

# Jeesal Residential Care Services Limited

# Ashwood House - Norwich

## Inspection report

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Date of inspection visit:  
03 August 2021

Date of publication:  
13 September 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Ashwood House - Norwich is a residential care home providing personal care to up to seven younger adults with a learning disability, sensory impairment, physical disability or mental health condition. There were seven people living there at the time of this inspection. The service accommodates five people in the main house with a shared communal lounge and kitchen. Accommodation for a further two people is provided in two self-contained flats.

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

The person-centred and quality care that people received had been failed by the provider's lack of governance systems. This meant there was no effective and accurate oversight, assessment and review system being used. Two concurrent care planning systems were in place running the risk that neither were fully reliable or effective. Important information was either not being captured at provider level or potentially being missed by staff.

Whilst some audits were being completed to assess and monitor the service, we had doubts about their integrity and effectiveness. This was because we saw some records had been pre-populated and others which had been amended. Furthermore, the audits that were in place had either not identified the concerns we found at this inspection or failed to rectify them.

Improvements in the care and support people received was noticeable at this inspection and people's human rights were being better supported. Although not all risks had been identified and recorded as required, they were mitigated to some degree in practice however improvements are needed in this area.

People received care from staff who were motivated, skilled and knowledgeable, and understood their needs. Staff had received regular support and training and had been safely recruited. Medicines were managed safely. Staff understood their responsibilities around protecting people from the risk of abuse and improper treatment. They knew people's needs well.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the Safe and Well-led key questions, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service had been registered prior to the guidance however it met the key characteristics due to its small size, position in the community and homely environment. People received person-centred care that concentrated on their strengths, and a proactive and integrated approach had been adopted.

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 05 January 2021) and there were multiple breaches of regulations. We imposed conditions on the provider's registration which meant they had to submit monthly reports explaining the improvements they were making.

At this inspection, whilst we found some improvements, further development is required, and the provider remains in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We received concerns about the provider's governance systems and oversight of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains as requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Some of the concerns raised on the day of our inspection site visit were actioned immediately by the provider, such as the removal of accessible ladders and dirty shower drains. However, further risks remain that require the provider's attention.

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

#### Enforcement

This inspection evidenced that some improvements had been made and that two breaches of regulations found at the previous inspection had been met. However, the provider continued to be in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The previous inspection, completed in July 2020, also found a breach to this regulation and as a result, we imposed conditions on the provider's registration. This action will remain in place.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ashwood House - Norwich

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on a specific concern we had about the provider's governance systems and oversight of the service.

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

Two inspectors and an Expert by Experience undertook this inspection. The inspectors visited the service on 03 August 2021 and the Expert by Experience sought people's feedback remotely, via telephone, on 04 and 05 August 2021. 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 - Norwich is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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. The registered manager was not available for our inspection. We therefore liaised with the two deputy managers for the service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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. We used the information the provider

sent us in the provider information return submitted in February 2020. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and four of their relatives. We spoke with four staff including a deputy manager, one senior support worker and two support workers; we received written feedback from a third support worker. Two health professionals also provided written feedback on the service. We observed the care people received.

We reviewed a range of records. This included five people's care and support records and the medication records for three people. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies, procedures and quality monitoring audits were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found including liaising with both deputy managers.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to have effective systems and processes in place to prevent and investigate potential abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13. However, some concerns were identified, and improvements are still required.

- For one person who lacked capacity, the recommendations of a health professional made following a best interest decision were not being consistently followed by staff. This meant staff were not always providing support in the person's best interests, compromising their health.
- Improvements had been made since our last inspection regarding protecting people's human rights. The use of medicines and seclusion as forms of restraint had been considered and there was guidance in place for staff to follow.
- There were systems in place to protect people from the risk of abuse. Staff had received training and had knowledge of how to identify and report any concerns they had both within the organisation and externally. Safeguarding concerns had been reported as required.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to consistently assess risks to people and take necessary action to mitigate those risks. This was a breach of regulation 12 (Safe care and treatment) 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. However, some concerns were identified, and improvements are still required.

- Some environmental risks remained, such as uneven paving slabs, accessible ladders and hot water temperatures running above the recommended levels. However, whilst the provider had failed to identify and mitigate these, the risks were reduced in practice as people had dedicated one to one support in place throughout the day.
- People had positive behaviour support plans in place that demonstrated risks and needs had been identified and managed. However, reviews had not consistently identified that support plans were not

always completely accurate. Nonetheless, staff demonstrated good knowledge and insight into people's needs and what support they required to keep them safe.

- The people we spoke with who used the service and relatives all said people were safe living at Ashwood House - Norwich. One person who used the service said, "I can talk to staff if I have a concern and they listen and sort it."
- A health professional told us they thought the risks to a person who used the service were managed well by the staff team. They said, "Staff have had compassionate and sensitive conversations with [Person] about how they can help them to manage the risks, [Person] is therefore able to be involved in deciding these restrictions, which is really beneficial for them."

