Jeesal Residential Care Services Limited

Ashwood House - Norwich

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 House is a service that provides accommodation for up to seven people. It offers residential care for adults with a learning disability, autistic spectrum, people who have been detained under the Mental Health Act 1983, people with mental health issues, sensory impairment and people with a physical disability. On the day of our inspection seven people were permanently living in the service. This inspection took place on 2 March 2016 and was unannounced.

The service had a registered manager ('the manager') in post. 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.'

People living in the service were safe and benefited from the support of sufficient numbers of staff, who were well trained, supported and felt valued in their work.

Staff and the management team understood their responsibilities in safeguarding people from harm. When appropriate they contacted the local authority to report concerns. The home knew how to support people's needs without restricting their freedom.

Appropriate recruitment procedures were followed and pre-employment checks were carried out to ensure staff were suitable to work with people receiving care and support. There was a robust induction programme for new staff.

Medicines were managed and administered safely in the home and people received their medicines as the prescriber had intended.

Staff were skilled and motivated to support and care for people. Staff also knew people and their needs well. All staff received appropriate training and were supported well by the manager.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005,

Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The manager told us that some people living in the home did not have capacity to make certain decisions for themselves. The manager had appropriately made DoLS referrals to the local authority because they were restricting some people's freedoms in order to keep them safe.

People had enough to eat and drink and the staff who prepared food provided good quality food and catered for individual preferences. People also had access to the community on a daily basis and often had meals out.

People had regular access to healthcare professionals and were supported to attend appointments. Staff managed people's health appointments and made appropriate health and social care referrals.

All staff at the service were caring and supportive and treated people as individuals. The care provided was sensitive and person centred and people's privacy, dignity and wishes were consistently respected. Friends and relatives were welcome to visit as and when they wished and people were supported to be as independent as possible.

People appeared happy living in Ashwood House and their interests were encouraged and supported by staff. There was a positive atmosphere in the service and people were supported to have regular access to the community if they wanted to. People were also involved in planning their care.

There was an open and positive culture at Ashwood House. People using the service and their relatives were given opportunities to raise issues about the quality of the care provided. Relatives knew how to make a complaint if needed.

The service was being well run and people's needs were being met appropriately. The manager was approachable and communication between the manager and staff was frequent and effective.

There were a number of systems in place to ensure the quality of the service was regularly monitored and maintained. The provider carried out regular audits to identify areas that needed improvement and an action plan was put in place for the manager to complete.

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.

Staff and the management team understood their responsibility in reporting safeguarding concerns. Identified risks to people's safety were recorded on an individual basis and responded to.

People's freedom was supported and protected.

The service ensured there were appropriate numbers of staff to meet people's needs and keep them safe.

Medicines were stored and given in accordance with good practice so people received them safely.

Is the service effective?

Good

The service was effective.

Staff were skilled and motivated to meet people's needs. New staff had an induction before they started working with people and all staff received training and supervisions.

People's consent was always sought and their rights were being promoted.

People's dietary needs were supported and people were given choices of what to eat and drink.

Restraint was used appropriately. Alternatives to using restraint were used. Plans were in place to minimise the use of restraint.

People had regular access to healthcare professionals and were supported to attend appointments if needed.

Is the service caring?

Good

The service was caring.

People were well cared for and treated as individuals. People

were supported to express their own views and supported to make their own decisions about their lives. People's privacy and dignity was respected.

Relatives were welcome to visit as and when they wished and people were encouraged and supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

The service understood people's needs prior to admission and continually reviewed people's needs. The service responded proactively to changes in people's behaviour and needs. People were involved in planning their care.

Staff knew people's likes and dislikes and supported people to pursue interests they found enjoyable.

People and relatives could voice their concerns. Relatives felt listened to.

Is the service well-led?

Good

The service was well-led

The service was being well run and people's needs were being met appropriately. The manager was approachable and communication between the manager and staff was frequent and effective.

Systems were in place to ensure the quality of the service was regularly monitored and maintained. Regular audits were carried out. Action was taken on areas that needed improvement.

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 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 inspection took place on 2 March 2016 and was unannounced. The inspection team was made up of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, including any statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

On the day of this inspection we spoke with two people living in the home, two relatives, the manager, deputy manager, and five care staff, including a senior. Most people had complex communication difficulties and were unable to communicate with us. During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received.

We reviewed two people's care plans to see how their support was planned and delivered. We also reviewed the manager's records of checks that had been made to ensure people received a good service and a selection of other records that related to the management and day to day running of the service.

