

Camphill Village Trust Limited(The) Camphill St Albans

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

The inspection took place on 21 January and 29 February 2016. The visit was carried out by one Inspector and was announced which meant that the registered manager was given a short period of notice due to the nature of the service. The purpose of this was to help facilitate the inspection and make sure that some people who used the service and staff members were available to talk with us.

At our last inspection on 23 July 2013, the service was found to be meeting the required standards in the areas we looked at. Camphill St. Albans is a domiciliary care service that provides personal care and supported living for people in their own homes. Care is provided to people with learning disabilities, mental health conditions and other complex needs who live in privately rented houses and flats; the majority of which are situated within a mile radius of the registered office and St. Albans town centre. At the time of our inspection 31 people, who lived in 14 different properties, received care personal care and support.

The service is part of the Camphill Village Trust (CVT) which previously used a 'life sharing' model of support. This meant that in many cases staff members, known as 'co-workers', lived with the people they supported and their family members to provide care on behalf of the Camphill St. Albans CVT. However, people now receive care based on a 'supported living' model to help them live as independently as possible. This means that staff employed by the service visit people in their own homes, and elsewhere in the local community, to provide them with the support they need to help meet their individual health and social care requirements.

People are encouraged to view themselves and others who used the service as being part of a 'community' network, one that not only provides them with care and support, but also access to a range of local facilities relevant to their needs which include an art studio, allotments and café. However, people are free to decide the extent to which they use these facilities or join in with the wide range of other activities and social opportunities provided by the service.

There was a manager in post for the service who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run. The registered manager was supported by two assistant managers and a team leader in the day-to-day operation of the service. They were also supported by a senior representative of the provider, known as the 'general manager', based at offices in close proximity to the service.

During our inspection some relatives of people who use the service expressed significant levels of concern, disappointment and frustration about the way in which care and support was currently provided. In their view the service had, over a period of time, moved away from its original ethos and founding principles. Some relatives felt that these change had a detrimental effect on the levels of care and support their family members received. A number of these concerns had already been raised with and addressed by the relevant

local authority. People's relatives and other interested parties have had a number of opportunities, over a long period of time and in different forums to discuss the changes made to the service, how it has evolved and how it currently operates.

The relatives of other people who use the service, together with social care professionals who provided us with feedback, were very positive about the service, staff who provided support and the overall quality of care people received.

Although people were supported to take their medicines safely by trained staff, medicines were not always managed in a safe and proper way. This was because the processes, systems and checks used to manage medicines were not as safe or effective as they could have been in all cases.

People told us that staff helped them stay safe, both in their homes and when out and about in the local community. Staff received training about how to safeguard people from abuse and were knowledgeable about the potential risks and how to report concerns. Robust recruitment practices were followed and there were sufficient numbers of suitable staff available to meet people's care and support needs at all times.

Plans and guidance were in place to help staff deal with unforeseen events and emergencies in a safe and effective way. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

People who received support, most relatives and social care professionals were positive about the skills, experience and abilities of staff employed at the service. Staff received training and refresher updates relevant to their roles. They had regular meetings with managers to discuss and review their personal development and performance.

People were encouraged and helped to maintain good health and were supported to access health and social care professionals when necessary. They were also encouraged and supported to eat a healthy balanced diet that met their individual needs.

Staff obtained people's agreement and consent to the care and support they provided. They supported people in a kind and caring way that promoted their dignity. Staff had developed positive relationships with the people they supported and were clearly very knowledgeable about their needs and personal circumstances.

People who received support, and some of their relatives where appropriate, were involved in the planning and reviews of the care provided. The confidentiality of information held about people's medical and personal histories was securely maintained at the service.

People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences and routines. People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at home and in the local community.

People who received a service and some of their relatives told us that the registered and general manager and staff listened to them and responded positively to any concerns they had. People were encouraged to raise any concerns they had and knew how to make a complaint if the need arose.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People's medicines were not always managed in a safe and proper way.

People were helped and supported to stay safe by staff trained to recognise and respond effectively to the potential risks of abuse.

Safe and effective recruitment practices were followed to make sure all staff were suitable for the roles performed.

