

Thornleigh Camphill Communities Ltd

The Hatch Camphill

Community

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

The Hatch is part of Thornleigh Camphill Communities a charity based in the South West of England and is inspired by the work of the international Camphill Movement. The ethos of the service is based on a 'life sharing' model of support. This meant that in some cases staff members and their families lived with the people they supported. People viewed The Hatch as their home and care was based on a 'supported living' model to help them live as independently as possible.

People had tenancy agreements for their home and support plans in respect of the care and support they received. A housing association managed the tenancy agreements. People could choose whether they wanted their care from staff working at The Hatch but could also choose another care provider. At the time of our inspection 30 people with a learning disability were receiving care and support.

There were three houses situated in close proximity of each other St Johns House, Thornbury Cottage and The Hatch House, one a short walk called Watch Oak Lodge and the other in the centre of Thornbury. The main office was separate from the houses but in the grounds of The Hatch.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has evolved and 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.

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

People received care that was safe, effective, caring and extremely responsive. People and their relatives spoke extremely positively about the support they received. There was sufficient staff to support people who had the necessary skills and commitment to provide care that was extremely person centred. Staff and people lived and worked together as equals and in partnership.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had information in a format to suit them as individuals enabling them to make decisions about the care and support they needed.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The service was extremely responsive in this area encouraging people to be fully integrated in life at The Hatch and the wider community.

People were supported by staff that were extremely caring in their approach enabling them to lead the life they wanted. This included supporting people to keep in contact with friends and family. People led People were supported to make decisions not only about their care but life at The Hatch. People had a sense of belonging, ownership and a mutual respect for each other.

The service was well led. There were systems to check and monitor the quality. This again involved people, staff, family and other stakeholders.

The service was continually evolving to meet the needs of people enabling them to continue to live the life they wanted. This included keeping under review the extensive range of activities, work experience and the staffing arrangements. Consultation and involvement were very much embedded into this service ensuring positive outcomes for people.

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 good (published February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 well-led.

Details are in our well-Led findings below.

Good ●

The Hatch Camphill Community

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

The inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because 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

We reviewed information we had received about the service since the last 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 used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager and the 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 three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. 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 looked at training data and quality assurance records. We contacted six professionals who regularly visit the service by email to seek their views of which we received one response. We also spoke with four relatives on the telephone to gain their views and experience of 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 now 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 told us they felt very safe when being supported by staff. People told us they completed training on various topics including staying safe on line and with social media, keeping safe in their homes, which included fire and stranger danger training. Certificates were given to people that had attended. Information about abuse, speaking up, bullying and safeguarding was available in easy read formats and regular topics at house meetings.
- People were empowered to talk about things that upset them with staff. Where this was done this was followed up with the person and others that may be involved. Positive and open relationships were developed between people and staff. From our conversations with people it was evident they felt at ease talking about keeping safe and what that meant to them.
- People told us they felt able to raise concerns and felt they would be listened to and actions would be taken.
- Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team. Staff told us they had confidence in the registered manager/management team to respond to any concerns appropriately.

Assessing risk, safety monitoring and management

- The registered manager told us they promoted a positive risk taking culture and operated an effective risk management system with appropriate assessments for each person to enable them to live their lives in a way they prefer and choose.
- Risk assessments were in place to promote and protect people's safety in a positive way. These included finances, information on specific medical conditions and life skills.
- Relatives said they were extremely confident that their loved ones were safe.

Staffing and recruitment

- People were cared for by suitable numbers of staff. Staffing was planned in conjunction with local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs.
- Each home/service had a minimum of two staff on duty 24 hours a day as well as additional staff to support people with their individual commissioned hours. We looked at the rotas for the month and found they were planned around the dependency needs and planned activities of people who used the service.
- People and staff told us staffing levels were safe and sufficient to meet people's needs. Some staff were

volunteers usually from overseas. The volunteers spent at least 12 months living alongside people in each house. People spoke extremely positively about the co-workers as well as the staff.

- Staff and co-workers (volunteers) were safely recruited. Disclosure and Barring Service (DBS) checks had been carried out to check whether staff were suitable to work with people in care homes. The records included confirmation that gaps in employment history had been checked.

Using medicines safely

- Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed.

