

Jeesal Residential Care Services Limited

Ashwood House - Norwich

Inspection report

Church Corner, Coltishall Road
Buxton
Norwich
Norfolk
NR10 5HB

Date of inspection visit:
08 April 2019

Date of publication:
23 April 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Ashwood House provides accommodation, care and support for up to seven people with a learning disability. The service is situated in the village of Buxton. There were seven people living at the service on the day of inspection.

People's experience of using this service:

- People and their relatives made positive comments about the care provided at Ashwood House. Comments included, "I have peace of mind as [person] is totally looked after. I can't express how happy I am with the care," and, "I am quite happy with it all." One person said, "It's my home. I like living here."
- People received care and support from a stable staff team who knew them extremely well.
- Care was delivered in a person-centred way based on people's preferences.
- Staff encouraged people to be as independent as possible.
- Risks people were exposed to were assessed and measures were put in place to minimise them.
- People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way.
- People were involved in their care and support and staff respected their privacy and dignity.
- Staff had a good understanding of people's needs, preferences, histories, and routines.
- People received appropriate support to maintain their health and to achieve good health outcomes.
- Opportunities were offered and enabled people to take part in a wide range of activities which met their individual choice and preferences. This enabled people to achieve positive outcomes and a good quality of life.
- Staff felt listened to and valued and they felt involved in the development of the service.
- The service was well managed and systems were in place to check the quality of the care provided.

Rating at last inspection: Good (report published 12 April 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

Good ●

Ashwood House - Norwich

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Ashwood House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We telephoned the service on the day of inspection to check people would be at home before we visited. The inspection took place on 08 April 2019.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually, 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 four people using the service and observed the support provided to those who were not able to speak with us. We spoke with three relatives and four members of care staff. We also spoke with the two deputy managers.

We reviewed five people's support plans, risk assessments and two people's medication records. We looked at records relating to training and systems for monitoring quality, meeting minutes and questionnaires providing feedback from professionals involved with the service. We also looked at complaints and compliments.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding. They demonstrated a good awareness of safeguarding procedures and what to do if they suspected any abuse.
- The registered manager was aware of their responsibility to report any safeguarding concerns and to liaise with the local authority.
- Information about safeguarding was available to people using the service, staff, and visitors.

Assessing risk, safety monitoring and management

- Risk assessments were in place covering areas such as accessing the community, personal care and accessing the kitchen to provide guidance for staff on how to safely support people.
- Where people could become anxious or distressed, staff knew how to respond to reduce the distress or the risk of injury to the person and others.
- Environmental risks were identified, assessed and well managed.
- Equipment such as the fire alarm system was checked to ensure it was fit for purpose. One recommendation made by the fire service on a recent visit had not been actioned. The deputy manager immediately looked into rectifying this.
- Evacuation plans were in place to guide staff on how to support people in case of an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs and staff had time to spend with people to ensure their wellbeing and enable them to participate in activities they enjoyed.
- Where people required consistent support from an allocated member of staff to ensure their safety, one to one staffing was provided.
- Regular agency staff covered some shifts. Last minute absence was covered within the team. One staff member said, "Sometimes we are short staffed due to sickness but only a couple of times a month. Whenever we are short, we all pull together, and people get where they need to be and where they want to go."
- Recruitment systems continued to be effective and ensured suitable people of good character were employed to work at the service.

Using medicines safely

- Medicines were safely managed, and accurate records were kept of medicines received into the service, administered and disposed of. Staff were trained and their competency to administer medicines was regularly assessed.
- Clear and comprehensive protocols were in place for medicines that were prescribed to be administered

on an 'as required' basis.

- Systems were in place to regularly audit medicines. Audits were undertaken by staff and by the pharmacy who supplied the medicines.

Preventing and controlling infection

- The environment was clean and fresh.
- Infection control training had been received by staff and personal protective equipment to prevent the spread of infection was available for staff to use.

Learning lessons when things go wrong

- Records were kept of incidents and accidents that occurred. These were reviewed and overseen by the registered manager who monitored these for any themes or trends. Any learning was shared with the staff team and changes made to how people were supported to reduce the risk of the incident occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to a person moving into the service, staff worked with the person, their family, their previous placement and health and social care professionals to complete thorough assessments of people's needs. These formed the basis for support plans which were reviewed regularly.
- Support plans contained information about people's individual needs and included their preferences in relation to culture, religion, and diet. They also included the qualities the staff member who supported them should have.