Sufficient numbers of suitable staff were available to meet people's care and support needs at all times.

Potential risks to people's health and well-being were identified and managed effectively.

Is the service effective?

Good 

The service was effective.

Staff obtained people's agreement and consent before care and support was provided.

Staff were trained and well supported which helped them meet people's needs effectively.

People were encouraged and supported to eat a healthy balanced diet that met their needs.

Staff helped people with their care needs and supported them to access health and social care professionals when required.

Is the service caring?

Good 

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their care needs.

People and some relatives where appropriate were involved in the planning and reviews of the support provided.

People were supported in a way that promoted their dignity and respected their privacy.

The confidentiality of personal information and people's medical histories was maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support that met their needs and took account of their preferences and personal circumstances.

People were helped and supported to pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives knew how to raise concerns and some were confident these would be dealt with in a prompt and positive way.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People, some relatives, staff and social care professionals were very positive about the manager and how the service operated.

Staff understood their roles and responsibilities and were well supported by the management team.

Camphill St Albans

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 21 January and 29 February 2016 by one Inspector and was announced which meant that the registered manager was given a short period of notice due to the nature of the service. The purpose of this was to help facilitate the inspection and make sure that some people who used the service and staff members were available to talk with us.

Camphill St. Albans provides domiciliary care and support to people in their own homes. During the inspection we spoke with six people who used the service, five staff members, the registered manager and a senior representative of the provider (general manager). We spoke with three relatives and received written feedback from another 12. We also received feedback from social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care and support plans relating to five people who used the service and three staff files.

Is the service safe?

Our findings

People who used the service told us that staff helped and supported them to take their medicines where necessary and appropriate. One person said, "They [staff] are good at helping me with my medicines." Staff were trained and had their competencies assessed and checked in practice to make sure they helped people take their medicines safely and as prescribed. A relative of one person commented, "They [staff] are very good at helping [family member] with their medicines, making sure they take the right thing on time."

However, we found that some people's medicines had not been managed in a safe and proper way in all cases. For example, we saw there were unexplained gaps in some of the administration records which meant it was not clear whether people had taken particular medicines or not. The weekly audits carried out by staff had not identified or picked up on the issue which meant that the potential risks and uncertainty associated with the failure to manage medicines safely persisted over long periods of time.

A system was in place to check the temperature of the cabinets used to store people's medicines on a regular basis to ensure that they were held in safe conditions. However, this had not been done for twelve months which meant that staff could not be sure people's medicines had been stored safely and in accordance with manufacturer or prescribers guidance in all cases. Some people were prescribed medicines that were to be taken 'as and when required' (PRN), for example pain relief tablets, ointments and creams. However, the guidance provided to staff was unclear as to the circumstances in which people may have required these medicines or how they were to be supported with them.

Although these were areas that gave rise to potential risks and therefore required improvement, there was no evidence that people had suffered any harm as a consequence. This was because in the main staff normally reminded, encouraged and prompted people to take their medicines rather than administer them and nobody was found to have become unwell as a result of the recording errors. The registered manager took immediate steps during our inspection to make the changes necessary to improve how people's medicines were managed and reduce the identified risks. For example, staff have protected time set aside to carry out new, improved and more frequent checks together with a more robust system of management oversight.

People who received a service told us they felt safe, secure and well supported. One person said, "I think everything is fine, yes I am safe." Another person commented, "I'm not worried about anything; I feel safe." The relatives of some people also told us that they were confident their family members were safe in light of the care and support they received. One relative said, "I am happy that [family member] is safe there, absolutely. They feel very secure." Another relative commented, "They [staff] certainly keep them safe, no doubt about that."

Staff provided people with the help, support and guidance they needed to stay safe, both at home and while out and about in the local community. One person told us, "They [staff] often talk about how to stay safe when we go out, to be careful about people we don't know. We are like a big family and look out for each other." Another person commented, "I definitely feel safe. They [staff] have given us training about food

hygiene, stranger danger and how to stay safe in the community. I have become more confident." The service worked with the local authority to offer people a training scheme called 'Thinksafe' which helped them develop new skills and knowledge about how to stay safe.

