in the staff files were completed, and included copies of application forms and character reference checks. The registered manager maintained records to demonstrate staff had Disclosure and Barring Service (DBS) or Criminal Records Bureau (CRB) checks were in place. Two new staff members told us they were recruited safely. They told us all checks were completed before they started working at Ash-Lee. This showed us there were safe recruitment procedures in place.

We spoke with people to check they were cared for in a clean and hygienic environment. We did not receive any negative comments from people we spoke with. We found the home to be furnished in a homely style. Bathroom and toilet areas were clean and tidy. There were no unpleasant odours present. Staff did not wear uniforms and were provided with protective clothing when required. Staff had undertaken infection control training and food handling training. There were infection control audits in place. This showed us people were being protected against the risks of infection.

We recommend the provider follows national guidelines from the Health and Safety Executive regarding managing the risk from hot water and the use of window restrictors in health and social care.

Requires Improvement

Is the service effective?

Our findings

People living at Ash–Lee did not always benefit from effective care. One person in the home had lost a significant amount of weight over several months. Despite nutritional risk assessments and weight monitoring in place highlighting the loss, no action had been taken. This was contrary to the risk assessment guidance. When we spoke with the registered manager she accepted our comments. Although she had not considered the person was at risk, she nor a member of her staff team had taken any action with regard to this weight loss. We found this person had lost 4.5lbs in one month. And over a 12 month period had lost 10.5lbs. This showed us the changes in this person`s weight loss was not being responded to in a timely manner. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs.

The main meal of the day was served at lunchtime. There was a choice of a hot meal available, with the option to have a sandwich or soup as an alternative. As Ash-Lee is a small home, staff supported people to make their menu choice the previous evening based upon their likes and dislikes. There was a board in the hallway indicating the menu choice, supported by photographs to assist people to read and understand this information.

The meal served looked nicely presented and we found people ate and enjoyed their hot meal. Comments regarding the meals were, "It was very nice, and I enjoyed it." A second person told us, "We have porridge and sometimes bacon and eggs." Feedback regarding the quality and choice of meals was included in the surveys. In the surveys we reviewed we did not read any negative comments. One person had asked for Chinese food, and this was agreed for people to have from time to time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found there were no restrictions made upon people. People were free to come and go as they pleased. This meant there were no keypads or locks on doors that limited people`s freedom within their home.

The registered manager had policies and guidance in place for staff to follow in relation to the Mental Capacity Act 2005. Mental Capacity assessments were included and reviewed as part of the care planning process. Discussions with the registered manager showed us she was aware of what action to take to ensure

decisions were made in people's best interests. Although other staff we met were newly employed within the organisation, they were able to demonstrate they had received some training as part of their induction to make them aware of this legislation.

Discussions with people and feedback from relatives via surveys confirmed they were involved in decisions about their care. Relatives were encouraged to visit, and spend as long as they wanted in the home. Some relatives lived some distance away and therefore it was not always easy to visit their loved ones. The use of surveys and letters to relatives helped to keep them involved and informed. This helped to reassure them regarding the level of care and support people received. We found care plan records and some medicines records were signed by the individual receiving care. This showed us people had consented to their care and support.

Staff we met had recently joined the care team at Ash-Lee. We found the staff to be caring and diligent and keen to provide a good standard of care for people. Staff told us they felt well supported through an induction process. One staff member told us, "Leah [registered manager] is so approachable; I have never had a manager like her." They added, "I have already had training in my induction and am completing my care certificate training." A second staff member told us, they had not worked in care for six years and recognised a lot had changed. They added, "I am supported really well." We were aware the registered manager was managing a lot of change with her staff team; due to staff shortages she was recruiting new staff to her team. However it was evident that new staff were being supported with their personal development. Records in staff files indicated staff received supervision. The registered manager told us she was proud of her staff team. She told us staff were enthusiastic and brought activities in to support people.

Staff were currently undertaking dementia awareness training. Some staff were undertaking nationally recognised training including the registered manager. The registered manager was in the process of updating her training matrix. However due to the computer not working, this was not available on the day of our inspection. An up to date training matrix would assist the registered manager to monitor the training needs of her staff team. This would enable her to identify any gaps and ensure mandatory training was kept up to date.

We found there was limited signage available in Ash-Lee. Although it was recognised some people could manage very independently, this was not the case for everyone. Signage would assist people to navigate themselves around their home more independently. Although there was some pictorial information on display regarding the menus, no other signage had been extended to other areas of the home. Such as the toilet and bathroom areas and people`s bedrooms.

We recommend the provider refer to best practice guidance for the development of dementia friendly environments.

Good

Is the service caring?