Staff support: induction, training, skills and experience

- The staff were well supported and they had received training to equip them to meet the needs of people living at Ashwood House. The registered manager understood the importance of continuously developing staff members skills and to share best practice.
- Staff received regular supervision, an annual appraisal and had the opportunity to attend a wide range of training and to gain formal qualifications. The deputy managers held a level 5 diploma in health and social care.
- Newly appointed staff received an extensive induction which included a period of shadowing experienced members of staff to gain knowledge of how best to support each individual.

Supporting people to eat and drink enough to maintain a balanced diet

- People could choose what they wanted to eat, and menus were discussed during the weekly tenant meetings.
- People were supported and encouraged to shop and assist with the preparation of meals to develop their independence.
- Staff had a good awareness of people's dietary needs and preferences.
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care

- When additional input was required to promote people's wellbeing, referrals were made to appropriate professionals and recommendations were acted on.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were very individual, personalised and reflected their interests and preferences. One person said, "I choose what I have in my bedroom."

- The environment was accessible, comfortable and decorated with photos which showed people taking part in activities.
- The staff team were pro-active in finding solutions to meet people's needs. One person recently had a new car to ensure support could be provided safely and in a way that best suited them.

Supporting people to live healthier lives, access healthcare services and support

- Staff knew people extremely well. They worked closely with healthcare professionals to ensure people's healthcare needs were met. One staff member had received a compliment from a healthcare professional about their knowledge of one person.
- Each person had a health profile which gave an overview of people's healthcare needs and provided important information to healthcare professionals such as the GP or hospital staff on people's communication needs, their likes and dislikes and how they liked to be supported.
- People were supported to maintain good health and medical appointments were recorded.
- People received an annual health check and their health and medication was reviewed at regular check-ups with their GP.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Decision specific mental capacity assessments were completed. Where people did not have capacity to make a decision, this was made in their best interests involving relatives and other health professionals where appropriate.
- Staff understood the importance of gaining consent before providing support. They supported people in the least restrictive way possible and the policies and systems in the service supported this practice.
- People were actively encouraged to make decisions for themselves and there was a strong emphasis on involving people as much as possible.
- The registered manager understood their responsibility to apply for DoLS as needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives were extremely complimentary about the care and the commitment of the staff and the positive impact they had on their family member. One relative said, "I cannot rate them [staff] enough for what they do and how they do it." Another relative said, "They [staff] really go out of their way to be pro-active."
- Staff provided support and reassurance as required and treated people with kindness and compassion.
- Staff had received training in equality and diversity and respected people's individual differences and actively encouraged people to express themselves as they wished.
- Staff knew people extremely well and displayed a genuine fondness for them. They were respectful and supportive to people and had developed positive relationships with them.
- People's information and communication needs were assessed and clearly recorded.
- Staff adapted their communication style to ensure people could understand and express their individual needs, according to their communication support plans.
- There was a strong recognition that although people lived together, they were individuals and the support people received was extremely person-centred.
- Compliments the service had received included, 'The willingness of the staff to get stuck into whatever person is doing is really good,' and, 'It's really lovely to come to a home where staff were prepared and knowledgeable about [person], very welcoming.'

Supporting people to express their views and be involved in making decisions about their care

- A range of communication aids were available for people who could not communicate verbally. These included objects of reference and 'Now and Next Boards.'
- Information was available in easy read format to aid people's understanding and included support plans, menus and safeguarding information.
- People and their relatives were encouraged to share their views about the care received. One relative said, "We have a yearly meeting to discuss [person's] care. It is so organised and they do what they say they are going to do."
- People were asked for their views through weekly tenant's meetings. Subjects discussed included day trips and menus and these views had been listened to and acted upon.
- Staff were patient and gave people the time they needed to understand and respond to requests and to make decisions. People's preferences and choices were respected. □

Respecting and promoting people's privacy, dignity and independence

- Staff were fully committed to enabling and respecting people's wishes in how they received support to live as independently as possible. People were encouraged to do what they could for themselves including

taking part in cooking and cleaning. One person said, "I love helping with any domestic tasks. I do cooking and help with roast dinner. I help the maintenance guy. I clean the bits up on the carpet and I pass them the nails."

