



AUDIT REPORT

Ashwood House

Date of Visit: 22nd May 2024

Private & Confidential
SRG CARE CONSULTANCY LIMITED

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Service Name: Ashwood House

Provider: Liaise (East Anglia) Limited

Address of Service: Church Corner, Coltishall Road, Buxton, Norwich, Norfolk, NR10 5HB

Date of Last CQC Inspection: 6 December 2022 (Under Previous Provider)

Ratings

CQC's Overall Rating for this Service:

Good



SRG Overall Rating for this Service:

Good



KLoE Domain	Rating		Overall Score
Is the service safe?	Good		00 (out of 100)
Is the service Effective?	Good		75 (out of 100)
Is the service caring?	Good		00 (out of 100)
Is the service responsive?	Good		00 (out of 100)
Is the service well-led?	Good		75 (out of 100)

Depending on what we find, we give a score for each evidence category that is part of the assessment of the quality statement. All evidence categories and quality statements are weighted equally.

Scores for evidence categories relate to the quality of care in a service or performance:

- 4 = Evidence shows an exceptional standard
- 3 = Evidence shows a good standard
- 2 = Evidence shows some shortfalls
- 1 = Evidence shows significant shortfalls

At key question level we translate this percentage into a rating rather than a score, using these thresholds:

- 25 to 38% = Inadequate
- 39 to 62% = Requires improvement
- 63 to 87% = Good
- over 87% = Outstanding

Overall Review Summary

INTRODUCTION

An audit, based on CQC KLoE, was undertaken by one SRG Consultant over one day on 22nd May 2024. The purpose of this review was highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

This was a Focused inspection that reviewed Effective and Well-led only. This is a response to follow up findings from a previous inspection. We did not look at all five key questions.

METHODOLOGY

Several different methods were used to help evidence the findings this included a review of updates to information, conversations with the operations manager, registered manager, deputy manager, staff and people using the service.

SUMMARY OF OUTCOME

Ashwood House is registered with CQC and provides accommodation for persons who require nursing or personal care. It's category of registration is a Care Home and has specialisms/services in; Caring for adults over 65 yrs, under 65 yrs and Learning disabilities. The registered provider must not provide nursing care at Ashwood House - Norwich. The service is registered for 7 people and had full occupancy at the time of the visit.

DISCLAIMER

The matters raised in this report are only those that came to the attention of the reviewer during this visit. The work undertaken is advisory in nature and should not be relied upon wholly or in isolation for assurance about CQC compliance.

RATINGS

It is the overall view of the consultant undertaking this review that while several recommendations are made, subject to these being acted upon and concluded that the service would likely achieve those CQC KLoE ratings as specified within each section of the report. Ratings are applied as per those conditions set out within the CQC KLoE Prompts and Ratings Scales.

Please note that this is the opinion of the reviewer carrying out each audit based on the evidence gained during the review visit and using this to evaluate compliance against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

KLOE	Applicable Regulations	Comments
Safe	<p>Regulation 12 (f) and (g) Safe Care and Treatment</p> <p>Regulation 13: Safeguarding users from abuse and improper treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulations 18 & 19: Staffing - Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p>	<p>Learning culture: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <p>Safe systems, pathways, and transitions: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <p>Safeguarding: Score 3 We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <p>Involving people to manage risks: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <p>Safe environments: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 202</p> <p>Safe and effective staffing: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 202</p> <p>Infection prevention and control: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <p>Medicines optimisation: Score</p>

KLOE	Applicable Regulations	Comments
		<p>We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <ul style="list-style-type: none"> • This service scored 00 (out of 100) for this area.
<p>Outcome: The service is considered safe 'Safe' is defined by the CQC as meaning "people are protected from abuse and avoidable harm".</p> <p>Characteristics of services the CQC would rate as 'Good' in this area are those displaying evidence through systems, processes and practice which reflect: People are protected from avoidable harm and abuse.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Effective	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: The need for Consent</p> <p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 15: Premises and Equipment.</p> <p>Regulation 17: Good Governance</p> <p>Regulation 19: Staffing</p>	<p>Assessing needs: Score 3</p> <p>The service was proactive in monitoring and reassessing people to ensure that any changes needs were met.</p> <p>There was good evidence of ongoing assessments, this included ongoing monitoring of people who were using the service.</p> <p>Where people's needs changed, the management team ensured that needs were reassessed. Positive feedback was seen.</p> <p>Delivering evidence-based care and treatment: Score 3</p> <p>Support needed in relation to individual health care needs were identified. More information has been included, although this was basic. It is suggested that this could be further developed. (ER 1)</p> <p>Input from professionals such as the psychiatrist or the positive behaviour support lead was included in the care plans.</p> <p>Information about communication was included and gave detailed support how to support people.</p> <p>Appropriate referrals were made where there were any concerns about individual support needs.</p> <p>The registered manager had researched and accessed good practice guidance such as STOMP (stopping over medication of people with a learning disability).</p> <p>How staff, teams and services work together: Score 3</p> <p>The service worked with social and health care professionals in the community. These included the G.P., optician, dentist, district nurses, learning disability and mental health teams.</p> <p>Referrals were made, and staff collaborated with these professionals to implement recommendations and changes to how people were supported.</p> <p>Supporting people to live healthier lives: Score 3</p>

