

Camphill Devon Community Limited

Hapstead Village

Inspection report

Camphill Devon Community
Buckfastleigh
Devon
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Website: www.camphilldevon.org.uk

Date of inspection visit:
19 April 2016
25 April 2016
26 April 2016

Date of publication:
09 June 2016

Ratings

Overall rating for this service	Good ●
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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

Hapstead Village is a large service which provides accommodation and personal care for up to 48 people who have a learning disability, autism and other physical health needs. People who live at the service live in one of six houses located in a rural setting. These six houses accommodate between four and eight people each and are all located within walking distance of each other. Hapstead Village also provides personal care to people who live in supported living accommodation located a short distance away.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on 19, 25 and 26 April 2016 and the first day of inspection was unannounced. At the time of our inspection there were 36 people living in Hapstead Village and 10 people, who lived in supported living, receiving personal care from the service. People had a range of needs with some people being more independent and others requiring more support with their care needs.

People, staff and healthcare professionals expressed confidence in the care provided at the service and with the service's management. People told us they were happy with the support they received and felt they could live their lives the way they wanted. People were encouraged to have as much freedom as they wanted. Risks to people were identified and plans were put in place to manage these risks without restricting people's freedoms and rights to take risks.

Staff had received training in safeguarding people and knew how to raise concerns if they were worried about anybody being harmed or neglected. The service had a very open culture which encouraged people and staff to raise any concerns they had. People and staff told us they felt very comfortable raising concerns and felt confident these would be acted on. Staff had received information about whistleblowing and felt confident about doing this if they needed to. There was information available in a way people understood relating to safeguarding and how people could keep safe. This information was easily available to all people who received support, either on the site or in their own homes, and contained contact details for external bodies.

People's medicines were managed safely and where people wanted to, they were encouraged and supported to manage their own medicines independently. People were also encouraged and supported to manage their monies safely.

People and healthcare professionals spoke highly of the staff and the care and support people received. People's care was person centred and focused on their health needs, their social needs and their wellbeing. People were fully involved in every aspect of their care and support. Staff used a number of different methods to communicate with people in order to ensure they fully understood their options and their

choices. The support staff provided to people reflected people's wishes and their preferences. Staff told us they had enough time to meet people's needs and throughout our inspection we saw staff supporting people in personalised ways and being flexible to people's wishes. Staff had time to take people to activities, involve people in activities and spend one on one time with people.

A large variety of activities were organised and provided to people. Hapstead Village organised their own activities on the site which included a number of workshops such as pottery, working on the farm, woodwork, art and weaving. People could choose to take part in these organised activities or could choose to attend a number of other activities in the wider community, such as swimming, dance classes, rock climbing and attending sporting events. People were encouraged to engage in activities and lead an active social life. The setting for the service encouraged socialising and friendships were promoted. There was transport available to ensure people could attend events they wanted and go out in the evenings. People went out for meals, went to the cinema and enjoyed going to pubs and evening social events.

Staff received sufficient training to meet people's needs well and further training was available to those who wanted it. Staff were encouraged to progress and gain further qualifications. Staff received regular supervisions and yearly appraisals during which they were encouraged to share their views and ideas. Staff views and feedback were also sought during team meetings and in the form of a yearly questionnaire, currently in draft.

There were robust recruitment processes in place to ensure that suitable staff were employed. The service used value based recruitment in order to ensure they recruited staff who were kind, caring and shared the values of the service. Staff performance was monitored and poor practice was picked up and acted on.

Staff were knowledgeable and confident when they spoke about people's support needs. Staff had received training in, and understood the principles of the Mental Capacity Act 2005 and the presumption that people could make their own decisions about their care and treatment. The registered manager had a good understanding of the laws regarding the Deprivation of Liberty Safeguards and had made appropriate applications to the local authority.

Staff knew the people they support well, including their interests, personalities and likes and dislikes. People felt staff knew them well and enjoyed their company. Even though staff knew people well, they never assumed they knew what people wanted and always asked them for their wishes and their opinions.

Each person had a care plan which was written in a person centred way. People had been involved in writing their care plan and were involved in every care plan review. Their care plan detailed their support needs and also how to maximise their independence. People were encouraged to set themselves goals to achieve during the year, such as learning to cook a meal on their own or do their own laundry.

Where people were at risk relating to their health, their wellbeing or their safety, these risks had been identified and recorded. Staff had sought advice from external healthcare professionals and had created plans, with people's involvement, to minimise these risks for people. People's care plans and risk assessments were fully reviewed yearly and were updated more regularly with any changes. Staff had effective systems in place to communicate changes in people's needs or wishes in order to ensure staff had up to date information.

Mealtimes were sociable and enjoyable. People were encouraged to be as independent as possible with their meals and were given options that reflected their preferences. Where people were independent with their meals, people were supported to go shopping and were given advice about healthy eating. Where

people required support with their meals, they were involved in planning the menus and were always offered options and alternatives.

The environment at Hapstead Village was welcoming, open and friendly. People moved around the service independently and came and went into town on their own or accompanied. Each house reflected the personalities of the people who lived there and people's bedrooms were individual. Staff told us they cared about the people they supported. Staff spoke highly of people and displayed caring attitudes towards them. During our inspection we saw positive interactions between staff and people. We saw people laughing with staff and taking part in jokes and light banter. Staff showed affection for people and communicated with them in ways that met their needs.

