

Camphill Village Trust Limited(The) Camphill Village Trust - Botton Village

Inspection report

Botton Village
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Camphill Village Trust – Botton Village is a supported living setting providing personal care to people living in their own homes. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 55 people using the service. People are supported in a mix of shared houses and single accommodation within Botton Village. The village is located in the North Yorkshire Moors. The village has various amenities for people to use and work in, including a farm, a village store, a café, allotments, and craft workshops. Within the houses there were offices for staff to use and, where needed, a room for staff to sleep overnight.

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. At the time of the inspection, 28 people received personal care.

The service was developed on one site which does not meet best practice guidance. However, the model of care was such that people had lots of opportunities to gain employment, learn new skills and become more independent. The provider also ensured people were involved in the local communities outside Botton Village.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People were supported by staff who knew them well and knew how to mitigate risks to people. However, records did not always reflect this. Some parts of people's support plans were missing or out of date. Other areas were detailed and contained person-centred information. Daily notes were not always robust around the monitoring of risk. Staff knew how to safely support people with their medicines. However, guidance and records were not always in place to support the safe administration of creams, lotions, 'when required' medicines and medicines prescribed with a variable dose. Staff supported people to take their medicines safely when away from the service.

People were generally supported to have maximum choice and control of their lives, but the records did not always reflect this. Staff generally supported people in the least restrictive way possible and in their best interests; however the records in this area required improvement. Systems did not always support best practice in record keeping in this area.

Right Care: There were enough staff to safely support people and staff were recruited safely. Staff had access

to a wide range of training and received regular supervisions. However, up to date training information and induction records were not available for agency staff. Records and reviews of people's needs were not always accurate and up to date. People were supported to eat and drink enough to maintain a balanced diet however records were not always robust around particular dietary needs. We have made a recommendation about this. People were supported to attend annual health checks. People received kind and compassionate care. Staff understood and responded to people's individual needs. People told us they felt safe and systems were in place to protect people from harm. The provider safely managed the prevention and control of infection.

Right Culture: Quality assurance procedures and processes were in place but had not always been effective. There was a positive atmosphere in the service. The registered manager was visible in the service and approachable. People and relatives spoke positively about the staff who supported them. The provider had a clear business plan in place which set out a clear commitment to continuous learning and improvement. The provider engaged well with people and sought feedback in a variety of ways. Safeguarding concerns were dealt with appropriately.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 24 April 2020).

At our last inspection we recommended the provider reviews and implements best practice guidance regarding positive behaviour support (PBS) to achieve positive outcomes for people and reduce restrictive practices. At this inspection we found improvements had been made and there was clear guidance for staff to follow if people experienced anxiety or distress.

At our last inspection we recommended the provider reviews and implements best practice guidance on the Mental Capacity Act 2005 (MCA). At this inspection we found improvements had not been made in this area, and we identified further shortfalls around compliance with the MCA.

Why we inspected

We received concerns in relation to safeguarding and the culture of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We inspected and found there was a concern with MCA compliance, so we widened the scope of the inspection to include the key question of effective.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Camphill Village Trust – Botton Village on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to compliance with the MCA, record keeping and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have recommended the provider reviews people's dietary needs to ensure they are accurately reflected within people's support plans.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Camphill Village Trust - Botton Village

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector, a pharmacist specialist, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in several '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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We visited 4 of the supported living settings and spoke with 10 people who used the service. We observed staff interactions with people. We spoke with 6 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, the general manager, the care manager, and 7 support workers.

We reviewed a range of records. This included 8 people's care records, 2 recruitment files and multiple medication records. A variety of documents relating to the management of the service, including policies, training data and quality assurance documents were reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff knew people well and knew the risks to people and how to mitigate those risks. However, records did not always reflect this.
- Some parts of people's care plans and risk assessments were out of date or missing. For example, there were no plans in place for people who had suffered historic epileptic seizures. This meant there was no information for staff as to how a person's seizures may present or what they should do if a seizure occurred.
- Daily notes were not always robust around areas of risk monitoring. For example, skin integrity checks and water temperature checks were not always recorded. Senior staff had identified daily notes were not comprehensive enough and were looking to address this.

We found no evidence people had been harmed and staff met people's needs. However, records were not always robust enough around the assessment, monitoring and management of risk. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded immediately during and after the inspection. The registered manager contacted relevant professionals so that meaningful support plans and risk assessments could be implemented in the areas they were missing.
- Some areas of people's support plans contained a good level of person-centred information and detail to help staff support people safely.

