

Camphill Village Trust Limited(The) Ashfield House

Inspection report

Sugar Loaf Lane
Iverley
Kidderminster
Worcestershire
DY10 3PB

Tel: 01562701118
Website: www.cvt.org.uk

Date of inspection visit:
03 December 2020

Date of publication:
07 January 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashfield House is a residential care home providing personal care to eight people living with a learning disability, autism or mental health needs at the time of the inspection. The service can support up to eight people across two buildings, one main residence and a bungalow attached to this for people who wish to be supported more independently.

People's experience of using this service and what we found

Quality assurance tools at the service had not consistently identified areas that required improvement and ensured these had been implemented effectively.

People were supported by trained staff who had been recruited safely. People were supported to receive their medicines as they were prescribed. People were supported in line with government guidance around COVID-19.

People were supported by sufficient staff to meet their needs in a timely and flexible way. People had access to their local community and could engage in activities of their choosing.

People were involved in their care planning to enable them to make choices in their care. People were encouraged to maximise their independence and living skills.

People were supported by staff who understood their communication needs and were meeting these. People knew who the management team were at the service and felt able to give feedback about their care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture as the model of care and setting maximised people's choice, control and independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 24 December 2019).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding, the quality of care

provided at the home and infection prevention and control. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider had made significant improvements to the culture and quality of care within the home. However, improvements were ongoing in relation to quality monitoring and oversight. Please see the well led sections of this full report.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashfield House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Ashfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. However, there was a manager in place who was in the process of registering with us. Their registration had been delayed within CQC due to COVID-19.

Notice of inspection

We gave a short period notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including the area manager, manager, deputy manager, team leaders and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who are in contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed by trained staff and had access to medical professionals to review their medicines where this was required.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and people looked comfortable in the home. One person told us, "I feel safe here."
- Staff knew how to recognise the signs of potential abuse and how to report and record their concerns. Records confirmed staff reported concerns to the local safeguarding team as they were required to.

Assessing risk, safety monitoring and management

- People had personalised risk assessments which gave clear guidance for staff on how to support people to mitigate their risks.
- People were supported to take positive risks to promote their freedom. For example, where people had a history of risk behaviours, the management team had not used these to restrict people's lives but encourage their independence.
- Each person had a personal emergency evacuation plan which detailed the level of support required to evacuate them safely in the event of an emergency.

Staffing and recruitment

- People needs were met by staff in a timely way and there was sufficient staff to support people flexibly. One person told us, "There are enough staff if I need help with anything."
- Staff had been recruited safely in line with the provider's policies and received a full induction prior to commencing work.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the manager to ensure they had been investigated and reviewed to enable improvements to be implemented where required.
- The service had experienced a significant change in the culture of the home following concerns being raised. The provider and management team had worked with external stakeholders to ensure lessons were learned in response to the concerns raised.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans which were reviewed regularly.
- People had staff keyworkers who supported them, and where appropriate their relatives were involved in the planning of their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we found people were not always supported to maintain their access to the community due to availability of drivers and staff's shift changes. At this inspection we found improvements had been made to ensure there were always two staff members who were able to drive on shift during the daytime. This enabled people to access their local community as they wished.
- People told us they could choose how to spend their time and did not have to wait for staff to enable them to engage in activities. For example, we saw one person spent time with staff working with animals as they really enjoyed this. This person told us this had supported their emotional wellbeing during the pandemic.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs. The provider had access to documents in a format to support people's understanding.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint. One person told us, "I could speak to [the management team] about concerns."
- Where concerns had been raised, the provider and management team had worked with people to support them to understand actions taken in response to these and ensure they were comfortable with this.

End of life care and support

- No one at the service was being supported with end of life care. However, the management team understood the importance of people being involved in making plans for their future and told us they would support people to do this as required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant quality monitoring tools were not consistently effective at identifying and implementing required improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection we identified improvements were required in relation to the quality monitoring and oversight at the home. At this inspection we found whilst improvements had been made these were ongoing and required further time to ensure they were embedded within practice.
- Quality assurance tools in relation to medicines had not identified some of the concerns we found during the inspection. For example, reviews on people's care files had not consistently ensured these were adapted to reflect their changing needs and advice from external professionals.
- Where audits had identified where improvements were required, the management team had failed to ensure these were consistently implemented effectively to enable improvements to be sustained. For example, the manager told us they had identified a person was signing their own medicines records as opposed to the staff who were administering their medicines. The manager told us they had spoken with staff to ensure they understood their responsibilities in relation to medicines documentation. However, during our inspection we found the required improvements had not been made.
- The provider had displayed their previous rating clearly on entrance to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People, staff and external professionals gave positive feedback about the management team. One person told us, "I could go to [the manager] if I wasn't happy about something and they would do something about it."
- The provider, management team and external professionals acknowledged there had been a positive change in the culture of the home following them responding to concerns raised about the service. This included changes to the staff team and management structure.
- The provider and management team worked with us during the inspection to address areas of concern we raised in relation to medicines and oversight within the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities under the duty of candour and was meeting these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback questionnaires for people were due to be returned following our inspection. We will check these at our next inspection.
- People told us they felt comfortable to speak with staff and were able to share feedback with the management team.
- Staff had access to regular supervisions, appraisals and staff meetings with the management team. One staff member told us, "I had my annual appraisal recently. It was very useful. We discussed how I was getting on."

Working in partnership with others

- People had access to external healthcare and social work professionals as they required. Professionals gave positive feedback about how the service worked alongside them to support people to maintain their wellbeing. One professional told us, "[The management team] have kept me up to date whilst respecting people's rights."