People and healthcare professionals spoke highly of the registered manager and the rest of the management team. Staff told us they felt very supported and encouraged by the management and would not hesitate to approach them with their ideas and suggestions. The leadership structure at the home was clear and staff were confident in their responsibilities.

There was an effective quality monitoring system in place which was used to continually review and improve the service. People's views, opinions and feedback were sought in a number of different ways which met people's communication needs. People were asked to give their feedback in yearly and quarterly questionnaires which they could answer on paper, in easy read format, in groups, on their own, directly to staff, or with the help of an independent advocate. People were also encouraged to share their views during weekly meetings, individual house meetings, regular meetings held by independent advocates and in person. People were also supported to attend board meetings which were attended by directors in order to ensure people's views and feedback was heard at the highest level. People's views were acted on to improve the service provided.

There were systems in place to ensure the environment was safe for people and there were regular quality and safety monitoring checks undertaken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

Risks to people were identified and plans were put in place to minimise these risks without restricting people's freedom of choice and risk taking.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good ●

The service was effective.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People's rights were respected. Staff had clear understanding of the Mental Act 2005 and where a person lacked capacity to make an informed decision, staff acted in their best interests.

Where necessary the provider had made Deprivation of Liberty Safeguards applications in line with legislation.

People were supported to have enough to eat and drink. Meal times were pleasant and sociable and people had access to food which met their preferences.

Is the service caring?

Good ●

The service was caring.

Staff displayed caring attitudes towards people and we observed positive and respectful interactions between people and staff.

Staff spoke highly of the people they supported and appreciated their individual personalities.

People's wellbeing was at the forefront of the care delivered at the service.

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs. People received the support they needed in a way that met their preferences.

Staff knew people's preferences and involved people in every aspect of their care and support.

People benefited from meaningful activities which reflected their interests and their social needs.

People were encouraged to make complaints and these were acted on.

People were supported to move between services in personalised ways which ensured they fully understood and ensured their needs were met.

Is the service well-led?

Good ●

The service was well led.

There was a clear management structure which people and staff had confidence in.

The provider had systems in place to assess and monitor the safety and quality of care.

There were a number of different methods used to gain people's views and feedback in order to improve the service provided.

There was an open culture at the service which encouraged communication.

The service's vision and values were clear and were shared by

staff who demonstrated these through their practice.

Hapstead Village

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 19, 25 and 26 April 2016 and was unannounced. The inspection was carried out by two adult social care inspectors and one specialist advisor (who had specialist knowledge in the care of people with a learning disability). Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us. Before the inspection, the provider completed a Provider Information Return (PIR). This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 10 people who lived in Hapstead Village, we also spoke with two people who received care in their own homes from Hapstead Village. On this occasion we did not conduct a short observational framework for inspection (SOFI) because a number of people were able to share their experiences with us, but we used the principles of this framework to undertake a number of observations throughout the home. We looked around the different houses at Hapstead Village, spent time with people in their homes, spent time with people during their daily activities and during two lunchtime meals. We looked at the way in which medicines were recorded, stored and administered to people. We spoke with 15 members of staff and the registered manager. We asked for feedback about the service from 11 healthcare professionals who had dealings with the service and received feedback from four of them.

We looked in detail at the care provided to eight people who lived in Hapstead Village and two people who lived in their own homes. This included looking at their care files and other records. We looked at the recruitment and training files for four staff members and other records in relation to the operation of the service such as risk assessments, policies and procedures.

Is the service safe?

Our findings

People who lived in Hapstead Village and people who received care from Hapstead Village staff in their own homes told us they felt safe and well cared for. People said "I feel quite safe", "I am safe and careful" and "People look after me well and if they did not I would tell (the registered manager). I see (the registered manager) every day and I would tell him and the staff if I was unhappy but I am not".

People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Staff told us they felt the registered manager would listen to their concerns and respond to these. Staff told us they understood the service's whistle blowing process and knew how to escalate their concerns outside the home. Staff told us they felt people were safe and made comments such as "People are safe; it is our job to ensure that people are safe".

Information about abuse, speaking up and safeguarding was available in easy read formats around the different homes and the main office notice board. People who received care in their own homes were provided with easy read information. People were encouraged to speak up and share any concerns they had with staff or the registered manager. People told us they felt comfortable raising any concerns they had and felt they would be listened to and action would be taken. People's comments included "Yes I feel safe here. If I was unhappy I would tell (names of various staff including the house manager). I'd tell somebody, I'd speak up for myself. Yes they would listen. Yes they'd do something", "Yes I feel safe. I would say. I speak up for myself. They would sort it out" and "I know how to keep safe and who to contact in an emergency". Safeguarding and abuse were regular topics of discussion in the individual houses. They were also discussed during weekly gatherings, which were meetings held for all the people who lived in Hapstead Village. This encouraged people's knowledge and understanding and encouraged them to raise concerns.