Good

Our findings

Most people had complex communication issues and were unable to communicate with us. However, the relatives we spoke with said they felt their relative(s) were very safe. One relative said, "Safe oh yes, oh yes."

Staff confirmed they had safeguarding training and told us what constituted abuse and how to identify the signs of abuse. Staff said they would feel confident to raise any safeguarding concerns with the management team. The manager also had a very clear idea of what a safeguarding issue was and how to report it to the local authority safeguarding team. The manager said, "My role is to safeguard these people and report it." We could see from the Care Quality Commission's (CQC) own records that the manager had notified us when they had made previous safeguarding referrals to the local authority.

The provider had an 'equality and diversity policy'. From looking at the training records and speaking with staff we could see this training had taken place. We spoke with one member of staff who was able to explain to us different types of discrimination, and how they would challenge discrimination.

Staff were very knowledgeable about people's needs and knew how to manage these needs. People generally had one to one support and some had two to one support when outside the home. One member of staff spoke about someone who became physically very challenging towards a member of staff. As a result of the incident it was felt this person needed one member of staff to monitor and supervise this person, with a second member of staff being "nearby." This told us the provider was carrying out their own risk assessments as required. We observed this person's support throughout the day and found this level of support/supervision did not restrict or undermine this person's freedom in any way. The person moved about the home as they pleased, initiated activities, and interacted with staff and people living in the home.

There were risk assessments and care plans in place. People had detailed risk assessments however the care plans were not always very clear and lacked details to guide staff. We raised this with the manager and staff who told us the home was in the process of rewriting these care plans to make them more detailed and clearer to follow. We looked at a new care plan for someone who sometimes expressed behaviour that was challenging for staff. This plan contained detailed information, guiding staff, how to meet this person's needs and reduce the risks to themselves and to others.

People who live at the home had a monthly review of their needs. Staff had a hand over session at the beginning of each new shift. This was used to share information if there had been any recent changes to

people's needs or wellbeing. Staff we spoke with understood and were clear about what people's needs were. We concluded the provider understood people's needs and knew how to manage these needs.

In the manager's office, there was a list of various suppliers of utilities the home uses, so if there was an issue with their water supply for example staff could respond to this. There was a maintenance number to call, (provided by the Jeesal group). The manager stressed this number could be called 24 hours a day. All this information was clearly displayed. The environment was assessed to ensure risks were reduced. We could see the provider took a range of measures to ensure the premise and the equipment was safe. For example, there were weekly checks regarding the heating, and electricity. The furniture and flooring was checked to ensure it was safe and not damaged. Staff also carried out weekly safety checks on the vehicles used to enable people to access their wider community, to ensure they were safe to use.

There were weekly fire safety checks carried out by an individual member of staff. We were shown the records of the weekly fire safety drills, and monthly evacuation drills. There were evacuation plans and fire extinguishers around the building. The fire safety lead told us when a new member of staff started the first thing they would be trained in was fire safety and evacuation. We were shown records of staff signing to confirm that they had completed this training. Some members of staff had asked for refresher training around fire safety, which was also recorded.

The provider had a detailed system of reporting accidents and incidents. The manager showed us a standardised form used for recording such events. The form prompted the person completing it to analyse what had happened. Look at ways to prevent the incident from happening again and make a plan for the future. The form included 'body mapping' if there was bruising and staff witnesses if appropriate. The report was completed by the staff member and then passed to the manager or deputy manager; they would check it was completed correctly and appropriate actions taken. The manager said staff would be informed and advised of changes to someone's care plan/needs. A copy of the form was then sent to head office where the quality assurance lead would check this information.

People were kept safe through appropriate staff recruitment processes. These ensured only people suitable for working in care were employed. We looked at a recent staff member's personnel file, which included the person's completed application form, and interview notes taken by the managers. References, proof of identity and confirmation of up to date police checks, were also included.

Most people living in the home required one to one or two to one care in order to keep them safe and meet their needs. The local authority or clinical commissioning group (NHS) determined the level of support a person needed as part of their assessment before entering Ashwood. The provider would also identify if someone's needs had changed. If their needs had increased, they would provide additional staff and then discuss this with the funding source. The manager showed us some examples of this and we were satisfied this was happening.

