Camphill Village Trust Limited(The)

Oaklands Park Domiciliary Care Service

Inspection report

Oaklands Park
Newnham
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Tel: 01594516551

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 26 and 27 May 2016 and was announced. Oaklands Park Domiciliary Care Service provides personal care support to some people who have learning disabilities, mental health problems and sensory impairments. The people lived in shared houses in the Camphill Village Trust communities of either Oakland's Park, The Grange or in supportive living houses in the local town of Lydney. The level and amount of support people need is determined by their own personal needs. We only inspected parts of the service which supported people with the regulated activity of personal care. At the time of our inspection there were 23 people receiving support with their personal care.

There was a manager at the time of our inspection who was in the process of applying to be the registered manager as required by their conditions of registration. 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 and associated regulations about how the service is run.

People lived, worked and socialised in the Camphill Village Trust communities. They worked and lived by the values of the provider which was to provide educational, therapeutic, and creative environment with the aim to be self-sufficient. People told us they enjoyed living in the communities and were supported by staff and volunteers who were kind and compassionate towards them. They were supported by staff who understood their responsibility to protect them from harm.

People enjoyed a healthy diet from ingredients produced from the farm and gardens or purchased locally. They had the choice to take part in activities in the community workshops or also had opportunities to carry out activities in the local town and area.

People had been involved in the decision to move to one of the communities. People's individual needs had been assessed and recorded. Their risks had been identified and managed well. People's support plans included information about how they preferred to be supported. Staff were knowledgeable about their needs, wishes and preferences. However, the details of the lawful consent to receive care were not always evident when people could not make a decision about their care and support for themselves. The management and administration of their medicines was based on people's individual support needs.

Robust recruitment systems ensured people were supported by suitable staff who were of good character. Suitable staffing levels were in place so people could be adequately supported in their home and carrying out activities in the workshops and in the community. Staff had been trained to carry out their role. The managers and the team leaders of senior staff of the shared houses carried out frequent audits and checks of the quality of service being delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were cared for by staff who understood how to protect them from avoidable harm and abuse.

Individual risks of people's emotional, physical and health needs were assessed, managed or recorded.

People's medicines were mainly managed well and they received them safely. Some people managed their own medicines.

People were supported by suitable number of consistent staff who were familiar to them. Staff had been checked and trained before they started to support people.

Is the service effective?

Requires Improvement

The service was not always effective.

People were encouraged to make decisions about the care they received. However, the assessment of people's mental capacity to consent to their care was not always recorded.

People were supported with their personal care by staff who were trained to meet their needs.

People were referred appropriately to health care services if their care needs changed and supported to eat a healthy diet. However there was no recorded guidance on how staff should support people with their medical needs.

Is the service caring?

Good

This service was caring.

Relatives were positive about the care their loved ones received. Staff supported people with their personal care needs in a dignified manner. They were respectful of people's own decisions and encouraged them to retain and develop in their levels of independence.

Is the service responsive?

Good

The service was responsive

People received care and support which was focused on their individual goals and needs. Their care records were detailed which provided staff with guidance on how they preferred to be supported.

People and their relatives had an opportunity to express their views about the service. Their feedback was valued and acted upon.

Is the service well-led?

Good

The service was well-led.

The provider had monitoring systems in place to ensure the service was operating effectively and safely. Daily and weekly checks were carried out by team leaders of the shared houses.

People and relatives spoke highly of the staff and the manager. Staff understood their role and expected care practices. They were supported by the manager and assistant manager.

Oaklands Park Domiciliary Care Service

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 checked 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 took place on 26 and 27 May 2016 and was announced. 48 hours' notice of the inspection was given because the service is spread across several sites and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.
The inspection was carried out by one inspector. Before the inspection, the provider completed a provider information return (PIR). The PIR 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.

On 26 May 2016, we visited the main office for Oaklands Park Domically Care Services and spoke to the manager. We also walked around and spoke to people who lived at Oaklands Park. On 27 May 2016, we continued our inspection at The Grange. We were shown around The Grange and spoke informally to people who lived and worked in the communities. Oaklands Park and The Grange are communities where people work and also live in shared houses on the sites.

During the inspection, we spoke with three staff members, the assistant manager and manager. We also spoke to staff and people informally while we were shown around the communities. We also looked at the support plans of four people and records which related to staffing including, recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the service including accident and incident reports. We also reviewed information about the service from three health care professionals. After the inspection we spoke with three relatives by telephone about the service their loved one's received from the service.

