

Camphill Village Trust Limited(The) 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 ●

Summary of findings

Overall summary

Ashfield House provides accommodation for six people who have a learning disability. At the time of our inspection there were six people living in the home. At the last inspection in July 2014, the service was rated Good. At this inspection we found that the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was absent on the day of inspection.

People continued to be supported in a safe way and where risks to people were identified they were managed effectively. Staff knew what abuse was and how to recognise and report it. Medicines were managed safely. There were enough staff available to offer individual support to people and recruitment processes ensured they were suitable to work within the home. Staff had received an induction and training to help them support people.

When needed capacity assessments had been completed and decisions made in people's best interests. When people were being unlawfully restricted this had been considered.

People were treated in a kind and caring way. Their privacy and dignity was promoted by staff and they were encouraged to be independent. They were able to make choices around their day and were offered the opportunity to participate in activities they enjoyed. People were supported to access health care professionals and health care services when needed. They were offered a choice of foods they enjoyed.

Quality monitoring checks and feedback from people who used the service was obtained to bring about changes. Staff felt listened to and were provided with the opportunity to raise concerns. There was a complaints procedure in place and this was followed by the provider. The provider was displaying their previous rating in line with our requirements.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Ashfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on the 25 April 2017 and was unannounced. The inspection visit was carried out by one inspector. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with two people who used the service, one relative, and two members of care staff. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People continued to feel safe living at Ashfield house. One person said, "No one hurts me". A relative said, "I have no concerns there is equipment in place to keep my relation safe". Staff knew what constituted abuse and what to do if they suspected someone was being abused. A member of staff said, "It's if something wasn't right. How someone was being treated or spoken to or if they had any bruising for example". They told us, "I would report concerns to my line manager". They confirmed that action would be taken. We saw procedures for reporting safeguarding were displayed in the office. Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed to ensure people's safety.

Staff we spoke with knew about people's individual risk and how to support people in a way to keep them safe. For example, staff explained how a person was at risk of harm due to their behaviours. Staff explained the equipment they needed to use and the actions they would take if an incident occurred. We saw there was a risk assessment in place detailing the guidance that staff had told us. This demonstrated staff had the information needed to manage risk to people.

There were enough staff available to offer support to people. One person said, "I like [staff name] they help me when they are here". A relative confirmed there were no concerns with staffing levels. Staff confirmed there were enough of them to offer support to people. When people needed one to one support to keep them safe we saw this was adhered to. We saw staff were available in the communal areas and people did not have to wait for support.

People's medicines were managed in a safe way. We saw effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them. We saw that when people were prescribed medicines on an 'as required basis', there was guidance in place for staff to show when these should be given.

The provider had systems in place to ensure staff suitability to work within the home. We looked at records for one staff member and saw that references and DBS clearance were obtained before they were able to start working within the home. The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions.

Is the service effective?

Our findings

Staff told us they received an induction and training that helped them support people. One staff said, "The training is good, I have just recently completed food hygiene, safeguarding and autism training". They went on to tell us that the training was specific for the individuals living at Ashfield house. They said, "Its good training it gets you thinking and you answer all the questions. But the work experience and getting to know the people is the interesting part". This demonstrated that staff were offered training that helped them to support people.

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 or 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the provider was working within the principles of the MCA. Some of the people living in the home lacked capacity to make important decisions for themselves. We saw, when needed, people had mental capacity assessments in place. When people were unable to make decisions we saw decisions had been made in their best interests. Staff we spoke with understood the importance of gaining consent from people before offering support. One member of staff told us, "We always explain in a way the person understands and then ask them, we wait for them to agree to whatever it is". We saw staff gaining consent from people. This demonstrated that staff understood the importance of gaining consent from people.

The provider had considered when people were being restricted unlawfully. DoLS authorisations were in place for people living at the home. Staff we spoke with demonstrated an understanding of DoLS. One member of staff said, "It's when we have to do things to keep people safe. We make sure we do things in the least restrictive way so people can be as free as possible". They went on to explain how they supported people. This demonstrated that the principles of the MCA were recognised and followed.

People enjoyed the food and there was a choice available. One person said, "I like pie it's my favourite and can chose to have it here". Staff told us that some people would access the kitchen independently to make drinks and people were involved with planning the meals within the home. We saw records to confirm this. Records we looked at included an assessment of people's nutritional risks. We saw when these risks had been identified people had their food and fluid intake monitored, so concerns could be identified. Throughout the day people were offered a choice of hot and cold drinks and snacks were also available.

