

# Camphill Devon Community Limited

## Hapstead Village

### Inspection report

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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### About the service

Hapstead Village is made up of six separate houses and is registered to support up to 48 people with learning disabilities and or autism. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

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

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The service was not always able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

### Right support:

Although we saw some examples of how the model of care at Hapstead Village maximised people's choice, control and Independence, we also identified instances where staff shortages had impacted on people. The provider was taking action to address this.

We were assured that the majority of people received individualised care and support in a way that was flexible and responsive to their needs from staff who knew them well, and who were skilled at delivering care and support.

### Right care:

From our observations and speaking with staff and the provider it was clear that there was a positive culture at Hapstead Village and staff worked with the values of person-centred care. Staff supported people in a dignified way. However, we found examples of restrictive practices taking place.

Whilst we found no evidence that people had been placed at a disadvantage, the failure to assess people's capacity and record best interest decisions risked compromising people's rights. The provider has taken action to address this.

#### Right culture:

The ethos, values, attitudes and behaviours of the leaders and staff at Hapstead Village ensured people lead confident and inclusive lives. However, we found examples of where the provider had not carried out regulatory requirements. The provider was taking action to address this.

There was a positive culture at the service that valued people as individuals and looked for ways to continually improve people's experience.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 17 January 2019)

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staffing levels, consent, good governance and a failure to notify The Care Quality Commission (CQC) of important events.

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

#### 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 caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Hapstead 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

This inspection was carried out by three inspectors.

#### Service and service type

Hapstead Village is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hapstead Village is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in two '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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection because of the size and type of service. People at Hapstead Village lead very active lives and we needed to be assured that people

would be available to speak about their experience of the service.

#### 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time with and spoke with eight people living at the service. We spoke with seven members of staff including the manager and the registered manager.

To help us assess and understand how people's care needs were being met we reviewed ten people's care records. We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. We looked at training data, policies and quality assurance records. We spoke with one representative from Devon Local Authority commissioning team.



# 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. Preventing and controlling infection

- People were not always protected from the risk and spread of infection.
- We were not assured that all staff were using PPE effectively, safely and in line with best practice guidance. Throughout the inspection we observed staff from four homes on the campus not wearing face masks correctly; wearing the wrong type of face covering and, in some cases not at all.
- The failure to wear appropriate face coverings potentially placed people, staff and visitors at an increased risk of harm.

The failure to effectively manage risks relating to infection control and the transmission of COVID-19 is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks were well managed, assessments identified risks, for example, in relation to mobility, skin care, nutrition and community engagement. This helped to ensure staff had the information they needed to provide care for people in ways which minimised risks to them and others.
- We were not assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Staffing and recruitment

- There were not always enough staff to meet people's needs effectively. The provider had identified this and were taking action to address staffing levels.
- However, we identified instances where staff shortages had impacted on people's lives. For example, one person who was in a supported living setting, liked to go to and enjoyed an activity in the community, this was something the person had done for a long time and something that they enjoyed. However staffing shortages meant there was not enough staff to support this person.

The failure to provide sufficient numbers of staff to meet people's care needs, was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were protected by safe recruitment processes.
- Systems were in place to ensure staff were recruited safely and records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had clear policies and procedures in relation to safeguarding adults. Staff had received training in safeguarding adults and were able to tell us the correct action to take if they suspected people were at risk of abuse and/or avoidable harm. This included knowledge in who to report concerns to, both internally and to external agencies.
- However, we saw one example of where the provider had failed to inform the local safeguarding authority following an incident at Hapstead village. Although the provider had carried out an internal investigation, they had failed to make a timely referral to the local authority. The provider took action to address this following our feedback.
- People who chose to share their views with us, told us they felt safe and were happy living at Hapstead Village. One person said, "I do feel safe I like living here." Another said, "I have lived here for many years it's my home."