Good

Is the service safe?

Our findings

People benefited from a safe service where staff understood their safeguarding responsibilities. People told us they felt safe living in the communities. Relatives confirmed they felt their loved ones were protected from harm and were safe when supported by the service. Staff had completed regular training on how to recognise and report allegations and incidents of abuse. All staff demonstrated a good understanding of the service's safeguarding policy and processes. Where concerns had been raised about the protection of people, the registered manager had shared this information with other agencies that had a responsibility to safeguard people.
Processes were in place to support people who needed assistance to manage and handle their money to ensure they were protected from financial abuse. Some people had pictorial budget planners to help them budget plan for their expenses.

People were protected against the risk of harm or injuries. Each person's needs had been assessed to identify any hazards they might face such as the risk of falls or eating too fast. A detailed risk assessment had been put in place for each risk identified which highlighted information such as why does the person want to take the risk and what can be done to reduce the risk to the person.

Staff told us that wherever possible people's independence was promoted. They gave us examples of this such as supporting people to become more independent in the community or by helping them manage their own medicines. The risk of some people living in their shared houses with limited support from staff throughout the day had been assessed. All people had personal evacuation and emergency plans which identified the support they required in the event of an emergency.

All accident and incidents including safeguarding incidents were logged and overviewed by the manager and provider to identify any trends or concerns. The manager said, "I look at the all the incident reports, it helps us look to see if we need to change our practices and to see if we need any external input from any other services."

An established management and team structure was in place to ensure that people who needed support with their personal care were supported by adequate numbers of staff. A team leader was responsible for the staff who supported people in two or three shared houses in the communities. The team leader's role was to overview the care and support needs of people and to ensure there were sufficient numbers of staff to meet people's needs. Staff confirmed that there had been adequate numbers of staff to support people and did not feel they were short of staff.
People were also supported by volunteers from a European Union exchange student programme. The students lived on site and spent time with people assisting them with other non-personal care activities such as working in the workshops and other interests.

Where there was a shortfall in staff, people were supported by agency staff who had been checked and inducted into the provider's policies and procedures. The same agency staff were often used so they were familiar with people and understood their support needs. We were told that some agency staff had worked

well with people and had become permanent staff members. The registered manager said, "Temporary to permanent staff gives us and them a really good way to see if we are employing the right staff." Some staff also occasionally carried out duties in other parts of the service where there had been unplanned staff shortages. All staff had received the same training as required by the provider and therefore were able to meet the needs of all the people who used the service. The managers and team leaders also supported staff with an out of hours on call system which was used in the event of an emergency or when additional support was required.

Effective recruitment processes were in place to ensure people were cared for by suitable staff. Checks on staffs' previous employment history, references and criminal records had taken place. The service was in the process of recruiting extra staff to provide more flexibility around people's needs.

Arrangements were in place to make sure people received their medicines appropriately and safely by staff who had been trained to manage and administer people's medicines. Their skills and competency levels in managing people's medicines were regularly observed and checked. Where medicines errors had occurred, we saw records of staff discussions and a debriefing regarding the incident. Staff had been supported to be retrained and were required to be deemed as competent before they were allowed to manage people's medicines again. We were told that some people were independent in managing their medicines whilst others needed varying levels of support and prompting. The abilities of people who were able to manage, order, store and administer their own medicines had been assessed. Their abilities and needs were regularly reviewed.

Where people were supported with the management and storage of their medicines, the team leader kept medicine administration records of their prescribed medicines. However, staff did not maintain a record of the stock levels of people's medicines. We raised this with the manager who told us this would be immediately corrected across all the records of people who receive support with their medicines.

Requires Improvement

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any condition on authorisations to deprive a person of their liberty were being met. 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.

Most people who were supported by Oaklands Park Domiciliary Care Services with their personal care were able to make day to day decisions for themselves. They had been involved in the planning of their care and had agreed to the care and support they received. People were shown around the communities before they moved into a shared house. Staff told us how they encouraged people to make choices about their daily activities, however records to show that staff had assessed people's mental capacity when they had to make significant decisions were variable. For example, people's mental capacity to make decisions about managing their own finances had not always been assessed. Although there were clear records of mental capacity assessments when assessing people's capacity to self-administer their own medicines. We discussed the principles of the Mental Capacity Act with staff who could explain how they supported people to make decisions and gave us examples of decisions that had been made on behalf of people in their best interest. At the time of our inspection, no one was being restricted or continuously being supervised by staff.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required with the support of staff if needed. Where people's emotional and physical needs had changed, staff had supported them to make appointments with health care professionals. Some people required additional support with their health needs. During our inspection, we raised concerns with the manager about people who were known to have potentially unstable conditions. These conditions such as epilepsy and diabetes. were being managed by prescribed medicines or diet. There was no guidance for staff if people became unwell due to these conditions. However staff were knowledgeable about people's health needs. We raised this with the manager who agreed with our comments and told us this would be immediately addressed and they would implement individual protocols where required. These protocols would guide staff and help them to ensure that they had the appropriate knowledge to assist people if their health deteriorated and refer people in a timely manner to the appropriate health care services. Health care professionals were positive about the service being provided and told us people were always referred to them in a timely manner and staff always acted on their advice and recommendations.

