

Ashwood House Limited

# Ashwood House Limited (Ilford)

## 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 House Limited (Ilford) is a residential care home providing the regulated activity of accommodation and personal care to up to 17 people. The service provides support to adults with mental health needs. At the time of our inspection there were 9 people using the service.

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

Systems were in place to protect people from abuse. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. Steps had been taken to help ensure the premises were safe. There were enough staff to meet people's needs and the provider had robust staff recruitment practices in place. Medicines were managed in a safe way. Accidents and incidents were reviewed so learning could be made from them to reduce the risks of similar incidents re-occurring. Infection control and prevention measures were in place.

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.

Quality assurance and monitoring systems were in place to help drive improvements at the service. There was an open and positive culture at the service, which meant people, relatives and staff could express their views. The provider worked with other agencies to develop best practice and share knowledge.

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

The last rating for this service was good (published 22 January 2018).

### Why we inspected

We had not inspected this service for more than 5 years and we needed to check that people were still receiving safe care.

### 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.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Ashwood House Limited (Ilford)

## **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 2 inspectors.

#### Service and service type

Ashwood House Limited (Ilford) 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 Limited (Ilford) 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

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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 3 people who used the service and 1 relative. We spoke with 5 staff; the deputy manager, 3 senior support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed how staff interacted with people. We looked at 4 sets of care records and multiple medicines records. We checked 4 staff recruitment records. We looked at a variety of records relating to the management of the service, including a selection of policies and procedures.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. The provider had a safeguarding adult's policy in place which made clear their responsibility to notify the local authority and Care Quality Commission of any allegations of abuse. The deputy manager told us there had not been any allegations of abuse in the past 12 months and we found no evidence to contradict this.
- Systems were in place to protect people from the risk of financial abuse. Monies held on behalf of people were kept in a safe, which only senior staff had access to. Records and receipts were kept of any financial transactions. People told us they were happy for the provider to help look after their money.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any allegations of abuse. A member of staff said, "I would take it to the higher management."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. They were person-centred and based around the needs of individuals.
- Assessments covered risks including those associated with health, traveling in the community, self-neglect and medicine. They were subject to regular review, which meant they were able to reflect people's needs as they changed over time.
- Steps had been taken to help ensure the premises were safe. For example, qualified persons had carried out safety checks related to the gas, electrics and fire alarm system at the premises.
- People told us they felt safe using the service. A person said they felt, "Very safe and secure." A relative said their family member was safe and that it, "Gives me peace of mind knowing they are here."

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.

### Staffing and recruitment

- There were enough staff working at the service to meet people's needs. Staff told us they had enough time to carry out their duties and to keep people safe. A member of staff said, "The workload is manageable, we have time to spend with the residents." We observed staff were unhurried during our inspection and responded promptly to people when support was required.
- Checks were carried out on prospective staff to help ensure they were suitable to work in a care setting. These included employment references, proof of identification and criminal records checks.

### Using medicines safely

- Medicines were stored securely in a locked and designated medicine cabinet. Only staff who had undertaken training were able to administer medicines. People told us they were supported with taking medicines. For some people, the provider was supporting people to be able to manage their own medicine as much as possible to promote their independence.
- Electronic medicines administration records were maintained. Staff signed these after they administered each medicine so there was a clear audit trail. We checked some of these and found them to be accurate and up to date. Guidance was in place about when to administer PRN [as required] medicines.

### 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 Personal Protective Equipment 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.
- People told us they were involved in ensuring the premises were clean. A person said, "You have to do [clean] your own room, keep it nice and clean." This helped to promote people's independent living skills.

### Visiting in care homes

- At the time of inspection the provider was working in line with the current government guidance on visiting in care homes. There were no restrictions in place on visitors to the service.

### Learning lessons when things go wrong

- The provider had systems in place for learning lessons when things went wrong. They had an accident and incident policy in place which stated accidents and incidents should be reviewed. Records confirmed the provider followed its policy. Accidents and incidents were reviewed to learn lessons about how to reduce the likelihood of similar accidents re-occurring.

# 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. The rating for this key question has remained 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

- The provider promoted a positive culture that was open and inclusive. Staff and people spoke positively about the senior staff. A member of staff said, "They [senior staff] are really supportive. [Deputy manager] is very nice, they listen. They will have a meeting with me to see how they can support me." A person said, "I am very happy, staff are kind and understanding." Another person told us, "If you have a problem, they sort it out for you."
- The provider had a culture that was person-centred so it achieved good outcomes for people. Risk assessments were person centred around the needs of individuals and staff had a good understanding of people's individual needs.

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 provider understood their responsibility under the duty of candour to be open and honest with people when things went wrong. Various systems were in place to address mistakes. For example, there was a complaints procedure in place and accidents and incidents were reviewed.

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

- Managers and staff were clear about their roles and understood regulatory requirements. Staff understood who they were accountable to, and were provided with a copy of their job description to help give clarity about their role.
- The provider understood their regulatory requirements. For example, they had employer's liability insurance cover in place in line with legislation. The nominated individual was knowledgeable about what they had a legal duty to notify the Care Quality Commission about.

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

- The provider engaged with people using the service and others. Resident's meetings were held. A person told us, "We have a resident's meeting every month. We talk about health and safety." Staff meetings also took place. A member of staff told us, "We have staff meetings the last Tuesday of every month. We talk about if there are any concerns with the residents, policies and procedures, any training that's needed." Records confirmed that residents and staff meetings took place.



- The provider kept a record of compliments they had received. For example, a relative had said, "I cannot thank you enough for all the care and support you gave [person]." A professional that worked with the service remarked, "You all did an amazing job working with [person]."
- The provider considered the equality characteristics of people and staff. For example, staff recruitment was carried out in line with good practice in relation to equality and diversity.

#### Continuous learning and improving care

- Various systems were in place for continuous learning and improving care. Audits were carried out for, example, of care plans and the records relating to people and of health and safety practices at the service.
- Surveys were carried out with people and staff to gain their feedback on the care and support provided. We saw completed surveys contained positive feedback. For example, a person stated that the service did 'everything' well.

#### Working in partnership with others

- The provider worked in partnership with others to share best practice and develop knowledge. For example, senior staff attended a provider forum run by the local authority. The most recent meeting of the forum included discussions about falls, foot and oral hygiene, safeguarding and moving and handling. The provider was also a member of a trade organisation that represented care homes who provided advice and guidance.