Care Quality Commission

Camphill Village Trust Limited(The)

Botton Village Domiciliary Care Group

Inspection report

Botton Village
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on the 19 March 2015 and was announced. At our last inspection on 23 July 2013 this service met all the regulations against which we had inspected

Botton is a small village in the North Yorkshire Moors. The village includes five biodynamic farms; this is a farm using organic farming methods, a gift shop, a village store and a coffee bar. These services were run and used by everyone who lives in the village. Botton Village was formed in 1955 when attitudes towards learning disability and mental health conditions were less enlightened. The village provided a rural location where people could live safely. Over the years some people have chosen to leave Botton Village and access different models of care but a high

Summary of findings

number chose to stay. The Botton Village Domiciliary Care Group which is one of the services provided by the Camphill Village Trust supported 95 adults with a learning disability living in houses in the village.

Some people lived as part of a life sharing model of support which meant that staff, known in the village as co-workers, and their families lived together with people who used the service and supported them on behalf of Botton Village Domiciliary Care Group. Other people had a supported living model of support where staff employed by Botton Village Domiciliary Care Group went into some houses to provide personal care and support over a twenty four hour period but did not live there. Botton Village Domiciliary Care Group is registered by the Care Quality Commission to provide personal care for adults with learning disabilities, autistic spectrum disorder and mental health conditions who live in the village. Botton Village Care Group are proposing to change the services they provide to different models of care.

The inspection was set against a background of conflict between the staff following the life sharing model of support and others who support this model (who have a collective name of Action for Botton, (A4B)) and The Camphill Village Trust Ltd. The conflict has arisen because The Camphill Village Trust wish to change the way in which Botton Village Domiciliary Care Group is managed and how care is delivered and this is believed by A4B to be in conflict with the way that people live. This had generated a lot of anxiety for the people who used the service and the impact on people who used the service was considered as part of the inspection in order to be able to make a judgement about the way in which the service was run.

North Yorkshire County Council was the commissioner of services for 77 people who used the service and fifteen other local authorities also commissioned services. There was a voluntary agreement in place between North Yorkshire County Council and Botton Village Care Group which meant that Botton Village Care Group had agreed not to provide services to any additional people.

There was a registered manager at this service. 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.

This service was safe and people told us that they felt safe. Care plans highlighted the areas of support needed in detail and had associated risk assessments. Medicines were managed safely.

There was sufficient staff to meet people's needs and they had been recruited safely. They understood what was meant by safeguarding and had been trained in safeguarding adults and children.

People were provided with care by people that knew them well and who supported them to live as independently as possible.

Training had not always been carried out for staff in different methods of communication but because of the detailed communication plans in care plans this had a minimal effect on how people were able to communicate with each other. We have recommended that the provider look into training around peoples communication needs.

Staff were following the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards when they cared for anyone who lacked the mental capacity to make their own decisions.

People told us that the service was caring and we observed staff to be caring. All of the houses we visited were warm and welcoming.

Staff were respectful when speaking with people and maintained their dignity.

Advocates were available to help people to support people in expressing their views.

We found that the service was responsive to people's individual needs and the care plans were person centred and up to date.

There were very detailed descriptions about peoples care needs and how staff should support those needs. We saw that staff responded promptly when people required assistance.

People who used the service were engaged in meaningful activity to support their wellbeing.

Summary of findings

The service was well led. There was a registered manager employed at this service. The registered manager was open and transparent in their dealings with the inspection team and was able to answer all of our questions.

Audits had been completed which looked at medicines, care provided, and management of finances of people who used the service, mealtimes, choice and involvement and collected comments from people who used the service. A report from recent questionnaires sent to people who used the service, staff, family and friends and professionals had been written which was generally positive about the care and support provided by staff.

Summary of findings

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

This service was safe and people told us that they felt safe.

Care plans highlighted the areas of support needed in detail and had associated risk assessments. Medicines were managed safely.