Our findings

We looked to see how well people were cared for. We found people were relaxed and happy in their home. There was a friendly and welcoming atmosphere. People looked well cared for and were smartly dressed. Through a process of consultation it had been agreed between everyone living at Ash-Lee for one person to have a pet dog. We found people responded to the dog with affection. It was a quiet well behaved dog and we saw people enjoyed it`s company, whilst others enjoyed taking it out for a daily walk.

One person we spoke with was keen to show us their room. They showed us their treasured family heirlooms and photographs. Their room was personal and reflected their individuality and preferences. They showed us their rail and bus travel cards. They told us they used them for travelling extensively across the country on holidays and to visit friends. Although it was a very cold day, they wore layers of suitable clothing. They were well wrapped up in order to enjoy the outdoor lifestyle they clearly enjoyed.

Throughout the day we saw people had unrestricted access to their personal rooms and some people chose to spend part of the day in their room.
A second person told us they liked living at Ash-Lee, they commented, "It makes me feel homely; I can just relax and go to the pub." This person enjoyed the company of a friend who was welcome to visit every day. Their friend also stayed for lunch. We found people were supported to maintain their friendships and that was clearly important to people.

We observed staff to be very caring and attentive to people`s needs. One person told us, "I like Leah [registered manager] she is alright, she is good." Staff were enthusiastic, and appeared to be happy supporting people with their needs. We found staff had a good rapport with people and knew people well. When a staff member came on duty, we saw people greet them with affection. This showed us people were cared for by staff who treated people with kindness and respect.

The registered manager told us she was promoting personalised care with her staff team. She had information such as a dignity charter on the wall to remind staff of the values she wanted them to uphold.

Staff demonstrated a good awareness regarding treating people with dignity and respect. Staff had referred to information in people`s care plans to assist them with their knowledge of how to care for people`s individual needs. Staff told us care plan information was helpful to them. A member of the senior management team was currently updating care plans to include people`s daily routines. She told us she considered this information would be helpful to new staff joining the team. This showed us staff were reflecting and reviewing their practises in order to make improvements for the benefit of people living at Ash-Lee.

There was not currently any local ministry team visiting the home to provide spiritual support and worship for those who wished to attend. The registered manager advised us that a local team had recently been in touch and she intended to follow this up. This would be a good development as it would support people with their faith and spirituality.

People were involved in decisions about the running of the home as well as their own care. We saw records of meetings for people who lived at the home and saw people had the opportunity to comment about the home. We saw people were asked about the food menus, their relationships with staff, and if they felt they were treated with respect.

Requires Improvement

Is the service responsive?

Our findings

People who lived at the home were allocated a named member of staff known as a key worker. This enabled people to work more closely together with staff on a one to one basis. This meant staff became more familiar with people`s needs and choices. This was especially beneficial for people who had limited ways of communicating their needs as it allows more time to get to know people and develop closer working relationships.

Some people we spoke with had an understanding of their care needs. One person told us, "I go to the dentist today; one of the staff will take me." Although they appeared to be anxious and worried about going, they also felt reassured by the support provided from a member of staff. This person went on to tell us, "The optician came yesterday to check my eyes." and went on to share with us, "I have diabetes, I cut down on sugar and I take medication." This showed us people were supported to be involved in their care and access external healthcare support.

People we spoke with told us they enjoyed activities arranged by staff. A second person we spoke with told us staff supported him to go on holiday for his birthday last year. It was evident from our discussions how important it was for them to have holidays and celebrate their birthday.

There were photographs in the lounge showing recent parties and celebrations. Art work people had made was on display in their home. There were musical events planned every two months. One took place during this inspection and people enjoyed their afternoon`s entertainment. People were supported to celebrate at Christmas with a party organised at a local hotel. Some people enjoyed pottering around their home, doing household tasks such as the laundry and serving meals. We found people were very happy in these roles and were very proud of some of the work they contributed. This showed us people were supported to pursue their own interests.

Care plan records contained a range of information regarding people`s individual needs. We found care plan records were personalised and contained a background social history of the person. This information was available to assist staff to get to know people individually to enable them to deliver personalised care. Records were clearly set out, well documented and easy to follow. Key workers were required to read and sign people`s care plans to ensure they had reviewed them on a monthly basis.

We read there was a range of health care professionals involved with some people`s care. We were told the district nurses visited to help dress and treat a person`s pressure ulcer. We noted in a second care plan record, following a fall a referral had been made with the district nurse to re assess them to ensure their slippers fitted correctly. Although we saw some good practice, we found staff did not always respond to people`s changing health care needs. We found that the number of falls one person had experienced over a period of time had not been consistently followed up. This meant that referrals to other health professional had not been considered. This showed us that the service was not always responsive to people`s changing needs.

