

Camphill Village Trust Limited(The) Delrow 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



Overall summary

When we last inspected the service on 27 and 29 May 2014 we found them to be not meeting the required standards and they were in breach of regulation 20 and 21 of the HSCA 2008 (Regulated Activities) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 (2) (d) and regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that they had met these standards.

The inspection took place on 23 and 30 June 2015 and was unannounced.

Delrow Community is registered to provide domiciliary care to adults with learning difficulties, mental health needs and older people.

Delrow Community is part of Camphill Village Trust .The service supports up to 55 adults who have a learning disability or a mental health need living within nine separate houses. Until 2014 people lived as part of a 'life

Summary of findings

sharing model' of support which meant that staff, known as co-workers, and their families lived together with people who used the service and supported them on behalf of the Delrow Community.

However everyone living at Delrow Community now received care in line with the supported living model where all staff employed by Camphill Village Trust go into the nine houses to give care and support over a twenty four hour period but did not live within these houses. There were 46 people accommodated at the service at the time of this inspection.

We found that the management and staff had worked hard in the past 18 months to try to ensure that people who lived within the Delrow community were supported to express their concerns and anxieties about the recent changes. We saw that people had been supported within their regular house meetings as well as one to one meetings to raise any issues or anxieties they had.

The home had a manager in post who is currently in the process of being registered with the Commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others.

People felt safe at Delrow community and were confident to approach the staff for support. People had health care and support plans in place which ensured staff knew how people liked their needs to be met. Risks to people's safety and welfare had been identified and care had been planned to enable people to live as safely and independently as possible. There were sufficient numbers of staff available to meet people's care and support needs. People's medicines were managed safely.

Staff members understood their roles and responsibilities and were supported by the manager to maintain and develop their skills and knowledge. People enjoyed a varied healthy diet and their health needs were well catered for.

The atmosphere in all nine homes was welcoming and relaxed. We found that staff had developed positive and caring relationships with the people they supported. People were actively involved in all aspects of their care and support as much as they were able. People were supported to access support from external advocacy services to help them make decisions about matters in their daily lives. Relatives and friends were encouraged to visit at any time and people were actively supported to maintain family relationships. Staff promoted people's dignity and treated them with respect.

People and some relatives told us they had been fully involved in the planning, delivery and reviews of the care and support provided. However there were also some negative comments expressed by some families that preferred the old model of care and had therefore been reluctant for their relatives to move towards to more independent living and had therefore chosen not to be fully involved in the planning and delivery of the care provided to their [Relative]

The confidentiality of information held about people's medical and personal histories had been securely maintained. People were supported to be individuals. The provider had made arrangements to support people and their families to raise concerns and meetings were held for people to discuss all aspects of the care and support provided at all nine homes.

People were offered an exceptionally diverse and inspirational range of activities both within the home's on-site day care facilities as well as being offered the opportunity to experience social and community activities within the local area.

Measures were in place to monitor the quality of services provided, reduce potential risks and drive improvement. The general manager co-ordinated and delegated specific responsibilities with regard to monitoring of all aspects of service provision. They personally and regularly checked key aspects of service provision in a formalised and structured way.

Summary of findings

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.

Staff knew how to recognise and report allegations of abuse.

Staff did not start work until satisfactory employment checks had been completed.

People's medicines were managed safely

Good



Is the service effective?

The service was effective.

People received support from staff that were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Good



Is the service caring?

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People had access to advocacy services.

People's dignity and privacy was promoted.

Good



Is the service responsive?

The service was responsive.

People were supported to engage in a diverse range of interesting and creative activities.

People were very well supported to be involved in decisions about their care as much as possible.

People's concerns were taken seriously.

Good



Is the service well-led?

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Good



Delrow Community

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 was planned to check whether the provider met 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 under the Care Act 2014.

This inspection took place on 23 and 30 June 2015 and was unannounced. The inspection was undertaken by two inspectors and an Inspection manager.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we observed staff support people who used the service, we spoke with nine people who used the service, eight support staff, the registered manager, the general manager and several supporting management staff. We spoke with three relatives subsequent to the inspection visit to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority health and community services.

We reviewed care records relating to six people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said how they had moved houses within the community recently and that the house they were now living in felt much better; they felt freer and able to make more choices independently.