- The registered manager audited medicines records regularly to ensure medicines were given to people safely and in line with the GP's instructions.

- People's medicines were regularly reviewed by the GP. Some people looked after their own medicines if they had been assessed as being safe to do so.

Preventing and controlling infection

- Staff made sure that people followed good hygiene practices when encouraging them to be as independent and aware as possible. People worked alongside staff in completing household chores and cooking.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. This included information about the incident including who was involved and where it happened.

- These had then been analysed to check if there had been any trends. If anything was preventable, actions to lower the risk of future occurrences were put into place. The management team had a good oversight of accidents, incidents and near misses.

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 had their needs assessed before receiving a service from staff at The Hatch. Information had been sought from the person, their relatives and other professionals involved in their care.
- Information from the assessment had informed the plan of care. There were transition plans for people to enable them to have a smooth move to The Hatch. Relatives told us people had settled quickly into their new homes due to the knowledge of the staff and their commitment to making it work.
- Annual reviews were taking place to ensure the support people received was effective. Meetings were held with the person, their relative and placing authority.

Staff support: induction, training, skills and experience

- People were supported by staff and co-workers who received ongoing training. New staff had an induction programme, which ensured they received training in areas relevant to their roles. This included completing the care certificate, where they were new to care.
- Staff confirmed they received the training they needed to support people effectively. Staff said when they first started they had shadow shifts where they were supported by more experienced staff. This enabled them to get to know the people they were supporting. A member of staff said, "The training is excellent. I learn something new from all the training we receive". They gave us an example where they had reviewed their own communication style. This was to ensure it was appropriate by not using abstract terms that may not mean anything to a person with autism.
- Specialist training was in place to ensure that staff could support people this included supporting people with epilepsy and autism.
- Staff told us that the weekly meetings were often used to share information and increase their knowledge in the philosophy of Camphill or about the needs of specific people. Training resources were available to staff including e-learning, face to face and bite size training packs.
- Staff received regular supervision and support. Staff told us they felt well supported in their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy and balanced diet. People told us, "We cook all meals from scratch using fresh ingredients". Menus were planned taking into consideration the seasons. Where people had specific dietary needs, these were understood by staff.
- Care plans clearly documented any likes, dislikes, and dietary requirements, and these were respected by staff.

- People told us they discussed the menu at the weekly house meetings and there was always an alternative to the planned menu if they did not like what was being cooked. Some people lived in their own self-contained flats and were independent in the planning of their menu and with staff support completed their own cooking and shopping
- People and staff ate their meals together in each of the services. We were invited to have lunch in one of the houses. The atmosphere was inclusive, friendly and everyone was involved in the preparation, laying of the tables and clearing their plates. There was a real supportive atmosphere for example one person poured a drink out for another and everyone was engaged in conversations about their day.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had detailed guidance of how to support people with any health conditions and worked well with other health and social care professionals in meeting people's needs.
- Important information was shared across organisations to ensure people's needs were known and understood by others. For example, 'Hospital Passports', were used to record and share information with hospital staff, about a person's health and social care needs in their ongoing care.
- The registered manager told us people had access to the local community learning disability team and referrals could be made through people's GP. A health professional told us, "I have no concerns about the service and people always look well cared for". They said there was always clear records kept.
- Each person was supported to attend regular health checks with healthcare professionals such as opticians, dentists and their GP to maintain good health.

Supporting people to live healthier lives, access healthcare services and support

- Staff linked healthy eating and exercise to maintaining good health. Some people went to the gym, swimming and others attended a local Zumba group in Thornbury. This showed the staff provided people with the support on how they wanted to maintain their health and wellbeing.
- People had access to health care professionals when they needed it. Clear records were kept of any health care appointments and follow up treatment.
- One person told us they attended an external weight support group and had a personal trainer. They told us they were doing well and ate very healthy. The staff supported them to go to the gym and supported them with making healthier decisions in respect of menu planning.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Appropriate applications had been submitted in respect of deprivation of liberty safeguards to the court of protection. Staff were aware of these and told us that this was because of the level of supervision people needed. They told us this was kept under review involving other health and social care professionals, the person and their families.
- Care plans were developed with people and we saw that people had consented to their care. People had signed their care plans and associated documentation where possible. Staff confirmed they always asked people's consent before delivering care.