At our last inspection we recommended the provider reviews and implements best practice guidance regarding positive behaviour support (PBS) to achieve positive outcomes for people and reduce restrictive practices. At this inspection we found improvements had been made in this area.

- There was clear guidance for staff to follow if people experienced anxiety or distress. This guidance was person-centred and contained information about triggers and de-escalation techniques. The registered manager promoted consistency amongst staff as to how they responded to people who were displaying symptoms of anxiety or distress to prevent those feelings escalating.

Using medicines safely

- Systems were either not in place or robust enough to demonstrate medicines were effectively managed.
- Guidance and records were not always in place to support the safe administration of creams and lotions. Guidance was not clear as to how often creams should be applied and some records were missing.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose.

Guidance for how those medicines should be administered was missing for some people. The reason for taking a 'when required' medicine or the outcome was not always recorded to review effectiveness. This meant there was a risk people might not receive their medicines consistently.

We found no evidence people had been harmed and staff knew people's medicines needs well. However systems had not been established to ensure medicine records and guidance were sufficient and complete. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded immediately following our feedback and reviewed the relevant records.
- Robust systems were in place for people taking medicines when they were out of the service for example on holiday or trips.

Staffing and recruitment

- Safe processes were not in place for the use of agency staff. The provider had not maintained up to date information about agency staff used at the service, so it was not possible to check whether agency staff had up to date mandatory training.
- The provider had not maintained records of agency staff inductions.

Systems were not in place to maintain up to date records for agency staff. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most agency staff had worked at the service for a while and were knowledgeable about the service and people's needs. Following our feedback, the registered manager immediately obtained up to date agency profiles and completed induction records.
- There were enough staff to safely support people, including for one-to-one support for people to take part in activities and visits how and when they wanted. One relative told us, "There are enough care workers. When I was there at the weekend there was a good ratio (of staff)."
- Permanent staff were recruited safely with appropriate pre-employment checks in place.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- The provider had systems in place to safeguard people from the risk of abuse. A safeguarding policy was in place, and this was made available to staff in various locations. Information about safeguarding was presented throughout the office locations of the service. Easy read information about safeguarding was readily available for people who used the service.
- People told us they felt safe. Comments included, "I am safe here. The staff are very kind, and they always speak nicely to me" and, "I feel safe and like it here; this is a super place to live." One relative told us, "My relative is safe emotionally and physically; I know this because my relative is happy."
- The registered manager and provider had taken appropriate action following a recent safeguarding concern. The concern was investigated, and the service liaised with other professionals to ensure the safety of people using the service. The registered manager ensured lessons were learnt from this concern and relayed to staff and people who used the service to help their understanding of safeguarding. The registered manager had completed work around positive cultures with staff and people, including training sessions, presentations, and workshops.

Preventing and controlling infection

- The provider safely managed the prevention and control of infection. Staff helped people to keep their

homes clean.

- Most staff had received up to date training in infection control, COVID-19 and food safety.
- Staff had access to PPE and knew how to use it.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we recommended the provider reviews and implements best practice guidance on the Mental Capacity Act 2005 (MCA). At this inspection we found improvements had not been made in this area, and we identified further shortfalls around compliance with the MCA.

- Records did not demonstrate that staff always fully understood or applied the principles of the MCA.
- People's support plans did not always clearly record whether they were subject to the Court of Protection, or whether an application to Court had been made or was needed.
- Where relatives had been appointed to act on behalf of people, for example to manage their finances, evidence of this legal authorisation had not always been obtained.
- People had signed tenancy agreements when it was acknowledged that they did not have capacity to understand this legal document.
- Each supported living house contained an office for staff to use. In one house, people were restricted from accessing the entire upstairs floor. There were no records to confirm people had consented to these restrictions in their houses. The restrictions were not referenced in the tenancy agreements.
- Some of the houses had door sensors to alert staff if someone left the house during the night. Documentation around the need for this practice and whether people had given their consent was

conflicting and unclear.

The provider did not have in place robust procedures to ensure compliance with the MCA and to ensure clear and complete records in this area were maintained. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager confirmed further training in the MCA would be arranged, potential restrictions would be reassessed, and the relevant records would be reviewed.
- People did not always have keys to their houses, although we were informed this was their choice and people would not be restricted unless necessary and there was legal authorisation to do so.
- The model of care encouraged people to be as independent as possible within Botton Village, which provided a safe and supportive environment for people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Records and reviews of people's needs were not always accurate and up to date.
- People's support plans referred to out of date information such as one person having a wound that needed to be regularly dressed, when in fact this had healed.
- Some risk assessments had not been reviewed in a timely manner. For example, one person had bed rails and the risk assessment had not been reviewed for over 12 months. Another person's falls plan and assessment had not been reviewed following 2 falls. The provider's falls policy stated this document should be reviewed after every fall.