All eight staff we spoke with knew about safeguarding people against abuse. They understood the procedure to follow to raise any concerns. They had all completed safeguarding training, and an agency member of staff told us that they carried out their safeguarding training with the agency. There had been nine safeguarding issue raised since the last inspection took place. We saw evidence that confirmed the correct procedure had been followed and implemented and in line with the home's safeguarding protocol and to a satisfactory conclusion. However during the inspection the general manager raised a concern that related to a historical concern with regard to an ex-employee. As a result, a safeguarding alert was raised immediately after the inspection with the local authority.

All eight staff we spoke with knew and understood the whistleblowing procedure and had recently attended training. They told us that they would not hesitate to use these procedures, where necessary and encouraged other staff to do the same. The staff said the management team encouraged all staff to be open and share any concerns they may have immediately.

The general manager said when they came into post they had requested social services to review each person who lived in the community. These reviews have now been completed and staff were in the process of rewriting each person's care plan. One staff member explained that previous records had not given a pen picture of people so they had to go through each person's records in order to try and 'piece together' people's history.

We found that there were up to date risk assessments in place to support staff to manage risks to people and keep them safe. However these were being further developed to include how to support people safely and effectively, for example people who had behaviour that challenged. One care plan described how the person experienced episodes of hallucination. Staff told us that although they had not witnessed any of these episodes, they had gathered

information and worked closely with professionals and reviewed the person's medication, in order to pre-empt any unforeseen situations that would create anxiety or stress for the person.

Staff went through each assessment with the person. We saw one person had signed the part of their care plan that had been recently completed. For example one person found other people cleaning their room difficult, but their room was becoming a health hazard as they needed support to clean it. One staff member suggested they put everything in a bag, things they did not want them [Staff] to touch and they worked with the person dealing with each bit at a time. This meant that staff respected the person's wishes, worked at their pace and were able to support them to have a cleaner and healthier environment.

People said staff were there for them when they needed them. One person told us that "They are good and help me."

People told us that staffing levels had improved over recent months. The general manager informed us that a number of staff had left the service, all at the same time which meant that the service had relied on a high usage of agency staff. However we saw that the management team had ensured that agency staff were fully inducted into the needs of each person who lived within the community. We saw from the rotas that the same agency staff were used consistently, so as to minimise disruption. The general manager was actively recruiting new support staff. Some of the agency staff had now applied to work permanently.

All the staff said they worked as a team and knew who would be working alongside them. One staff member told us that "I love the work I do and feel like we have a great team here."

Staff explained that people paid a weekly charge which covered their food, a contribution towards their rent, transport and outings. Staff told us that this was a set amount each week that did not take account of whether people had used any transport or been on any outings. This meant that some people may have been paying for services they did not receive. The general manager explained that this charge was currently being reviewed throughout the Camphill Village Trust communities.

We looked at the files of two volunteers and three staff members. All had the appropriate pre-recruitment checks to make sure that they were safe to work with people living

Is the service safe?

at Delrow. This included checks with the disclosure and barring service (DBS), references and checks to make sure staff could work in the UK. The manager explained the safeguards that were in place for new volunteers who arrived at the community from overseas before their full checks were completed.

We saw that risk assessments were reviewed on a regular basis to take account of people's changing needs and personal circumstances. This included areas such as personal safety, mobility, health needs and nutrition. We were told that people were encouraged to maintain and develop their independence wherever possible, which included using public transport. The staff had worked hard to support people who had previously lived a 'risk adverse' lifestyle as part of the old model of care. This had prevented people from having the opportunity of realising their full potential with regard to their daily living skills and autonomy to make informed choices. For example, restrictions that had been imposed with regard to going

out into the local community, developing people's independence and day to day living tasks. However within the six care plans seen there were several positive examples where staff had risk assessed people to enjoy outside activities such as horse riding, trampolining, football, road safety and using public transport.

We saw the records of one person who took responsibility for their own medicines. They told us that they had a key to their medicines cupboard which they chose to be in the kitchen. Medicines were received every Tuesday and staff made sure all medicines have been taken. Another person showed us their medicines which they kept locked in a drawer in their room. People were prompted by staff to take their medicines and were working towards being responsible for their own medicines. There were clear records where staff signed for medication which was prompted. Staff said they only prompted with medicines once they were competent and had received training.

Is the service effective?