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 outstanding. At this inspection this key question has deteriorated to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to receive a caring service where they were respected which recognised them as unique individuals. Everyone we spoke with described the service as extremely caring and how this was truly embedded into the culture of the service.
- People shared with us many examples where they were supported to lead the life they wanted. When they spoke about the support they were very positive about the staff, co-workers and the people they shared with. There was a real sense of community and belonging. Comments included, "We are like one big family", "The staff are my friends" and "It is fab here, it is my home".
- People were proud of what they had personally achieved and wanted to share that with us. For example, some of the items they had made or by asking to share lunch because they had made it or telling us how they spent their time. At the last inspection one person told us they wanted a cat and how the staff were supporting them. At this inspection, they told us they now had a cat and what that meant to them. Another person had also been supported to get a cat and another person a rabbit. It was evident they enjoyed the responsibility and the friendships that had been fostered with their pets. This showed the service listened to people and acted on their aspirations.
- Relatives were extremely complimentary about the care and support that was in place and the opportunities people had to live very full lives. A relative said everyone (in the Hatch) really genuinely cares for each other. They said because of this interest and genuine concern for people they were confident that they loved one was in 'the best place'.
- Staff were extremely caring, compassionate and encouraged people to lead the life they wanted. People were seen very much as individuals and care was unique to each person. This was very much evidenced in the conversations we had with relatives, people, staff and the management team.
- Our observations showed people displayed positive signs of well-being. People were joyous and keen to tell us how happy they were with the support and how they were encouraged to lead the life they wanted. There was a vibrant but calm atmosphere.
- Care documentation included information about the protected characteristics including expressing sexuality, religion and cultural needs. Staff promoted care that was tailored to the individual taking into account their preference. This was not only respected with people using the service but staff and co-workers.
- People were able to learn about different cultures and experience different foods when living alongside co-workers. This was viewed positively by people and relatives and the relationships and friendships that

had been built.

- People told us they could keep in contact with friends and family via social media and video calling. The registered manager and the staff supported people to use these methods safely. Staff went the extra mile to support people to keep in contact with family such as supporting people on the train to London and further afield. Some people since the last inspection had gained more independence in this area and no longer relied on staff.
- Another relative said, "Staff really know people well and pick up the slightest changes". They told us the staff knew when their relative was sad and acted promptly. They gave an example when their daughter had contacted a member of staff in the middle of the night. They had responded and sat with them offering them reassurance until they were settled. The relative said this had been a big milestone showing their daughter had complete trust in the staff as previously they would 'bottle this up'. People confirmed there was always a member of staff they could speak with.

Supporting people to express their views and be involved in making decisions about their care

- People were truly placed at the centre of the service and were consulted on every level. People were respected, listened to, and their views sought. Weekly house meetings were organised to enable people to be involved in the running of the service. This included an opportunity to plan activities and menus and to discuss what was going on within the service. It was evident that people felt very much part of the service and played a valued role.
- People were involved in reviews of their care enabling them to be fully involved in how they wanted to be supported and live their lives. Care information was in an accessible format enabling people to be involved. Information was given to people in the way it could be understood. This could be pictorial, photographs, written in plain English or simple understandable sentences. For one person to help them be part of their care review photographs were used to aid communication, which they could share with health professionals and family. Everyone we spoke with said they were involved, and their opinions sought.
- People had received training on building skills in assertiveness to enable them to make decisions. In addition, people could access independent advocacy services where they needed additional support. Information had been made available to people on how they could access an independent advocacy service. One person told us they had felt confident to raise concerns to a health professional and make the decision on where they wanted to meet, which was in their home rather than an office.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that the service and the staff did. People's privacy and dignity was respected by staff. Staff were very aware that people's flats and bedrooms were their own private spaces and would only enter with permission. People had keys to their home and bedroom if they wanted one.
- People told us they could decorate and personalise their bedrooms. People were involved in the decisions about the furniture, and the colour scheme. People very much regarded their individual accommodation as their home.
- People were encouraged to be independent. People were seen actively engaged in preparing the food, laying the tables, washing up and the cleaning of their home. Each person had a part to play.
- We heard how people had gained a variety of skills enabling them to be independent from cooking, learning to shop and budget, pay their rent and access the village and Bristol independently. Relatives commended the staff for their support and dedication to support people to become more independent and the level of control they had over their own life.