People had access to health professionals. One person said, "I'm going to the doctors to get better". We saw they attended a GP appointment during the inspection. Records confirmed people attended health appointments and when referrals were needed to health professionals these were made by the provider. We saw referrals had been made to speech and language therapists and physiotherapists. This demonstrated

when a person needed access to health professionals it was provided for them.

Is the service caring?

Our findings

People and relatives told us they were happy with the staff. One person said, "I like the staff they are all nice". A relative told us, "I have no concerns I am very happy with everything". The atmosphere was relaxed and friendly. We saw staff laughing and joking with people. For example, we observed staff were patient with people when offering explanations. Another person liked to have flowers in their room. Staff told us they always ensured the person had fresh flowers. This person showed us their room and the flowers that were in there. This showed us that people were treated with kindness.

People's privacy and dignity was promoted. Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. One staff member said, "I will always knock people's door and wait for them to answer before I go in". We saw that people's bedroom doors were locked and they had a 'fob' so they could enter their rooms when they liked. We saw people using these. A staff member said, "It's so the others can't go in and people can have privacy". This demonstrated people's privacy and dignity was promoted.

People were encouraged to be independent and make choices. One person said, "I make my own coffee with milk". We observed this person enter the kitchen and make a drink independently. Staff gave examples of how they encouraged people to remain independent. One staff member said, "We encourage people to do what they can, we are there to support if needed." People made choices. One person said, "I can pick what I do, I like the pub". We saw that people accessed different areas of the home and garden when they chose to.

People were encouraged to maintain friendships that were important to them. Staff told us that one person visited people they previously lived with and lifelong friends. The person confirmed this to us and showed us a photograph of this person. Relatives told us they could visit anytime and felt welcomed. One relative said, "There are never any restrictions. I have dropped in from time to time and it's never been a problem". People told us they were supported by staff to visit their relative in the community and at home. This meant people were encouraged to maintain relationships that were important to them.

Is the service responsive?

Our findings

Staff knew about people's needs and preferences. One person said, "The staff look after me good". Staff told us they were able to read people's care plans to find out information. One staff member said, "We have handover to share information or we can read about people in care plans". They said they used the information in these to talk to people about their likes and dislikes. We saw staff talking to people about things they used to do and things they liked doing.

People told us they participated in activities they enjoyed. One person said, "I go to the pub and cinema". Another person told us, "I like going out on the bus". We saw people had activity planners in place and they confirmed they had been involved with making these. People and relatives spoke enthusiastically about activities at the home. A relative told us, "There is lots going on". This meant people had the opportunity to participate in activities they enjoyed.

People and relatives told us if they had any concerns or complaints they would happily raise them. One person explained if they were sad they would tell staff. A relative told us, "I would talk to the staff then they would address this for me". The provider had a policy and a system in place to manage complaints. The provider had not received any complaints and staff told us if they did they would respond to them in line with their policy.

Is the service well-led?

Our findings

There was a registered manager in place; however they were unavailable on the day of inspection. People and staff knew who the registered manager was. A relative told us, "I have a mobile number for them; even if they are not at work they will call me back". The registered manager understood their responsibility around registration and notified us of important events that occurred at the service. This meant we could check the provider had taken appropriate action. We saw that the rating from the last inspection was displayed within the home in line with our requirements.

Quality checks were completed by the registered manager and the provider. These included checks of infection control, medicine management and finances. Where concerns with quality had been identified we saw that an action plan had been put in place. This information was used to bring about improvements. For example, it had been identified that staff training was required in a specific area. We saw and staff told us this training had now taken place. This showed us when improvements were needed action was taken to improve the quality of the service.

The provider sought the opinions of people who used the service. We saw that quality assurance questionnaires had been completed. These were in a format that people could understand. The information was collated and used to bring about changes. The last survey was completed the previous month and there were no areas of improvement identified in the areas that were looked at.

Staff told us they had meetings where they had the opportunity to raise any concerns. Staff felt they were listened too and if changes were needed then the registered manager and provider would make the change. One member of staff told us, "I think we are a good team we work well together". Another staff member said, "I feel valued". Staff we spoke with were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be dealt with.