People were supported by staff who had support and supervisions (one to one private meetings) with their line manager. They met four times a year to discuss their role, performance management and support needs as well as an annual meeting to appraise and evaluate their professional development and goals. Staff confirmed that supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. The team leaders and managers also carried out regular spot checks on staff to ensure they were delivering care in line with people's needs and people's dignity was respected at all times.

Records also confirmed this.

Staff were complimentary about the quality of training and the support they received. They had received regular and current update training in subjects that were deemed as mandatory by the provider such as safeguarding, whistleblowing and first aid. One staff member said, "I enjoy working here. We are well trained and supported. We are all under a lot of pressure but it would be hard to get a better job" and another staff member said "Yes, I can't fault the training. We have the skills to do our job which is great for us as well as the service users.". Where people's health needs had changed staff had received additional specialised training to support them with medical conditions. The staff's knowledge and competencies to carry out their role was observed and monitored by senior staff.

New staff members shadowed more experienced colleagues as well as attended an induction programme which included the history and ethos of the Camphill Village Trust; understanding health and safety; fire procedures; the provider's policies relevant to their role and understanding the rights and needs of people who use the service. They were also required to complete the new care certificate training which allowed the manager and team leaders to monitor their competences against expected standards of care. One staff member said, "I'm learning every day. I am very impressed about how well we are trained."

Staff told us they had been encouraged to undertake National qualifications in Health and Social Care. Administration staff monitored staff training and ensured that staff were up to date with training relevant to their role. Plans were in place for most staff to undertake refresher training when required. This information was shared with the team leaders so they were aware of who in their team required training.

People were supported to maintain a healthy diet. Their dietary needs and likes/dislikes were catered for. Staff supported people who had eating and swallowing difficulties. This information was reflected in their care plans. People told us they enjoyed a hot meal which was generally served at lunchtime. They were supported by staff to make home-made meals in their shared houses. We saw people helping to make fish pie, soup and salads. Where possible they sourced their ingredients and groceries from the farms and gardens of the communities and in the local area. One health care professional felt that people were encouraged to gain new skills in the kitchen when preparing meals for themselves and other people living in their house.

A new 'learning to lead' group has been developed to learn about health eating. Each month several people attended and learnt how to cook healthy meals using produce from the farm on site or local sourced produce. Afterwards, people all sat down together to eat the meals they have cooked together.

Good

Is the service caring?

Our findings

During the two days of our inspection we were shown around the Oaklands Park and The Grange communities and met people going about their day and taking part in activities in their homes and in the communities and workshops. People chatted with us confidently and told us they enjoyed living in their shared houses and carrying out activities in the communities. They told us the staff were kind and friendly and gave us examples of past and future activities that they had been involved in such as plays, discos and workshops. Some people showed us the activity timetables which included household chores as well as activities in and around the communities and in the local area. One person with the help of staff told us they enjoyed horse riding, another person told us how staff helped them with their banking in the local town. Relatives were also positive about the approach and attitude of staff. One relative said, "This is the best placement she (their daughter) has had." They went on to tell us how staff had put strategies into place to deal with situations relating to their daughter and said "The staff have worked with us, not against us. We are very pleased." Another relative said, "On the whole we are really happy with the service." They explained why they had chosen a Camphill Village Trust community for their daughter.

People were supported by staff who were thoughtful and compassionate towards them. Staff introduced us to people and informed and reassured them about why we were spending time visiting them in their community. We observed staff encouraging and reassuring people carrying out their activity. We observed staff speaking to people in a caring and compassionate way. They gave people the space and time to make their own decisions. The relationships between staff and people receiving support consistently demonstrated respect. They spoke to people as equals and respected their views.