There were enough staff to care for people in the way they needed. Staff at Hapstead Village were allocated to the six individual houses, with additional staff allocated to specific activities and workshops. Hapstead Village had separate staff teams to provide care at the site and to provide care for people in their own homes. Every year the service took on a number of foreign volunteers who assisted in providing care to people on the site. These volunteers were called co-workers and were allocated to the different houses to increase staffing numbers. Staffing numbers were reviewed at least once a year and more regularly if people's needs changed. Prior to our inspection these numbers had been reviewed and this had led to a number of additional hours being allocated. Hapstead Village offered a number of workshops, including pottery, working on the farm, art classes and bread making. Each of these workshops were led by a member of staff whose time was dedicated to providing this service. During our inspection we saw a high number of staff providing care for people. Each house had different numbers of staff to care for different numbers of people with different levels of need. Staff told us staffing numbers were good and enabled them to deliver support in the way they would like. During our inspection people took part in activities at the site and away from the site. The staffing numbers were sufficient to ensure people were able to be supported to undertake these activities.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with vulnerable people. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained. The registered manager told us that they only employed staff who they felt displayed a caring attitude and that staff were carefully monitored in their induction period to make sure they were suitable. Safe recruitment procedures were also used for the staff who came from overseas.

Hapstead Village provided support and accommodation to people who had varying levels of needs relating to their health, learning disability and autism. Risks to each person's health, safety and well-being had been individually assessed and these were regularly reviewed. Risk assessments covered a range of issues including potential risks of abuse, risks relating to specific behaviours, risks relating to specific activities people took part in, environmental risks and potential risks to people when going out of their own. These risk assessments were personalised and contained detailed information about the level of risk for people and how staff should respond in order to minimise these risks. Hapstead Village promoted positive risk taking and ensured people were able to lead fulfilling lives. Action was taken to minimise potential risks to people but still ensured people had access to the life of their choosing. For example, one person showed an interest in rock climbing. This person had a lack of mobility in one of their legs but was encouraged to take part in this activity and risk assessments were put in place to ensure they could do so without injuring themselves. This person highly enjoyed this activity and took part once a week. Through this they had regained some mobility in their leg and this had led to an overall improvement in their mobility and well-being.

People living in Hapstead Village or receiving care from them received their medicines in a safe way. People had varying degrees of needs relating to their medicines, with some people being fully independent with their medicines and others requiring full support from staff. Where people were independent with their medicines people told us how staff supported them by reminding them to take them if they had forgotten and helping them make sure these were ordered and received. One person we spoke with had recently been supported to become more independent with their medicines. They told us they had been asked whether they wanted to manage these themselves and had been supported in doing so. They said "I take my meds in the evening. I keep them locked in my room. They asked me if I wanted to be more independent and I said yes". This person's care plan had been updated to reflect the change in their needs relating to medicines and a personalised risk assessment had been created to minimise any potential risks this could pose to them. Where people required full support with their medicines this was provided in a safe way by staff. Medicines were stored safely in each house and were clearly labelled with people's names. Where medicines required storing at a specific temperature this was maintained and checked daily. There was a photograph of each person at the front of their medicine administration record (MAR) and staff checked these records each day to ensure they were accurate and to check for potential errors.

Where accidents and incidents had occurred, these had been reported to the deputy manager and the registered manager, who reviewed these monthly. For example, following one person displaying aggressive behaviour towards a staff member, staff had removed themselves and reported the incident to the house manager, who in turn had reported it to the deputy manager of the service. This incident had been recorded and the person had been spoken with about their behaviour. This person's behaviours were being monitored and staff told us that should further incidents occur this person would be referred to outside healthcare professionals.

The premises and equipment were maintained to ensure people were kept safe. For example, the administrator undertook health and safety inspections of each house every quarter in order to check fire safety procedures, equipment and infection control. There were arrangements in place to deal with

foreseeable emergencies. For example, each person had a personal emergency evacuation plan that told staff how to assist them in the event of a fire. People who received care in their own homes were regularly reminded about fire protection and safety.

Is the service effective?

Our findings

Most people living at Hapstead Village had the mental capacity to be able to consent to live in one of the houses at the service and receive care. Most people who received care from Hapstead Village staff in their own home had the mental capacity to be able to consent to receiving care from the service. However, a small number of people did not have the mental capacity to make certain decisions at certain times and therefore we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

Staff went to great lengths to encourage and enable people to make informed decisions. The service regularly used a specialist independent advocacy service in order to support people to make decisions. Staff supported people with day to day decisions and had a clear understanding of the principles of the MCA. One healthcare professional said "Very often the carers push the resident's point of view and as far as I can remember always take the side of the resident". Staff respected people's rights to make decisions as far as they possibly could and supported them to understand and communicate these. For example, one person mainly communicated with the help of pictures. This person had expressed an interest in moving out of Hapstead Village and into supported living. Staff had created easy read documents which detailed the realities of living by oneself and had met on a number of occasions with this person to ensure they understood this choice fully. They had also involved the independent advocacy service to explain the move with this person and ensure the choice to move was understood and wanted. They had sought this person's preferences and choices around the times they wanted their support provided by using a clock they could set and pictures. This meant this person had complete control and choice around their decision to move into supported living and how their care would be provided. This person was then supported to move into their own home which they were very happy about.