Staff we spoke with were new to their work at Ash-Lee. They had not undertaken any formal conflict management training. However as part of their induction they had been given an insight in how to manage potential conflicts or challenges that may arise between people. Although we were told incidents were infrequent, they gave us examples of incidents they had managed. They gave examples of the strategies they used such as distraction to manage situations. We found staff responded well to our discussions regarding this aspect of care. This showed us staff had been supported to respond to potential conflict should it arise.

We looked to see how people and their relatives were supported to raise concerns, make formal complaints and give compliments. There were no formal complaints raised with the management of the home at the time of this inspection. There was a formal complaints procedure in place. This information was made available when people moved into Ash-Lee. There was also a copy available in the office. This showed us people were being supported to raise concerns should they wish.

Requires Improvement

Is the service well-led?

Our findings

Since the last inspection a new registered manager had been appointed. The registered manager had worked at Ash-Lee and had been promoted to her new role. She had successfully achieved her registration with CQC in January 2015. Although it was evident she was very caring and motivated to provide a high quality service we found gaps in her knowledge and experience in this role. She told us she felt well supported by the provider and the senior management team. However she had not received any formal supervision since taking up the registered manager`s role. We were told there had only been one senior management meeting early in 2015. This showed us she had not received any formal supervision and guidance to support her to develop her knowledge and skills in her new role and responsibilities.

We found that incidents affecting the health and well-being of people were not always reported to the appropriate bodies. The provider and registered manager did not submit notifications regarding incidents affecting the well-being of people to CQC. A recent safeguarding incident had highlighted the provider and registered manager were not aware of their responsibility to notify the Commission and other appropriate bodies [DBS]. They had however informed the local authority and worked in an open and transparent way. They had also managed the potential risks posed at that time to safeguard people.

We found incidents such as a fall resulting in a hospital admission, the development of a pressure ulcer, and the breakdown of the boiler had not been reported appropriately to the Commission. This information would assist the Commission with their ongoing monitoring of the service. The registered manager acknowledged the gaps in her knowledge and informed us she would ensure in future incidents were reported as required. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. Notifications of other incidents.

We found there were a range of quality monitoring systems in place. They included auditing care plan records, medication audits, infection control audits and the maintenance of the building. However the range of quality audits currently in place were not always effective. The registered manager and provider did not undertake thorough analysis of information documented in their monitoring systems. This meant that timely action was not taken to address any concerns regarding people`s health and well-being. Such as the loss of weight and the increase in falls we noted in some care plan records. Secondly we found the current maintenance checks in place had failed to identify and address the lack of maintenance to some aspects of the environment. There was no monitoring of window restrictor's and no regular monitoring of hot water checks in some areas of the home. We found in one of the bedrooms the hot water temperature was unsafe. There was no risk management in place with regard to reducing the risks of people scalding themselves with hot water in their bedrooms. We found the deployment of staff and the risks posed to people at mealtimes was not well managed. We also found the temperature in the hallway and downstairs lounge was uncomfortably cold. This showed us people did not always benefit from living in a home that was well managed.

There were systems in place to listen to the views of people and their relatives. This showed us people were involved and had an influence in how their home was run. We read some positive comments from people

and their relatives in a survey undertaken. One relative wrote, " …is happy here, all the staff treat residents with kindness." A second comment read, "Thank you all for all you do. It is much appreciated." Although we noted some feedback received was positive we did read some comments that had not been managed by the registered manager in a timely way. This showed us feedback was not always acted upon and responded to as appropriate.

Staff told us they felt listened to and were supported in their role. One staff member told us, "Everything runs really well. Everyone gets support and help when they need and all the residents are happy." We found the registered manager supported a positive and open culture within the home, where staff enjoyed their work. The registered manager told us staff found it difficult to attend staff meetings. In order to manage this, the registered manager had planned the next staff meeting to follow a staff training event she had organised. This would support staff to attend the staff meeting. This forum would enable them to have a collective voice when discussing aspects of care they provide.

Some members of the senior management team had arranged to attend training to assist them with their knowledge and understanding regarding recent changes in health and social care. Unfortunately the registered manager told us she had been unable to attend. She told us it was her intention to arrange training at a future date. This would assist her to develop her knowledge and understanding of her responsibilities as a registered manager.

During our inspection and at feedback with the registered manager told us she would take immediate action to address the shortfalls this inspection had identified. This would help to minimise the risks posed to people and improve the quality of the service provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider and registered manager failed to notify the Commission of events that affected the health and well- being of people who live at Ash-Lee. Regulation 18 (2)(a)(i) (b)(ii) (e) (g)(ii)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider and registered manager did not take action when care plan monitoring systems and food and nutrition risk assessments indicated action was required when people lose weight. Regulation 14 (4)(a)(d)