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about how to report concerns, together with relevant contact numbers, was made available to people and prominently displayed at the service. A social care professional with recent knowledge of the service told us, "In relation to safeguarding, I am able to confirm that when there have been incidents, risk assessments have been revised and appropriate action taken to safeguard [the people concerned]." Another professional commented, "Camphill communicate via email immediately there are any concerns, attend any safeguarding meetings and are fully aware of safeguarding procedures locally."

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. Some people who used the service were involved in the interviews of prospective candidates. They wrote and asked their own questions and had a say about who was employed to provide them with care and support.

There were enough suitably experienced, skilled and qualified permanent staff available at all times to meet people's individual needs. Flexible staffing arrangements were used and organised around people's dependency levels and the identified care and support needs that had been agreed with them. This meant that staff were able to respond to people's changing needs in a way that best suited them and their personal circumstances. For example, some staff were available during the night to support people who lived with epilepsy and were at risk of suffering seizures. Another person frequently required support during the early hours as a result of complex mental health conditions and the need for help and reassurance.

One person told us, "Yes, there is always enough staff around." A person's relative said, "From outside it would appear that there has been quite an increase in staff over the last 2 or 3 years." We saw that the skills and experience of staff used to support people were matched to their individual needs and requirements. The relative of another person commented, "Yes we have always been very impressed and reassured by the number and attitude of the staff who go out of their way to care for our [family member]."

Where potential risks to people's health, welfare or safety had been identified, these were assessed and reviewed regularly by key workers, in consultation with health and social care professionals where appropriate, to take account of people's changing needs and circumstances. This included in areas such as physical health, emotional well-being, mobility, relationships, finances and keeping safe. For example, effective support plans were put in place to reduce the risks associated with a person who frequently went out late at night in circumstances that made them potentially vulnerable and at risk of harm.

The registered manager and staff adopted a positive approach to risks to ensure people were supported in a way that promoted their independence in a safe way and reflected their individual needs. For example, one person who had an unhealthy relationship with alcohol was supported to understand and address the issues with the help of a financial management plan developed in consultation with staff. Two other people who clashed and found it difficult to live together at the same address were supported to make alternative arrangements in a way that best suited them, reduced the risks of physical altercation and helped develop and maintain a more friendly relationship. Another person with hearing difficulties who liked to cycle around the town was helped by staff to identify and use routes that did not place themselves or other road users in danger. A social care professional told us, "Camphill have consistently promoted [people's]

independence. ...[one person] exhibits challenging behaviour and despite this, staff have worked extremely well under difficult circumstances."

All incidents and accidents that occurred were recorded, investigated and reviewed by the registered manager. This was to ensure that steps were taken to identify, monitor and reduce identified and potential risks. A social care professional commented, "I have regularly received incident forms from [registered manager]. They are often sent within an appropriate time frame, i.e. usually either on the day of an incident or the day after."

Plans and guidance were available to help staff and people who used the service to deal with unforeseen events and emergencies. Everybody who received support had personalised guidance in place to help staff to provide safe and effective support in the event of an evacuation or emergency situation.

Is the service effective?

Our findings

People who used the service, some of their relatives and social care professionals were very positive about the staff who provided care and support. One person told us, "There's nothing I don't like, my key worker is brilliant; they make me laugh and help me take care of money, shopping." Another person commented, "The staff are really good, help with activities, holidays, personal needs and 'one to one's'. My key worker is very good." A relative of one person said, "Staff give great support and [the] key worker is wonderful, eleven out of ten, as have been all the other staff; absolutely first class from day one."

People received care from staff who had been trained and well supported to meet their needs in a safe and effective way. We found that the management team, support staff and team leader were all very knowledgeable about people's health, welfare and individual support needs. A relative commented, "The staff are excellent and [family member] is very lucky; we feel so very lucky."

New staff members were required to complete a structured induction programme during which they received training relevant to their role. They shadowed more experienced colleagues and were not permitted to work unsupervised until they had been assessed as competent in the work place. Staff received training in areas such as safeguarding, medicines, health and safety, infection control, moving and handling, equality and diversity, food hygiene and epilepsy. They were also encouraged and supported to obtain nationally recognised adult social care vocational qualifications.