There was sufficient staff that had been recruited safely. They understood what was meant by safeguarding and had been trained in safeguarding adults and children.

Is the service effective?

Good

People were provided with care by people that knew them well and who supported them to live as independently as possible.

Training had not always been carried out for staff in different methods of communication but because of the detailed communication plans in care plans this had a minimal effect on how people were able to communicate with each other.

Staff were following the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards when they cared for anyone who lacked the mental capacity to make their own decisions. There was evidence that best interest decisions had been made where people were unable to make those decisions.

Is the service caring?

Good

People told us that the service was caring and we observed staff to be caring. All of the houses we visited were warm, welcoming and family orientated.

Staff were respectful when speaking with people and maintained their dignity.

Advocates were available to help people to support people in expressing their views.

Is the service responsive?

Good

We found that the service was responsive to people's individual needs and the care plans were person centred and up to date.

There were very detailed descriptions about peoples care needs and how staff should support those needs. We saw that staff responded promptly when people required assistance.

People who used the service were engaged in meaningful activity to support their wellbeing.

Is the service well-led?

Good

The service was well led. There was a registered manager employed at this service.

The registered manager was open and transparent in their dealings with the inspection team and was able to answer all of our questions.

Audits had been started for the service and a report from recent questionnaires sent to people who used the service, staff, family and friends and professionals had been written which was generally positive about the care and support provided by staff.

Botton Village Domiciliary Care Group

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 19 March 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team was made up of two inspectors, a specialist nurse advisor and an expert by experience with experience of services for people with a learning disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care 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 read the information within the PIR. Prior to the inspection questionnaires had been sent by CQC to 50 people who used the service, 45 staff, 50 relatives and friends and 23 community professionals with a higher than average response rate. We read the responses to the questions and looked at recent notifications and information from the 'Share your experience' form completed by people who wanted to tell CQC about their experiences of Botton Village Domiciliary Care group.

We spoke to the local authority contracting and quality assurance officer before the inspection to gather their views about the service and read the report from their last visit and an action plan provided by the registered manager relating to that report. We spoke with people who used the service and staff during our inspection and visited four houses in Botton village where people were receiving care and support. One inspector and an expert by experience spent two hours in the café within the village during the afternoon meeting people who wanted to express their views.

We looked at care and support plans for six people who used the service, two staff recruitment records, training and supervision records and other documents related to the running of the service such as accident and incident reports and policies and procedures.

Following the inspection the local authority shared information with us relating to a recent financial audit and we were able to read the report. We also checked the progress of any safeguarding alerts made to the local authority.

Good

Is the service safe?

Our findings

This service was safe and people told us that they felt safe. However it was clear that some people who used the service were feeling very anxious and unsettled during our inspection. This appeared, from our discussions with people who used the service, to be linked to the proposed changes to the model of care provided by Botton Village Care Group, an on-going legal challenge by Action for Botton, and how both of these actions would affect them. Despite this the overall atmosphere in Botton Village was calm and friendly. One community professional commented on a questionnaire, "This (anxiety) is a particular issue for some individuals on the autistic spectrum. Nonetheless the organisation is working with health professionals to manage and to minimise this for clients."

One person who used the service told us, "Yes I am safe" and another used sign language to indicate that they were safe. "I feel very safe; people are very nice" said one person and another told us, "I feel safe here. I moved to (house) so that I could sleep downstairs."

We visited four houses at Botton Village, which were a mix of traditional life sharing and staff led houses, and looked at the care records, risk assessments and medicine administration records for six people who received care and support. We saw that the care plans highlighted the areas of support needed in detail and had associated risk assessments in place. We did find in one case that risk assessments were not in place for a particular health need. We saw, however, this had not impacted on the person because appropriate care and support was being provided and staff had made sure that they gained consent from the person for the particular procedure. This meant that the person was safeguarded. We discussed this with the manager of the house who agreed that a risk assessment would be put in place. People's needs had been identified and were being managed safely.

