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Ashwood

## Inspection report

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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

Ashwood is a small care home for two people with a learning disability. People live at the home as part of the family and are included in all aspects of day to day family life.

At our last inspection that was carried out in December 2015 the service was meeting the requirements of the regulations and we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

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. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were two people living at Ashwood at the time of our inspection. One person was living in the home under the 'Shared Lives' scheme. This scheme is inspected and reported separately as part of the 'Shared Lives' registration. This report only focuses on the service provided to the other person living at the home.

The providers had made sure people were kept safe through compliance with all the key lines of enquiry under the 'Safe' domain. They had been trained in adult safeguarding, assessed the premises for safety and taken steps to minimise risks in meeting the person's care and support needs.

The person living at Ashwood was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible. The person said they enjoyed the food provided and was encouraged to eat healthily. The providers had kept up to date with training needs.

The person felt very cared for and part of the family. Their relatives agreed and were very happy with the placement.

The person had a care plan, which was personalised, reflecting their choices and preferences. They liked to have routine in their life and had activities in place to make sure life was fulfilling.

There was a complaints procedure in place but there had never been occasion for either the person or their relative to complain.

The home was well-managed with the person living as part of the family.

Further information is in the detailed findings below

## 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 remains Good

The provider had assessed risks and taken steps to make sure the person was safe.

Arrangements were in place to ensure that medicines were managed safely.

### Is the service effective?

Good ●

The service remains Good

The provider had made sure they had up to date, relevant training.

The person's right to choose was respected.

The person was encourage to eat healthily and was satisfied with the standard of food.

### Is the service caring?

Good ●

The service remains Good

The person was well-cared for and lived as part of the family.

### Is the service responsive?

Good ●

The service remains Good

An up to date care plan was in place.

The person led a full and active life, in line with their wishes.

No complaints have ever needed to be raised.

### Is the service well-led?

Good ●

The service remains Good

The home was well-managed.

The providers were open and welcoming.

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# Ashwood

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 3 May 2018. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

We spoke with the person living in the home and with a relative of theirs. The providers assisted us throughout the inspection.

No notifications had been sent to us since we carried out our last inspection, as no circumstances had prevailed that would have required our notification. A notification is information about important events which the service is required to send us by law.

We looked at one person's care and support records and documents relating to how the service was managed.

# Is the service safe?

## Our findings

The person living at Ashwood had lived at the home for over ten years. They told us they were happy and liked living at the home. We spoke with one of their relatives, who told us, "We have been so pleased as (the person) had previously been in not very good homes".

Risks, concerning the premises and in delivery of care were well managed. Risk assessments had been carried out and recorded and these were updated on a regular basis. The person had a health condition and their care plan recorded steps put in place to protect their health and wellbeing. For example, making sure they were supervised for some domestic activities and making sure they could participate as safely as possible in the leisure activities they enjoyed.

The providers and another family member provided all the staffing needs to support the person living at the home. They all had past or previous professional experience of working with people with a learning disability and all had up to date safeguarding training, confirmed by records. They were therefore knowledgeable about what constituted abuse and were clear about their responsibility to report any concerns they might have about the person's safety.

Any accidents or incidents were recorded. There was evidence that measures to reduce risks to the person, following a health related accident, had been put in place to keep the person safe. There was therefore evidence of the provider learning from incidents.

The person lived an active independent life and had no concerns about the level of support they received. Agency workers were not used at the service. All care and support was carried out by the providers and a member of their family, the same as at the time of the last inspection. No 'staff' had therefore been recruited since the last inspection, when we found all the required checks and records were in place. The provider was aware of the checks and records that needed to be followed to make sure suitable people were recruited in the event of their having to recruit a staff member.

Medicines were managed safely. The person self-administered their medicines with some support. There was a risk assessment in place for this, which was kept under review. The provider had arranged for the pharmacy to put medicines in a 'blister pack', as this helped the person to manage their own medicines.

There were procedures for the safe management of medicines and the providers had received medicine training.

Being a domestic family home and the person accommodated a fit adult, there were no special infection control measures required. We noted the home was clean, providing a suitable environment.