People told us they were given choices every day and that their choices were respected. People said "I can do what I want to do" and "I can do what I want". Throughout the inspection we heard people being offered choices and being asked for their opinions and permission. For example, people had an activity plan which detailed the activities they were planning to take part in that week. We heard staff asking people whether they still wanted to take part in the activity in their plan or whether they wanted to do something else. Staff worked hard to ensure people had full knowledge and understanding about their care and support. Staff used a number of different methods to communicate with people, including easy read documents, pictures, talking mats and using independent advocates.

Where people lacked capacity to make specific decisions at specific times appropriate processes were followed. For example, one person did not have the mental capacity to manage their finances on their own. A best interest decision meeting took place with the person, the registered manager, staff who supported this person, their social worker, a psychologist and other healthcare professionals present. A decision was then made for the person to receive support from staff at Hapstead Village to manage their finances.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was very knowledgeable about DoLS and the recent court judgements relating to this. If a person is under continuous supervision, is not free to leave on their own and does not have the mental capacity to consent to these arrangements, they are being deprived of their liberty. An application must be made to the local authority for legal authorisation. The registered manager had made an application for one person to be deprived of their liberty as they lacked mental capacity and were unable to leave the service on their own without posing a risk to themselves. In order to keep this person safe staff supervised this person and they were always accompanied when leaving the service. This application had been authorised by the local authority.

Staff were knowledgeable about people's care needs and benefitted from training and support which helped them meet the needs of each person. People and healthcare professionals told us they had confidence in the staff and that they cared for people well. People's comments included "They know me well" and "All the staff know me well". One person who had been diagnosed with epilepsy told us they felt confident staff knew how to care for them when they had seizures. They said "They know about my fits and what to do". The service used Skills for Care value based recruitment in order to ensure potential staff met the specific requirements of the service. Staff undertook the Social Care Commitment in order to underpin best practice and continued improvement. This is a Department of Health initiative made up of seven statements relating to providing people with high quality care.

Staff were able to describe people's needs, personalities, likes and dislikes in a way which showed they had good knowledge about individuals. Staff received regular training to make sure they knew how to meet people's needs. This included training in medicines fire safety, moving and handling, food hygiene, health and safety, first aid, safeguarding and the MCA. Staff had received training in areas which helped them care for people's individual needs, such as understanding autism and epilepsy. Staff spoke highly of the training and told us they had been provided with sufficient training to care for people effectively. Staff spoke highly of the induction they had received. They said "I had a two week induction and was gradually introduced to people and their needs. It was a gentle introduction, I wasn't thrown in. I had shadowing time" and "My induction was very comprehensive and we had to go through an orientation".

Hapstead Village recruited a number of people from overseas as volunteers to work at the service. These volunteers worked for a period of one year and undertook the same induction and training as permanent staff members. All new staff undertook the Care Certificate, which is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff were encouraged to progress and most were working towards varying levels of diplomas such as National Vocational Qualifications. One member of staff said "I will be doing level five. They encouraged me to do it".

Staff received regular supervision and annual appraisal. During supervision, staff had the opportunity to sit down with their line manager to talk about their job role and discuss any issues and further training wants and needs. Staff performance was observed and where improvements were required these were acted upon. One member of staff said "I just had my second appraisal. I have supervision every six to eight weeks. We discuss priorities, concerns". Another member of staff said "I have regular supervision with my manager and I am able to discuss anything, we talk about my progress, any concerns I might have about people, they tell me if I need to improve".

The environment at Hapstead Village was comfortable and sociable. It met the needs of the people who lived in the houses. Each house was within walking distance of each other and in the centre of the site was

the general office, the workshops and a large hall and coffee room which people used to socialise and have meetings. People were able to move around the site independently in a homely, secure and rural setting. There were plenty of outside areas for people to enjoy. There was a farm to the rear of the site which people were able to go to when they wanted. People told us how they enjoyed working in the farm and collected eggs in the mornings. People were able to walk to each other's houses with ease in order to socialise. People had sleep overs, movie nights at each other's houses and sometimes went to each other's houses for meals. The environment at Hapstead Village enabled this freedom of movement and encouraged socialising.

Work plans were underway in order to create an additional two bedrooms in one of the houses. These bedrooms were designed to enable people, coming to the end of their life, to remain at the service. These rooms would be suitable for the use of people who used wheelchairs and would be large enough to enable the use of equipment, such as hoists. This would enable people to remain at the service as long as they wanted and for the service to provide end of life care.

People were supported to eat and drink enough to maintain good health. During our inspection we observed one breakfast and two lunchtime meals in different houses. We also observed one person having their lunch prepared in their own home. People came down to eat their breakfast at different times depending on when they liked to get up in the morning. Breakfast items, such as different cereals and fruit, were available for people to help themselves. People were supported to make breakfast items, such as toast, tea and coffee, on their own. Staff usually prepared the main meal of the day, occasionally with assistance from people. People told us how they enjoyed helping with cooking and we saw one member of staff talking with a person about how they could help them cook the evening meal. This person seemed very happy with this. This person told us how they had previously assisted with baking cakes and during the inspection we saw several more people, in different houses, being supported to bake cakes with staff. Mealtimes were sociable and people were given choices. We spoke with one person after they had eaten their lunch and they said "I get my breakfast on my own. I got a nice lunch, baked potatoes and salad. I love the meals we've got here". People were encouraged to make their own snacks and secondary meals, with or without assistance. Staff encouraged people to have a healthy diet but people could choose what they wanted to eat. People were supported by staff to do their weekly personal shopping for their preferred items and snacks. There was a farm on site and some meat and vegetables produced at the farm were used in the houses. The registered manager told us people were involved in food choices and were given options. We saw this was the case. Individual nutritional and hydration needs were assessed and discussed with the person and were reviewed regularly. Staff worked with healthcare professionals where specialist dietary advice was required.

