

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

## Walsingham

2 Ashley Close, Bennets End, Hemel Hempstead,  
HP3 8EH

Date of Inspection: 21 January 2014

Date of Publication: February  
2014

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Walsingham
Registered Manager	Mrs. Marjorie Avis Gilding
Overview of the service	2 Ashley Close provides residential care for up to six people who have a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*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 carried out a visit on 21 January 2014, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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Most of the people who lived at 2 Ashley Close did not have good verbal communication skills and those who had choose not to speak to us.

Discussions with staff and a review of records showed that the consent of the person was sought. If the person did not have verbal communications this was done through ensuring the staff understood the person's body language. The care plans were detailed and contained people's likes and dislikes, what made them happy, what made them unhappy and how they liked to spend the day.

We saw that the people were treated with respect and great care was taken to ensure the person had optimum independence.

The premises were in good condition and the people had been assisted to decorated their rooms in a manner that reflected their personality, hobbies and taste. The home had systems in place to monitor the quality of the service and to ensure the people who lived in the home had the best possible care.

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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

We saw that the people who could give verbal consent were given the opportunity to express their views. Those people who did not have verbal communication used body language and expressions that the staff understood to have their needs identified. Discussions with staff and a review of paperwork showed that the people were treated, valued and respected as individuals.

The interaction between the staff and the people was seen to be gentle, kind and caring and there was a relaxed relationship between them. We were told that the people chose their food and plan the menus. The staff were aware of people's choices and were mindful of their abilities around giving consent and were aware of issues in the peoples' lives that impacted on their quality of life.

Where possible people who used this service had been asked to give their consent to the care, treatment and support they received. Where people did not have the capacity to consent, the manager said that they would make a referral for a mental capacity assessment to be carried out. This process ensured that where possible the provider acted in accordance with people's wishes and or with legal requirements.

**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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We noted from the care plans we reviewed that each person had a pre-admission assessment carried out so that staff at the care home would be able to make informed decision whether they would be able to meet the needs of the individual. The manager said that information obtained from the assessment of needs and other information received from relatives and professionals had been used to develop each person's care plans.

We saw that the care plans and the risk assessments had been reviewed regularly and changes in people's needs had been updated so that current information about people's individual needs was available to staff when caring and supporting them in meeting their needs.

Peoples' health and welfare was promoted and if a person's health or abilities deteriorated appropriate referrals had been made to health and social care professionals. Staff were seen sensitive and attentive to the peoples' needs.

All of the people had up to date 'purple folders', which had been designed to accompany the person to hospital or other visits to health professionals, this ensured the professional had the most up to date information on the person.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The people at 2 Ashley Close lived in premises that were suited to their needs. The home was clean, fresh and had been maintained in good repair.

We saw that each person's room was decorated to reflect their personal taste and gave them space to pursue their hobbies.

There was sufficient communal space to allow the people to socialise together. The home was heated to a temperature that suited the people and was well lit. People had space to pursue their interests and were able to use their rooms when they wanted private time.

There was a building maintenance plan, this ensured the home was in good repair and in good decorative order.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

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## **Reasons for our judgement**

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The deputy manager said that all staff completed an induction programme when they first started working for the home to ensure that they were aware of the policies and practices in place and what was required of them to ensure the people were well cared for.

Staff we spoke with (one supplied by an agency) assured us that they when they started work at the care home they had shadowed the senior staff until they felt that they understood the people's communication methods. They said that they felt well supported in their roles and confirmed that they had completed their induction programme.

The staff we spoke with said that they had received all mandatory training including yearly refresher courses so that they were aware of current practices and were competent in their role. They also said they had completed other relevant course such as caring for people who had learning difficulties and whose behaviour could be at times be challenging.

Regular staff meetings had been held and minutes of which were available to staff who had not been able to attend. The staff said that they found the meetings helpful and they discussed issues regarding the day to day running of the home. There had been a meeting on the day of our inspection and the staff who attended told us that it was very useful.

We noted that staff had received regular formal supervision and yearly appraisals so that their work was appraised and training needs identified. This meant that staff had been supported in their work so that people's needs were met appropriately.

## 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 to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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There were systems in place to assess and monitor the quality of service. The manager said that they carried out reviews of care plans, risk assessments and staff's training. The manager regularly contacted the people who lived at 2 Ashley Close to ensure they were happy with the service and that they were well cared for.

The staff we spoke with said that they had regular staff meetings where they discussed issues relating to the areas of their work and the day to day running of the home.

Regular audits of all medicines received, administered and returned for disposal had been completed. Checks on all controlled drugs had been carried out so that all medicines were accounted for.

There were regular audits of health and safety, fire safety and the premises carried out so that people were cared for in a comfortable and safe environment.

Due to the small size of the home any issues were picked up and addressed before they became a problem.

## 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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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