We observed people's needs were met promptly. Staff were able to spend time with people responding to their needs and talking with them. One staff member said, "Yes, there is enough staff all the time. If we are short we can call on the deputy to help us. No, this rarely happens." The manager told us they are using two agency staff at present and they were recruiting for these posts. However, the manager said they use the same two agency staff every time, he said, "It wouldn't be fair to the tenants otherwise." In the evening there was one member of staff in Ashwood. However, if assistance was needed they would contact the night staff in Salcasa (a home next door also owned by the Jeesal group who always have two night staff on duty) for assistance.

Medication was found to be stored correctly. The temperatures of medication rooms and fridges were recorded twice daily as being within the correct limits for the safe storage of medication.
Medication administration record (MAR) sheets were found to be correctly completed and there were no gaps in the recording of medication. All medications were accounted for. Any medication errors had been recorded on the back of the MAR sheet with the action taken. For PRN (when required) medication to alleviate anxiety, protocols were in place that provided detailed information for staff on when and how to administer this type of medication. No controlled drugs were being administered. However, if needed, there was a system in place to store and administer controlled drugs if this is required in the future.

Good

Our findings

People received effective care from well trained staff. We spoke with a relative who said, "[relative] is really looked after." Another relative said, "If I wasn't happy [relative] wouldn't be there."

Staff we spoke with felt they had the necessary skills and knowledge to do their job well. All staff said that they had completed or had updated training in mental health issues, fire safety, health and safety, infection control, safeguarding, epilepsy and non-abusive psychological and physical intervention (NAPPI) training. We were shown a training matrix on the home's computerised system. Staff needed to 'log on' to complete any training; this kept a record of staff training. There was also a paper copy of completed courses in staff files. Training needs would be identified via supervision. We could see from looking at staff 'training records' certain subjects had an expiry date, when this date had expired new training was arranged and completed. One member of staff said, "Yes, I have completed training such as, epilepsy, equality and diversity, infection control, safeguarding, medication administration and mental capacity act and deprivation of liberty." This member of staff said they have a National Vocation Qualification (NVQ) level 2+3.

There was a robust induction programme for new members of staff. This was a two week programme, one week in the class room provided and delivered by the Jeesal group and a second week of shadowing staff. After this period staff were regularly observed by the management team. Feedback was given and the new member of staff had an opportunity to talk about the training, and whether they felt they were ready to start working. The manager told us one new member of staff had asked for another week of shadowing, and he said this was provided. The manager or deputy manager made the decision about whether a new staff member had the necessary skills to fulfil the role. These conversations and observations were recorded and sent to the Jeesal head office to oversee and check. After the first month of employment new members of staff are required to complete their 'Care Certificate.' This is a set of minimum standards, which should be covered in the induction of new staff, in social care settings.

The manager and staff we spoke with confirmed they have supervision every two months and a yearly appraisal. One deputy manager told us, if there was an issue around the performance of a member of staff, the supervision would be brought forward to discuss and resolve this issue.

We observed staff communicating effectively with people living at Ashwood. Staff appeared to really understand the communication needs of each person. Staff confirmed they had also had training on 'communication.' Staff told us this was very important as some people who lived at the home couldn't communicate clearly. We noted in one person's care records, guidance was given about how to talk to

someone, to ensure they understood. We also observed staff communicated well with each other about dividing certain tasks among themselves. This was carried out in a very discreet and respectful way.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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.

Staff sought people's consent before providing them with assistance. One staff member said, "We give the tenants opportunities to live as full a life as they can. Doing as they choose." Another member of staff said, "We plan activities with the person in the morning. They decide what they would like to do." We observed people being asked what they wanted to do the next day, if they wanted a drink, and if they wanted to play a game. We observed staff encouraging and supporting people to make their own choices.

The manager had a good understanding of the MCA and DoLS. Following assessments of people's capacity and in consultation with professionals involved with people's health needs, the service had made five timely DoLS applications to the local authority. This was to ensure the restrictions to people's freedoms were appropriate. We could see from looking at people's records that best interests decisions were made. One person had recently been diagnosed with a life threatening condition. A best interests decision was made in consultation with the relevant health professional, to have treatment. The manager said we were told this may extend this person's life and give them a long term better quality of life. When we spoke with staff they also had a good knowledge of MCA and DoLS. We noted capacity assessments and best interests decisions were recorded in people's care plans and records.