People saw healthcare professionals promptly if they needed to do so. One healthcare professional said "If a patient needs to be seen in surgery then they will use great efforts to get the resident down to surgery as soon as possible". Care files contained records of referrals to a range of healthcare professionals including GPs, dieticians, community nurses, specialist nurses, occupational therapists, dentists, mental health assessors, speech and language therapists, audiologists and optometrists. The outcomes of these were documented and any change to people's care needs and plans were transferred to their care plans.

Is the service caring?

Our findings

People and healthcare professionals spoke highly of staff and their caring attitudes. Comments from people included "They are very nice", "The staff are very easy to talk to", "The workers are very nice and friendly, they help me out", "They are all very nice, all the support staff" and "They are very very nice". Comments from healthcare professionals included "I meet some of the workshop staff during refreshments break, and find their approach to the service users responsive and caring" and "We love Hapstead, it is efficient but at the same time a lovely place to be, the residents always seem happy".

The atmosphere at the service was warm and welcoming. Within each house we saw and heard pleasant conversations, laughter and warmth between people and staff. People showed happiness and excitement when they saw staff members and greeted them with warmth. Where people received care in their own homes we saw they had very positive interactions with staff who supported them. During workshop activities people chatted with staff and amongst themselves. The environment was very homely and each house was personalised to the people who lived there. There was art work and photographs on the walls and people's bedrooms were personalised to reflect their preferences and interests.

Staff told us they enjoyed working at the home and felt the home was very caring towards people. Staff said "I absolutely love it here", "I love my job. It's really rewarding. The people are amazing" and "It really is like a home for them, it's very much their home, I love it and I feel as if I've come home". Staff spoke highly of the people they supported and demonstrated they saw them as individuals. Staff comments included "He's really lovely, he's got such a caring nature".

People's well-being was at the forefront of the care they received. Each person had an emotional wellbeing care plan which detailed what support they needed in order to avoid distress and increase people's confidence, comfort and self-esteem. Staff knew people's histories, their personalities and their likes and dislikes.

People were encouraged to be as independent as possible. People were supported to set themselves goals to achieve and receive high praise when they reached these. For example, one person wanted to learn how to do their own laundry. This had been broken down into achievable goals, such as how to use the washing machine and understanding how much detergent to use. This person had received support from staff to achieve each of these goals until they were able to independently do their laundry.

Staff treated people with dignity and respect and were given privacy. People's bedrooms were their own personal spaces and they had decorated these in the ways they wanted. People said "I like my room" and "I like my room, it's private". Where people were able to, they had keys to their bedrooms and staff did not go into people's rooms without their permission. Where people had specific needs relating to their health, or when they needed assistance with personal care, staff were always highly respectful of their dignity and need for privacy.

People were supported to retain and build relationships with their relatives and friends. Staff supported

people to keep in touch with their loved ones via telephone, email and online video calls. People's relatives were encouraged to visit and were free to come anytime. One person told us how they relatives visited every three weeks and they highly enjoyed these visits. One person told us how they had built a personal relationship with one of the other people who lived at Hapstead Village and staff supported them to see each other and take part in romantic meetings, such as having an evening meal alone together. There were a number of private areas on the site and in the houses for people to have private conversations and meetings.

Staff cared for the people they supported and went above and beyond to ensure they were safe and happy. For example, one person wanted to visit their relative in France and in order to ensure they were able to do this a member of staff travelled on the ferry to France with the person. The person met their relative at the ferry port in France and the member of staff returned on the next ferry. This member of staff had offered to accompany this person in order to ensure they had support the entire time and the support was consistent. This reduced the person's possible distress at the travel and ensured they were able to enjoy spending time with their relative. On another occasion one person had sadly passed away with no close relatives in the country. Staff had organised this person's funeral and this had been highly personalised and reflected the person's particular interests.

Hapstead Village was in the process of completing individual personal plans for each person. These plans came in different formats depending on people's personal preferences and communication methods, for example, some were in the form of scrapbooks and others in the form of videos. We reviewed two of these plans which had been completed in the form of scrapbooks. These books contained beautiful photographs of people's childhoods, their loved ones, the things they enjoyed, outings they had been on and activities they had taken part in. They contained positive comments other people had made about them and highlighted people's positive attributes. For example, one person's book contained comments about how friendly and funny they were, how they made other people laugh and how they enjoyed spending time with them because of their kind and friendly nature.