Our findings

Staff demonstrated they knew people in the way they related to them. We observed that people were supported in a way that promoted and respected their dignity. For example one person entered the room and joined in a conversation with a staff member. Staff made them feel welcome and involved them in the conversation by asking their views. One person told us that “There have been many changes, we need to see how they go.” Another person expressed how pleased they were to be offered more choice about their life; they told us “I can decide what I want to do now.”

Staff said they felt it was important to help people make choices and develop their own skills and talents. They said they were encouraged by the managers to do as much training as possible. “Training is good here” one staff said. New staff confirmed they received good induction and one person said they were starting their care certificate. Another new staff member said they had agreed with their manager that they would not be doing any sleep in shifts until they both felt they had sufficient confidence in their ability to manage. Training was relevant to the needs of people using the service and included equality and diversity, safeguarding, medication, autism, behaviour that challenges, person centred care, risk assessment, health and safety, infection control, positive behaviour support, first aid, leadership and management and fire safety.

Staff all said they received supervision and found it helpful in developing their skills as care staff. They said they could raise any issue, reflect on their practise, what had gone well and what needed improvement. One staff member said constructive learning was not just limited to supervision and sited an example where they said something quickly to a person who had difficulty understanding what was being said to them. They told us that the senior [Staff] explained privately how else they could have managed the situation. Staff said they worked as a team. One staff member commented on the other staff saying they were “committed to wanting the best for people”.

Staff received training in relation to the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. They were

knowledgeable about how these principals applied in practice, which people had DoLS authorities in place, the reasons why and the extent to which their freedoms could be restricted to keep them safe.

We spoke with eight staff who were all aware of MCA and we saw that they sought peoples consent before any support was provided. Staff now work ‘with’ people rather than ‘doing things for the person’, which had been the experience of many people we spoke with in relation to living within the old model of care. For example one person could previously only access their money on set days of the week. Staff were now working with this person being supported to accessing their money whenever they wished.

As part of the old model of care the co-workers prepared and served meals to people who they lived with. People were therefore were not offered the opportunity to assist in the preparation or the cooking of their meals. However during our inspection we saw that people were now actively encouraged to take part in the preparation of meals and during the inspection we saw that this was both a positive and sociable occasion for everyone involved. We saw people were given a minimum of two choices of main meal, including a vegetarian option and where possible people were encouraged to serve themselves rather than staff serving the food for them. We saw that each person was involved in creating the mealtime experience, either by laying the table, making up the drinks for people, mashing potatoes, clearing the tables or washing up.

Staff used the weekly house meetings to discuss menus and menu planning. Drinks were available at all times and several people were seen to be supported to help them eat a more healthy diet and to assist people with weight reduction. We saw evidence that all staff had received food hygiene training which ensured people were protected from the risks associated with the storage, preparation and consumption of food.

People we spoke with and relatives told us that they considered that staff were both competent and professional. One person [Relative] expressed their great satisfaction at the care and support their family member had received and spoke highly of both the care staff and the management team. “They told us that “things have become a lot calmer and open since the new general

Is the service effective?

manager and manager have been working here.” Relatives told us that they considered staff understood people’s needs well and had the skills necessary to provide the appropriate support.

We observed staff practice and saw that they worked in accordance with training. For example, in relation to supporting people whose communication was limited and

people whose behaviour challenged. Staff were able to tell us the appropriate way to support people with specific needs with a range of issues which included personal care, medication and mobility.

We saw that several policies and documents had been produced in a pictorial format, for example the complaints procedure, end of life plans and medical information. This ensured that people who were unable to fully comprehend the written word were able to understand the detail within these policies and documents.

Is the service caring?

Our findings

We observed that people looked relaxed and at ease with staff. Staff interaction was always respectful and caring. We saw that staff went at people's own pace when supporting them, for example giving people time to respond and not finishing their sentences. Staff spoke of respecting people's dignity at all times and making sure they supported people in the way they wished and encouraged them to build on and expand their skills. During our visit we observed staff were always courteous and kind towards people they supported, often sharing jokes between each other in a respectful and dignified way.

People were encouraged to give their views and opinions on how the houses were run and how they wanted things done. We saw that some in houses televisions were covered up with a blanket. We were told that this was because the old model of care had restricted the times when people were 'allowed' to watch television. We saw that some people had become conditioned by these institutionalised practices and therefore found it challenging to have the freedom to make their own choices. However we saw that the houses now had 'home' entertainment systems throughout, that offered a range of interactive programmes for people to access, whenever they wished to.