Some people showed us their homes which they shared with other people. They were homely and individually designed and sited amongst the grounds of the communities. They had decorated their bedrooms to their taste and contributed towards to the decoration of the communal areas. The outdoor areas were well maintained by staff, volunteers and people. People's privacy and private time was respected. People could choose to spend time in their bedrooms or in the communal areas of their shared houses. People were supported to have friendships with people from other shared houses. Some people had formed personal relationships with other people in the community and staff supported them to have time together.

A quarterly newsletter was produced and distributed to people, their families, visitors and staff. It provided people with news about the three services provided by Camphill Village Trust, including information about past and forthcoming events, workshops as well introducing new residents and details of the staff and management teams. Information was shared with people on notice boards in their shared houses and around the communities.

The communities had strong connections with the local community. Some people worked or volunteered in a local café and art and crafts visitor's centre which was set up by the Camphill Village Trust to provide people with training and employment. Some people made and produced items which were sold to the local community such as baskets and farm produce. Families were encouraged to visit their relatives or have

regular telephone or video link contact with them. The communities held 'family days' twice a year to show their families their activities and the work they had been achieved. The manager also told us the family days were also used to share information with families and answer any of their concerns.

People were supported by statutory advocates when required such as an Independent Mental Capacity Advocate. An advocate is a person who speaks on behalf of a person if they have no other person who can represent them. For example we were told of a person who was supported by an advocate as they had expressed a wish to move. The advocate worked with this person to understand their goals and aspirations.

People were encouraged to enhance their daily skills and become more independent. They were supported to make decisions for themselves and take positive risks such as traveling on public transport independently. Where required, people were supported with telecare/sensory mats which gave people their privacy and independence but alerted staff if there was a problem.

Some people had lived in the communities for many years. We were given examples of people who had moved between houses due to changes in their needs. For example, we met one person who had moved to a house which was quieter as they disliked loud environments. The manager and provider were mindful that people in the communities were aging and their physical needs may become a priority. They were planning ground floor accommodation which would be suitable for people with limitation in their mobility and physical needs.

Good

Is the service responsive?

Our findings

Most people lived in individual designed and adapted shared houses across the two Camphill Village Trust sites (communities). A small number of people also lived in houses in the local town. The Grange and Oaklands Park were working communities providing various workshops which people had the option to be involved in. Many people were involved in outdoor work such as working in the gardens; on the farm, caring for livestock and crops. Others enjoyed working in the bakery, the pottery, the basketry and wood work workshops. Items produced were often sold in the communities, at other Camphill locations and internationally. There was a strong sense of community across Oakland Park and The Grange. People worked and lived alongside each other. They spent time with people who they shared their house with as well as people from other houses across the communities.

People were involved in the decision to move into a shared house in one of the communities. They were given the time to settle in and be part of the community before making a final decision on their accommodation and support needs.

Some people had been allocated personal 1:1 support hours to spend time with a staff member to achieve their daily living tasks and goals. Others received 'background' support. This meant they shared the support they received from staff with other people. Others had been assessed to be able to live independently with minimal daily support and contact from staff. One person told us about the 1:1 support they received twice a week to help them with their banking and shopping.

One person told us about their daily routine living at Oaklands Park. They told us that people who lived in their house took it in turn to help prepare and cook their lunchtime hot meal. They went on to tell us they all ate together and often invited other people and staff from the communities to have meals with them. People could choose how much interaction they wanted with other people in the communities. For example, some people who enjoyed cooking helped out in other shared houses with the cooking of their meals. Others chose to spend time in their bedrooms' or attend one of the workshops.

People enjoyed a variety of activities, leisure time and work on and off the Camphill Village Trust sites. We were told that staff had worked with people to encourage them to consider and try out new interests and opportunities in the local area. People and their relatives were positive about the activities and workshops available to them. One relative said, "She is very active. There is always lots for her to do. Staff have been very observant and have recognised her ways and preferred routines."

Health care professionals were also positive about the support people receive. One health care professional said, "People have a lot of choices now – they can opt in and out of any activities and there is more options for them to join in activities in the local area." Some people attended college or a local arts, crafts and drama groups. Where possible, people were supported to go on holiday individually or in a group. Two people had attended a lambing course and had helped staff during the lambing season. Another health care professional said, "They have really moved forward in encouraging people to accessing activities in the local community and towns across Gloucestershire." The latest newsletter shared the news that some people had

met regularly to discuss issues such as world peace and conflicts and had become Peace Ambassadors.