People were consulted and involved in decisions about their care. People's likes, dislikes, preferences, routines and histories were included in their care plans. Staff told us about people and how they were involved in their care. They told us how they ensured people understood information about their care and how they were given options in order to be in control of every aspect of their lives where possible. One member of staff said "Everything is done with (name of person)'s complete understanding. (Name of person) is given information to make every decision". In order to fully involve people in their care, staff used personalised methods of communication for people. Where required, staff worked with people to develop communication passports to help staff teams develop meaningful and caring relationships with people. Information was developed for people using pictorial or easy read formats where necessary in order to aid people's understanding.

The registered manager was passionate about only recruiting people who displayed positive values and a caring nature. Where people were cared for in their own homes, people had been involved in the interviewing process for new staff members. People had been asked to assist in creating questions to pose to staff which reflected what was important to them, such as asking people about their hobbies and how they reacted to certain situations.

People's religious beliefs were supported. Where people wanted to, they were supported to attend religious services. People attended a number of different churches in the area and were driven by staff to the religious events they wanted to attend.

Is the service responsive?

Our findings

People's care was responsive to their needs. People who lived in Hapstead Village or received care from them in their own homes had a variety of needs and required varying levels of support. People's needs had been assessed prior to admission to the service and again following this. From these, people and staff had developed detailed care plans for each person. These care plans contained information about the person's needs and how staff should meet these. For example, one person had specific needs relating to their routines and their behaviours. This person's care plan detailed how this person demonstrated these behaviours and how these affected their routine and their well-being. The care plan detailed how staff should work with the person in order to minimise these behaviours and the effects these could have on the person. Staff had sought guidance from healthcare professionals in relation to these and advice given by this professional had been used to create this plan. Staff were able to tell us about this person's behaviours, how they affected the person and what steps they followed to minimise these and their effects.

Each person's care plan was reviewed yearly and updated more regularly if people's needs changed. For example, one person's needs had changed in relation to the personal care support they needed. This person's care plan had been updated to reflect these changes. People were involved in the yearly review of their care plan and were encouraged to make comments about the support they received and what they wanted to achieve. People's comments were added to the person's review and care plan. For example, one person had commented "I don't want to change anything at all" and "I like going to church, I walk down on my own sometimes".

People's care plans stressed what they were able to do for themselves and how staff were to maintain and promote people's independence. For example, people were encouraged to attend activities and go for walks outside of the site, either accompanied by staff, by other people or on their own. The registered manager told us the importance of independence and how experiencing a life separate to the life at the service was beneficial to people's well-being.

People had access to a wide range of activities that met their social care needs. Hapstead Village offered a number of organised activities they called workshops. People were able to attend these workshops, where they could take part in pottery, art classes, metal work, weaving, woodwork, bread making class, farming and gardening. People who attended these workshops told us how much they enjoyed them. People made comments such as "I enjoy the metal workshop in the morning and in the afternoon I enjoy pottery, we have a very nice pottery teacher" and "I collect eggs in the morning and I go to pottery afterwards. I like it all". People could choose to take part in these workshops or not. One person enjoyed pottery but chose to attend a pottery class in a local town instead of attending the one organised by the service. Each house had access to a vehicle to take people out to activities, social events, shopping trips and appointments. The service also had a mini bus that was used for group activities. During our inspection a number of people were taken for a day out at a local theme park, a number of people were taken out individually to attend activities, such as swimming, and to go out shopping for the day. During our inspection we saw people going into the local town for a walk, going on bicycle rides and meeting up with their friends.

People were encouraged to go out in the evenings. People told us how they had gone out to the cinema, the theatre, out for meals and to church events in the weeks prior to our inspection. Some people went out dancing in the evenings and to the pub. Staff encouraged people to integrate into the local community and have active and fulfilling lives. People participated in a number of activities outside of Hapstead Village, such as swimming, attending college, voluntary work placements, social clubs, attending the gym, rock climbing, dance classes and drama groups.

Each person had an activities plan which they organised with staff. This detailed the activities they would be taking part in that week and this was organised by responding to people's individual interests. People did not have to stick to their plan and could choose to change their plan. One person said "They (the staff) put down on the rota, like if they say church on the rota I can go, but if I don't want to go I don't have to, it's my choice."

People who received care in their own homes were supported to have active lives and take part in activities. People's hours of support were organised by discussing people's needs and how best they wanted to use their time. One person received more hours on a specific day of the week because they wanted staff support to take them to a weekly football match and do their shopping. When we spoke with people who received care in their own homes they told us about activities they had taken part in with the support of staff. One person told us they had been to a local animal farm with staff the day before and they had enjoyed this. Another person told us they had gone to the gym, had enjoyed a coffee and done some shopping.

Staff ensured they gave people individual attention if they did not want to take part in many organised activities in order to avoid people becoming lonely. During our inspection we saw one person being supported by staff to bake some cakes, we also saw one member of staff sitting and having a coffee and a chat with another person. People were encouraged to make friendships at the site and group meetings and chats were organised. There was a large hall at the site which was used for social gatherings, such as discos, birthday parties and film evenings. People were encouraged to attend these in order to socialise and make friends with other people who lived in Hapstead Village.