## Is the service effective?

### Our findings

The provider had carried out risk assessments appropriately for any aspect of care and support where this was necessary. As the person accommodated had lived at the home for over ten years, the provider was very familiar with the person's preferred routines and made sure these were met and supported.

The provider showed us the training they had carried out, which was appropriate for the care and support of the person accommodated as well as being up to date. This, together with their previous professional experience meant they had the right knowledge and skills.

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. The person living at Ashwood said that their consent was always sought regarding their day to day living. For instance, they were consulted about whether they wished to speak to the inspector and where they would like this to take place. The provider had received training in MCA so was aware of its requirements, should occasion arise.

The provider ensured that the health care needs of the person living at Ashwood were being met. They were supported to attend the hospital for appointments relating to health condition and also with the dentist, chiropodist and GP appointments.

Dietary and nutritional needs were being met. The person made their own breakfast and lunch and ate with the family in the evenings for their main meal. They were encouraged to eat healthily and said they were very happy with this arrangement.



## Is the service caring?

### Our findings

The person living at Ashwood clearly got on well with the providers, telling us they were happy with the placement and that they were supportive and caring. In the provider's company they were at ease and relaxed. The person's relative told us, "(The person) can't be better looked after".

As the person had lived with the family for such a long a period, the providers had a thorough understanding of the person's needs, their personal preferences and the way they liked to be supported. The providers told us that the person was now, "...like part of their family".

They showed genuine concern about the person when talking with us and when speaking with them.

The person had regular contact with their family and often spent periods with them. The person was also supported to maintain contact with them using their netbook computer. The relative we spoke with said there was always good communication with themselves and the home.

The person had their own key to access the home and was very independent. In our discussion with them it was evident their privacy, dignity and independence was supported and maintained.

## Is the service responsive?

### Our findings

The person living at Ashwood received person centred care and was able to live an independent life with support. A care plan was in place that reflected the person's needs, choices and preferred routines. Being a family environment where support was only provided by the family, the care plan was clearly not needed by them on a daily basis. However, it gave sufficient information should other carers need to take over in an emergency situation or should the person need to go into hospital.

The person told us that the family were responsive and helpful and that they could go to them if they ever needed help.

The person living at Ashwood was very independent in the daytime. They had a bus pass and frequently went into town or to attend other activities. They had their own phone so that they were able to contact staff if required. The phone had the ICE program installed, which enables first responders such as paramedics to contact the home in an emergency. The person also carried a "SOS" bracelet which contained information about their healthcare. The person told us about all the activities that filled their week, which they clearly enjoyed.

The person was supported to develop and maintain relationships with people who mattered to them. The person had had a tablet computer and use Skype to talk with their family and friends.

The service had not received any complaints and so we were unable to assess how these would be managed. The person and their relatives told us they had never had any cause to complain. They told us any minor issues were immediately addressed, "...nipping things in the bud".

## Is the service well-led?

### Our findings

Before this inspection we looked at the information we held about this location, such as notifications, safeguarding referrals and serious injuries. No notifications or safeguarding referrals had been made as none of these had been required and the person had not sustained any serious injuries either.

Ashwood is different to other care homes in the area by virtue of only accommodating a maximum of two people in the home. This allowed the home to provide very person centred care individualised support.

Throughout the inspection the providers were open with us telling us about the domestic routines and family life that had allowed the person to have been accommodated successfully for so many years. They explained the importance of routine to the person and how this was important to them and helped maintain a positive effect on their health and wellbeing. The person corroborated this when we spoke with them. They did not wish to change anything and were happy with the way the home was run and managed.

The provider explained there were no formal meetings with people to obtain their views, as these were adequately sought through day to day discussions and any issues could be picked up and dealt with immediately. Likewise, in respect of the person's relatives, the providers had ongoing and regular dialogue and again any issues or changes could be discussed and action taken with immediate effect. No audits were undertaken because of this.

We spoke to one relative who told us that they felt fully involved and informed with the care and support their family member received.

The person was fully integrated with the community going out from the home on most days, which was their choice.