Social care professionals who provided feedback told us that in their experience staff were well trained and very knowledgeable about the complex conditions that people they supported lived with. One professional commented, "Staff appear to have an understanding of the needs of individuals with a range of complex difficulties, from psychosis to Asperger's." One staff member said, "The training we get is really excellent and often very much focused on the needs of people we support. We get regular refreshers and if we need anything additional we just ask. The managers are very supportive like that."

Staff had annual appraisals where they were set goals and objectives based on their identified development and training needs. These were linked to regular 'one to one' supervision meetings where they had the opportunity to review and discuss their performance. Staff told us they felt valued and well supported by the management team. They had the opportunity to attend team meetings where they were encouraged to have their say about the service and how it operated. One staff member commented, "I feel valued and supported. I have regular supervisions, more if needed, they are useful and structured. Staff meetings are every other week."

People's identified needs were documented and reviewed to ensure that the care and support provided helped them to maintain the best physical, mental and emotional health possible in all of the circumstances. This was done in a way that helped, encouraged and supported people to be as independent as they wanted. One person told us, "I am definitely very happy and get all the support I need." Another person commented, "I love being with Camphill, you can be really independent but have all the support you need." A person's relative said, "The key worker has really turned things round and helped

[family member] maintain their health. I actually do think they help meet all of their physical, mental, health and support needs. They [staff] are really good."

Staff helped people to link in with appropriate health and social care services where necessary to ensure they received ongoing care and support relevant to their individual needs. Information about healthcare appointments was included in people's activity planners and used to draw up staff rotas to make sure people had the support they needed.

One person said, "My key worker helps me with my medical and dentist appointments, they are very helpful." A relative of another person told us, "[Family member] has a complex medical history, they [staff] help them but we also go to appointments." A social care professional with experience of the service commented, "Needs are assessed and the Camphill team have been instrumental in care planning. [People] are receiving support from both mental health services and [the local authority]."

During our inspection we saw that staff asked people for their consent and agreement before care and support was provided. People who received a service and, where necessary and appropriate, some family members and social care professionals, decided what care and support arrangements suited them best and met their individual needs. People also had a say in which staff members they preferred to help and support them. One person commented, "I decide what I do and when." A staff member told us, "We provide high quality care and support that people want and need to help them live busy, full and independent lives. We are here to help people do what they want to do, it's not about us or our needs, it's all about them." □

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Staff had received training about the MCA and were knowledgeable about how it should be applied in practice.

Staff helped, supported and encouraged people to eat a healthy balanced diet that met their needs. They had access to detailed guidance about people's dietary requirements and personal preferences. The levels of support provided varied in accordance with people's individual needs and abilities. Some people needed very little support whereas others required help to plan menus, shop for ingredients and prepare meals. One person told us, "They [staff] help us to think and talk about eating properly and how to plan and shop for our meals together."

People and the staff who supported them were given the opportunity to attend nutritional workshops as a direct result of issues raised at a family forum meeting. A qualified dietician provided awareness training specifically designed to help people understand and make informed decisions choices about their diets and lifestyles choices. People who wanted to lose weight were supported to achieve this by healthy eating, take part in slimming programmes of their choice, activities and exercise.

One person told us, "Staff help me to shop, cook and lose weight, helping me to shop and eat sensibly. It's working, they help me check my weight every week. I am very happy." The relative of one person who was concerned about their family members diet and weight explained; "It's very difficult but they [staff] try. They listen to me at reviews and try on a daily basis to support [family member] to eat a healthy diet and exercise, using a bike and the gym. They have always tried to help [them] address weight issues." This meant people had been supported to eat a balanced diet that met their needs and to maintain a healthy lifestyle if that

was what they chose and wanted to do.

Is the service caring?

Our findings

People who used the service told us that staff provided support in a kind, compassionate and caring way. One person told us, "The staff are really nice and my key worker is lovely, they are so nice and good to me. They chat with me and help me sort out my problems. Staff are so kind to me, they talk to me like friends. I like my life here." Another person said, "I live with friends. I love all the people who live with Camphill. The staff are great; supportive, understanding and able to talk about anything. My key worker is great and very considerate." Somebody else commented, "It's brilliant, I love it, it makes me happy.staff are good, they are nice and polite."