When we looked at staff recruitment records we could see that staff had been recruited appropriately and had a check in place carried out by the Disclosure and Barring Service (DBS). The Disclosure and Barring Service helps employers make safe recruitment decisions by processing criminal record checks (DBS check) and checking whether or not people are barred from working with vulnerable groups. We also saw that staff files contained the names of two referees which had been checked by the service. Two members of staff we spoke with confirmed that they had completed application forms, attended an interview, given names of two referees and had a DBS check carried out before starting work for this service. This meant that the organisation was carrying out checks in order to ensure that staff working for Botton Village Domiciliary Care Group were suitable to work with people in this community which in turn protected people who used the service.

Medication was managed safely. There had been a lack of recording in relation to the risk assessment for one person not taking their medication but this had not impacted on the person because all the staff knew about the incident and had shared information so that they could make sure that this was properly monitored. Details of the incident were recorded clearly in the persons care records. We observed medication being administered by staff and this was done safely and sensitively and recorded appropriately after the medicine had been given. We saw that medication was stored safely in the houses that we visited. One person who used the service told us, "I wear (name) patches. The staff put them on in different places to make sure I don't get sore." This demonstrated that staff had the knowledge to administer different medications safely. We saw emails and records telling us that when staff had been unsure about how to administer or manage any medication they had contacted the persons GP by telephone or email and requested support and/or advice. It was clear that staff had developed good relationships with GP's and district nurses which they used to good effect in order to maintain the safe care and support of people who used the service.

Staff understood what was meant by safeguarding and were able to tell us how they would report any abusive incidents if necessary. 81% of all staff involved in providing support and care had received training in safeguarding adults. The designated nurse for safeguarding children for North Yorkshire and York had reviewed and helped to rewrite the safeguarding children policy and provided safeguarding children training for staff and volunteers. This was relevant as there were some families with children living and working in the village. Some of these people were part of the shared lives model of care and so children were living in houses where staff and volunteers were present. There was a safeguarding policy and procedure for adults in place for staff to refer to. This meant that the

Good

Is the service safe?

registered manager was doing all they could to ensure that people who used the service were protected because staff were trained and knew what to do in order to safeguard people if they witnessed abuse.

Some staff had recently prevented the registered manager from entering some of the properties to monitor peoples care and welfare as part of an ongoing dispute about the proposed changes to the model of care. We considered that this could have been a risk to people who used the service. We were told that the registered manager had delegated this task to senior care co-ordinators who were asked to monitor the care that was being provided to people and they had been allowed in to those properties. This meant that people who used the service had checks in place to ensure that they were safeguarded. People who used the service responded to a question asking if they felt safe from abuse or harm from their care and support workers positively with 100% of them agreeing that they felt safe and 80% of relatives who responded to the questionnaire agreed with this.

There had been a high number of safeguarding alerts received over the last year leading up to this inspection. The majority of these did not relate to any safeguarding matters but were complaints and did not relate to personal care received but chiefly concerned the proposed changes to the model of care. The local authority had highlighted to the registered manager that they should be differentiating between complaints and safeguarding alerts. The local authority noted in their recent report that alerts were now been made correctly. We spoke to the local authority who told us that four alerts out of a total of 23 had been considered to be safeguarding and had been investigated but none had been substantiated. People were safeguarded because the local authority was made aware of and were investigating any concerns.

Accidents and incidents were recorded appropriately. We saw that records were kept in the incident log in the persons file and was identified with a number. This could also be seen in more detail in the Log book which contained records of all incidents and actions taken.

Good

Is the service effective?

Our findings

People received effective care and support that met their individual needs and preferences from staff employed by Botton Village Domiciliary Care Group. They were provided with care by people who knew them well and who supported them to live as independently as possible whilst allowing them to follow the ethos of the Camphill Village Trust Ltd which they had chosen to do when they came to live there.