#### Staffing and recruitment

- Since our last inspection, the provider had increased the number of staff on shift at night which meant people's needs were now being met and any incidents could be managed more safely.
- Whilst there were staffing shortages on our inspection site visit, people told us this wasn't a regular occurrence. Where staffing was below expected levels, staff and relatives told us this did not significantly impact the care people received as the management team stepped in to cover and this was observed during our inspection.
- The relatives we spoke with told us their family member's individual needs were met by dedicated staff. One said, "The home looks at, and supports, my family member's individual needs and they have a lovely life."
- Whilst the service had not sought reasons for employment gaps for a recently employed staff member, all other recruitment checks were in place for the three staff recruitment files we reviewed. This included checks with the Disclosure and Barring Service (to help providers make safe recruitment choices) and seeking assurances of good character.

#### Learning lessons when things go wrong

- Some improvements had been made since our last inspection although further improvements were required and not all concerns had been fully rectified as detailed in this report.
- A recommendation from the fire risk assessment, carried out in September 2020, had not yet been completed although we saw evidence it was planned.
- Incidents were reviewed and discussed with staff to inform learning and improve the care and support provided to people.
- A health professional told us how adept the service was at learning from individual incidents. They said, "Staff are happy to share information about incidents and how things were handled, whilst proactively seeking support from me to reflect on these incidents, and collaboratively problem solve ensuring that any staff responses are in line with the support plan; a key part of this is staff's openness to reflect on their behavioural and emotional responses and reactions both during and after incidents."

#### Using medicines safely

- People had received their medicines as prescribed and in line with best practice guidance.
- Medicines administration record (MAR) charts and protocols gave staff information to safely administer people's medicines and we saw that they had been consistently given as required.
- Staff had received training in medicines administration and had their competency to do so assessed.
- Regular medicines audits were in place to ensure medicines were administered and managed safely and in line with best practice guidance.

#### 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 meeting shielding and social distancing rules.



- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of regulation 17.

- The governance system the provider had in place to assess, monitor and improve the service was ineffective and fragmented. It had failed to identify and rectify the concerns found at this inspection.
- The provider had an electronic system in place for all care and support records however this was not being used by all staff with some completing paper records. This meant two systems were running concurrently, neither of which could be relied upon for full information. This was confusing for staff and risked vital information being missed placing people at risk.
- Accurate analysis of information to improve the service was not achievable due to information being recorded on separate systems. This was evidenced by an analysis of falls for one person. The provider's analysis had taken information from the electronic system which showed only one fall occurring in July 2021 when paper records showed they had experienced 36 falls.
- Some quality monitoring audits were in place however their integrity was in doubt as evidence showed these had been amended and some pre-populated. We could therefore not be assured that the audits in place were effectively and genuinely used to identify and improve the service.
- There continued to be no formal and in-depth auditing of people's support plans to ensure they were accurate, contemporaneous and practicable.
- There were no regular provider audits in place with the last one being completed in December 2020. This audit identified that not all information was being uploaded into the provider's electronic care planning system and this concern remained at this inspection.

The lack of effective, cohesive and reliable quality monitoring system meant the provider continued to be in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us the registered and deputy managers were supportive and helped create a positive culture where teamwork was successful. One staff member said of the management team, "They are there for you, you can talk things through with them and they are all really hands on."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All the people we spoke with told us staff delivered support that enabled people to lead lives of quality and meaning. One relative told us, "I am happy because my loved one is happy; I could not ask for more."
- Staff talked encouragingly and respectfully about the people they supported and showed insight into what support they needed to provide in order to achieve positive outcomes for people. One staff member said, "We are constantly re-evaluating the care we provide and seeing how we can make it better for people." Considerate and encouraging support was observed during our inspection.
- The people who used the service, their relatives and staff were involved in the service, encouraged to voice suggestions and kept informed. One relative told us, "The staff team are motivated and make you feel like family; I could not ask for more and I am extremely happy."
- All relatives agreed the service had kept them involved and informed during the pandemic with one describing the efforts of staff as 'amazing'.

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; Working in partnership with others

- The service discussed incidents with the people who used the service, their family and representatives, staff and health and social care professionals in order to reflect and improve care, safety and wellbeing.
- The relatives we spoke with told us the service made them aware of incidents. One relative said, "On the very rare occasion there is an issue I am kept informed."
- Staff and professionals agreed with one professional telling us, "It has been a genuine pleasure working with Ashwood House - Norwich, they have been reflective and responsive and have worked with us to ensure [person who uses the service] quality of life has substantially improved."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to have systems in place to assess, monitor and improve the quality and safety of services provided.  Regulation 17 (1) (2)(a)(b)(c)(f)