Staff told us that restraint is sometimes used but only on rare occasions. One member of staff described an incident that had occurred where restraint was necessary. They said that following the incident staff discussed how it happened and what action was needed to prevent it happening again. The staff we spoke with demonstrated an understanding of safe and appropriate use of restraint. Incidents of restraint were recorded in the incident book, with details of how long restraint took place and which members of staff performed it. In one person's care plan restraint was referred to with guidance on how to prevent the use of restraint and actions/tactics to use first. The provider had a clear policy on the use of restraint, which staff signed to say they had read. We were satisfied that staff had been trained in the use of restraint and used it under very rare and controlled circumstances in line with the provider's policy.

We spoke with staff about how they managed behaviour that was challenging for them. The manager told us about one person who can become distressed around people sometimes. The manager said, "You need to promote their space to prevent this from happening." One staff member said, "Yes, we take action if the behaviour of a person changes. We soon get advice from their psychiatrist and GP and we all discuss the best way to help the person." The manager also told us they make contact with the relevant health and social care professionals for example behaviour specialists when people's needs change.This told us through a combination of getting to know someone's needs and seeking professional input staff tried to prevent people experiencing distress.

When we visited, people had gone out for social activities which included lunch. However, we noted a daily meal menu on the wall, which explained with pictures, what meals people were having that day, unless they were eating out. We were told the meal board was prepared the day before, this helped people choose what they were having to eat, which reduced their anxiety around food for the next day. We observed the evening meal being prepared in the kitchen which matched the daily menu and included fresh vegetables. People were regularly given a choice of drinks and were encouraged to drink throughout the day. We could see from the 'tenants meeting' records, held each week, people gave suggestions about what they wanted to eat the following week. One staff member said people were involved in food preparation, from passing items to making elements of the meal, the deputy manager said, "[person] loves eggs, so [person] always makes them."

Staff told us some people have special dietary needs due to certain health conditions. One person was under a specialist health team because they were at risk of choking. We could see from this person's care plan food needed to be cut up in small pieces, and eating drinking was to be observed by a staff member. The kitchen had a copy of this information to guide the kitchen staff when preparing their meals. In this person's care notes staff had recorded what they had eaten and had to drink and if the person had struggled to eat/drink. The record showed throughout this intervention this person had not experienced any episodes of choking. This person's weight was also being regularly monitored because they had lost some weight. We could see following this intervention the person was beginning to increase their weight level. Another person had a serious food sensitivity, which needed to be carefully managed in order to maintain their general health and wellbeing. The relative said, "the diet has worked wonders, they seem to manage it."

According to people's records and from speaking with staff, people had access to various health care professionals. One person was at risk of developing pressure sores so a referral was made to the occupational therapist team. They supplied appropriate equipment, to prevent the sores developing. One person had complex health needs; this person had a separate health file to record what appointments they had attended, and the decisions made by the relevant health professionals. This person's health needs would be formally reviewed each month during their monthly review. This person needed to undergo treatment for a serious health condition, the management team didn't feel this person would cope in a hospital setting and be able to sit for long enough to receive the treatment. They advised the consultant, and agreed that the treatment would be carried out at Ashwood by staff who would be given additional training on how to do this.

Good

Our findings

Most people who live in Ashwood were unable to communicate with us. But one person said, "Good here" and "Happy here, people nice." We spoke with some people's relatives; they spoke very positively about their relatives experience at Ashwood and felt the staff were very caring. One relative said, "All the staff are very nice, we are very happy with things."

Two relatives told us when their relatives first moved into Ashwood they were reluctant to return from a weekend stay at their parents. However, now their relatives are very motivated and excited to return to Ashwood. One relative said, "[Person] now says…Bye I'm alright here…. [Person] can't wait to get out of the door."

We spoke with staff who talked about the caring atmosphere of the home, one member of staff said, "There is a family atmosphere. We are just like one big family." We observed some very caring interactions between staff and people in the home. One person kept falling asleep when they were having a warm drink, staff spoke softly to the person, gently touching their arm, and asking the person to wake up and sip their drink. The person woke with a broad smile on their face. Another person told a member of staff they had hiccups, the staff member spoke in a calming manner reassuring the person the hiccups would go away, the person responded well to this and appeared to relax.

A relative told us they recently looked through their relative's window as they were leaving the home. They observed staff being, "very friendly…making a fuss of [Person]." The manager told us when a person recently fainted and was taken to the Norfolk and Norwich Hospital by a member of staff, he also drove to the hospital to see the person and their parents, he said, "I wanted to make sure they were also okay. If my son was in care, this is what I would expect."