Staff had received training in mandatory subjects and also in specialist areas such as autism awareness, dementia, positive behaviour support and managing challenging behaviour. We did however notice that staff had not completed specialist communication training in areas such as Makaton or sign language. We had spoken to one person using sign language and so we were aware that it was a way in which at least one person communicated. We saw that most people were able to communicate verbally. We spoke with the registered manager and they confirmed that, although training had not been completed, no-one supported by the service relied solely on any one method of communication. We looked at one person's communication care plan which was very detailed and told staff clearly how to recognise certain things such as when someone was in pain. This meant that staff communicated effectively with people and the impact of lack of training in this area was minimal but use of the person's first or preferred language would enhance their communication.

Staff were appropriately trained and where they lacked knowledge they sought assistance from healthcare professionals ensuring that they followed best practice guidance. We spoke with staff who confirmed that their training was relevant to their roles and we saw evidence of training certificates in staff files. We saw records of supervisions having being carried out which indicated that staff were supported in their roles by more senior staff. Supervision is a meeting where staff can discuss their work and continuing training and development and highlight any concerns they may have. The staff we spoke with told us that they had received an induction when they started working for this service and this included information about how Botton Village had come into being and its ethos. We saw details of the induction which was robust. Staff told us that they were supported by their team leader or manager. One member of staff said, "I feel very supported."

People told us that they were able to access healthcare whenever and wherever they wished. We saw that staff would contact the GP's surgery if they needed advice or support. We saw emails that had been sent by staff asking questions for clarity. For instance on the day of the inspection one member of staff told us they were going to email a person's GP as they had been unwell recently and had visited the GP the day before. The staff wanted to check that there had been no changes made to the person's treatment and medication. We also saw that staff responded to people's care needs appropriately. We observed one member of staff ring the surgery for advice on the day of our inspection when someone's medical condition did not appear to be improving. They then went on to make an appointment for the person to see their GP. Staff demonstrated that they were proactive in supporting people's healthcare needs.

We witnessed a health emergency whilst in one house. The staff followed correct first aid procedures as outlined in the persons care plan. They then went on to record the incident. The staff team discussed the incident and decided that a GP needed to be contacted as this had happened several times over the last few days. We could see clear records of each instance. The team leader contacted the GP for advice and support. The person who used the service received effective care from well trained staff who were able to follow clearly documented instructions for this eventuality.

We saw that staff had received training around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS) and were aware of their responsibilities in respect of this legislation. The MCA sets out the legal requirements and guidance around how staff should ascertain people's capacity to make decisions. The Deprivation of Liberty Safeguards protects people liberties and freedoms lawfully when they are unable to make their own decisions.

The manager in one house had recently completed MCA and DoLS advanced training and had recognised that three people may need authorisations. They discussed this with the local authority staff, who were responsible for authorising and reviewing any DoLS applications and the

Good

Is the service effective?

registered manager of the service and were in the process of making applications for authorisations. We saw that some capacity assessments had been completed and decisions had been made in peoples best interests where appropriate. This meant that that those people who lacked capacity were being protected because staff were aware of and used legislation and associated guidance in order to do so.

We saw that people helped to make their own food and drink if they were able otherwise staff made sure that people received food and drink as required. We observed two people being assisted to eat and drink at lunchtime. They were both in wheelchairs which had been pushed up to the table so that they had good access. The table was set with napkins and cutlery in a conservatory and we were told that both people chose to eat there as it was quieter. There was a lit candle on the table promoting an air of calm. Staff assisted quietly and unobtrusively, sitting beside people at the table and concentrating solely on the person they were assisting. One person had clear instructions in their care plan from the speech and language therapy team about how they should be positioned whilst eating and how their food should be presented. We saw these instructions followed precisely by the member of staff assisting this person. This meant people who required assistance with eating and drinking received effective support from staff who were knowledgeable.

Good

Is the service caring?