KLOE	Regulations	Comments
		<p>Support staff were not directly involved in providing health care support. However, staff supported people to access healthcare services. It was confirmed that people were supported with contacting the 111 service, the G.P. or district nurse.</p> <p>Within the medication files there were health support plans for individual health care needs. There were hospital passports and staff were aware and knowledgeable about individual needs.</p> <p>Where people had a physical health concern such as mobility, this was identified in the individual health action plan as part of their support plan.</p> <p>Individual nutritional needs were identified, and people were supported with healthy eating plans. Diet and nutritional needs were monitored.</p> <p>Monitoring and improving outcomes: Score 3</p> <p>Each person had a keyworker, and people met with staff on a regular basis. The detail and review of these meetings would benefit from further development to demonstrate how people were supported. (ER 2)</p> <p>However, ongoing reviews were in place to support people.</p> <p>Consent to care and treatment: Score 3</p> <p>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.</p> <p>At the last visit, it was noted that improvements were needed in relation to MCAs in that they were not embedded into practices.</p> <p>At this visit care records showed the service was now working within the principles of the MCA. For example, assessments were now in place and included onto the Blyssful system. Assessments were viewed for three people and these included continence care, finances, medication and care and support.</p>

KLOE	Regulations	Comments
		<p>There was evidence of when staff met with the person to discuss their understanding of the specific decision. Staff discussed the support and used communication tools and language suitable to the individual needs. There was good evidence that staff met with people at a time that suited them, and they discussed the decision on more than one occasion to identify whether people could retain the information.</p> <p>It was noted that one person had a sensor, but there was no MCA in place for this. I suggest that areas that could potentially be a restriction are monitored to check whether MCA assessments are needed, and these are implemented where identified. (ER 3)</p> <p>Consent agreements had been reviewed and put into place for people. Where they were unable to consent, then appropriate assessments were carried out, including recorded best interest decision.</p> <p>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. This is known as Deprivation of Liberty Safeguards (DOLs). Applications had been followed up with further DoLS being authorised.</p> <p>There was a DoLS tracker in place which monitored progress of applications.</p> <ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.
<p>Outcome: Improvements have been made the service is now considered effective</p> <p>‘Effective’ is defined by the CQC as meaning “people’s care, treatment and support, achieves good outcomes, promotes a good quality of life and based on the best available evidence”</p> <p>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people’s outcomes and feedback about the effectiveness of the service describes it as consistently good”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Caring	Regulation 9: Person-centred care Regulation 10: Dignity and respect	<p>Kindness, compassion, and dignity: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <p>Treating people as individuals: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 202</p> <p>Independence, choice, and control: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March</p> <p>Responding to people’s immediate needs: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <p>Workforce wellbeing and enablement: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <ul style="list-style-type: none"> • This service scored 00 (out of 100) for this area.
<p>Outcome: The service is considered as Caring.</p> <p>‘Caring’ is defined by the CQC as meaning “that the service involves and treats people with compassion, kindness, dignity and respect”</p> <p>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people are supported and treated with dignity and respect and are involved as partners in their care”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Responsive	<p>Regulation 9: Person Centred Care</p> <p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 16: Receiving and Acting on Complaints</p>	<p>Person-centred care: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <p>Care provision, integration, and continuity: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <p>Listening to and involving people: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <p>Equity in access: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <p>Equity in experiences and outcomes: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <p>Planning for the future: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <p>Providing information: Score We did not look at this quality statement during this assessment. The score is based on the last visit in March 2024.</p> <ul style="list-style-type: none"> • This service scored 00 (out of 100) for this area.

KLOE	Regulations	Comments
<p>Outcome: The service is considered as Responsive.</p> <p>Responsive is defined by the CQC as meaning “that the service meets people's needs”.</p> <p>“Characteristics of services the CQC would rate as ‘Good’, are those that people’s needs are met through the way services are organised and delivered”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Well led	<p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 17: Good governance / Record Keeping</p> <p>Regulation 19 - Fit and Proper persons employed</p>	<p>Shared direction and culture: Score 3</p> <p>There had been a change in culture since the last visit. There was now a more open and transparent culture with the registered provider. Discussions with the management team of the service, the operations manager and the staff team evidenced that there was a complete shift in culture.</p> <p>Staff at the service now felt part of the larger organisation. Staff reported that they were more aware of the provider and how felt more involved and appreciated.</p> <p>Capable, compassionate, and inclusive leaders: Score 3</p> <p>The senior management team were more visible and had visited the service. Staff said they felt that the provider was on board and was actively working with them.</p> <p>The operation manager actively worked in services and provided support to the registered manager. The management team within the service had the relevant skills, knowledge, and experience to effectively lead the service.</p> <p>Freedom to speak up: Score 3</p> <p>At the last visit it was found that although staff were happy to speak with the management team in the service, there was less confidence in being able to speak with the senior management team. At this visit there was a completely different atmosphere.</p> <p>Staff continued to have confidence in the management team within the service, but staff now also felt assured that they could speak to members of the senior management team.</p> <p>Concerns which had been raised at the last visit had been resolved. One member of staff said, 'I know who they are now, and I feel I can speak to them', another member of staff said, 'Much better, the area manager has visited and is so helpful'.</p> <p>Staff meetings continued and staff had been supported with supervision.</p> <p>Workforce equality, diversity, and inclusion: Score 3</p> <p>There continued to be policies and procedures and training in place to promote equality and diversity.</p>

