Camphill Village Trust Limited(The)

CVT Shared Lives West Midlands Scheme

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

Summary of findings

Overall summary

About the service: The service is a Shared Lives Scheme and recruits and supports carers who offer care and support in their own homes. 37 people used the service at the time of our inspection.

People's experience of using this service: Carers followed robust safeguarding procedures to keep people safe from risk of harm and abuse. Risks to people who used the service were well managed and carers promoted people's independence and freedom, as well as minimising the risks the faced in their daily lives.

Assessments of people's needs were completed and this information was used to match people to the right carer/home. People were involved in the assessment process which meant care and support was planned in a way people preferred.

Where necessary the service liaised with independent advocacy services to support people to make decisions about their care. Carers and staff treated people with kindness and compassion. People told us they were very happy with their care and living arrangements and spoke fondly about their carers.

The service was well managed and well-led. The registered manager engaged with people, carers and other stakeholders in the running of the service and showed a commitment to providing good quality care.
The culture of the service was welcoming, open and caring, and fully focused on people's individual needs.
There was a clear vision and strategy for the future of the service.

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

Rating at last inspection: This was the first inspection of the service.

Why we inspected: This inspection was a scheduled inspection based on the length of time the service had been operating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
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 well-led Details are in our Well-Led findings below.	**Good**

CVT Shared Lives West Midlands Scheme

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two adult social care inspectors carried out this inspection.

Service and service type: The service is a Shared Lives Scheme and recruits and supports carers who offer care and support in their own homes to people. The care and support can be temporary, a day service, an overnight service, or provided together with a permanent home. CQC regulates the delivery of personal care and this was looked at on this inspection.

The service had a manager registered with the CQC. 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.

Notice of inspection: We gave the provider 2 days' notice of the inspection site visit because we wanted to make arrangements to visit people and their carers.

What we did: Before the inspection we reviewed information we held about the service. This included feedback about the service from the local authority contracts and safeguarding teams.

We also used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we visited people who use the service and their carers. We spoke with six people and

seven carers. We spoke with the registered manager, head of service and two area co-ordinators.

We spent time looking at records, which included two people's care plans, three carer recruitment files and other records relating to the management of the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.
• Carers knew how to keep people safe from risk of abuse. They knew who to inform if they witnessed or had an allegation of abuse reported to them. Carers told us, "There is lots of training about how to keep people safe."
• The provider had safeguarding and whistleblowing policies in place which reflected local procedures and contained relevant contact information.
• The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Previous incidents had been managed well.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.
• Systems were in place to identify and reduce risk to people who used the service. Robust health and safety assessments of carer's homes were carried out prior to people being placed there.
• People's care plans included risk assessments and carers promoted people's independence and freedom, as well as minimising the risks.
• Accidents and incidents were recorded and responded to appropriately. The registered manager had oversight of these and had an effective process in place for identifying trends and preventing reoccurrence.

Staffing and recruitment.
• Carers were recruited safely with processes in place to protect people from the employment of unsuitable carers.
• Appropriate background checks were carried out and carers were interviewed by a panel which included people who used the service.

Using medicines safely.
• Medicines were stored and administered safely and records accurately reflected the treatment people had received.
• Carers had received medicines handling training to make sure they had the necessary skills to manage medicines safely.
• Arrangements were in place for obtaining medicines and ensuring people received the right treatment at the right time.

Preventing and controlling infection.
• Carers followed good infection control practises and used personal protective equipment to help prevent the spread of infection.

Good

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• Assessments of people's needs were completed and care and support regularly reviewed.
• Carers applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience.
• Carers told us they felt well supported and had the right skills and knowledge to care for people effectively. They received a thorough induction before they provided care and support to people.
• Carers had access to online training and they gave positive feedback about the package provided. They were supported to attend additional specialist training which included, for example, sign language and epilepsy awareness. Carers told us, "Any training you want is arranged."
• A carers' forum had been set up and was independently chaired by one of the carers. The forum provided a space for carers to support each other and communicate messages between themselves and the management team.
• Arrangements were in place to ensure carers received respite from their care responsibilities. People were matched with respite carers who continued to provide the same consistency of care.

Supporting people to eat and drink enough to maintain a balanced diet.
• Carers supported people to eat and drink enough, and to do so as independently as possible.
• Carers were aware of people's individual needs, dietary requirements and preferences.
• People told us they went food shopping and cooked their own meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.
• People were supported to access healthcare services, including routine appointments and urgent medical care.
• Carers followed guidance provided by healthcare professionals to support people to stay healthy.
• Care plans contained information about each person's health needs and the support they required to remain as independent as possible.

