Camphill Village Trust Limited(The)

Ashfield House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Ashfield House is a residential care home providing personal to eight people who may have a learning disability, autism, mental health or physical disability.

Ashfield House accommodates six people in one adapted building over two floors and two people in an annexe which has its own kitchen and communal area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service didn't always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support due to lack of choice and control. For example, people did not always have a choice about when they were able to go out in the community during the evenings and on weekends.

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

People were not consistently supported to maintain their hobbies and interests in the evenings or on weekends as people had to wait their turn for access to transport. Staff working patterns were not always flexible to support people with their social care needs.

The checks the registered manager and provider made had not fully considered people's views and experiences of their social needs. The provider had not identified that people were, at times, restricted of their choice and freedom to access the community. Some staff felt that better leadership and direction was required for staff when the management team were not on duty, such as evenings and weekends.

People told us they continued to feel safe and well supported. Relatives confirmed they felt their family member was safe. Staff had a good understanding in how they protected people from harm and recognised different types of abuse and how to report it. Potential risks to people had been identified and staff had consistent knowledge in how to reduce the risk of harm. There were enough staff on duty to keep people safe. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care continued to be assessed and reviewed with the person and their relative or advocate involved throughout. People were supported to have a healthy balanced diet, and where able, people were supported to prepare their own meals and drinks. Staff engaged and worked well with external healthcare professionals and followed their guidance and advice about how to support people following best practice.

People were treated with respect and their dignity and privacy was maintained.

People's health care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People and relatives had access to information about how to raise a complaint.

People and their relatives were happy with the way the service was run. The registered manager was visible in the home, listened and responded to those who lived in the home and the staff who worked there. People and relatives were listened to and had the opportunity to raise their suggestions and ideas about how the service was run. Staff felt supported by the registered manager to carry out their roles and responsibilities effectively, through training and regular contact with the registered manager.

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

Why we inspected
This was a planned inspection based on the previous rating.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

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.

Inspection team
This inspection was undertaken by one inspector.

Service and service type
Ashfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service and three relatives about their experience of the care provided. We also spent time in the communal areas to understand how people spent their day. We spoke

with four support workers, the deputy manager, registered manager, general manager and Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with four professionals who regularly visit the service and received written feedback from a further professional. We also spoke with the Nominated Individual and the director of care and support.

Good

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.

Systems and processes to safeguard people from the risk of abuse

- People continued to be kept safe by the staff who supported them. People we spoke with told us they felt safe and we saw people were comfortable and relaxed around staff. Relatives felt their family members were kept safe from harm. One relative said, "They [the person] would tell me if they were not happy. I know [the person] is safe."
- Where concerns had been raised, the provider understood what action was required to protect people from harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- People told us staff promoted their independence while maintaining their safety, for example, when going out into the community.
- Relative's told us staff understood their family members individual risks and how to manage these to keep people safe. A relative told us how their family member settled well into the home and was proving to be their best home to date, and confirmed, "This is only because of the effort from the staff and [the registered manager]."
- Staff supported people in line with best practice to meet their complex, individual safety and health care needs.
- There was a good communication system in place for ensuring consistent, timely and safe care was delivered. The staff team had regular updates to ensure risks were being managed, mitigated and reviewed.
- Staff communicated information about incidents and accidents. The registered manager monitored these events to help prevent further occurrences.
- People were receiving their medicines when they should. The registered manager was following safe protocols for the receipt, storage, administration and disposal of medicines.

Staffing

- There were sufficient staff on duty to meet people's care needs and maintain their safety, however we found staffing was not always flexible to meet people's individual preferences.
- Where people required one to one support within the home and/or in the community, this was in place.
- The registered manager reviewed staffing levels to ensure there were sufficient staff to meet people's needs. Where a person's needs had changed during the night, staffing levels were reviewed to reflect this change.
- We did find that staffing levels were not always reflective of people's social care needs and have reported on this within our Responsive section.