We saw several examples within the six care plans we looked at where people had been involved in planning their care and had been encouraged to try new things or set attainable goals. One person was being supported to go sign up for a college course later on in the year. The ethos of Delrow community is one of friendships and respect. We

saw several examples of this during the visit. For example one person was having trouble laying the table for lunch and another person asked if they would like some help. Another example was that we saw several people working together attending to the gardens and we saw the staff member actively encouraged everyone to all sit down together, for a mid afternoon refreshment break. This occasion was seen as jovial and relaxed.

Several people expressed very positive views about the staff and managers at Delrow Community. One person told us "It's really good here, I have lots of choice now and it's much better than before." Another person told us that "I like to read and play football and the staff are always kind and respectful to me, they always give me a choice."

One person [Relative] stated that they "We have no complaints and everyone is approachable and kind, nothing was too much trouble."

We saw that people had access to external advocacy services with information provided on how to contact these services [Powher] displayed both within the main building and within the individual houses. The home also offered an advocacy surgery for people to access on a monthly basis. As part of further developing the 'Involvement' Policy the people living in the Delrow community had made a video expressing their experiences of the care and support offered to them. This included comments such as "We have people we can talk to outside, like advocates, our families and our social workers. Another quote from the video stated "We have people to give us advice but not to tell us what to do." This meant that people had been provided with information about the support and guidance available from outside of the home.

Is the service responsive?

Our findings

People were relaxed and at home in all nine houses that we visited. They were encouraged to become more involved in daily living and with the new care planning format which included reviewing the times when people required support and guidance in their everyday lives. A staff member said “We are encouraged to be fully involved in care planning and always involve the person.”

We saw that the care plans now contained individual profiles for each person which included a social history, assessment of need, likes and dislikes, people who were important to them, information on the person’s medical and health care needs and their social interests and activities. Staff demonstrated that they knew how people wished to be supported and encouraged people with their everyday living tasks. Staff were working hard to introduce more choices and preferences for people who had previously lived within the confines of fixed routines and schedules from the old model of care. For example, arranging holidays had previously involved a particular group of people always going to another Camphill community for holidays however we saw plans which now included summer holidays to hotels and to the coast.

People were encouraged to be more independent and for staff to work alongside people to help them achieve their goals and ambitions. For example one person wanted to keep a food diary in order to help them lose weight. We saw that staff supported them with this. They [Person] told us that staff had recommended that they try and do their best to be ‘honest’ about what they had written. Staff were working with them to see what other ways they can achieve this goal, including a healthy eating plan.

Staff said they were working towards introducing a link worker system for all houses. One staff member we spoke with told us that they encouraged people to talk about any concerns they had with their support worker. We saw from the minutes of the service user meetings that people were offered the opportunity of discussing their views and opinions on how the service was provided,

There was a range of work based activities offered to people within the Delrow community such as gardening, pottery, baking and a variety of craft activities. For example people were supported to produce items such as tapestries, felt pictures, art work, and a range of pottery

that could be purchased at local fairs and community initiatives. We saw that people had a true sense of pride from producing these crafts and that they were of such high quality that they could be sold to the general public and to benefit the community as a whole.

One person proudly showed the organic bread rolls they had baked earlier that morning and was seen delivering these to each of the houses for people to enjoy at lunchtime. The bakery supplied bread to the whole community on a daily basis and organic fruit and vegetables were grown within the grounds.

One staff member explained that people were also supported to pursue leisure interests such as going to the gym within the local town. One person had been supported to get a voluntary job in a local shop. There were examples of people’s creative talents seen throughout both the individual houses and within the main building which gave both a welcoming and vibrant display for everyone to enjoy. One person took great pleasure in demonstrating the piece of pottery they had created which was now displayed within their own home. The motivation of the staff within this community was a true reflection on how hard people worked to empower people to live a diverse and fulfilling life.

There were arrangements in place, within each of the nine houses, to support people to share their views and talk about any improvements or changes they would like to make. One person told us “We have meetings when I can talk about things that worry me or if I want to make any suggestions to go out somewhere.” We saw minutes of a meeting held to discuss the recent changes to the staffing arrangements and the old model of care. People had been encouraged and supported by the staff to express their feelings and emotions about these changes. One person stated “I can make my own mind up now about things, even if my support worker thinks differently to me, I’m not made to do it their way”. Another person stated “If I don’t want to do something, then that’s ok too.” Several people commented on how much choice they now had over their lives. One person told us “I have much more control over my life now, because I know I can make my own choices and no-one will tell me I cannot do something or that I am not allowed. Like when I want to go into Watford, before I would have to ask my co workers if I was allowed to go, and they would only let me go sometimes.”

