







# The Camphill Village Trust Ashfield House

## 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	

### Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Ashfield House was last inspected in June 2013. At that time the provider met all the regulations we checked. This current inspection was unannounced which meant that staff did not know we were visiting.

Ashfield House provides care to six people of both genders with a learning disability. The home has a registered manager who has been at the home since it opened in 2012. A registered manager is a person who

# Summary of findings

has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Our observations and discussions with family members showed that there were positive caring relationships between staff and the people that lived at Ashfield House. We saw that people were treated with respect and care was based on people's preferences and aimed at supporting people to develop their skills and to be as independent as possible. We observed that people appeared to be relaxed and their expressions indicated they were settled and happy. This was the view of family members we spoke with, who told us their relatives were settled and happy. They said they were very pleased with the care their relative received.

Staff were aware of the provisions of the Mental Capacity Act (2005) and people were supported to make decisions about their life. Where people lacked the capacity to make decisions these were made in their best interest. Staff were following the Deprivation of Liberty Safeguards provisions and applications were made when people's liberty was restricted.

We found that people were having their needs assessed and that plans of care were in place. These were personalised and took account of each person's individual wishes and preferences. People were

supported to access health care services including attending well person clinics and specialist services. People received effective care that was based around each person's individual needs and preferences. Risks to people were identified and plans were in place to make sure people were kept safe whilst ensuring their rights were promoted.

People were supported to undertake activities of their choice. These took place both in the home and out in the community. Some people attended college and others went to a work placement. People took part in aspects of running the home including keeping their home clean and doing their laundry and helping to prepare and serve food.

There were robust recruitment procedures in place that involved the people that lived at Ashfield House. Staff were supported and trained to ensure they were able to provide care at the required standard to ensure people's needs were met.

We saw that systems were in place to monitor and check the quality of care and to make sure the environment was safe and well maintained. There was evidence that learning from incidents and investigations took place and changes were put in place to improve the service. This meant that people were benefiting from a service that was continually looking how it could provide better care for people.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

People who lived at Ashfield House were kept safe. Staff were aware of risks to people and acted to make sure people were kept safe whilst not having their human rights restricted.

Plans were in place to support people to manage behaviour that challenged. Staff knew how to respond in a positive way to manage difficult behaviour.

Staff were following provisions of the Mental Capacity Act (MCA) 2005 to ensure decisions were based on people's best interests. Where people's rights were being restricted the service had made the necessary application under the Deprivation of Liberties Safeguards. This meant that people's rights were upheld.

Good



### Is the service effective?

Care plans were in place and were kept up to date. They contained information about each person's preferences and how they liked their support to be provided. Care staff followed the guidelines in the plans of care.

Health and social care professionals told us how effective the service was. They told us that the support people living at Ashfield House received had led to significant positive changes in their abilities and lifestyle.

Staff were supported to learn and develop their skills. Their knowledge and skills were put into practice to improve the quality of care people received.

Good



### Is the service caring?

This service was caring.

People were treated with respect and dignity. Our observations and discussions with people and family members showed that staff were caring and compassionate.

People were encouraged to maintain and develop relationships. People were supported to meet up with family, friends and to meet new people.

People's individual choices and preferences were recorded and supported. People were supported to have their spiritual needs met.

Good



### Is the service responsive?

The service was responsive.

The service was taking account of each person's needs. People were supported to choose and take part in a range of activities. People regularly went out into the local community.

We saw that staff worked closely with health and social care professionals to provide people with care that met their needs and promoted their rights.

Care staff knew how each person communicated their wishes so their views were included in their plans of care. Plans were reviewed and up dated when people's needs changed.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The management and leadership of Ashfield House led by example. They worked alongside staff to develop and improve the service. There was an open culture where staff's views were welcomed and taken into account in planning the service.

A range of audits and checks were completed to monitor the quality of the service. Any shortfalls were addressed.

There was evidence that learning from incidents took place. The outcome of safeguarding events, incidents and accidents were used to improve the service for people that lived there.

Good



# Ashfield House

## Detailed findings

### Background to this inspection

We visited the home on 7 July 2014 and spoke with five people living at Ashfield House, one relative, three care staff and the registered manager.

We observed care and support being provided in the communal areas and in the kitchen. We looked at the care records of two people, the recruitment and training records of three care staff and a range of records relating to the management of the home.

The inspection team consisted of a lead inspector and an Expert by Experience who had experience of learning disability care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the home. The provider sent us a provider information return that gave us information about the

home. We examined the previous inspection that had taken place and notifications the home had sent us. Prior to visiting the home we spoke with two social care professionals from the commissioning authority. Following our visit to the home we spoke with two relatives and two health care professionals.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, the inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved for the key question 'Is the service safe?' to 'Is the service effective'.