Preventing and controlling infection

- People told us staff kept the home clean. We saw the home was clean and smelt fresh.
- Staff understood the importance of infection control and we saw good practice within the home.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People, where able, were involved in the assessment of their care. One person spoke positively about how they were supported to transition and settle into the home and felt this process had worked very well.
- Relatives spoke very positively about how staff had supported their family member to transition into the home. One relative told us how their family member had been to many different homes over the years, but Ashfield House, had been the only home where they had settled and were happy.
- People and relatives told us they were confident in staff approach and staff had the knowledge and abilities to meet their family member's needs.
- Health and social care professionals told us the registered manager and their staff team had made positive changes to people's quality of life. One professional told us, "There has been a big difference for [person's name]. They make eye contact, they're engaging with people. It's such a high improvement".

Staff support: induction, training, skills and experience
- The provider had a comprehensive induction for new staff, and training ran throughout the year, to keep staff up-to-date with best practice. There was a good skill mix of staff on duty at the time of our inspection.
- Staff were confident in the care and support they provided. They told us they had received training which was appropriate for the people they cared for.
- An external healthcare professional shared an example of how the registered manager and staff had increased a person's independence, reduced restrictions that had been in place, through the support of staff's experience and skills of supporting people with complex care needs.
- The registered manager recognised the importance of keeping their staff group up to date with best practice and we saw this reflected in the way they supported people.
- Where staff had a keen interest to develop in an area, the registered manager encouraged them to develop their skills and experience.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People told us staff supported them to see their doctor when they felt unwell.
- Relatives confirmed their family member saw appropriate health and social care professionals for routine appointments and when required. Relatives felt the staff fully engaged with them to improve the quality of their family member's life.
- We saw information in people's care records to show they were supported to attend health appointments,

so they would remain well.
● Health and social care professionals told us how the registered manager was proactive in seeking advice and followed their guidance well. They felt people were supported to stay well and staff accessed their support should they have any concerns.
● The registered manager shared an example where they had reached out to an independent healthcare professional in order to fully understand the person's needs, so that their care and support could be tailored to their individual needs.

Adapting service, design, decoration to meet people's needs
● The service had been adapted to meet people's individual needs. People's bedrooms were decorated to their own tastes and were furnished with their personal belongings which reflected their interests.
● People had access to communal areas within the home which gave them a choice of where they would wish to spend their time. This included a garden area and a sensory room.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● We saw staff tailored their approach for seeking consent to each person's individual communication needs.
● All staff understood and applied the Mental Capacity Act principles in the way they supported people.
● The registered manager worked with healthcare professionals to understand whether people had capacity to make decisions about their care and treatment. Where it was deemed people lacked capacity, authorisations had been requested. Where these had been granted staff understood how individuals were to be supported.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us staff were kind and caring towards them.
- Relatives spoke highly of the care and support staff offered their family member. One relative told us, "There is a whole lot of love there...It's the little things [staff] do, make a big difference." All relatives we spoke with felt staff were welcoming, supportive and put the needs of their family member first.
- Staff had a good understanding of the things which were important to people, and as far as possible supported people to maintain these. For example, supporting people to visit their family members at weekends.
- Health and social care professionals we spoke with said the staff were always welcoming. A healthcare professional told us how they had seen, "Staff who are knowledgeable, genuinely care," for the people they supported.

Respecting and promoting people's privacy, dignity and independence

- People were supported with maintaining their dignity throughout the day. People's personal space was respected by staff and other people living in the home.
- Relative's told us their family member was treated well by staff and their privacy was maintained.
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent.
- People's confidential information was securely stored, to promote their privacy.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's social care needs were not always met. However, people's care and treatment needs were met through good organisation and delivery.

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

- People were not always supported to maintain their access to the community. Ashfield House is located within the countryside, the registered manager told us that most people would not be able to physically walk the distance into the town, they also told us that public transport would not be suitable for most people either. A person told us about their weekends and said, "I don't think it's fair that I have to wait. I like going shopping or to the cinema, and I have to wait until it's my weekend." While people had access to a mini-bus and car, we found, people were restricted to their access to the community in the evenings and on weekends due to availability of drivers and staff's shift changes.
- While staff had a good understanding of the things which were important to people, staff described to us a rota system, which meant that throughout the month each person had the opportunity to enjoy their chosen activity one weekend of the month. This meant other people were required to wait until it was their allocated weekend to use the transport.
- The provider confirmed they would explore different options for people and their access to transportation.
- We also found that staffing levels did not always reflect people's social preferences. For example, some staff felt more flexible working times should be arranged to support people in the evenings with their social activities. Staff confirmed that the day shift finished at 8pm and therefore did not always leave sufficient time for people to go to social events in the evening.
- A relative told us, "I do not think they do many events, because of staffing."
- We spoke with the registered manager and provider about this, who confirmed they would review this.