Some people required support from staff with their personal care and daily activities. They received care and support which had been personalised to their individual needs and requirements. Their support plans were personalised and reflected their needs and choices. People had a one page personal profile which provided a brief summary of their medical conditions, allergies and how best staff should support them. People's support plans provided staff with a lot of guidance on how they liked to spend their day and their preferred routines in the day such as how they liked their hair and clothes. People's support plans captured additional detailed information which ensured staff were knowledgeable about people's specific wishes and the way they wished to conduct their life including key support needs. Staff completed daily record sheets which described the person's physical and well-being each day. People's daily notes were summarised each month into 'monthly updates' which helped to update their care plans. People were involved in reviewing their monthly updates and discussing their progress. Each person had a key worker. They spent time with people to encourage them to explore new opportunities and discuss their support needs.

People's concerns and complaints were encouraged, explored and responded to in good time. Information about how to make a complaint was in an easy to read format for people and was displayed on the notice boards in people's houses. People had the opportunity to express their views and concerns to staff who supported them in their shared houses. Their day to day concerns and issues were addressed immediately by staff or their team leaders. Staff told us how they observed for changes in people's behaviours if they were unable to express their concerns. Some people contributed towards the Camphill Village Trust annual general meeting where they had the opportunity to represent their communities and make suggestions to the provider and meet other people who were supported by the provider in other areas.

Good

Is the service well-led?

Our findings

People and staff were encouraged to work and live by the values of the provider which was to provide educational, therapeutic, and creative environment to people and to support people to use natural means to optimise their physical and mental health and well-being.

The management and administration staff structure across the three sites (Oaklands Park, The Grange and Lydney Community Support) had been reviewed and reorganised to ensure people's care, occupational and emotional support needs were being met. The manager who was responsible for the care and support of people was applying to be the registered manager of Oaklands Park Domiciliary Care Service with CQC. This meant they would be accountable for people who received the regulated activity of personal care.

Improvements to the running and management of the service had included the introduction of standardise the paperwork and systems across all the sites. One staff member said, "The managers have made a big difference. Things are getting better. The paperwork is clearer so are the systems – we are now mainly working to the same systems instead of doing our own thing." Two relative confirmed this. One relative said "There have been lots of recent changes but it has been successful." A health care professional also told us that the changes had been made to improve the service but without losing the underlying ethos of the service.

We were told there had been some changes in how people lived together. People had previously lived alongside support staff ('house parents') in the shared houses. They had both made an equal contribution towards living in shared accommodation together. This way of living had been changed for some people and they were now being supported by staff who supported them on a shift basis rather than living with people. We received mixed comments about these changes but overall people and their relatives were now happy with the new systems. One relative told us the communications from the service was now 'considerably better'. They went on to tell us they felt positive about the recent changes in the services and how their relative had developed new skills

The manager held weekly meetings with the team leaders to ensure information was shared and cascaded across all the services. Heads of departments also met monthly to discuss the services and share information. The manager told us they were supported frequently by representatives from the provider. They had carried out all mandatory training plus additional managerial training and also kept up to date by personal research and attending local and national events.

The manager of the services ensured the quality of the service being provided was regularly checked. A representative from the provider carried out quarterly monitoring and health and safety checks of the communities. The team leaders of the shared houses were responsible to ensure people and staff were familiar with the actions to take in the event of an emergency such as a fire. They were also required to send in monthly feedback reports to the manager indicating the actions they had taken in the previous month such as staff supervisions and observations. The manager said, "The service we provide is so wide spread, it is important that I have a good understanding of how well people and staff are being supported by the team

leaders."

A local self-advocacy group had recently visited one of the communities. They spoke with people to gain an understanding of what it is like living at their and being support by staff. The outcome of their visited indicated that they 'would be happy to be supported by this care provider'.

We were told the manager and assistant manager were very approachable and knowledgeable about people. They led by example. They had developed an open culture and encouraged people, their relatives, staff and health care professionals to feedback to them. The manager told us they were looking at different ways to achieve this. For example they told us they were regularly invited to have lunch with people in their homes. They told us it gave them an opportunity to speak to people and staff informally and discuss any concerns. Health care professional confirmed that the communication from the service had improved. One health care professional said "We have a close, open and transparent relationship with staff. They contact us formally but will also pick up the phone and ask for informal advice."

The service is legally obliged to send CQC notifications of significant incidents which may have effected people or had an impact of the running of the service. We followed up on several notifications with the manager and were reassured that actions had been taken to ensure that people remained safe across all the services.