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

We spent time observing the staff supporting people, as some people could not tell us in detail about their care. We saw that interactions between staff and the people that lived at the home were positive and people were treated with respect. One person told us that they felt safe living at the home and said; “The staff are nice”. None of the relatives we spoke with had any concerns about the staff’s ability to keep people safe and were confident that any concerns would be acted upon. One relative said; “We are happy [relative’s name] is safe. [Relative’s name] is now happy”. Another relative said; “If [relative’s name] wasn’t happy they would not get out of the car when we brought her back.”

Two health and social care professionals told us that people’s human rights were promoted and they had no concerns about people’s safety.

Staff we spoke with were knowledgeable about safeguarding issues. We spoke with two care staff and they knew the different types of abuse and signs and indicators that abuse may have occurred. They told us how they would respond to allegations or concerns that abuse had occurred. Our records confirmed that the manager had followed the locally agreed procedures for notifying the local authority of potential incidents of abuse.

People living at Ashfield House sometimes needed support to manage behaviour that challenged. We saw that staff were trained in managing and supporting people with these needs. Care records provided clear guidelines for staff to understand people’s behaviour and how to respond in a positive and supportive way. We asked two support staff about the care one person needed. They were clear about the triggers for behaviour and how to respond in a positive manner. One staff member described how people’s behaviour was a means of communicating their wishes and needs. We spoke with four health and social care professionals. They were all positive about the way the staff supported people to manage their behaviour. One health care professional told us; “I am full of praise for the manager and staff. They manage behaviour in a positive way”. A relative we spoke with told us that the staff managed their relative’s behaviour well.

People’s capacity to make decisions was assessed and they were supported to make decisions. The three care records

we checked included an assessment of people’s capacity to make decisions. Where people could not make decisions records confirmed that meetings took place to make sure that decisions were taken in people’s best interest. We spoke with three care staff and one senior staff member and it was clear that they understood both the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and how they applied in practice. This was confirmed by one of the social care professionals we spoke with who told us that the home had systems in place to make sure that people’s rights and freedoms were respected. On the day of the inspection staff were taking part in training to ensure they were aware of the up to date guidance as a result of the recent high court decision. One person was subject to a DoLS restriction and in the light of the new guidance the manager had put in a number of applications for other people living at the home.

We saw that the provider had systems in place to ensure they were sufficient staff available to provide people’s care. We observed that people were supported and were not left unsupervised for lengthy periods. We saw that care staff spent time with people supporting them to take undertake daily independent living tasks and social activities. All the relatives and social care professionals we spoke with told us they felt there were sufficient numbers of staff to provide people’s support. One relative said; “I feel there are enough staff on duty. They are all very co-operative especially [staff name] who is a great help, I cannot praise her enough. Any anxieties they contact me. This is a safe environment”.

Care staff told us they felt there were enough staff on duty and that extra staff were always provided if needed to undertake a specific activity or outing. They also said any gaps on the roster were always covered so they were never left short of staff. One person had individual support and we saw this was done in an unobtrusive manner that allowed the person the freedom to move around the home and outside which ensured their safety.

There were safe recruitment and selection processes in place. Care staff confirmed that they undertook a formal recruitment process that included an interview and a range of pre-employment checks. A check of three staff files confirmed that application forms were completed and a formal interview was held. Records also confirmed that two references were obtained including the previous employer, a health screening took place and a disclosure and barring check (DBS) was completed. A DBS check includes

## Is the service safe?

checking the person's criminal record and the list of people unsuitable to work with vulnerable people. This meant that appropriate checks were completed before staff began work.

# Is the service effective?

## Our findings

We observed that there were positive interactions between staff and the people that lived at Ashfield House. We saw that staff actively listened to people and communicated in an effective and sensitive manner. We observed that staff used people's preferred method of communication. For example we saw staff communicating with one person using makaton signs. All the relatives we spoke with were pleased with the support their relative received. They all said they had seen improvement in their relative's ability and lifestyle since moving to Ashfield House. One relative said; "My relative is much happier. Like their old self. The (staff) listen to [relative's name] and encourage them to do things". Another relative said; "They have settled well. The staff are very positive about everything. Nothing is negative – they say how can we sort it out".

We looked at two people's care files. These give detailed information about people's health and social care needs. We saw they were person centred and included lots of information about people's likes and preferences. Plans of care included information about how each person communicated their emotions and feelings and made their wishes known. The plans made sure that care staff had all the information to provide people's care in the way they person wanted and met their needs. Two relatives told us and records confirmed that regular reviews were held. We saw that when people's needs changed plans were updated. Some information was provided in an easy read way and we saw that this was any area that the home was in the process of developing further.