During our inspection, and with the permission of people who used the service, we visited some of the properties where they lived and received support together with the facilities available to them in St. Albans including the art studio and café. We saw that staff helped and supported people in a calm, patient and compassionate way while respecting their privacy at all times. One person told us, "I am really happy. The staff are very nice and help me do things I want." Another person commented, "Staff are always respectful of my privacy." Somebody else said, "I'm very happy. I love it, it's like a family, a community. The staff are great, so is my key worker, they are lovely and I could not do without them."

The relatives of some people and social care professionals were also very positive about the quality of care and support they received. One relative said, "Staff are so attentive and caring, can't speak highly enough of them; very good, kind and respectful and all have gone the extra mile." Another person's relative told us, "They [staff] are very respectful.so very caring; always kind and respectful." A social care professional with experience of the service commented, "Staff are available 24 hours a day and there is telephone support. They will visit the person's home at their request, but will also leave if the person asked them to. On the occasions I undertook joint visits with [staff] they always exhibited a high degree of professionalism and they were clearly caring."

Staff had clearly developed positive and caring relationships with the people they supported and were very knowledgeable about their individual needs, personal circumstances and factors that influenced their moods and behaviours. For example, we saw a staff member comforting and reassuring a person who had become upset when out in the local community. A relative of one person commented, "[Family member] loves their key worker who is lovely and really positive for them, they help, support and understand them. They act and respond very quickly [to family member's needs], which is great and really reassuring, we trust them and they offer much practical support."

People who received a service, and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. A staff member said, "We have frequent discussions with people about their care and support, they decide wherever possible and are always fully involved in what goes on." Each person had a 'key worker' assigned to them who was responsible for ensuring they received the ongoing care and support required to meet their individual needs. A staff member commented, "I just feel we go beyond our job to support people, we don't clock watch.we finish whenever [people] have been supported through their difficulty. They are well cared for and supported."

A relative of one person told us, "I am happy we are fully involved and kept up to date. [family member] is well and in a good place because of the support they get. I am absolutely confident they [staff] meet all of their needs in a kind, caring and respectful way. They know and understand them." Another person's relative said, "We see a lot of [family member] and the key worker. We talk often and go to reviews; a partnership. I consider that I am fully involved in the care."

This meant that people together with family members and social care professionals where appropriate, had been supported to express their views and be actively involved in making decisions about their care and support. One social care professional told us, "[In] my experience, what I have witnessed is that staff listen and respect [person's] views.... when discussing [their] care and support plan, it was clear that they were appropriately updated and reflected what [person] wishes to achieve."

We saw that where necessary and appropriate, people were supported to access advocacy services to help them obtain independent guidance, advice and oversight in relation to issues that were important to them. For example, one person was helped to obtain independent support and representation from an advocacy service when they were concerned, unsure and anxious about a medical intervention that had been suggested.

Confidentiality was well maintained throughout the service and information held about people's health, support needs and medical histories was kept in secure conditions.

Is the service responsive?

Our findings

People who used the service received personalised care and support tailored to their individual needs and which took full account of their preferences and personal circumstances. Detailed information and guidance was in place to help staff provide care in a person centred way, based on people's individual needs. This included information about people's preferred routines, medicines, dietary requirements and personal care preferences.

For example, entries in guidance provided about one person noted; "I can sometimes eat a lot if it is available, I also may consume a lot of junk food. I will need to be reminded of the benefits of a healthy diet & should stick to only one big meal a day." An entry in guidance about another person stated, "Sometimes I get tired and exhausted. I like to plan ahead and know when I have a break from my normal routines. I usually have a week off when it is school half term." This meant that people's views and preferences had been considered and taken into account during the planning, delivery and reviews of the support they received.

One person told us, "It's all about us, what we want to do and how we live our lives....we have a great time doing what we want to do. They [staff] help me plan and support my activities and time. It's brilliant, I love it. I am free and they respect my independence." A relative of another person commented, "Throughout their time at Camphill our [family member] has been very well cared for in an atmosphere which enables him to reach his potential and have a life which is fun and driven by what he wants." The registered manager explained that the main focus of the service was to provide people with care and support that was responsive to their particular needs, not just as individuals but also as a community. They commented, "The guys dictate to us what their care looks like."