A comments and complaints log was kept in each house for people and visitors to use. This contained a clear process for recording complaints, the action taken by staff and management and the resolution reached. There was a clear complaints procedure available which was in easy read format for people to use and understand. This was displayed within the houses on site and on the main notice board located in the office building on the site. Prior to our inspection one person's relative had made a complaint about the person's oral health. Staff had responded to this complaint by speaking with the relative and the person, referring the person to the dentist and organising for a dental hygienist to attend the service in order to provide staff with up to date guidance and training in oral health. This person's oral health had improved and learning from this had benefited all people who received support with their mouth care. People who received care in their own homes were provided with the complaints policy and knew who to contact to make a complaint. One person said "I would complain directly to Camphill to tell them", they told us which staff they would contact in the office to make a complaint and said "Oh yes, they are very easy to talk to". We saw that this person had raised a complaint in the months prior to our inspection, this had been recorded and action had been taken to speak with this person and with staff about their concerns. The deputy manager monitored and analysed the complaints received every month in order to identify any trends. Where concerns had been identified, action plans had been drawn up to tackle these and learn from them.

People told us they felt very comfortable raising any concerns they had with the registered manager, the deputy manager or their house manager. They told us they were confident their concerns would be listened to and action would be taken. People made comments which included "They would sort it out", "If I've got

any problems I can go to (name of house manager) and (name of registered manager" and "If I have problems I tell them and they go and do something about it". One person told us they had raised an issue with their house manager about the volume of the music being played in a neighbouring room. The house manager had spoken to the person who was playing the music and had purchased a set of headphones for them to use which made both people very happy. Each house displayed information and contact details for an independent advocacy service people could contact if they wanted. Each person who received care in their own home was also provided with this information. Records showed this service had been used a number of times by people.

Staff used a range of communication methods to make sure they kept up to date with people's changing care needs and wishes. For instance, through care plans, written records and daily verbal handovers. People who received care in their own homes had a written care plan within their home as well as a book in which staff wrote down any messages they needed to share with each other. One member of staff said "The communication books are so important. We write everything down". Staff in the office communicated changes to people's needs and wishes with other staff members via email. Each staff member had a personal work email which they could access to obtain up to date information.

People who received care in their own homes had received care and support at the times they had wanted it and in the way they had wanted it. People were able to change the times they wanted their support to be provided if they gave the service notice and had full control over what support the member of staff provided to them. People could change their minds about which activities they wanted to take part in or what they wanted to do on any particular day. People told us staff were rarely late and if they were, they would usually receive telephone calls letting them know. People told us they knew who would be coming to see them in their home and if there was a change in the staff member coming, they were told about this in advance.

People were supported by staff to comfortably move between services. When people had moved between living in Hapstead Village and their own homes in supported living, staff had worked hard to make this move as comprehensive, gradual and comfortable as possible. Staff had worked collaboratively with other agencies, people and relatives. Staff had organised for people who already lived in supported living to come and discuss their experiences with people who were looking to make the move and ensure people fully understood what their care would look like. The deputy manager had organised for staff, who had been hired to work in the supported living team, to work alongside people in the houses in Hapstead Village until they were ready to make the move. This had ensured people knew the staff who were going to be supporting them before they moved. Staff worked closely with the local authority to ensure people received the right package of care which reflected their individual needs. They then discussed these individual packages with people in order to ensure they understood what was going to be available to them and how this would look in terms of hours of support. This ensured people were fully informed and prepared before they had moved into their new homes.

Is the service well-led?

Our findings

The registered manager told us about the values which underpinned the work carried out at Hapstead Village and how the staff working on the site and with people in their own homes reflected these values. They told us the service strived to ensure people could live their lives the way they wanted. The values held by the service and the staff include independence, involvement, compassion, dignity, respect, equality and safe practice. They told us the service aimed to maximise people's independence and ensure people and their experiences were at the centre of everything they did. They told us the service values were about people having choice and control over their care and their lives. From feedback we received from people, healthcare professionals and staff, and from our observations during the inspection, it was clear these values were displayed in the way people were supported. Staff told us about people's individual choices and how people were involved in every aspect of their care and support.

People and staff spoke highly of the management team at the service. The service was led by a registered manager and a deputy manager. Each house at Hapstead Village had a house manager who was responsible for the managing staff team allocated to that particular house and oversee the care and support people received. The supported living part of the service was led by a team leader and a deputy team leader. Staff and members of the management team were clear about their roles and responsibilities. People understood the management structure and who they should go to with their concerns or queries. Staff were very complimentary about the management staff and told us they were comfortable approaching them with anything. Comments from staff included "I would not hesitate to speak to any of them" and "They are all so supportive".

Staff demonstrated they understood the principles of individualised, person centred care through talking to us about how they met people's care and support needs. Staff shared the registered manager's vision and values for the service and this was reflected in their practice. Staff comments included "Everything we do is to improve people's lives", "People are at the centre of everything that we do" and "Nobody has to do anything they do not want. It is important that everyone is respected and staff are only here to support people. It is their choice not ours".

There was an open culture in the service. The registered manager told us they had an open door policy and anybody could approach them, or any other member of the management team at any time to discuss any topic. During our inspection we saw people coming and going to the registered manager's office in order to discuss issues or simply have a chat with them. Individual house managers also had open door policies and people told us they felt comfortable talking with them at any time. People who lived in their own homes told us they were able to contact people from the office at any time and had been given leaflets containing pictures of the management staff, their names and numbers. There was also a member of staff management on call every night in order to provide people with support if they wanted to discuss any issues.