#### Using medicines safely

- People were supported by staff who administered, recorded, stored and disposed of medicines safely.
- Staff assessed, planned and delivered the support people needed to take their medicines safely. Where possible, people were involved in helping staff to prepare and check their medicines including supporting some people to self-administer their medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Staff could talk about how people were more alert, mobile and engaged following reduction of some of their psychotropic medicines.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by house managers to identify any learning which may help to prevent a reoccurrence.
- This information was also shared with the provider's central office team for further review and analysis. Learning from accidents and incidents was shared with all managers.



# 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.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- People were not always supported to have maximum choice and control of their lives. For example, where the service supported some people to manage their finances. There were no mental capacity assessments to show that people did not have capacity to manage their finances or that the decision to hold their monies had been made in a person's best interests or with appropriate consent.
- One person's care records showed a relative had made a medical decision on the person's behalf. There was no mental capacity assessment or best interests' decision in place to support this decision and there was no information within the persons care records to indicate that the relative had the legal authority to make this decision.
- People's records did not always show that best interests processes had been followed. This indicated the home was not working in line with the principles of the MCA. For example, staff told us they would restrict access to some people's snacks, because they were supporting two people to lose weight and believed they might eat other people's snacks. There were no mental capacity assessments to show that people did not have capacity to look after their own snacks.
- There were no records to show the rationale for these decisions; who had been involved/consulted or any

information to indicate whether this was being carried out in people's best interests.

The failure to assess people's capacity and record best interest decisions risked compromising people's rights. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found, where restrictions had been placed on people's liberty to keep them safe, the provider worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met

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

- People told us they were involved in the assessment and care planning process. One person we spoke with told us, "They always involve me".
- People's needs were assessed prior to them using the service to ensure needs could be met. Assessments took account of current guidance. However, the service was not always able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training to help ensure they could meet people's needs safely and effectively. The services training matrix showed staff had received training in a variety of subjects such as, safeguarding, infection control, moving and handling, health and safety and medicines. Specialised training was also provided that reflected the needs of people living at the service.
- Staff felt supported and valued by the home's management team. Staff were given the opportunities for discuss their work performance and ongoing competency checks.
- The house managers explained due to the impact of the pandemic on staffing levels, they had not managed to fully complete their normal supervision processes/records. However, this was something that had been recognised and action was being taken to address this.

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

- People told us they enjoyed the food provided and could make decisions about what they ate and drank . One person showed us the menu and described how they had been involved in deciding what they would like to eat.
- Mealtimes were flexible dependent upon what people were doing each day and people could mostly help themselves freely to snacks or drinks throughout the day and night.
- People were encouraged and supported to maintain a balanced healthy diet and staff had a good awareness of people's dietary needs and preferences and these were catered for.

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

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

- Hapstead Village had systems and processes for referring people to external services. These were applied consistently and there was a clear strategy to maintain continuity of care and support.
- This allowed effective information sharing and continuity of care. Where healthcare referrals were needed, this was done in a timely manner.
- People were supported to live healthier lives through regular access to health care professionals such as their GP's.
- During our inspection we saw how one person was effectively supported, prior to, during and after a

planned hospital visit.

Adapting service, design, decoration to meet people's needs

- The provider had ensured the service met people's needs in respect of design, decoration and adaptation.
- Across the different homes there was signage designed to assist people to orientate themselves and maintain independence.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed many positive interactions between people and staff during the inspection, the language used by staff to describe people they cared for within care notes and when speaking with each other and us, was respectful, promoted people's human rights and showed people were valued.
- Throughout our inspection we witnessed staff being kind and compassionate towards the people they supported and showed they had formed a strong relationship with people and knew them well.
- The diverse needs of people using the service were met. This included individual needs that related to disability and gender. Details of cultural practices and religious beliefs that were important to people were also provided to help staff understand how to support people with these aspects of their lives.

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

- Staff communicated well with people and we saw people seeking out staff for support and information during the inspection. We observed staff supporting people to express their views using their preferred method of communication. Staff gave people time to listen, process information and respond to staff in their own time.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. People were encouraged to make decisions about their care. Staff frequently asked people if they were happy with their care and if there was anything they wanted to discuss or change.
- People and those acting on their behalf were provided with opportunities to express their views about the care and support through regular reviews and meetings. Care plans were completed with people to ensure they reflected people's wishes.