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 remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of 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

- People led exceptionally active lives with access to leisure, educational and work opportunities within The Hatch and in the wider community. They enjoyed numerous activities of their choosing. People told us they were fully consulted about what they wanted to do.
- People told us how they did arts and crafts, working with textiles, cooking groups, woodworking and working in the grounds and gardens. There were exercise and dance sessions. One person had wanted to learn to drive and was supported to use the sit on lawn mower. Another person had expressed they wanted to go on a motorbike. The person had been supported to purchase appropriate clothes and a helmet and regularly went out with named staff. This had been done within a positive risk taking approach.
- People could choose what they took part in and this was planned with the person each month and continually reviewed to ensure it was appropriate. For example, one person was supported to go to an amateur weekly drama group in Clevedon and in Bristol because they aspired to be an actor on the stage. This enable the person to meet with likeminded people, increase their social contact and increase their confidence and self-worth.
- People proudly showed us examples of their art work that they had created which was displayed in the workshops. Some of these were being sold in a local shop in Thornbury. A relative said they were so proud of their son when they knitted a sweater for a relative. Equally the person showed us a photograph when they had given it as a present.
- Relatives were extremely positive about the activities that their loved one was taking part in. They gave examples of how their loved one had flourished and grown in confidence. One person had gained the skills in budgeting with the support from staff. Their relative highly praised the staff in supporting them to reach this goal and the independence this had given them in life. Another relative told us because of the support from staff, their relative now was able to cope with their own emotions and seek staff out if needed support. They said this had been a great milestone for them.

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

- People received extremely personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and other health and social care professionals were involved. These were kept under review and as people's needs changed were updated.

- People were given the support when they needed it. Everyone told us they had regular one to one time with staff. They said they received a rota telling them who would support them and when. A relative told us their daughter lived independently and liked their own company, but staff helped with the lunchtime meal and supported them with shopping and budgeting. They respected the person's choice to only participate in activities they wanted to do.
- Positive support plans were in place to guide staff on supporting people with behaviours that may be perceived as challenging. The provider stated in the provider information return that "The Hatch recognises that each person is an individual and that when people behave in a way that may challenge others this is indicative of an unmet need".
- The staff worked with other health and social care professionals in supporting people such as a team of specialists in supporting people that may challenge including psychiatrists. A relative commended the staff on their approach and how incidents had greatly reduced because their relative had found ways to deal with their emotions such as going for a walk or seeking out staff to discuss their frustrations. Because of this positive approach this person was now going shopping independently.

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.

- Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People had clear information on how they communicated with staff. People had information given to them in way they understood. Social stories were available to help staff explain what was important such as relationships, health and 'now and next' boards to help with day to day routines and activities. This empowered people to know what was going on and have control of their own lives.
- Care plans were unique to each individual and included photographs and easy read information. This showed that people were very much involved in making decisions about their care because it was recorded in a way they could understand.

Improving care quality in response to complaints or concerns

- People said they knew how to complain, and they were asked during house meetings if they had any concerns or wanted to make any suggestions. People and their relatives spoke positively about the service and said they had no cause to complain. It was evident they felt they could talk to the senior management team and staff.
- An accessible complaints procedure was available to people and their families. There had been one complaint in the last 12 months and this had been dealt with promptly. People were also supported to raise complaints about services they were using. It was evident people were empowered to speak out.

End of life care and support

- The Hatch supports a relatively young group of people ranging from 23 to 51 years of age. The registered manager recognised it was important to discuss with people about end of life and what they wanted to happen if they were unwell. They did this at the pace of the person.
- They had devised a booklet to enable people to write and record their thoughts and feelings. This was in an easy read format and included pictures.
- Staff had received training in supporting people with bereavement, death and dying.

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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The organisation's statement of purpose documented a philosophy of valuing the uniqueness of each individual; valuing meaningful work and the experience of lifelong learning. This included maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was fully embedded in the service.
- The provider and registered manager were passionate and committed to providing a person-centred service for people enabling them to grow and develop. People were very much involved in their care. Relatives commended the staff on the support that was in place enabling people to lead the life they wanted. Achievements were celebrated.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards of care. Everyone using the service, the staff and the management team were seen as equals working alongside each other. Staff were committed to providing care that was tailored to the person.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People were working in partnership and fully involved in all aspects of their care and the Hatch and the wider community.