The registered manager told us they sought people's views and continually sought to provide a better service. The service obtained people's views a number of different ways in order to seek their feedback and suggestions. People were encouraged to share their views informally through conversations with the

management team and staff, but there were also a number of formal ways in which people were asked for their views. People were asked to complete a yearly questionnaire, either using an easy read format, support from staff, pictures and talking mats. These questionnaires were analysed and action plans had been created to respond to specific topics and improve the service people were receiving. For example, some people had feedback that they were disappointed one of the evening social clubs they enjoyed had closed. Staff had met with people to discuss this and had organised to host a new social club in the local town and invite the other people, from the wider community, who had attended the old club, to attend this new one. This enabled people to continue to socialise with the friends they had made. Quarterly questionnaires were also completed by people and analysed. Some comments made by people on the most recent questionnaire included "I like the way information is given and I feel like I'm treated as an adult". People who received care in their own homes completed the quarterly feedback questionnaire in different ways to meet their preferences. Five people had met together to give group feedback, four people had wanted to give feedback to staff directly and one person had wanted to complete a form on their own. Each person's preference had been respected in order to seek their views. The latest quarterly feedback had identified that one person did not want to attend an activity they had been attending anymore. This had been acted upon by staff who had met with this person to discuss what other activity they would like to take part in instead.

Individual house meetings also took place in which people shared their views about weekly food menus, activities and individual house issues. People also attended weekly meetings for all people who lived in Hapstead Village, called 'gatherings'. These meetings were led by a person who received support at the service and the person leading would change every week. During these meetings people discussed any news they had, what they had done during the week, what they had enjoyed and any views or feedback they wanted to share. Regular meetings were also held at the service and were led by an independent advocacy service. Staff from the service did not attend these meetings in order to ensure people were comfortable to raise any topics. People's views were also sought during their yearly care plan reviews and during events held at the service.

Board meetings took place with the directors of Camphill Devon. People were encouraged and supported to attend these meetings and two people had shown an interest and regularly attended the board meetings, supported by an independent advocate, in order to share their views at the meeting. This added to the openness of the service and ensured people's voices and views were heard at the highest level.

Staff were asked for their feedback during regular staff meetings for both the staff based at Hapstead Village and those providing support to people in their own homes. There were individual house staff meetings as well as full staff meetings. Fortnightly management group meetings took place in which information was shared and managers were asked for their views. One house manager said "Every two weeks we have a managers general meeting. We get asked for our views and feedback. We get to ask advice from other managers". Supervisions and appraisals were also used as a way of gaining staff feedback. Prior to our inspection the service had drafted a new feedback questionnaire for staff. This questionnaire included questions in the areas of the service's vision and values, how staff contributed towards this, staff training and development, ideas for service development and how well they felt supported in their role.

Staff told us that they were always asked for their feedback and opinions and that suggestions they made were always listened to. Staff member's comments included "They always listen to staff's ideas" and "We are asked for our views and feedback". One member of staff, had proposed an idea to the management relating to conducting a piece of work around making the care people received in their own homes more person centred. This involved meeting with people in a number of different settings in order to create a person led service. People were asked what they wanted from the service, what they wanted the service's vision and standards to be, what they wanted from the staff and the support they received. People created their own

values in respect of their care and how they wanted to live their lives. This member of staff had received full support to undertake this piece of work and had been praised for the positive effects this had had on the service being provided and people's personal involvement in their care.

The deputy manager was in charge of completing a number of audits in order to ensure the care people received was safe and met their needs. The deputy manager undertook monthly house checks where they looked at different topics each time, relating to the Care Quality Commission essential standards and key lines of enquiry. Any issues identified during these inspections were followed up on and rectified. For example, a previous house check had identified that some items in a first aid kit were out of date. The out of date items were immediately replaced and a member of staff was given the responsibility to undertake regular checks of the first aid kit and regularly replace stock. This reduced the possibility of a similar issue reoccurring.

As part of these monthly checks, the deputy manager reviewed people's care plans and their care documentation. The registered manager said that they encouraged each house to develop its own unique way of working that was flexible to respond to the individual needs and concerns of the people living there. This meant that overall the service had high standards of record keeping. However, in two houses these standards were not as high as in the other houses. We found these inconsistencies relating to the quality of some of these documents had not been picked up by the quality assurance process. The registered manager assured us they would be reviewing the documentation for the specific houses identified and ensure the quality of the documentation was brought up to the quality of the documentation in the other houses.

As well as the monthly house checks, the deputy manager undertook monthly house visits to look at safeguarding, infection control, nutrition, support plans, health and medicines, risk assessments, supervisions and team meetings, the Mental Capacity Act 2005 and staff training. The administrator also undertook regular health and safety inspections and quarterly monitoring of accidents, incidents and complaints.

There were a number of checks undertaken to ensure people lived in a safe environment, such as fire risk assessments, fire evacuation checks, fire equipment checks, electrical checks and health and safety checks. A health and safety group had been created to discuss and action any environmental issues and research best practice. For example, the group had contacted an outside adviser during the winter in order to gain some up to date guidance in relation to gritting the outside of the houses in order to avoid people slipping and injuring themselves.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal obligations.