Adapting service, design, decoration to meet people's needs.
• Robust assessments of carer's homes were carried out as part of the recruitment process. This information was used to match people to the right carer/home to meet their needs.
• Specialist aids and equipment was organised for people by their funding authority prior to them moving into their placement.

• Where needed, homes had been adapted to support people to remain as independent as possible.

Ensuring consent to care and treatment in line with law and guidance.
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. Six people had Court of Protection authorisations in place around their finances.

• Training was provided on the MCA and carers ensured people were involved in making decisions about their care. They knew what they needed to do to make sure decisions were taken in people's best interests.
• People told us they could make individual choices and decisions about their daily lives.

Good

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.

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.
• People appeared happy, content and comfortable in the company of their carers. People told us, "Its perfect. We have a good laugh" and "I like where I am, it's nice and cosy."
• Carers spoke about people with fondness and with respect for people's individual needs and preferences. Some people had lived with their carers for many years. Carers told us, "It's more like a family setting" and "[Name of person] has enriched our lives."

Supporting people to express their views and be involved in making decisions about their care.
• Where required, independent advocacy services were sought to support people to make decisions about their care.
• Information was provided to people in a way they understood. This meant that people had access to the information they needed to make informed decisions.
• People, their relatives and carers were involved in care planning and reviews took place regularly to make any changes that were needed.

Respecting and promoting people's privacy, dignity and independence.
• People were supported to remain as independent as possible and lead meaningful lives. Where possible, people were encouraged to administer their own medicines and take responsibility for other aspects of their daily living. A carer told us, "A person's dignity is terribly important."
• Carers worked cooperatively with people to support them to achieve their goals. People were supported to apply for volunteering and employment opportunities and to stay active in their local communities.
• People were supported to maintain relationships with people important to them. This included maintaining contact with family and friends, both locally and further away.
• Carers understood the importance of maintaining people's confidentiality and took steps to ensure details about people's care was kept private.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
• A thorough assessment of each person's care and support needs was carried out prior to admission. People were involved in this process which meant care and support was planned in a way people preferred. Carers told us these plans had all the information they needed to provide people with care.
• Each person was assigned an 'area co-coordinator'. The function of the area co-ordinator was to manage the person's arrangement for care and ensure support continued to meet the person's needs.
• Reasonable adjustments were made for people where appropriate. The service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss.
• Carers were well informed of activities available to people in their local area and supported people to attend these. A carer told us, "[The provider] has opened up so many doors for activities."

Improving care quality in response to complaints or concerns.
• There was a complaints procedure and information was provided to help people understand the care and support available to them.
• Complaints were dealt with appropriately by the registered manager when received; there had been no complaints recieved in the time the service had been operating.

End of life care and support.
• Carers were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.
• The registered manager had good links to the local hospice and healthcare professionals should their input be required.
• The registered manager explained that when required, people would be supported to make decisions about their preferences for end of life care.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.
• The service had a welcoming and family orientated approach to care. Carers' morale was high and the atmosphere in the office and in the community, was warm, happy and supportive. Staff told us the management team were, "absolutely fantastic." They told us they worked well as a team and shared a clear vision for the future of the service.
• The culture of the service was open, honest, caring and fully focused on people's individual needs. Staff completed regular checks on the carers to ensure they felt supported and had the opportunity to discuss any issues they may have. Carers told us, "I like their (the staff) openness" and "You're never alone."
• The service was well run and people who used the service were treated with respect and in a professional manner. People knew the location of the office and were welcome to visit at any time.
• Carers had access to an internal intranet system where they could access policies, training, meeting minutes, links to relevant websites and key documents. Carers told us, "It (the intranet) is really accessible, it has all the forms you might need."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
• The service benefited from having a registered manager who was committed to providing good quality care to people using the service.
• The registered manager, staff and carers understood their roles and responsibilities and knew what was expected of them.
• Carers told us they felt listened to and were comfortable approaching the registered manager.
• The registered manager carried out monthly audits of the systems and practice to assess the quality of the service, which were then used to make improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.
• The registered manager engaged with people, carers and other stakeholders in the running of the service. Recent satisfaction surveys had been sent out; responses to these were still being received. A carer told us, "We're working together. All the things they (the service) offer, 'it's incredible."
• Carers had six to eight weekly supervision meetings with the management team and were given the opportunity to give feedback at this time.
• The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and quality of life.

Continuous learning and improving care.
• The registered manager demonstrated an open and positive approach to learning and development. Improvements had been made since the provider took over the service in 2018 to ensure people received good quality care. Work was ongoing to ensure new ways of working were embedded in practice.
• Care co-coordinators told us they continued to learn from people and carers and that this was a two-way process.