We found no evidence people had been harmed and staff met people's needs and were knowledgeable about people's needs. However, support plans and risk assessments were not always clear or up to date. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded immediately following our feedback. The registered manager confirmed that the service was introducing a new format of support plans and assessments, which would trigger regular reviews and ensure out of date information was replaced appropriately.

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

- People were supported to eat and drink enough to maintain a balanced diet. However, records were not always robust around particular dietary needs, although staff were knowledgeable. For example, support plans were limited around the diets recommended for people with diabetes. Recommendations from health professionals about healthy diets were not always incorporated into people's plans.

We recommend the provider reviews people's dietary needs to ensure they are accurately reflected within people's support plans.

- People were involved in choosing their food, shopping, and planning their meals. One person told us, "We have a house meeting on Sunday where we choose meals for the week. We have choice and could have something different." Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Support plans contained good information for staff to help them support people who required a gluten free or dairy free diet.

Staff support: induction, training, skills and experience

- Staff had access to a varied range of training to help them effectively support people. Staff comments included, "We have enough training. The face to face training is amazing. If we ask for additional training [management] look into it and try to arrange it" and, "The training is good and includes a period of shadowing."

- Staff received regular supervisions and told us these were helpful. One staff member told us, "You can have your say in the supervisions and we are always asked if there is anything we are worried about or anything we need."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to attend annual health checks, screening and primary care services. One relative told us, "Our relative has annual health checks and the GP is familiar with the village. Our relative's ears, eyes and teeth are all checked."

- Staff recognised when people were not quite themselves and acted swiftly to monitor this and make timely referrals to healthcare professionals.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance procedures and processes were in place but they had not always been effective. For example, medicine audits were completed but issues found on inspection were not identified. Support plan audits were identifying areas for improvement, but some issues identified on inspection had been long standing and had not been identified or remedied through quality assurance processes.

The provider failed to have fully effective quality assurance processes in place. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There had been a recent safeguarding concern which in part included allegations of a closed culture within the service. The registered manager had taken appropriate actions following this concern. The registered manager was alert to the culture within the service and spent time with staff, people and family discussing behaviours and values.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One staff member told us, "[The registered manager] is always there, she is so supportive, answers me straight away and pops in as much as she can."
- Relatives spoke of a positive atmosphere and people having good outcomes. Relatives told us, "I would recommend [Botton Village] absolutely, with no hesitation. The best thing is the [staff] in my relative's house; they are superb and on the wave length of every villager there. They have imaginative ways and are perfect for the job", "This has been the best quality of life my relative has had for a long, long while" and, "The best thing about it is the pervading caring spirit over the whole of Botton."

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; continuous learning and improving care

- The provider and registered manager understood the duty of candour.
- The registered manager was open and honest when things went wrong, informed the relevant people, and liaised appropriately with professionals.
- The provider had a clear business plan in place, which included a strategy called 'Brilliant Basics'. This was a plan which set out the provider's visions and values, and how these would be achieved. The plan

documented a wide range of basic principles from support planning, record keeping, medication management and staff recruitment and training. Progress was fed back to multiple levels of the organisation so there was a shared direction going forward. There was a clear commitment within this strategy to continuous learning and improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider engaged well with people. Staff encouraged people to be involved in the development of the service. Each supported living house had regular house meetings. The provider also facilitated and supported co-production and speak up forums to enable people to be empowered to have their say.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. There were formal events for family and friends to share their views and discuss issues with staff and comments were actioned by the provider.
- The provider used 'Life of Opportunity Reviewers' to gather feedback and actions were implemented in response to this. 'Life of Opportunity Reviewers' were people who used the service who were employed to meet with others who used the service, gather feedback and drive improvements.
- The provider created good links with organisations and communities outside the village.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to have in place robust procedures to ensure compliance with the MCA and to ensure clear and complete records in this area were maintained.</p> <p>11(1), (2), (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have in place robust records around the assessment, monitoring and management of risk.</p> <p>The provider failed to have in place clear and up to date support plans and risk assessments.</p> <p>The provider failed to establish systems to ensure medicine records and guidance were sufficient and complete.</p> <p>The provider failed to have systems in place to maintain up to date records for agency staff.</p> <p>The provider failed to have fully effective quality assurance processes in place.</p> <p>17(1) and (2) (a), (b), (c), (d) and (f)</p>