Observations of staff with people living at the service showed that they knew people well. We saw that staff provided people with appropriate support that took account of the information in their plans of care. For example one person was on a programme to help them to manage their own personal care. We saw that a staff member gently and patiently promptly the person every hour to use the bathroom. The staff member and a relative told us that the programme implemented by the home had led to positive results. We also saw that two staff encouraged people to make simple signs to communicate their wishes and feelings. We saw a happy face from one

person and regular use of 'high-fives' to demonstrate agreement and satisfaction. A social care professional said that staff knew and understood how to communicate with the person they supported.

The four health and social care professionals we spoke with were positive about the care provided. They told us about examples when staff support had led to significant changes which had enabled people to have a much improved quality of life. For example one person's changes meant they could walk unaided and regularly have time with their family. One health care professional said that the staff's creative and innovative way of managing behaviour had led to a great change in another person's life and plans were being considered for them to live more independently. Another told us that the staff were very knowledgeable, were very proactive in their working practices and very committed to the people that lived at Ashfield House.

Care records we checked confirmed that people were registered with a local doctor and were supported to have their health care needs met. Relatives we spoke with confirmed that people had their health care needs met. One relative confirmed their relative attended a well person clinic and saw a psychiatrist.

People were encouraged to develop their skills and to take part in daily living tasks. We saw that people were supported to keep their bedroom clean and tidy, do their own laundry, to help lay and clear the table and empty and fill the dishwasher.

We saw that people were encouraged to choose and take part in making their own meals. We heard three people being offered choices. For example pizza toppings, type of sandwiches, desserts and drinks. People were encouraged to eat healthily. We saw several food options laid out and two staff discussing healthy choices with people. We also saw fruit bowls laden with assorted seasonal fruit and fridges full of fresh food. Each person had their own menu although this was quite flexible. People were supported to undertake as much as they could. During the inspection we observed two people making drinks and three people being supported to make sandwiches and pizzas. One relative said; "My relative has lost some weight since living here because they are encouraged to eat more healthily, they are much better for it". Another family member said; "There are lots of choices. [Relative's name] makes their breakfast".



## Is the service effective?

The health and social care professionals we spoke with told us that staff were knowledgeable and trained. We spoke with three care staff. They confirmed that they all received a range of relevant training. This included health and safety, infection control and fire and food safety training as well as training specific to the people living at Ashfield House. For example behaviour management training was specifically designed to meet the needs of each person living at the home. A high percentage of staff working at the home had obtained or were in the process of gaining an accredited vocational qualification. We saw that the most recently appointed staff member had completed induction training

and spent time shadowing experienced staff before working independently. One care staff told us that there was no time limit of how long they could shadow and it was until they felt comfortable working alone. Three staff told us that were very well supported by the manager and deputy. They told us they had staff meetings and had regular individual supervision. They felt the manager and deputy manager encouraged them to develop their knowledge and skills. They said the senior staff were very open and approachable and they would have no hesitation in raising any practice concerns with them. They had no doubts that any concerns would be acted upon.

# Is the service caring?

## Our findings

We observed that staff interacted positively with people that lived at Ashfield House. We saw that there was a fondness between the staff and people. Our observations showed that people were treated with respect and their dignity was promoted. One relative told us; “The staff really listen to [relative’s name]. If [relative’s name] says they want to speak to us the staff facilitate it”. One person who lived at the home told us they had been to watch a staff member get married. They had thrown confetti and this had been a very positive and memorable experience for the person.

People’s privacy and dignity were promoted. Everyone; staff and people that lived at the home had a swipe card. This enabled people access to their bedroom and where appropriate to all the communal areas in and out of the home. We observed that care staff always knocked and waited for permission before entering people’s bedrooms.

Both the social care professionals we spoke with told us that people were treated with respect and were involved in making decisions. One said; “The staff promote independence and choice”. The other said; “The staff look at individual behaviour. It is very person centred. There is a very positive feeling at the home”.

We saw that people were supported to make choices and decisions about their lives. For example during the visit we saw and heard people being offered choices; one person was offered the choice of going out for lunch or staying in, everyone was offered a choice of activities, a choice of food and where to spend their time. One person told us they had

chosen where to go on holiday. We also saw that people were supported to choose when to get up and when to go to bed. We also saw evidence that one person was working with staff on a programme to help them to make choices about how and where they spent their time.

Staff took account of each person’s individual wishes and preferences. A care staff member told us that the views of people that lived at the home were always taken into account and said; “The people that live here run the home”. For example when organising social activities they took account of the staff that people wanted to accompany them. We saw that one person liked fresh flowers and we saw there was a large vase of fresh flowers in their bedroom. Another person liked to wear nail polish and we saw they were supported to wear this. Another person was supported to attend church when they wished.

People were encouraged to maintain and develop relationships. Family members told us they felt welcomed at the home. One said; “It is very welcoming - open house. I don’t feel I’m intruding”. People were encouraged to visit their family members and friends and to keep in touch by phone. Relatives and friends were invited to have meals at the home. One person visited a friend regularly at their home or met them in town for a coffee. Another person went out with staff to meet up with care staff from a previous placement. Some people visited a local centre where dating in a safe environment was supported. Others were members of a group that organised events such as a summer ball and trips to the pub. This meant that people were supported to develop and maintain relationships that were important to them.