Our findings

People told us that the service was caring and we observed staff to be caring. All the houses we visited were warm and welcoming. One person who used the service said," They are nice staff; different people on different days. They help me bath. I can brush my teeth but need help to do my trousers up." A second person told us, "There is a team of staff; we always know who is on and we can see the rota. It's on the wall. If you can't read they (staff) will tell you."

In the questionnaire responses we received most people who used the service said that they had always been introduced to their care and support workers before any care or support was provided. All of them were happy with the care and support provided. People who used the service and answered the questionnaire told us that their care and support workers were caring and kind. The relatives and friends who responded agreed that this was true. People who used the service were positive about the staff. One person that we spoke with told us, "The staff are very good. If you have a problem they will listen but I don't have many problems." Another person used sign language to indicate that they liked the staff.

We saw staff were respectful when speaking with people and maintained their dignity. For example one person needed to visit the bathroom during lunch and staff quietly listened to their request, made sure their food was taken to be kept warm and took them out of the dining area quietly and without fuss. Other people were not aware of why they were leaving.

We observed the lunchtime period in three houses. People who used the service and staff were welcoming when we visited the houses and appeared happy. People who used the service and staff sat down together to eat and there was a lot of chatter presenting a very homely atmosphere with everyone appearing to be at ease with each other. We saw some people came from other houses for lunch. People who used the service went to other houses in the village for activities or to see friends. They could also spend time in private if they wished. This meant that people were encouraged to develop friendships and interact with others.

It was clear from conversations we had with people who used the service, staff and volunteers that there was a shared ethos amongst the people who used the service. All of the people we spoke with told us they liked living in Botton Village. Staff were positive about what could be achieved with support for people living in Botton Village and we saw examples of people who used the service displaying positivity about their lives because they had been supported to be as independent as possible.

The registered manager had made attempts to involve people in the proposed changes at Botton Village Domiciliary Care Group. Information had been provided in an easy read and pictorial format and there were meetings available with the registered manager. However some people that we spoke with in the café during the afternoon were very anxious and distressed and did not appear to understand exactly what changes had been planned. On the day of our inspection the registered manager met with some people who used the service to give them some up to date information. Advocates were available to help people to support people in expressing their views.

Good

Is the service responsive?

Our findings

We found that the service was responsive to people's individual needs and the care plans were person centred and up to date. There were very detailed descriptions about peoples care needs and how staff should support those needs. For example one person had pain and mobility problems and there were detailed descriptions of how staff could support this person. Where changes were identified these had been acted upon and recorded in the care plan.

Each care plan we looked at clearly outlined what was important to the person who used the service so that the care plans reflected the person's wishes and preferences. This information helped staff know the person better and to generate topics of conversation. We saw care plans had been reviewed to ensure that people were receiving the care they needed.

Throughout the day we saw staff responding when people needed assistance. For example we saw that when one person became ill staff immediately supported them. We saw that the service was well equipped with suitable aids and adaptations for example walking aids and wheelchairs. There were other aids such as grab rails and assisted hoists so that people who used the service were able to access all areas with or without support dependant on their needs and abilities.

We asked people who used the service how they spent their day and saw that a range of activities were available. People told us it was their choice whether they joined in or not. One person told us, "We have started to have bible readings- I enjoy that – anyone can come- you can watch TV instead but I prefer record players – I play records – folk music." Most people did some form of work and they told us about the different types of work available. Some people who were unable to work any longer told us they were now able to slow down due to their age but they could still enjoy any activities organised within the village if they wished. People who used the service were engaged in meaningful activity to support their wellbeing. One person told us, "We go shopping when (name) asks us and sometimes we go to the cinema." We also saw mealtimes were extended in each house which allowed people to talk together if they wished and meant that people were not isolated from each other.

There was a café where people could meet one another which was also open to members of the public. We saw people coming and going within the village and saw some people who used the service going out on a minibus. One person who used the service told us they got a lift to the train station in a neighbouring village where they caught the train in to Whitby to do shopping or visit friends. The staff supported people in their everyday lives where necessary by arranging transport or accompanying people when they went out.

