Camphill Milton Keynes Communities Limited

Camphill Milton Keynes Communities

Inspection report

Japonica Lane
Willen Park South
Milton Keynes
Buckinghamshire
MK15 9JY

Tel: 01908235000
Website: www.camphillmk.co.uk

Date of inspection visit:
23 February 2016

Date of publication:
03 August 2016

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

This inspection took place on 23 February 2016 and was announced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Camphill Milton Keynes Communities provide personal care and support to people living within the Camphill Community. It is a community setting of ten houses with its own shop, café, bakery, theatre, workshops for people using the service to attend and horticulture gardens. At the time of our visit there were 52 people being supported within the Camphill Community.

There was a registered manger in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them. People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service for both employed and volunteer staff.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. People received their medicines safely when they required them.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and the care and support team manager and had regular one to one time for supervisions. Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people. People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required, and encouraged people to have a healthy balanced diet.

People were supported to access a variety of health professional when required, including dentist, opticians

and doctors, to meet individual health needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well.

People and relatives where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and hobbies.

A complaints procedure was in place and accessible to all. People knew how to complain.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff and volunteers had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good

The service was caring.

People were able to make decisions about their daily activities and were involved in any planning.

Staff treated people with kindness and compassion by staff who knew them well.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements, and had been developed with the person.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place, which was available in a variety of formats. People were aware of this and had used it.

Is the service well-led?

Good

The service was well led.

People and their relatives knew the registered manager and were able to see him when required.

People, their relatives and staff were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Camphill Milton Keynes Communities

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 is 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 took place on 23 February 2016 and was announced.

The provider was given 48 hours' notice because the location provides a supported living service; we needed to be sure that people would be available for us to speak with.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised.

During our inspection we observed how staff interacted with people who used the service.

We spoke with 12 people who used the service and four relatives We also spoke with the registered manager, the care and support team manager, the compliance manager, the training manager and nine support staff.

We reviewed six people's care records, four medication records, five staff files and records relating to the management of the service, such as quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe at Camphill Communities. One person said, "I am really safe here and have no worries." Another said, "Yes I am safe here." A relative said, "I have no concerns what so ever regarding the safety of my son."

Staff had a good understanding of the different types of abuse and how they would report it. They told us about the safeguarding training they had received and how they put it into practice. They were able to tell us what they would report and how they would do so. They were aware of the provider's policies and procedures and felt that they would be supported to follow them. Training files showed safeguarding training had been attended. Safeguarding referrals had been made when required.

There were notices displayed in each house regarding safeguarding, what constitutes abuse and how to report it. These were written in easy read or pictorial where required to assist people who used the service. There was also clear guidance displayed on how to get medical help, emergency call out and who was first aid trained.

Staff also told us they were aware of the provider's whistleblowing policy and would feel confident in using it.

Within people's support plans we found risk assessments to promote and protect people's safety in a positive way. These included; diabetes control, finances and life skills. The care and support team manager explained that each person had a full general risk assessment carried out and this then led to more in depth risk assessments for individual risks. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed.

There was an emergency file available which contained information for use in an emergency, for example, floor plans, evacuation procedures and Personal Emergency Evacuation Plans (PEEPS) for each person who required one. There was also a business contingency plan in the case of the total evacuation.

Accidents and incidents were recorded and monitored. This included types of accident/incident, who it involved and where it happened. These had then been analysed to check if there had been any trends. If anything was preventable, actions to lower the risk of future occurrences were put into place. We saw records of these which had been completed correctly, in line with the provider's policies.

People told us there were enough staff on duty. The registered manager said, "Each house has differing needs but there are always enough staff." We saw rotas for a number of houses and found there to be adequate skills mix of staff on each shift to enable people to receive the support required.

Staff told us that rotas were flexible if the needs of people changed for any reason. The registered manager told us that each house has a minimum of two staff 24 hours a day. We looked at the rotas for the month

and found they were planned around the dependency needs and planned activities of people who used the service. The correct amount of staff with differing skill levels were on duty at any time.