Is the service responsive?

Another house meeting asked people several questions about how the staff treated them. “One person said “I think I am listened to lots now.” It was apparent from the house meeting minutes and from speaking to people who used the service that moving into the new model of care had encouraged and supported independence and had given people back a ‘voice’ to make improvements to the service they received, this had in turn created some anxiety and stress for some people but we saw that staff had managed these issues with professionalism and care.

The management team and support staff were proactive in supporting people to make decisions about how the

service is run and about how they led their lives. Delrow Community has been proactive in implementing the ‘Learn to Lead’ initiative which states “We encourage every person to have a greater voice and involvement in the life and development of their communities, so that they really are THEIR communities”. We found that everyone involved in Delrow community had worked hard to implement this philosophy and the examples within this report have demonstrated that this philosophy is now fully embedded in the work the management, staff and people who used the service have achieved.

Is the service well-led?

Our findings

People, their relatives, staff and professional stakeholders were all very positive about how the home was run. They were also very complimentary about the general manager and registered manager who they felt were approachable, supportive and demonstrated strong leadership. One staff member said, "Since the new general manager has come so much has changed and we feel very supported by them." A relative told us that "The managers are honest and open and always take time to ask us if everything is ok."

During our visit we spent time talking to a variety of the management team, which included the general manager, the registered manager, the overall manager of the day-care provision and the senior care staff within the nine houses. We were told by all eight staff that the philosophy of the management team was one of openness and inclusiveness. One staff member described how the registered manager took a 'hands on' approach working alongside support staff which ensured they remained knowledgeable and up to date with the changing needs of each person who used the service. This was confirmed by people who used the service. One person told us that "The managers are always around to pop in and chat to and they take time to listen to me if I have a problem." Throughout the inspection we found that all members of the management team demonstrated they had an in-depth knowledge of people who used the service, their complex needs, personal circumstances and their relationships with others.

Staff were very clear about their roles and the vision and purpose of the service. They told us that their main focus was to provide high quality support which was tailored to meet people's individual needs, helped their development and promoted their independence. One person [Relative] commented on how the new managers were always available to raise any concerns or issue with but they also stated that "We have nothing to complain about here, everything is so much better and my [Relative] does so much more for themselves than they ever used to and we like that."

Staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively as part of their personal and professional development. This included specific awareness about the complex needs of the people they supported.

Information gathered in relation to incidents that had occurred were reviewed on a regular basis, shared appropriately with staff and professional stakeholders and used to update support plans and improve upon the services provided.

We found that people's views, experiences and feedback about how the service was received and discussed in an open and transparent culture which had led to several improvements across the service. This included many positive changes to the way people lived their lives within the community. For example people being supported to manage their own finances, to be offered the opportunity to enjoy activities outside of the Delrow community, to be involved in their plan of care and to have a 'pro-active voice' about how changes to the service could be made. This was particularly evident in how the service had promoted the service user voice with the implementation of the 'Learn to Live' initiative and the promotion and development of the 'Involvement Policy' which included people being consulted and involved in the recruitment of staff and the development of the service's policies.

We saw that the managers carried out regular checks and audits which they used to prepare a monthly service report for the provider. This included information about staffing issues, training, health and safety, complaints, statutory notifications, emergency plans, the environment, risks and support requirements.

The management team within the Delrow community have made some important and fundamental changes to the service provided to people over the past 18 months. This has been achieved by offering people choices about how they live their lives within the boundaries of risk. Many people have lived within the Delrow community for many years and experienced the old model of care. The impact of this has created challenges for staff in respect of some people who have found the transition to supported living difficult but are now enjoying the many benefits of independent living.

Throughout our inspection we found positive examples of how people have been given new and exciting opportunities with the support and guidance of a highly motivated team of staff. One person who used the service said "We have managers who can help us by supporting us with big decisions like taking our medication and choosing

Is the service well-led?

where we live.” Another person told us “People listen to us now and I can watch television whenever I like.” This demonstrated that people had made a positive transition to the new model of care.