- Staff treated people with privacy, dignity and respect and provided compassionate support in an individualised way. One relative said, "The staff think as much of [person] as I do."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People took part in a wide range of activities to meet their individual needs and enhance their well-being including trampolining, shopping and bowling. One person said, "I might go to The Range as I going to buy some things to make for Easter. I love arts and crafts. I made a mask this morning. I like going out all the time. I am a busy guy." One relative commented, "[Person] loves to be busy and they always are."
- People's likes, dislikes and what was important to the person were recorded in person centred support plans which reflected their physical, mental and emotional needs.
- People's care and support was person centred, regularly reviewed and changes were made as required to meet people's needs. One staff member said, "It is definitely person centred and the individual definitely comes first."
- People were encouraged to be part of their local community and accessed local shops and resources. One person used the beauty salon next door to the service and liked having their nails done and having a massage.
- The registered manager identified people's information and communication needs and was aware of the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in support plans. These needs were shared appropriately with others.
- Support plans provided information about what a good day looked like for the person and the support they needed to have a good day. They also provided information about what a bad day looked like and the support the person required to ensure they did not have bad days. This meant staff were clear about the standards of care and support people should receive to ensure their positive wellbeing
- People were supported to maintain relationships with those who were important to them. People's relatives could visit at any time and were welcomed by the staff team. One relative said, "It is always a pleasure to go to Ashwood House."
- People had developed friendships with those living in another service run by the same company. They visited people in the service and chose to go on holiday with them. During the inspection, one person was going to meet friends for lunch.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and a pictorial version was on display to aid people's understanding. This detailed how people could make a complaint or raise a concern and how this would be responded to.
- Relatives felt the management team were approachable and where issues were raised action was taken to make improvements. One relative said, "When I do have issues, I bring it to the attention of the deputy manager and they rectify it to solve the problem."
- Complaints which had been received were logged in a book along with the compliments. No formal complaints had been received recently. One informal complaint had been received. The deputy manager told us what action had been taken to deal with the concern, however, this action was not formally

recorded. The deputy manager said they would review the system for managing and logging complaints.

End of life care and support

- No-one was currently receiving end of life care, however, the staff team received online training in this area.
- Some people had recorded their preferences and wishes about their end of life care.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, their relatives, and professionals were positive about the service. Comments included, "[Person] is the happiest they have ever been," and, "They [staff] are transparent about what they are doing and there is always someone to talk to you about any concerns."
- Regular quality audits of the service took place to check practices and records were maintained to a good standard and were effective.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Two deputy managers provided additional support to the registered manager who was managing two services. The management team had a good oversight of what was happening in the service and demonstrated knowledge of all areas. They were passionate about providing a high-quality service.
- The registered manager demonstrated through the completion of the Provider information return (PIR) they understood their responsibilities and kept up to date with best practice through networking with other managers across the organisation and the use of the internet. They reported to CQC appropriately and submitted any statutory notifications that were required.
- The staff team were clear about their roles and felt they worked well as a team. One staff member said, "The team work very well together and are very supportive. The people come first."
- People could access the latest CQC inspection report, although the rating was not displayed in the service. This was actioned immediately by the deputy manager. A link to the report was available on the registered provider's website. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a motivated culture within the service. Staff spoke positively about the people they supported and the leadership provided by the management team.
- Staff felt the service was well led and the registered manager was supportive. One staff member said, "People get good care here, [registered manager] does their best to get people what they deserve. The management team are good. Any issues, there is always a manager or deputy available. They work well between them."
- Staff meetings were held and issues such as people's holidays and medicines were discussed.

- The registered manager and the staff team knew people well which enabled positive relationships and good outcomes for people using the service.
- People and those involved with the service completed an annual questionnaire to provide feedback about the service. The feedback received was positive. Comments included, 'The staff have gone above and beyond to help [person] in every way and we are so grateful as well as being kept informed' and ' [Person] is very happy and when they are happy, we are happy.'

Continuous learning and improving care

- Staff felt they could contribute to improving the service. Comments included, "We make suggestions for improvements. It's always part of our role. If a decision is not good, we work to find solutions and come to an agreement. We work as unified as we can."
- The management team had an open and positive approach to feedback and used this to develop the service. A development plan was in place and action taken in line with identified timescales. Areas for development included further decoration of the environment.

Working in partnership with others

- The registered manager and staff team shared information and worked with other professionals such as SALT (Speech and Language Therapy) and the community learning disability team to ensure positive outcomes for people.