We found safe recruitment practices had been followed. We spoke to staff who told us they had produced references and identification before being offered a post. Some volunteers had been recruited from abroad and they told us they had a first interview via Skype. We looked at staff files and found that they contained; copies of application form, interview notes, two references, proof of identification and Disclosure and Barring Services check (DBS).

One person told us, "I take my own medication, and sign the sheet every time." Staff told us they try to enable people to self-medicate where possible. Each person had a medicines support plan which contained their medication profile, Medication Administration Record (MAR), risk assessments for those who self-medicated, stock check and other information required for the safe administration of medicines. We completed a stock check of medication which was boxed, this was correct. We checked three people's medication records. These contained information and a photograph of the person and of the medication they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited monthly, although any boxed medication had an audit count at every administration.

Good

Is the service effective?

Our findings

The provider had an induction programme which all new staff were required to complete. This included the care certificate. The training manager told us he was an assessor for the care certificate and line managers carried out the observations. One staff member told us they had to complete the full induction process before they were put on the rota. Documentation seen confirmed this.

Staff told us they were very much supported by the care and support team manager and the registered manager. One staff member said, "[care and support team manager's name] is very supportive. She works with us and is available if we need to speak with her." We were told that staff had regular one to one supervision with their senior. We saw completed supervision forms within staff files. These showed a variety of subjects were covered. There was a supervision matrix showing dates had been made for the whole of the year. Annual appraisals were in the process of being carried out.

Staff told us they received a lot of training. One staff member said, "I have just completed my Level 5 Diploma." Another said, "We have a lot of training, it is good to keep up to date."
We spoke with the training manager who told us that all staff had the same opportunity and expectations to complete training, whether they were paid employees or volunteer staff. We reviewed the training matrix and found this showed training which included; safeguarding, moving and handling and safe handling of medication along with more specialised such as epilepsy and secure breakaway techniques. It also highlighted any training which would need renewing within the near future which enabled the training manager to arrange this. Some staff had completed nationally recognised qualifications at levels two, three and five. Both employed and volunteer staff received the same training opportunities and were expected to complete mandatory training.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw evidence within people's support plans that mental capacity assessments had been carried out, along with best interest meetings, when required. No one who used the service was subject to DoLS.

Staff we spoke with had a good understanding of MCA and DoLS. One staff member said, "We always

presume someone has capacity unless proven otherwise." Consent to care and support was gained at all times. Where possible people had signed their support plans in agreement. We observed staff gaining consent throughout our inspection, for example, when asking if ready for medication, joining in activities and also asking if people wished to speak with the inspectors.

People told us they had enough to eat and drink. One person said, "the food is very good, I am not hungry." We observed staff supporting people to prepare and cook lunch. The registered manager explained that each house cooked independently and they always cooked a main meal at lunchtime. One person said, "We have just realised we have not got enough vegetables for our stew so someone has just gone to those who are in the garden today to ask them to get us more." We were told that most of the veg was grown on site and the bread used in the houses was from the on-site bakery. There were plentiful supplies in the kitchens if people wanted anything to eat or drink at any other time.

Staff told us that if anyone had a problem with nutrition they would seek advice and support from professionals. One person said, "Staff are kind and support me with my diabetes, look at the chart on the wall (they showed us their daily diabetes chart which monitored their daily blood levels) staff give me choice of food and support me in my diet."

Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals, including well women and well men clinics. Everyone had a file which contained all relevant information regarding the person's health and medication with contact numbers and information. The person took this with them to if they had to go into hospital. We saw evidence within people's support plans that they had attended various appointments to enable continuity of health care.

Good

Is the service caring?

Our findings

People told us that staff were very kind. They made comments regarding the kind and caring approach of the staff. One person said, "I am happy, the staff are kind and respectful and would help me if I needed it." Another said, "Staff are caring and kind." Relatives we spoke with all gave positive comments. One relative said, "It is wonderful and staff are fantastic." Another said, "I absolutely love this place, it's outstanding in all areas, it's calm and happy and my son is happy here."