The provider supported people who lived in the home to express their views and be involved in making decisions about their care. There were weekly meetings when staff asked people their views about their week, their views on the food and meals they had last week, and what they wanted to do in the near future. The records of the meetings were written in a way that people using the service could understand. When people gave an opinion it showed a picture of them with a speech bubble quoting what they said. There were also pictures showing what they wanted to do, for example one person had a picture of a beach next to an image of them, with a speech bubble saying "[Person] wants to go to the seaside for a picnic in the summer." A member of staff told us, "If a person finds it hard to tell us what they would like to do we try things and take note of their reactions. Often their family can suggest things they may like to do." We

observed staff communicating in a variety of ways, sign language, one worded prompts and touch, and having general conversations. This told us the home made real efforts to engage and listen to the people who lived there and involved them in decisions affecting their day to day life.

People's personal histories and preferences were detailed in their assessments and reviews. Staff told us they made every effort to get to know people living in the home. One staff member told us, "I use the reactions of a tenant to the things we do to judge their enjoyment." Another staff member told us, one person living here doesn't like the sound of the fire alarm, so they planed drills when that person was attending day services. When we were talking to the manager a member of staff called to say the car was still in the garage being serviced, someone had wanted to go with the member of staff to drop the car off and then go shopping. The fact the car was not ready yet meant they would have to wait, the manager said this would distress this person. The manager called another home in the Jeesal group and asked either a member of staff to collect them or to arrange a taxi to collect them. This was to prevent this person becoming distressed.

We found people's privacy and dignity was respected and promoted. Relatives we spoke with confirmed this. A member of staff asked someone living in Ashwood if we could see their room, they said "No" and this was respected. From seeing other people's rooms we could see by how they were decorated and individualised these were people's private spaces. Some people had their own flats within the home, which were also very personalised. We observed a situation which staff dealt with this quickly and in a very respectful way maintaining a person's dignity. We also observed staff having a friendly and kind approach towards people in Ashwood and to each other.

Relatives told us they felt welcome to come to the home at any time. One relative told us, "Staff are most welcoming, never visited to find an atmosphere." A relative told us they often just "pop in." The manager told us the relatives and parents of people who live at Ashwood are very important. He said, "They are also the tenants' advocates and we welcome their views and time with tenants." A staff member said, "Yes, some relatives visit regularly. Some tenants go home for the weekend or out for the day with their parents."

Good

Our findings

The care people received was person centred. One staff member said, "I have stayed in hospital with a tenant to give them support." We observed people being asked about their care and saw they were included in their care planning. For example, there were good discussions between people and staff regarding what activities people wanted to do. Staff were seen to encourage and support people to make their own choices.

We could see from 'tenant's meetings' and reviews, people were clearly expressing what they wanted to do regarding social events and elements of daily living. People were maintaining interests which were important to them, and giving their views about what meals and drinks they wanted to have.

Most people were unable to make decisions around the care they wanted or needed to receive. In these cases the home would act as advocate to address care issues. The manager told us, they believed one person's needs had recently changed requiring two to one care. They had attended meetings with the local health team who funded this person's care. Despite this additional funding being declined, they continued to prepare evidence and present it to the funding panel, and provided this level of care. The manager said, "We believe this person needs this level of care, so does their relative, I don't ask for what we don't need."

The manager also told us about a person who was not receiving their full personal allowance from their appointee, (this is a person appointed by the court to hold funds for someone). To respond and explore this issue a meeting was arranged which included the person's social care professional. The manager said this issue was resolved, in a positive way which maintained relationships between all parties.

We looked at some people's assessments and reviews and we could see people's interests and activities they liked to do were recorded. People's personal histories and where they had lived before was recorded. The relationships that were important to people were documented. People's needs and ways to manage these needs were detailed. However, during people's reviews their relatives were not formally consulted with. The manager told us the relatives are in regular conversation with him and were very prepared to raise issues with him and the staff when issues occur. We spoke with relatives who confirmed this.

People were supported to follow their interests and take part in social activities. Someone told us, "I like cleaning and going out. They [staff] take me." Another said, "Going to Wednesday Club to play bingo." One person likes collecting items, the deputy manager told us this needs to be managed, otherwise it could be a risk to this person's safety when they are in their room. So they managed this through a programme of "buy

one, give one away." We could see the collection was numerous. This told us the home was supporting this person to explore their interests and manage the risks associated.

