

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Ashfield House

Sugar Loaf Lane, Iverley, Kidderminster, DY10  
3PB

Tel: 01562701118

Date of Inspection: 27 June 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	The Camphill Village Trust
Registered Manager	Mrs. Sharon Nicklin
Overview of the service	Ashfield house is a residential home for people who have a learning disability. The home is registered for up to six people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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We looked at care plans for three of the people who lived there. They covered a range of needs and had been reviewed regularly to ensure that staff had up to date information. There were also detailed assessments about the person's health that included specific care plans. All the staff we spoke with had knowledge of the needs of the people who lived there.

We saw that staff helped and supported people. We spoke with one person who lived there who said: "It's nice here". We saw that people received care that met their individual needs.

People were being cared for by staff who had knowledge of keeping people safe from the risk of abuse.

We found that there were regular audits and quality checks. We also saw that the provider had learnt from incidents to improve the quality and effectiveness of the care they delivered.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care

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### Reasons for our judgement

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People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. We spent some time with people who lived there and we spoke with staff. We also spent some time with the registered manager.

We saw staff offered appropriate encouragement to people to manage their own needs as far as possible. We saw that staff knocked on bedroom doors, used people's preferred names when they addressed them and spoke with people as individuals.

All the people we observed during the inspection were offered a range of activities. We saw one person getting ready to go out to the local community. Another person had chosen to have a drink; they then went to make a drink. The staff only gave a small amount of support, and encouraged this person to complete the task as independently as they could. When we asked the staff about this they told us: "We support and encourage. We do not want people to become deskilled". This meant that people were supported to promote their independence and community involvement.

The activity and care plans all reflected the likes and dislikes of the people they were about. One person who lived there was due to go out. We asked them about this and they told us: "I have chosen to go out so they are just arranging my transport". This meant that people had participated in making decisions about their care and treatment.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We looked at care plans for three of the people who lived there. They covered a range of needs and were being reviewed regularly to ensure that staff had up to date information. There were also detailed assessments about the person's health that included specific care plans. All the staff we spoke with had knowledge of the needs of the people who lived there.

We saw that staff helped and supported people. Staff told us that the amount of support that a person required was always based on an individual's needs. We asked one staff member about managing a person's epilepsy. What we were told matched what was written in the care plan. This meant that people who lived there received care and support that met their needs.

We spoke with one person who lived there who said: "It's nice here". Some people who lived there had specialist health needs. Care files indicated that a range of external health and social care professionals had made visits to people who lived there. We saw that staff had supported people to attend doctor and hospital appointments. This meant that people who lived there received care that met their individual needs.

We saw that the daily record sheets were up to date. This ensured that staff had up to date information about people's care and support needs, and the people who lived there continued to have their individual needs met.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People who lived at the home who we spoke with told us they felt safe. They said they knew who they would speak to if they had a concern and felt that staff took appropriate action. We saw that the people living in the home talked with staff in a relaxed way and did not hesitate to ask for assistance.

We spoke with three staff and the registered manager. They understood the aspects of safeguarding and explained to us the action they would take if they suspected that abuse might be happening.

The registered provider had safeguarding and whistle blowing policies in place. The safeguarding policy followed national guidance and linked in with local safeguarding protocols for raising concerns. The people we spoke with told us that if they had a concern they would talk with staff about it.

We saw that all staff had training in safeguarding. This meant that staff could identify potential abuse and had the skills and knowledge to deal with it appropriately to safeguard the people living there.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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When we looked at the complaints book, there were no complaints listed. The registered manager said that regular contact with the families provided them with opportunities to comment or complain directly if there was a problem. All complaints were entered electronically which meant that they were tracked by the managers throughout until a resolution had been reached. This meant that the provider was able to analyse this information so that they could assess and monitor the quality of the service they delivered.

The registered manager had completed regular audits. These audits looked at a particular area of care and all the paperwork and activities around this area of care would be audited. We saw evidence of audits around medication and infection control. These showed that the provider had constantly measured the performance of its service. This meant that the provider protected the people who lived there from the risk of inappropriate care by regularly assessing and monitoring the quality of its service provision.

We saw that the manager had reviewed recent incidents where a person had become anxious and displayed behaviours that could put themselves and others at risk. We found that as a result of reviewing these incidents, all staff had received additional behaviour management training. This showed that the provider had learnt from incidents and had implemented actions that reduced further risk.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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