Respecting and promoting people's privacy, dignity and independence

- Despite our findings in relation to staffing, we were satisfied in the majority of cases people had appropriate levels of independence and control over their lives whilst living at Hapstead Village.
- Care records highlighted what people wished to do with their time in order to remain independent and living within the community. Throughout our inspection we saw people coming and going as they wished, this included going out into the local town with or without staff support.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

- While we have reported on some aspects of the service that were not always safe, effective or well-led, we were assured that the majority of people received individualised care and support in a way that was flexible and responsive to their needs from staff who knew them well, and who were skilled at delivering care and support.
- Support plans were informative and described people's skills and strengths as well as the support needed from staff and/or other services.
- Where people valued routines, this was highlighted within their care plans and records showed these preferences had been respected. Care plans were designed to provide staff with sufficient detailed guidance to enable them to provide personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Support plans identified people's communication needs and how they could be supported to understand any information provided.
- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices and share their views.
- The provider had developed information in an easy read format which helped to ensure people had access to the information they needed in a format they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to lead active lifestyles, follow their interests, and take part in social activities.
- Each person's support plan included a list of their known hobbies/interests and staff supported people to take part in things they liked to do.
- People were also supported to do voluntary work within the local community. One person we spoke with explained how this was an important aspect of their life.
- People were supported and encouraged to maintain relationships with friends and family.

Improving care quality in response to complaints or concerns

- People knew how to complain and were provided with information about how to raise a concern or make a complaint.
- Staff regularly checked if people were happy with their care, through meeting and chatting with people informally and by seeking feedback from other people who knew them well.
- Records showed that the service had received some concerns which had been investigated and dealt with in line with the providers policy and procedures.

# 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. Continuous learning and improving care

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities. However, we found the provider had not notified the Care Quality Commission of a significant event, which had occurred.

We saw no evidence people had been harmed. When we raised these concerns with the registered manager, they took immediate action to rectify the problems. However, the failure to notify CQC of a significant event was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The systems in place to monitor the quality of service were not always effective. For example, the concerns that we found in relation to MCA, safeguarding and notifiable incidents had not been identified through the providers governance systems.

The failure to operate fully effective systems to continuously assess and improve the quality of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The leadership team at Hapstead Village had developed a service plan to identify and drive improvements within the service.
- Following the inspection, the registered manager sent us an updated copy which included the concerns that we raised during our inspection. This meant the registered manager had taken some action to mitigate our concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.

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

- From our observations and speaking with staff and the provider it was clear that there was a positive culture at Hapstead Village and staff worked with the values of person centred care. However, some practices did not always support this.
- People praised the service received and how the service was run. People we spoke with felt the service was well managed and open.
- The managers and provider promoted an open culture which contributed to staff work satisfaction. Despite our findings in relation to staffing there was good teamwork and staff morale.

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

- People were given opportunities to contribute feedback and ideas regarding the running of the service. People and staff told us the leadership team got involved in the day to day running of the service.
- From our observations and speaking with staff, the provider demonstrated a commitment to providing consideration to people's protected characteristics.
- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience. People told us the service was well run.
- Staff told us that they were involved in the development of the service, through discussions at individual supervisions and staff meetings. We saw one example where the registered manager started a working group with staff to focus on CQC's statutory guidance on right support, right care, right culture. The registered manager described how this ongoing work was useful to raise staff awareness and reflect on current practices.

Working in partnership with others

- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.
- Records showed the provider worked closely and in partnership with multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which ensured there was continuity of care.



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
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The failure to notify CQC of a significant event
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The failure to assess people's capacity and record best interest decisions risked compromising people's rights
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The failure to effectively manage risks relating to infection control and the transmission of COVID-19.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The failure to operate fully effective systems to continuously assess and improve the quality of the service.