We asked people who used the service if they wanted to complain about something what would they do. One person said they would tell the staff and they felt sure their concerns would be dealt with. We saw that effective systems were in place to deal with any complaints and we saw that complaints had been responded to in accordance with the service policy. There was an easy read complaints policy to ensure that people who used the service knew how to make a complaint.

Good

Is the service well-led?

Our findings

The service is well led. Botton Village Domiciliary Care Group is one of a group of services provided by The Camphill Village Trust Ltd. According to their own information the ethos of Camphill communities is based on mutual care and respect. Camphill communities believe that each individual contributes to the life of the community according to their ability.

The Camphill Village Trust Ltd and the registered manager of Botton Village Domiciliary Care Group told us they did not wish to change the ethos of the village but there were plans to change the way in which it was managed and the way in which care was delivered. There had been a number of complaints and concerns relating to these changes and these are now been looked at following legal challenge by members of Action for Botton in the High Court.

The registered manager had a good awareness of the current issues at this service and had maintained clear records of the actions taken in response to any complaints or concerns as they arose. The registered manager had sent statutory notifications to CQC as appropriate.

Two houses in Botton Village were occupied by people who had more complex needs and needed a high level of support. The provider was in the process of registering these services as separate care homes to better reflect their use. This meant that the service was developing in line with people's changing needs.

We found the registered manager to be open and helpful during the inspection. They were realistic in their assessment of the current situation and transparent in the way they shared information with the inspection team and in general. Recently the registered manager had been denied access to some of the houses as part of the ongoing challenge to the proposed changes to the model of care. The manager had raised concerns with CQC about difficulties in maintaining quality assurance systems in these circumstances. It is part of their regulatory responsibility to notify CQC of anything that may affect the safe running of the service.

In the houses we visited we found that this had not impacted on the care that people received and in others senior care-coordinators had been given responsibility for monitoring houses and we saw that visits had taken place as needed. This demonstrated that the registered manager and the provider took their responsibilities to monitor and manage the service seriously and that they had taken a pragmatic approach to ensuring that this was maintained in these difficult circumstances. There is now an undertaking to allow the registered manager access to the houses on the site as part of the High Court order made on 1 April 2015.

Audits of peoples care in each house had been started in March 2015. These gathered information about how care was delivered, medicines arrangements, how staff managed finances for people who used the service, mealtimes, people's choice and involvement and the experiences of people who used the service. These were still being completed and so the action plan had not yet been written. In addition the local authority carried out a quality assurance visit to the service over five days in November and December 2014 and the registered manager had developed an action plan which was being followed to bring about improvements to the service. This demonstrated the commitment of this service to improving and developing the service.

The local authority shared a recent financial audit with CQC commissioned by North Yorkshire County Council and carried out by Veritau. The purpose of the audit was to follow up on a review carried out by Veritau in 2012 which highlighted a number of fundamental weaknesses in financial practices within Botton Village. Although the report identified that Camphill Village Trust Ltd had addressed some of the previously identified weaknesses with some improvements noted, many weaknesses still remain and notably some additional concerns have been identified.

We inspected individual records for people who used the service and the records we looked at were detailed with evidence of income and expenditure. There was a clear procedure when staff were required to assist with people's finances which had been followed. The management had demonstrated that they had learned from this audit and continued to work with North Yorkshire County Council to make improvements and address any identified weaknesses.

In September 2014 the registered manager had sent questionnaires to everyone involved with Botton Village Domiciliary Care Group. We were shown a draft report which showed the results of this exercise. Overall the report was positive although some family and friends questioned

Good

Is the service well-led?

the user friendliness of the questionnaires and one person who used the service had commented that they had found it difficult to complete. Some people did not complete the questionnaires. The registered manager would need to consider all the comments received when they began to develop their action plan. This had not yet been completed but the report showed us that the service was asking for feedback and comments from people who used the service, their family and friends, staff and professionals and these would be used to support improvements at this service.