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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

The inspection visit took place on 21 December 2015 and was announced.

Ashwood is a small care home for two people with a learning disability.

There was no registered manager in place. 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. 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.

At the last inspection on 4 March 2014 the service was meeting the requirements of the regulations that were inspected at that time.

There were two people living at Ashwood at the time of our inspection. One of those people was living in the home under the 'Shared Lives' scheme. People who lived at the home told us they felt safe and secure with staff to support them. We looked at one person's care records and saw they detailed their preferences, interests, likes and dislikes.

We observed staff interaction with people during our inspection visit, spoke with staff and one person who lived at the home. We also contacted a relative to obtain their views. We found staffing levels and the skills mix of staff were sufficient to meet the needs of people and keep them safe.

Pre-employment checks that were required had been completed prior to staff commencing work.

People received their medicines in a safe manner. We discussed training and found staff responsible for administering medicines had received formal medicine training to ensure they were confident and competent to give medicines to people.

People were asked for their consent before care was provided. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported by sufficient numbers of staff who had the knowledge, skills and experience to carry out their role. People told us that there were always staff available to help them when needed.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people. This took into account their dietary needs and preferences so that their health was promoted and choices respected.

People told us they could speak with staff if they had any worries or concerns and felt confident they would be listened to.

People participated in a range of daily activities both in and outside of the home which were meaningful and promoted their independence.

There were systems in place to monitor and improve the quality of the service provided.

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.

Risks to people were assessed and reviewed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

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

Is the service effective?

Good ●

The service was effective.

Staff received training and support for their roles and were competent in meeting people's needs.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

Is the service caring?

Good ●

The service was caring.

We saw that members of staff were respectful and understood the importance of promoting people's privacy and dignity.

People who used the service told us they received the care and support in a kind and caring manner.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were reviewed to enable members of staff to provide care and support that was responsive to people's needs.

People who used the service were given the opportunity to take

part in activities organised both inside and outside of the home.

Is the service well-led?

Good ●

The service was well led.

We were told by people and relatives that staff were approachable and supportive and they enjoyed living at the home.

Feedback was sought from people who used the service, staff and others.

There were systems in place for assessing and monitoring the quality of the service provided.

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 21 December 2015. The inspection was carried out by one inspector. We spoke with and met one person living in the home and talked with two members of staff. We also spoke with one relative.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and received feedback about the service.

We looked at one person's care and support records and documents about how the service was managed. This included staffing records and training records.

Is the service safe?

Our findings

We spoke with one person who used the service. They told us that they felt safe in the home and that the staff at the service were nice. One relative commented that they felt the service was safe. They told us, "[person] had a very bad placement before living at Ashwood. It's like a breath of fresh air and has continued to be so".

Risks to people in the home were well managed. Whilst we were speaking to one person they experienced a seizure. We informed the provider of this and they checked on the person's wellbeing. They also recorded this event in the person's records in accordance with this person's care plan.

Risks had been assessed and there was a care plan in place to say how these would be managed. For example there was a care plan in place that described the person's mobility and personal care and the support they needed. There were risk assessments in place and these were updated on a regular basis. For example, there was a risk assessment in place for the leisure activity that one person participated in to protect their health and wellbeing.

Staff told us they had undergone safeguarding training, and this was confirmed by records. Staff were able to describe the purpose of safeguarding and the signs which might indicate a person had been abused. Staff were clear about their responsibility to report any concerns they might have about people's safety.

Accidents and incidents were reported and included measures to reduce risks for people. For example, where one person was identified as at risk of falling, changes were made to the person's care plan to reduce this risk from occurring.

One person said they felt there were enough staff to support them in the service. Agency workers were not used at the service. Recruitment of staff required improvement to promote people's safety. A Disclosure and Barring Service (DBS) check was in place for two out of three members of staff. DBS checks identify whether people have committed offences that would prevent them from working in a caring role. We discussed this with the provider who told us that the check had been completed and that they would send us this record. Following our inspection the provider sent us the DBS check for the third member of staff.

One person told us that they received their medicines when they needed them. There were procedures for the safe management and administration of people's medicines. One person self-administered their medicines and there was a risk assessment in place for this. Staff checked that they were taking them as prescribed. People's medicines were stored securely and staff had received medicine training.

Is the service effective?