KLOE	Regulations	Comments
		<p>The provider had ensured that staff were aware of schemes which supported staff. This included an 'Above and Beyond' scheme, where staff who contributed to outcomes for people were recognised, the blue light scheme, occupational health support and life insurance.</p> <p>An inspection bonus had been implemented and staff were now being paid for e-learning training.</p> <p>There was now a champion for the service who met with staff from other services and represented the staff team to speak on their behalf.</p> <p>Governance, management, and sustainability: Score 3</p> <p>Since the last visit, audits had been carried out for weekly audits and checks such as shift leader medication audit, and manager walk around audits.</p> <p>In addition, monthly audits had been completed for:</p> <ul style="list-style-type: none"> ➤ Monthly Health and Safety/ Infection Control Audit ➤ Manager's monthly Finances Audit ➤ Monthly Data Protection Manager's audit ➤ Manager's monthly Medication Audit ➤ Medication quarterly Area Manager's Audit ➤ Manager's quarterly Support Plans and Risk Assessments Audit <p>Audits were now noting where improvements were needed. Where actions had been implemented, these generally recorded what had been done about this. There was now no longer a blanket approach to signing off actions as been completed before they had been actioned.</p> <p>The Quality Assurance Framework (QAF) which monitored governance and overall compliance was available and was used by the registered provider to maintain oversight of the service. This was showing improvement in the services with only some minor slippage in the signing off of work flow processes by the due date.</p>

KLOE	Regulations	Comments
		<p>Weekly manager meetings were happening, and it was reported that these were effective and helped to embed and sustain the ongoing improvements.</p> <p>In addition, there were face-to-face manager meetings, which were reported as being proactive.</p> <p>partnerships and communities: Score 3</p> <p>The service continued to work proactively with health and social care professionals in the community. The management team reported how they worked in partnership with various external health and social care professionals who represented people living in the service.</p> <p>Learning, improving and innovation: Score 3</p> <p>Following the last visit an improvement plan had been put in place, which demonstrated how the service was intending to address and resolve the recommendations. Observations noted at this visit found that all the areas reviewed in relation to the recommendations had addressed with only some good practice recommendations made to further develop the work which had already been started.</p> <p>The operations manager reported that following the last visit, there was a learning curve around communication. The registered manager confirmed that communication was now much more effective.</p> <p>Positive feedback from staff evidenced that there was an open culture. A new member of staff said, 'This is the best training I have ever had'.</p> <p>At the last visit recommendations had been made in relation to accidents and incidents and recording and monitoring. A sample of the RADAR system was reviewed at this visit.</p> <p>This now evidenced that observations were recorded prior to the incident. There was a record of actions taken and these were signed off by the operations manager.</p> <p>There was now evidence that there was more learning recorded within the actions, which demonstrated that the learning culture was now more embedded.</p> <p>Environmental sustainability – sustainable development: Score 3</p>

KLOE	Regulations	Comments
		<p>The service continued to promote environmental sustainability by recycling and donating shredded paper to an animal sanctuary for bedding.</p> <p>One person was growing vegetables to be used within the service.</p> <ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.
<p>Outcome: The service is well led.</p> <p>Well-Led is defined by the CQC as meaning “that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture”.</p> <p>Characteristics of services the CQC would rate as Good, are those where “the service is consistently well- managed and led. The leadership, governance and culture promote the delivery of high-quality, person-centered care, and the service has clear, consistent and effective governance, management and accountability arrangements”</p> <p>SRG RATING: Good</p>		

ACTION PLAN:

CQC KLoE SAFE							
By safe, we mean people are protected from abuse and avoidable harm.							
Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1							

CQC KLoE EFFECTIVE							
By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence							
Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	<i>Further develop medical information about people.</i>						
ER2	<i>Continue to develop key worker meetings</i>						
ER3	<i>Monitor areas of potential restrictions and ensure that MCAs are in place.</i>						

CQC KLoE CARING

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1							

CQC KLoE RESPONSIVE

By responsive, we mean that services meet people's needs.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1							

CQC KLoE WELL-LED

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WR1							