When we arrived on the day of the inspection all but one person was out. People were accessing day services, planned one to one activities with staff, and seeing relatives. People also spent time, when they wanted to, at the nearby home Salcasa. One person was going to have their evening meal there (with a member of staff), and they seemed very excited about this. People showed us the items they had made during a recent visit to a day service. We observed people being asked where they wanted to go over the next few weeks, and we could see practical plans were made by the member of staff, as a result of this conversation. From looking at people's records activities were numerous.

Alongside people's weekly activities the home arranged large events, a Christmas meal inviting up to 80 family and friends. There had also been a summer BBQ. One member of staff said, "We celebrate Christmas, birthdays, mothers and valentine's day, Easter and whatever we can. We like to party here." Every summer the staff and people living in Ashwood and Salcasa go on a holiday for a week.

We found that people were encouraged to maintain relationships which were important to them. People often spent planned time with relatives either in the home, when they were at day services, or they would visit their relatives spending a weekend or week with them. People formed friendships at the various planned day services they visited and at the neighbouring home Salcasa. One person said, "I have friends here." Another person said, "I do as I like here but I like (pointed to staff) to come with me."

There was a complaints system in place and there had been a complaint made in the past. The manager told us he is in regular conversation with people's relatives and they raise issues with him when they arise. When we spoke with relatives, none had any complaints to make but said they would speak with the manager if they needed to.

Good

Our findings

We spoke with relatives and members of staff who were very complimentary of the management team at Ashwood. One relative told us, "[Manager] is very good; he is quick to get things sorted." Staff felt supported by the management team. The manager said he also felt supported by the operations manager and attended regular meetings held for managers in the Jeesal group.

There was a registered manager in post and there was good communication with staff. The information we hold about the service told us the manager reported incidents to the CQC as required.

We found that there was an open positive culture in the home. All the staff we spoke with said they enjoyed their work and being in Ashwood, One staff member said, "I love it here. A really nice place to work." Another said, "Good home. I enjoy working here. Does not feel like work more like working with friends." Staff said they had staff meetings every six weeks and regular supervision. They said they felt confident in approaching the manager and raising issues. We could see there was a real sense of team work amongst the staff. People and staff appeared very comfortable with the management team being around them. The manager said he often bases himself in the main part of the house. Staff interaction was professional and positive. There was a calm and friendly atmosphere to the home with staff spending real time with people. We observed positive and caring interactions between staff and people living in the service. One person said, "Have friends (pointed to staff member)." Staff did not appear hurried or rushed.

There were strong links with the community. People were often out pursuing their interests and maintaining their friendships. People were accessing day services and Ashwood were making regular contact with health and social care professionals. Relatives told us they were very much involved in the care of their relatives received and the manager and staff welcomed this. From observing people talking with staff and seeing the records of the 'tenants meetings' this level of contact with the community was very much a collaborative effort from staff and people who live at Ashwood.

The manager told us that the management team were all carers once, "So our expectations (of staff) are high." The manager spoke of the induction programme for new staff and the interview process, and how important it was to get the right type of person to work at Ashwood. "Through observations of staff, continual training, and supervision we hope to achieve this." People had regular reviews and were attending meetings each week. They were encouraged to have a voice and give their views about the service. This told us there were systems in place for the manager to monitor the general culture of the service. However, when speaking with staff and the manager there didn't appear to be a clear set of agreed values and vision for the

future despite this being detailed on the Jeesal group's website.

The manager spoke very passionately about his and staff responsibility in keeping people safe and to give people choice and control in their lives. The manager said he completed a social work course because he wanted to give the best to people at Ashwood. We found the manager was personally very committed to the service, and demonstrated real compassion, and knowledge in his role.

We were told by the manager he held the budget to fund improvements to the home. We could see there had been improvements such as new flooring in people's rooms. The manager told us there will be other improvements this year, which will take place when the people living at Ashwood go on holiday with the staff. This will include new windows for the conservatory, kitchen cupboards, and general decoration. One person living at Ashwood has historically damaged and broken fixtures and fittings in their flat, we visited this person's flat and we could see damage had been repaired and fixtures replaced. The manager said this could be an ongoing issue, but it is important the person has "somewhere nice to live."

The provider had an effective system in place to check the quality of the service provided. Regular audits were carried out by the Jeesal group quality assurance lead. These audits checked the quality in key areas such as, staff supervisions, concerns and complaints and medicines management. They also checked how the service gained people's views about the care they received. Accidents and incidents were recorded and analysed in detail by the management team. Where quality improvements were identified, a comprehensive action plan was put in place.