# Is the service responsive?

## Our findings

We observed the staff were responsive to people's needs. We saw that people were supported to undertake the activities they wanted to do. For example one person was supported to take part in baking which they enjoyed. Another person liked cats and the staff helped them to be able to hold and groom the one at the home safely. One person loved to watch a specific TV programme and staff made sure it was never missed. During the inspection we saw that one person was supported to do some chores around the house. When the person said they felt they had done enough the staff listened to their wishes and supported them to take part in an alternative activity. We also observed that one person seemed to be spending time aimlessly in the house. A staff member quickly observed this and sat with them and encouraged them to complete a jigsaw.

People were involved in making decisions about their care and in deciding the activities they wanted to do. For example some people chose to attend college to help them to develop their skills. Other people chose to attend an employment centre where they undertook work related skills training. One person was picked up by staff at the end of the day whilst another person chose to remain in town longer. Everyone spent time in the community taking part in activities of their choice. This meant that people's individual wishes were respected.

People were supported to maintain and develop relationships. Three relatives told us they felt welcomed at the home. People were encouraged to visit their family members and friends and to keep in touch by phone.

Records and discussions with three staff showed that the staff took account of people's changing needs. For example when people started to attend college a staff member always accompanied them for the full session. This was then gradually reduced as the person gained confidence until they were left alone. Staff stressed to us that this was always completed at the pace of the person involved. We also saw that plans of care were updated to take account of people's changed needs and wishes.

We saw that the staff worked with health and social care professionals to meet people's needs. Two social care professionals told us that the home maintained good contact with them and that there was effective liaison in the interests of people who lived at the service. A health professional told us that staff were very proactive in trying to improve people's lifestyle and wellbeing. For example the staff had been concerned one person was having unnecessary medication and they asked whether the person's medication could be reviewed and reduced. This was acted upon and led to an improvement in the person's welfare and lifestyle.

The home had a complaints procedure in place. We saw that this was developed in a symbol format to support people living at the home to understand it. The procedure was not provided to family members but the ones we spoke with told us that they would have no hesitation in raising concerns. They said that all the staff were very approachable and said they believed any concerns would be acted upon. No complaints had been received. The registered manager said they would provide relatives with a copy of the procedure.

# Is the service well-led?

## Our findings

We saw, and staff told us, that the registered manager and deputy had very high standards. They said they told them that this was people's home and therefore it should be at the same standard as the staff would expect in their own home.

Staff spoke positively about the leadership of the home. They said that both the manager and deputy led by example. The registered manager told us and staff confirmed that they were supported to develop their skill and knowledge through regular supervision and by working alongside the managers of the service. We observed that during the inspection both the registered manager and deputy spent time supporting people to enable staff to undertake other roles.

Staff told us that they felt valued and listened to. They said they were encouraged to come up with suggestions and new ideas and these were always welcomed and usually acted upon. They felt they were part of a team working together to improve the lives of the people that lived at Ashfield House. They told us there was a culture of openness and they would report any concerns or poor practice if they witnessed it.

We saw that Ashfield House was an organisation that was keen to continually improve. The registered manager made sure they kept up to date with current practice and research. The manager sat on the provider's group developing policies and practices and on a working group looking at practices for people that present behaviour that challenges. The home was a member of the Worcester Behaviour Programme and staff were 'complex behaviour' and 'autism' champions. These were local groups of professionals working and learning from each other to keep up with practice and research to develop and improve the service they provided to people.

The home was learning from mistakes. We saw that all incidents and accidents were recorded and that changes were made to plans of care and risk assessments to take account of incidents that occurred. For example we were told about an incident that occurred when two people went out in the car. This led to changes in the way people were supported to do this.

The home had systems in place to monitor and check the quality of the service. We saw evidence of audits and checks in infection control, first aid, finances, dignity in care, training and fire safety. The registered manager was aware of the outcomes of these audits and could tell us of their plans for the future development of the service although these plans were not always recorded. This included further developing the quality monitoring systems and increasing the accessibility of care plans and risk assessment information for people living at the home. The registered manager was looking at the possibility of introducing interactive technology to make this information more easily available to people.

We saw that people that lived at Ashfield House and family members were involved in planning their care and aspects of running the service. Relatives confirmed that they were in regular contact with the staff and were invited to care reviews. Both relatives and people living at the service had the opportunity to complete a satisfaction survey. One person living at the service was involved in staff recruitment. The registered manager told us they would like relatives to be more involved in running the home but said most were happy with their relatives' care and were happy to leave running the home to the staff. This is an area the registered manager wanted to try and develop.