People were supported to pursue hobbies and social interests and to take part in activities relevant to their individual needs, both in their homes and in the local community. One person told us, "There are different activity groups to join; a sewing group, pool club, guitar lessons, great women's and men's evenings that sometimes all get together." The service provided a wide range of facilities and activities that people could use and take part in to the extent they wanted. This included a well-resourced art studio where people were supported to enjoy a variety of arts and crafts activities, such as pottery, painting and jewellery making. We visited the studio during our inspection and saw that people clearly enjoyed what they were doing. One person said, "There is always lots to do, I enjoy making things in the studio. I am very busy and happy here."

The service also ran a nearby café which was open to the public and where some people worked and helped staff to prepare snacks, drinks and serve customers. We visited the café and saw that people also displayed and sold a range of items that had been made by them in the studio. The café was busy with a warm and lively atmosphere that was clearly enjoyed by the people who worked there, staff and customers alike. One person commented, "It's really great, I'm enjoying it. I like working in the café, studio, selling to the public our cards and pottery." Another person told us, "I have lots of friends, work, activities and holidays; it's real fun. I work in the café and studio, it gives me the routine I need." Somebody else said, "I got involved in the Snow White play, I have an exciting life."

The relatives of some people who used the service were also very positive about the opportunities provided. The comments and feedback received included; "St Albans has quite a full program of after work activities such as sewing club, singing, playing in an orchestra, acting, going to a pub to play pool etc.", "The activities and opportunities are excellent, almost to the degree they don't have any free time, always busy" and "[Family member] enjoys working in the superbly run studio and in the enterprising cafe. They gain much satisfaction from both activities."

A number of relatives were particularly impressed with a play that was written, staged and performed by people who used the service, with the support of staff, which was attended by members of the public. The relative of one person who took part said, "It was so impressive that so many people in the community were involved; being brought together for such a creative project and also having a great time."

People were also supported to plan and take holidays of their choice, either with their families or accompanied by staff, both at home and abroad. One relative explained how a key worker had helped their family member to plan and buy clothes suitable for a holiday abroad. They commented, "They [staff] took time to help them chose; went the extra mile. It was indicative of the general level of care and attention, I really appreciated it."

Details of people's activity commitments were included in their planners and they were able to choose which members of staff supported them. One person told us, "I get a timetable so I know where I am and when." Another person's relative commented, "[Family member] is always occupied when they want to be and enabled to do whatever they set their mind to. The staff support them in a way that gives them a level of independence."

People and some of their relatives told us they were consulted and updated about the services provided. Regular community meetings took place where people were encouraged to have their say about the service and how it operated. One person told us, "We have meetings and they [staff] encourage us to bring up problems." A relative of another person commented, "I have been at meetings to talk about how the service operates....what counts is the care and support is brilliant." Another relative told us, "The residents have a weekly house meeting, and a monthly Community meeting where their views are consulted."

However, some relatives felt that the opportunities for them to attend family forums had decreased over time and that communication about the service was not as effective as it could be. One relative commented, "General communication with families has been patchy. From time to time there have been open days for families. Unfortunately, some have been postponed or cancelled while the new community hall is being built. We think that more could be done in this area."

The registered and general managers explained that the construction of a new community hub facility had impacted on the ability of the service to hold family meetings. However, lines of communication remained open during this period and relatives were updated by newsletters and had the opportunity to meet with key workers to discuss any concerns or issues they had. A relative told us, "On the whole we find it easy to communicate with individual members of staff who are responsive and do their best to be helpful. There have been a few occasions over the years when [family member's] behaviour has given rise to concern. The staff reaction has been measured, sensible and positive."

There was a complaints system in place and people told us they knew how to raise concerns. We saw that complaints were recorded, investigated and responded to promptly by both the registered and general managers. However, as mentioned in the report summary, the relatives of some people were unhappy with

how the service had evolved over time and felt that their concerns about this had not been properly addressed and remain unresolved. These issues have been raised in other more appropriate forums and have therefore not formed part of our inspection.