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

- People, and where appropriate their relatives and advocates continued to be involved in the planning of their care from the beginning and people's health care needs continued to be met.
- People's care needs were reviewed regularly and any changes in care were identified through assessments and monitoring. Where the registered manager felt there were changes in a person's health they made prompt referrals to healthcare professionals. External healthcare professionals confirmed staff were prompt in their requests, and while they sought advice, the care staff were already taking the action and delivering care in line with best practice.
- There was a good level of information about people's needs and preferences. Where people's needs were changing we saw there was clear communication amongst the staff group, so the registered manager could take action. Staff were aware of what action the registered manager had already taken.

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 told us they knew people very well and listened to their verbal sounds, watched their facial expressions and body language to understand what they were communicating to them. There was information included in people's care plans so staff knew what to look for. We saw documents which were in a format that gave people the opportunity to use these.

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure in place should people or relatives need to raise a complaint.

● People and their relatives told us they knew how to raise a complaint if they needed to but were happy with the service provided.

End of life care and support

● We saw in people's care records that discussions had been held with people, and where appropriate their relatives, about their end of life care wishes.

Requires Improvement

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The registered manager and provider completed checks to ensure the service was delivering high quality care. Where any improvements were found, the registered manager was responsive to these.
- However, these checks were carried out during working hours, and the provider had not considered checks at other times of the day to understand how people spent their time and constraints with transport and staff working patterns. The Nominated Individual told us, "I usually visit in the day, but everyone is out. Being here now [in the evening], I can understand how busy it is for staff."
- Staff felt supported by the management team, however some staff felt that when the management team were not on duty, such as evenings and weekends, the service lacked the leadership and organisation for the day. While staff understood their key roles for that day and were allocated certain roles, some staff felt that clearer direction over weekends would benefit people.
- Relatives told us their family members did not have dedicated key workers that they could contact. While relatives felt happy with the support from the registered manager and longer-standing support staff who they knew quite well, some relatives felt that having an identified key member of staff would have benefits in their communication.
- The provider confirmed that they would implement management checks over weekends and evenings, to better understand how the service worked for people during these busier times.
- The registered manager told us they were continually looking to improve the service. Their ethos was to promote people's independence and give people the confidence to achieve their aspirations.
- Staff were clear of their roles and responsibilities. The registered manager monitored performance of staff through supervisions, spot checks on staff practice and sharing information in team meetings. This helped to ensure all staff were consistent in their approach to the care and support provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People spoke fondly of the registered manager and shared examples of how they had taken time to listen and offer re-assurance. A person told us, "[Registered manager's name] is sound, I can talk to her when I want to… She has helped me a lot."
- Relatives felt the service was well run, by a management team who cared. They had confidence in the service provided. A relative told us, "It is only because of the effort of [the registered manager] that [person's

name] has settled so well." While a further relative said, "[Registered managers name] is very approachable."

● Staff felt confident to raise any aspects of concern with the registered manager. Staff told us the registered manager was responsive to their concerns, and where they had suggested improvements in the past, these were responded to.
● The registered manager and their staff team worked with people, relatives and healthcare professionals to provide the best outcomes for people.

Working in partnership with others
● Health and social care professionals spoke highly of the registered manager. One healthcare professional said, [The registered managers name] is very accepting and reaches out to people." While a further professional told us, "I have no concerns, I wish we had another Ashfield House and [registered manager's name] for other service users…It's the staff and their ethos, not the bricks and mortar."

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 registered manager understood their responsibilities for reporting events and incidents which were legally required to the CQC. The legal requirement to display the CQC ratings of the last inspection was also displayed in the home.