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 and the senior management team were clear about their responsibilities for reporting to the CQC and the regulatory requirements of their role.
- Complaints, accidents, incidents and risks were clearly identified, and action taken to keep people safe. These were routinely reviewed to look for any themes.
- Relatives confirmed they were kept informed about any changes or concerns about the service and their loved ones. They were also involved in care reviews and decisions that were made in a person's best interest. All relatives said they had really good relationships with staff and the management team.

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

- There had been a management change since the last inspection. The previous registered manager had taken on the role of nominated individual. Although they were still very much involved they were now taking

on more of a strategic role. The new registered manager had worked at the Hatch as the deputy manager previously. People, relatives and staff spoke extremely highly of the management team. Comments included "Amazing", "Excellent", "They are here for the people and the staff they really do care".

- The provider information return (PIR) was returned on time and showed us that the registered manager had a good insight into the care of the people, the legislation and where improvements were needed.
- Regular reports of quality were completed and shared with the board of Trustees. The Trustees met frequently and were kept informed on various aspects of the service and risks.
- There was excellent communication maintained between the management team, people they supported, families and staff. There were various meetings held on a weekly basis. These included a senior management meeting, tenancy/house meetings and staff meetings. People were very aware of the changes that had taken place and were planned. They were also involved in future changes.
- Staff were extremely positive about working at The Hatch and the commitment to providing care that was person centred.

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

- There was evidence to show equality and diversity, privacy, dignity and freedom of choice had been very much embedded into the culture of the service. These values were clearly shared by all the staff, co-workers and people using the service. These were reflected in people's support plans and in the high standards of care and support that people received.
- The views of people, their relatives and staff were sought through an annual survey. Surveys were used to evaluate the whole service. Feedback continued to be extremely positive with relatives rating the service either excellent or good. People's views were sought in respect of improvements and these suggestions were listened to and acted upon.
- People were able to maintain contact with family and friends. There was an open visiting arrangement and regular events where they could ask friends and family to join them.
- People were able to contribute to the weekly newsletter that was sent to each person and their families. They contributed photographs and other information that they wanted to share. People were proud of the newsletter and told us about their contributions. Relatives were positive about the newsletter and enabled them to feel part of the Hatch and aid communication. For example, one relative said it helped them talk to their loved one when they spoke on the telephone.
- The Hatch was very much part of the local community with external groups using the community hall that was in the grounds of The Hatch. This was also used for various social gatherings throughout the year where families and people got together. Relatives spoke extremely positively about these events as a means to keep in contact with other families. Part of these meetings included 'sharing of information' such as important legislation and any changes that were taking place.

Continuous learning and improving care

- The Hatch as a service has continually evolved moving from a residential care model of care to a supported living service. People, staff and the management had fully embraced these changes and had embedded these into their systems of work, policies and procedures and the way they supported people. People had been empowered and their rights respected and promoted.
- Effective systems were in place to monitor the quality of the service and the care provided. A range of audits were completed by the registered manager, senior management team and staff. There were service development plans to address areas for improvement for the service.
- The senior team were continually looking to improve the service involving the people who used the service. The provider told us, "We are only care taking, The Hatch belongs to the people receiving a service and therefore they should be involved in talks about the future".

- Team meetings and daily handovers were used to communicate updates keeping staff informed about any changes to people's care and within the organisation.
- Continuous learning and development opportunities was very much part of the service. Training was ongoing. Staff had opportunities to complete recognised care and management qualifications. Staff and people used the service completed training together in areas such as health and safety and keeping safe. People spoke positively about their involvement and the learning, meaning they were taking responsibility for their own safety.
- There was a real commitment to improve outcomes for people. The organisation had signed up to a variety of resources to enable them to keep up to date with changing practice including the National Autistic Society, MIND, Skills for Care and the registered managers network. There were strong links with other Camphill services. People and staff participated in regional and national events organised by Camphill Communities.

Working in partnership with others

- The provider, the registered manager and the team were aware of the need to work closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals. Feedback from a visiting professional was positive about the joint up working that was in place.