Our findings

People received care from staff who were appropriately trained. The person we spoke with said staff had the right knowledge, skills and experience to meet their needs, and that they felt well supported by staff.

We saw staff sought people's consent before they provided care and support. Throughout the inspection we observed staff involving people to make decisions about their care and respecting their decisions. For example, people were given choices whether they wished to speak to the inspector and where they would like this to take place.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection nobody was being restricted under the DoLS. Staff spoken with were knowledgeable about the MCA and DoLS and how it worked to ensure any restrictions were lawful and in people's best interests.

People's health care needs were regularly reviewed. Staff explained that one person had a diagnosis of epilepsy and they regularly visited the hospital for appointments. We saw they also had dentist, chiropodist and GP appointments when required.

The home was free from trip hazards and was readily accessible to people living in the home. Staff told us that the home had recently been re-carpeted.

Staff received training and support for their roles and were competent in meeting people's needs. We saw that staff had attended various courses and we saw records of these which included: safeguarding, first aid, health and safety, medicines management, equality and diversity, the Mental Capacity Act 2005 and dementia.

Is the service caring?

Our findings

The person we spoke with described the staff as, "nice". They told us that staff were supportive and caring. One relative told us, "Our association with Ashwood is extremely good for [the person] it's like having two families.

Staff had a good understanding of people's needs, their personal preferences and the way they liked to be cared for. For example, staff knew the activities they enjoyed. People's life histories and personal preferences were recorded in their care plans.

The person we met was well presented and looked comfortable in the presence of staff members. Interactions we observed between staff members and those who lived at the home were all pleasant, polite, friendly and unhurried. Staff expressed their genuine concern about individual people when talking with us. Staff regularly checked on the wellbeing of people using the service. We were also told of examples where staff would pick one person up after their activities particularly if it was night-time to ensure their safety.

We perceived a 'family house feeling' throughout the day of our inspection, which permeated through all our observations and discussions with the person who lived at the home and staff members.

Staff worked together to try to make sure that all those who lived at Ashwood felt as if they were living in their own home. The person we spoke with told us that Ashwood was homely. They told us, and said they felt that the staff were caring.

People were involved in decisions relating to their own care. Staff explained that they would accompany people to any hospital appointments that they had to ensure they had support and fully understood any discussions relating to their care and treatment.

Is the service responsive?

Our findings

People we spoke with told us that the staff were responsive to their needs and that if they ever needed help there was always a member of staff available.

Staff explained how they acted in response to a person's needs as they changed. For example, one person had recently required additional support when they went swimming. The provider had ensured that a member of staff was available to accompany them to ensure that their needs were met.

People were supported in their independence. One person had a bus pass and would frequently go out of the home into town. The provider explained that the person had their own phone so that they were able to contact staff if required. They also carried a "SOS" bracelet which contained information about their healthcare needs in an emergency. People had their own key to access the home. People were offered and made drinks for themselves, other people and for staff. People were also involved in the cleaning and tidying of their bedrooms and completing the laundry.

People were supported to live an active life and to follow their hobbies and interests. One person we spoke with told us they were supported to take part in activities they enjoyed and to go out into the community to social functions. They told us they regularly went swimming. They also told us about a job that they had in the community.

People were encouraged and supported to develop and maintain relationships with people who mattered to them. One person had access to a personal computer. The provider explained that they would regularly use this 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 well the service would deal with complaints if they arose. People and relatives we spoke with told us that they had no complaints and had not had any cause to raise a complaint.

Is the service well-led?

Our findings

Prior to our inspection we examined the information we held about this location, such as notifications, safeguarding referrals and serious injuries.

There was an open culture at Ashwood. The provider explained that the home was different to other care homes in the area as they only accommodated a maximum of two people in the home. They explained that this enabled them to give very person centred care and support and they knew people very well. For example, they understood the importance of routine and how this had a positive effect on the person's health and wellbeing. The provider explained that there were no formal meetings with people who lived in the home to obtain their views, due to the size of the home but that they regularly discussed life at the home with people and their relatives. We spoke to one relative who told us that they felt fully involved and informed with the care and support their family member received. They told us, "Any issues are brought to our attention. We really cannot fault the home. It works".

No recent accidents had occurred at the service. The provider explained that when they did these were recorded and actions were taken to reduce these from occurring. The provider was able to explain an accident, the investigation and steps taken which included a risk assessment to prevent this from reoccurring.