Most people felt listened to and told us that the managers responded to any concerns raised in a positive way. A relative of one person who used the service commented, "We had problems a year ago but they [staff] got hold of it and sorted it out." Another relative said, "No complaints. Whenever we raise issues they [staff] are quick to respond and resolve." Somebody else's relative told us, "I have no complaints whatsoever and most importantly [family member] is very happy with them and would not want to leave."

Is the service well-led?

Our findings

People who received support, staff members, social care professionals and some relatives were positive about the management team and how the services were provided. Our inspection also found that the service was well led and that in the main people received safe and effective care that was responsive to and met their individual needs. One person's relative told us, "I'm a huge fan of Camphill, I find it absolutely marvellous. The whole show is very good. The community is really excellent, a lovely vibe, they have mates and good, supportive relationships. It's a wonderful place. ... When I have observations and issues the manager gets straight onto it with an immediate response." Another person's relative commented, "I think it [the service] is well led. The manager is key and keeps up to speed on requirements, very nice and good around regulation; very organised. The community is positive with mutual benefits, a brilliant combination that feels, looks and acts like a community."

However, some relatives were unhappy about the management of the service and how it operated. This was largely based on their concerns that the ethos and model of support historically provided had changed significantly over time. Some relatives felt this change had an adverse effect on the quality of care their family members received. Relatives and other interested parties had a number of opportunities, over a long period of time and in different forums to discuss the changes made to the service, how it has evolved and how it was currently operating. □

Staff told us that the registered and general managers were approachable, effective in their roles and gave them clear and consistent leadership. This meant that staff understood and were clear about their roles and responsibilities. One staff member said, "Management are good and really approachable and helpful; staff needs are a priority for them. They are always encouraging us to raise issues and concerns." Another staff member commented, "We have a good relationship with the [registered] manager, their door is always open. [They] are 'hands on' and will help to cover if we are short." Staff were also very positive about the general manager, a senior representative of the provider, who they described as being supportive and highly visible.

Managers were very knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. They ensured that staff had the tools, resources and training necessary to meet the individual, complex and varied needs of all the people they supported. A social care professional with experience of the service told us, "[The service] is very good; efficient, well managed and good at working in partnership. [It] is very good at being able to pick up emergency placements and people's needs. They give good care and support, I have no concerns." Another social care professional commented, "In our experience there seems to be good partnership working between local community teams and staff at Camphill."

The management team and staff were very clear about the provider's values and the purpose of the services provided. The registered manager told us, "Camphill offers a real focus on community, offering opportunities for people to meet up and get together." A relative of one person who received a service said, "It's a great partnership and a real community within a community." Another relative commented, "We have

been generally very satisfied in our dealings with the organisation.... seems to be well managed. In summary, we have a few specific concerns, but overall we greatly admire the staff in St Albans and the work they undertake so cheerfully and efficiently on behalf of those with special needs."

People's views about the quality of services provided were actively sought at key worker sessions and community meetings. Their relatives were also encouraged to have their say and voice opinions about the service and how it was managed and operated. The provider used annual surveys to canvas opinion and the registered manager was about to introduce a new system to obtain feedback locally from residents, staff and professional stakeholders. A social care professional told us, "Overall my experience with Camphill has been very positive and I have no concerns in relation to the service they provide. My experience with Camphill is that they have always been transparent when answering questions, providing information and been happy to answer questions."□

The registered manager carried out checks and audits in a range of key areas in order to monitor the quality of services provided and reduce any risks that had been identified. This included in areas such as staffing arrangements and performance, training, complaints, the planning and delivery of care and support, medicines, accidents, incidents and the activity opportunities provided.

The registered manager was also required to provide an overview and progress report about quality assurance and risk issues to the general manager each month. The information gathered was used to identify both shortfalls and good practice, develop action plans, reduce identified risks. They acknowledged that the systems in place to ensure that people's medicines were managed safely were not always as effective as they should have been and took immediate steps to make the improvements required. A social care professional commented, "We are certainly continuing regular visits and no serious concerns have been noted regarding the care of service users."