

Jeesal Residential Care Services Limited

# Ashwood House - Norwich

## Inspection report

Church Corner, Coltishall Road  
Buxton  
Norwich  
Norfolk  
NR10 5HB

Tel: 01603279851  
Website: [www.jeesal.org](http://www.jeesal.org)

Date of inspection visit:  
06 December 2022  
12 December 2022

Date of publication:  
05 January 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Ashwood House - Norwich is a residential care home providing personal care to up to 7 adults with a learning disability or autistic people. The service accommodates 5 people in the main house with a shared communal lounge and kitchen. Accommodation for a further 2 people is provided in two self-contained flats.

### People's experience of using this service and what we found

**Right Support:** People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** Care records were detailed and personalised ensuring people were supported in a consistent approach from staff. People's dignity, privacy and human rights were being upheld. People were treated as individuals and were able to express themselves how they chose. Staff training ensured they had the necessary skills, knowledge and expertise to safely meet people's needs.

**Right Culture:** Leadership at the service had now become imbedded and ensured staff were clear on their expectations. People knew who the manager was and was happy engaging with them and would seek them out if they had a concern. People were empowered to lead meaningful lives and advocate for themselves wherever possible.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 29 April 2022)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashwood House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Ashwood House - Norwich

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by 2 inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ashwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashwood House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We undertook 2 visits to the service on 06 December and 12 December 2022. This inspection was unannounced; however, we gave a very short period of notice for our return visit on 12 December 2022. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people using the service and 6 relatives about their experience of the care provided. For those people unable to communicate verbally with us we observed the support provided. We spoke with 8 members of staff including the manager, deputy manager and care staff. We also spoke with the nominated individual when providing feedback at the end of the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the registered provider.

We reviewed a range of records. This included care and medicine records relating to 6 peoples care. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and incidents were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection risks to people had not always been identified and actions to mitigate risks had not always been taken. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Care plans gave clear and concise information to ensure staff could support people safely and consistently.
- Since our last inspection clear protocols were now in place detailing what action staff were required to take following falls in different situations, such as a fall during night hours when staffing levels were reduced.
- Risk assessments were detailed and promoted peoples independence whilst ensuring known risks were mitigated as much as possible.
- The management team have used the previous inspection to support guide and develop the service, embedding clear documentation and protocols for staff to follow for the benefit of people residing at the service.
- Relatives of people felt the service had improved since our last visit. A relative told us "The service is super and a massive change. I can now see the difference. [Loved one] is totally safe and I am kept informed of everything.

### Using medicines safely

At our last inspection medicines were not always being managed safely. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Records showed that people received their medicines as prescribed and staff carried out frequent checks. Occasional medicine errors were logged and handled in a way that would have led to learning and

improvements.

- Medicines were stored securely. However, we identified medicines risks around when medicines required refrigeration, the use of paraffin-based topical medicines and fire and for a person who was partly involved in handling and self-administering their own medicines. Following the first day of inspection, the service promptly put in place appropriate risk assessments and signage.
- Staff had received training on medicine management and been assessed as competent to give people their medicines.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to direct staff how to recognise and report any safeguarding concern. Staff had also undertaken training in this area.
- Staff were clear on what constitutes a safeguarding and were clear on what actions to take to keep people safe. Appropriate signage was on display through out the service to direct people, staff and visitors on reporting processes.
- Where incidents had occurred these had been analysed by the registered manager to identify any themes or trends to identify actions that could be taken to reduce likelihood of these reoccurring.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were safely recruited and checks were made on their suitability through references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed sufficient staff being deployed on the days of our inspections, as well as consistent staffing levels on the staff rota's we reviewed. Staff told us they felt there were enough staff each day to safely support people.
- Staff had completed a variety of training courses and had the knowledge and ability to support people safely with varying support requirements.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.



- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Family members and friends were able to visit their loved ones in line with current government guidance in addition to people visiting their family members regularly.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection collaborative assessments of people's need's and preferences had not been carried out. The care provided had not been designed with a view to achieving people's preferences and needs were not met. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans were personalised to people about their preferences. People we spoke to confirmed that they had been involved in creating their care plans and were happy with how they were being supported.
- Where the support had been amended to people following input from healthcare professionals, clear records were kept of input from this professionals for reference.
- People were supported into the community to a variety of locations. People we spoke to talked to us about their friendships away from the service and how they were supported to maintain these relationships.
- People were supported by staff to express themselves in a manner they chose. Staff supported people to maintain their protected characteristics in a person centred way.
- People were observed advocating for themselves on the days of the inspection, choosing what they wanted to do and how they wanted to spend their time. People we spoke to confirmed they would tell staff if they didn't want to do what was being suggested.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection the care provided had not been designed with a view to achieving people's preferences and needs in respect to communication. This was a breach of regulation 9(1) of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were supported with varying communication approaches. These included using hand signs that were known to a person. Clear documentation in the persons care plan detailed the signs to use to express different information, ensuring the approach was consistent.
- Staff were observed supporting people in their preferred communication method consistently over both days of inspection.

Improving care quality in response to complaints or concerns

- Complaints were reviewed by the management team and responded to the complainant where this was known. All responses included a full overview of the complaint, findings and any actions taken to reduce likelihood of future complaints.

End of life care and support

- No one at the service was receiving end of life care and support at the time of the inspection.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to have effective governance systems in place to ensure compliance. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improved governance was identified at this inspection across all areas. Due to this increased level of oversight the compliance of this service had now improved.
- Staff were clear in their daily duties and supported people in line with their own wish's detailed within their care plan. Staff were observed speaking with dignity and respect when engaging with people and talking about them.
- The provider had taken feedback on board following our last inspection and have used this experience to improve and imbed positive changes to the service. This ensured people live safer more fulfilling lives.
- The registered manager was clear on their regulatory requirements and contacted CQC when required. Documentation reviewed confirmed that appropriate actions had been taken in relation to notifying of regulatory events.
- Staff spoken to reflected on the positive changes that have now taken place at the service and that they were proud to work for this service now.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged openly and honestly through-out the inspection process.
- People's family members we spoke to were mostly positive about the communication at the service. Identifying that improvements had been made since our last inspection. A relative told us, " I can approach the manager. They are the best thing that has happened to Ashwood."
- Analysis took place when there were incidents to identify if there can be any improvements made to the service to reduce the likelihood of these occurring in the future. A family member told us "The manager

includes me in everything, they ring me if there are incidents."

- People we spoke to confirmed they were able to make choices relating to their own support and that they were in control of their own lives. Care records reviewed and observations confirmed this statement.
- Strong relationships had been formed between people and staff. People were observed engaging with staff about world events and not just those relating to the support they received.

Working in partnership with others

- External healthcare professionals were engaged in a timely way as required for the benefit of those supported. Visits from these professionals were documented and added to people's care plans.
- Feedback received from healthcare professionals was positive and they confirmed that they feel people were well supported and staff engaged their services in a proactive way to keep people well.
- Examples were shared by the management team of reductions in people's medicines due to the approach of staff and healthcare professionals to reduce people's frequency of agitation.