The registered manager explained that each house had their own staff, some of which lived in, so each house was like a family. One staff member said, "As I live in, even when I am not officially on duty I still mix and do things in the house. We live as a family." They went on to say as they lived in they really got to know each other, both staff and people, which helped with the support for people. Each person we spoke with was able to name individual staff and management, and were appreciative of having a stable staff team in each house. One person said, "I would speak to [names of management] if I was not happy, but I am." Another told us that management were always around and they saw them every day. Relatives we spoke with were all very complimentary of the way people lived as individual families; they commented it was like home from home which they liked.

It was obvious from our observations that the service had strong person centred values. Staff and management were fully committed to this approach and made it a reality for each person. Staff provided support with care and compassion enabling people to be as independent as possible. One relative said, "As a parent I would personally rate this place as outstanding, we all love it and I know my son is happy here." We observed positive interactions between staff and people who used the service, for example, when they were helping people or giving general support, staff were chatty and there was a good atmosphere. Everything we observed was centred to the individual. People were comfortable with staff and there was a good rapport and banter between them.

Staff demonstrated that they knew people's needs and preferences very well. We observed staff chatting with people about things of interest to them; Staff gave pointers and appropriate prompts about a wide range of situations to support people. Staff spent time with people making sure they had understood what had been discussed. Staff appeared motivated and inspired to overcome any obstacles in communicating effectively. They were able to tell us about individuals in depth and the contents of their care plan, and we observed this in practice.

We observed people being involved in their care and support and given choices in their routines. During our inspection we observed positive interactions between staff and people who used the service, and that choices were offered and decisions respected. We saw that each person was given as much independence as possible to make informed decisions of their choice. For example, what people wanted to eat, where they wanted to sit and what they wanted to do. This demonstrated that people were able to make decisions about their day to day life.

The registered manager told us that there was access to an advocacy service if required. There was a notice in the entrance to the service giving information for this. People were informed of this on admission, but staff would recommend it if they felt it was appropriate. There were people who were using the services of an advocate and this was documented in their support plan.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. One person said, "The staff knock on my door, they are very polite." Staff spoke about offering choices when people got up or when to eat and what to have as well as going out. Support was provided in a kind and calm manner. People appeared relaxed and at ease with staff.

There were a lot of areas within the service where people could go for some quiet time without having to go to their rooms. There was a lot of outside space as well as a variety of indoor areas. This showed that people could be as private and independent as they were able. We observed people using the whole site.

People told us they could have visitors when they wanted. One person said, "I am going home at the weekend." Staff told us that visitors were welcomed and people were encouraged to visit and some people go home on a regular basis for weekends and holidays. They also told us how they supported one person to remain in contact with their family who lived abroad with a time difference. They arranged specific dates and times when they could call them. This ensured that family contact was kept and the person knew exactly when they would be speaking to parents and could plan accordingly.

Good

Is the service responsive?

Our findings

People told us they were involved in their support plan. One person said, "My care plan is very good." There was evidence in the support plans we reviewed that people and their families or representatives had been involved in writing them.

The care and support team manager explained that each person used to have their full support plan in their house, however it was very large. Some people found it difficult to understand everything in it. In response to this they had produced a smaller more concise support plan which people were more comfortable with and the rest was now kept in the office. This was also in a pictorial version to assist with understanding.

People we spoke with knew what was in their support plan and were able to tell us. One person said, "I meet with [named person] every week to look at mine, we can make changes and I sign it if I am happy." They went on to get their support plan from their room and asked us to sit with them to look at it.

A relative we spoke with told us their son had previously lived in different services but said, "Camphill have put into place a structure for him which has helped with his progress. He is somewhere he loves and is safe." One person said, "I am trying to live as independently as I can and staff help me with this."

Staff told us they knew the people in their care but used their written support plan to confirm there had been no changes. One staff member said, "Every single one of the people we support is different and therefore has differing needs." Another commented that as each house has a dedicated staff team who all live together they know each person very well. Another staff member said, "We know immediately if someone is not their self, and can act on it." They also had a handover between shifts to pass on information to ensure continuity of care and support.

Staff confirmed that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a support plan for when the person moved in. Support plans we looked at showed this had taken place.

