

Jonathan Ashwood Van-Wyk

Ashwood

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashwood is a small residential care home registered to provide care and support for up to 2 people. The service specialises in providing support to people who have a learning disability. At the time of our inspection there was 1 person living at the home. There was no registered manager in place. This was because the provider was exempt from this requirement as they are registered as an individual and in day-to-day control of the running of the service.

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

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.

Right Support

Ashwood had provided a family home, care, and support to the person for over 15 years, they told us they were happy. The person was supported to have maximum choice and control of their life 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

The person was supported to live a inclusive and active life. They told us Ashwood was their home and spoke highly of the providers. Dignity and respect were shown to enable the person to be confident when navigating the world. Risks to the person were assessed and covered all aspects of their daily life.

Right Culture

The providers were passionate about providing a stable, family home for people. The providers had extensive experience of the care sector and had created an open, supportive culture within their home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 27 June 2018).

Why we inspected

We had not inspected and visited this service since 2018. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 remained 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 on our website at 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashwood

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

The inspection was carried out by 1 inspector.

Service and service type

Ashwood 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 is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We gave the service 48 hours' notice of the inspection. 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 service improvement and safeguarding teams. The provider completed 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 the 1 person who lived at Ashwood and their relative about their experience of the care provided. We spoke with the 2 providers and owners of Ashwood. We reviewed feedback from a social care professional on their experience of the service.

We reviewed a range of records. This included the person's care record and medication records. We looked at recruitment documents for the 2 provider and owners of Ashwood. A variety of records relating to the management of the service, including policies and procedures 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 good. At this inspection the rating has remained as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Ashwood was a safe place to be. The person told us, "Yes, I feel safe. The providers [names] are always here."
- The providers understood how to recognise and report signs of abuse or concern. There was confidence in them to do the right thing.
- The providers had received regular training in safeguarding people.

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

- The person was supported to live an active, inclusive life. Risks had been identified, assessed and measures put in place to enable the person to live the life they wanted, safely.
- Risk assessments were reviewed regularly and updated in response to events and changes.
- Ashwood was a domestic, family home. Consideration had been given to fire safety within the home, and utility checks were up to date and appliances in good working order.
- There was evidence of lessons learned within the service by changes to routines and assessments in response to events. The providers were proactive in their support for the person, looking out for their best interests at all times.

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)

- It was not necessary for the home to apply for DoLS at the time of inspection. The providers understood the principles of the MCA and if needed, understood how to request legal authorisations to deprive a person of their liberty.

Staffing and recruitment

- Ashwood did not have any additional employed staff. The providers had the necessary checks in place to ensure they were able to provide care and support to people. This included a check from the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions

held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The providers had a regular training agreement in place with the local authority. This meant they were undertaking regular training in core subjects related to the care of people. Both providers were confident in their role and understood what was expected of them.

Using medicines safely

- Medicines were managed safely within the home. The person had been supported to self-administer their own medicines. This supported independence for the person.
- The provider had considered short term medicines and supported where necessary as this was out of the person's routine. Where this was necessary the provider had the necessary medicines administration record in place.
- The providers had undertaken medicine administration training, which was updated regularly.

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. Ashwood was a domestic, family home and was clean and tidy.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was following safe infection prevention and control processes. Working in accordance with government good practice guidelines.
- There were no restrictions to visiting the home.

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 good. At this inspection the rating has remained as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Ashwood was led by the person. The providers supported this by creating an inclusive living environment. The person told us, "This is my home, and I am happy here."
- There was a culture of acceptance and respect within Ashwood. The providers were passionate about supporting the person.
- The providers encouraged open dialogue within the home, to discuss worries or concerns.

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

- The providers understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The providers understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- Ashwood did not have any notifiable events up to the date of the inspection.

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

- The providers understood their role and responsibilities within the service. Providing a safe, nurturing, family environment for the person.
- The providers showed a good understanding of the requirements and legislation; benefitting from an extensive health and social care career.
- The providers understood the importance of keeping up to date with practice and training.
- Ashwood sought to continually evolve and improve. Seeking input from the person and supporting them with their goals and aspirations in life.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The providers at Ashwood worked with a variety of health and social care professionals for the person they supported. The providers were open and accepting of their regulatory responsibilities.
- The providers did not undertake formal surveys and quality assurance as Ashwood was a single-family

home. The person told us they were part of the provider's family.

- Ashwood and the providers had received positive feedback from a recent local authority review of the person's placement.
- The providers worked well with all other external professionals involved in the person life.