People had an individual plan of activities for each day. This had been developed with their key worker. A copy was on the notice board and the person had a copy in their own room. This enabled staff to prompt if required. One relative we spoke with said, "My son works every day and really enjoys it. There is so much going on to keep him occupied." On the day of our visit we observed people attending a variety of different activities. Working in the bakery, doing an IT course, working in the garden and other people had gone out to activities in the local community, for example volunteering in a local charity shop and working in a large retail outlet. The registered manager told us one person had shown an interest in working with leather. They had purchased some tools and some leather and the person now had an area in a workshop. They told us they were very happy and loved working with the leather, they showed us some things they had made and would be sold in the service on site shop. One workshop was cleaning and re conditioning old tools. People

told us the tools would be sent abroad to areas where there was a need for such tools to allow communities to build shelters and housing. The registered manager explained that they had expanded the variety of workshops due to differing needs of the people using the service.

The service had an on-site café. The café is a Workshop for members of the Camphill Community providing training in food preparation, food safety and customer care. People told us they enjoyed working in the café and had done training. After this training some people had been able to access jobs in the community. All the food served was vegetarian, freshly prepared on the premises and, where possible, they used Camphill grown or ethically locally sourced ingredients. The Camphill bakery supplied the café with all its bread. They also produced a range of cookies and cakes. We spoke with people who were using the café, they told us they lived locally and often popped in for lunch or coffee, and thought it was lovely and enjoyed being served by the people who lived there.
People told us they were able to decorate and furnish their own rooms. One person took us to see their room. It was very personal with posters and personal possessions. Each house was individualised and decorated and furnished from the choice of the people who lived in them. We were told that any decisions made for each house had been discussed at the house meetings which were held each week. People we spoke with confirmed this.

There was a complaints policy and procedure in place. This was displayed in each of the houses. The policy was also available in a variety of formats. This included an easy read pictorial format, a large print, a video and a widget to assist people with making a complaint. The video had been made at the service and produced and starred people who lived there. This showed that people had been involved in the development of the complaints process. We saw documentation which showed complaints had been dealt with in the correct way, and had been concluded in a way which was satisfactory to both parties.

People and their relatives or representatives were able to provide feedback in a variety of ways. The service used questionnaires to gain views. The registered manager told us they had been redeveloped to work in tandem with the domains which CQC use to inspect. They had developed different ones for staff, people who used the service, professionals and families/representatives. For the people who used the service they were also available in pictorial and easy read versions. These had received a large response rate with all having positive feedback.

The service also had quarterly family meetings where every family was invited to attend. This was to discuss the events at Camphill and to keep families informed and up to date. Each house had their own house meetings and any issues could be fed through to the management team meetings or the resident's forum. This was a residents group who met to discuss the service and would take things to the management or trustee meetings. This gave people the opportunity to be present in these meetings and able to speak freely.

Good

Is the service well-led?

Our findings

Staff said that there was an open culture, they could speak with the registered manager or any of the management team about anything and they would be listened to. They also said they were fully involved in what happened in the service and at provider level. They were kept informed of any changes and knew who they could contact. They also said they knew who the senior management in the organisation was.

The registered manager told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post. People we spoke with knew who he was and told us they saw him on a daily basis. During our inspection we observed the registered manager chatting with staff and people who used the service and assisting people with their support. It was obvious from our observations that the relationship between the registered manager, people who used the service and the staff was open and respectful.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

The provider had a variety of quality monitoring processes which were time tabled in throughout the year. These included; infection control, file audit, medication and fire precautions. The registered manager told us they employed an external company to carry out an annual health and safety audit. Where there were recommendations, action plans had been developed. We saw these had been signed off as complete. There had also been a recent local authority quality monitoring visit where they scored 100%.

The registered manager told us that all accidents and incidents were recorded and reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything, to have prevented it happening or to stop it happening in the future. Documentation we saw confirmed this.

A variety of meetings had been held on a regular basis, including; care and support team, management team and trustees meetings. Each house held their own house meetings weekly, from that issues were raised to a resident's forum and the chair was then invited to speak at the board meeting. We saw minutes of all of these meetings which showed suggestions were acted on. This showed that people who used the service were involved at all levels.