

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 ●

Summary of findings

Overall summary

Botton Village Domiciliary Care Group is a domiciliary care agency. It provides care and support to people with a learning disability, autistic spectrum disorder or mental health conditions living in their own houses in Botton Village and surrounding areas. The village is located in the North York Moors National Park. It includes biodynamic farms (farms using a holistic approach to organic farming methods), a village store, a creamery, a bakery and craft workshops.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service offered a regulated personal care service to 35 people.

The service was developed on one site, which does not meet best practice guidance. However, we have rated this service good because the provider had arranged the service in a way that ensured people received person-centred care and were supported to maximise their independence, choice, control and involvement in the community.

People's experience of using this service and what we found
The service applied the principles and values of registering the Right Support and other best practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of registering the Right Support through choice and control, independence and inclusion. People were offered as many opportunities as possible to gain new skills and become more independent.

Systems were in place to safeguard people and promote their health and wellbeing. We have made a recommendation regarding positive behaviour support to assist people who may need help when they are anxious or distressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation regarding best interest decisions.

Warm, professional relationships existed between people who used the service and staff. People told us staff were kind and caring, and they treated them with dignity and respect.

Care plans were generally well maintained and these were person-centred. People and their relatives were involved in the care planning and review process. People said staff looked after them well and supported them to follow their chosen lifestyle, interests and pursuits. They could maintain and develop links with

friends and family and access social activities in the wider community.

Some relatives reported they had limited contact with the provider's senior management team. However, they felt local managers were approachable and supportive and the service was well led. Staff spoke highly of the support they received from managers and were positive about their roles.

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

Rating at last inspection

The last rating for this service was good (published 15 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Botton Village Domiciliary Care Group

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors an assistant inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 'supported living' settings in Botton so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection so people would know we were visiting and could agree to let us visit their homes and meet with us.

Inspection activity started on 13 February and ended on 25 February 2020. We visited the office location on 25 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six relatives to gain their views. We reviewed records and documents provided before our site visit relating to the running of the business such as meeting minutes, training and supervision records, surveys and audits. We visited and spoke with 15 people the service supported, and their care and support workers. We spoke with managers including three team leaders, the registered manager, head of care, and the general manager. We looked at care records for four people and medicine records for three people.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Where risks were identified, risk management plans were in place. Risks assessments in relation to supporting people with anxiety or distress lacked specific guidance for staff to follow. A team leader told us they discussed safe care practice and positive behaviour principles with staff during supervision.

We recommend the provider reviews and implements best practice guidance regarding positive behaviour support (PBS) to achieve positive outcomes for people and reduce restrictive practices.

- People could take positive risks; staff encouraged and supported people to try new experiences.
- Environmental risks including the risk of fire were considered and met. Maintenance checks and tests were undertaken as required.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. People told us the service was safe. One relative commented, "It is a safe structure and there are good people."
- Safe systems were in place to report concerns on to managers so appropriate action was taken.
- Managers reported safeguarding concerns as required.

Staffing and recruitment

- Staff were suitably deployed in enough numbers to support people safely.
- Staff recruitment was safe.

Using medicines safely

- People's received their medicines safely from well trained staff.
- Staff followed best practice guidance including NHS national project STOMP for stopping over medication of people with a learning disability or autism.

Preventing and controlling infection

- People lived in safe, clean homes because staff helped them.
- Policies and procedures were in place
- Staff were trained to understand infection control and reduce the risk of the spread of infection.

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents to understand any emerging themes or trends.

- Managers encouraged staff to reflect and learn from incidents to reduce the likelihood of repeated events.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Authorised restrictions on people's liberty were met.
- Staff had received training on MCA. However, best interests decisions were not always documented to ensure that these were the least restrictive option for the person. For example, one person had had a door sensor fitted to alert staff if they left their room, but there was no best interest decision in place.

We recommend the provider reviews and implements best practice guidance on the Mental Capacity Act 2005.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs and preferences and they kept their care needs under review.
- Staff talked about people's individual needs and explained how they provided the support people needed. Staff knew people well and encouraged them to make choices and decisions about their day to day support and care.

Staff support: induction, training, skills and experience

- Staff were well trained and competent. One person told us, "The staff are brilliant they know their jobs very well."
- Staff gave us positive feedback regarding the training they received and said the training was, "Fantastic."

We identified staff recruited through an agency had not received the provider's training in a timely way. The registered manager agreed to address this immediately.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to prepare meals if that was what they wanted. One person told us staff were "great" and they enjoyed helping to make the meals.
- People's care plans contained details of their food needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had developed good links with external professionals to monitor, manage and improve people's wellbeing.
- People accessed healthcare services when needed to support their health and wellbeing. People had regular health checks and made action plans to improve their health.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received warm, empathetic care from kind and caring staff. One person said "I love all of the staff. They look after me so well and we have a laugh."
- People's equality and diversity needs were considered through the care planning process; staff offered support to make sure people's needs were met. For example, one person liked to attend regular church services and staff facilitated this.
- Staff enjoyed their work and were highly motivated to provide the best care. One said, "I love working here, it's so rewarding." "There isn't a day I don't want to come, I just love it." Another told us, "It is a lovely, lovely place, it's not like work at all. I love every day."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in making decisions about their care. For example, one person told us they had been involved in recent staff interviews. A relative told us, "It is much more targeted to the people that live there. Staff supports [Name] to the cinema to see horror films because that is [Name's] choice and what they like."
- House meetings were held so everyone had their say about things like menus; people met staff individually to review their finances and spending.
- Relatives confirmed staff encourage people's independence in a variety of ways and understood the importance of this. One said, "[Name] is very much encouraged to do things for themselves, although they can't talk. They talk to [Name] using pictures or anything they can to help them understand. I am very happy, [Name] is so happy there."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in the care planning and review process.
- Care plans were person-centred and contained information needed to guide staff on safe, effective support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff considered people's individual communication needs and these were documented and met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff helped people to maintain established relationships and create new friendships and interests.
- The shared aim of all staff was to "bring the outside community in and take us out to the community." This included employment opportunities. A staff member told us they were always looking for ways to get people out into the community and engaging with services outside of the village. For example, one person participated in armchair exercise classes and music and poetry afternoons in the community.
- Some people chose to follow individual interests and pursuits. One relative explained their loved one chose not to attend organised activities, but they did go out birdwatching. They said, "[Name] is more than happy to stay in the village, that is their choice."

Improving care quality in response to complaints or concerns

- People know who to speak with if they had any worries or were upset. Some relatives told us felt there was limited contact with senior managers although the registered manager was approachable and there was good dialogue locally.
- A procedure was in place to guide both people making a complaint and staff when required. This had been followed in practice.

End of life care and support

- Staff considered people's end of life wishes including cultural and religious beliefs and these were respected.
- Staff received training and felt confident to provide skilled care to people at this important time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People expressed confidence in the service and felt it was well led. Some relatives felt there was limited contact with senior managers although they said the registered manager was approachable and there was good dialogue locally. One said, "I highly rate the managers, they are working hard to turn the place around." And another, "The managers are completely open and cannot praise them enough."
- Staff were extremely positive about their roles and said the registered manager was supportive. One staff said, "Managers have an open-door policy so you can go to them at any time to ask them a question."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management structure in place. Managers and staff completed regular audits and monitoring checks to make sure the service was safe and people received high-quality care.
- Managers encouraged staff to give feedback and make suggestions about how the service could be improved. Staff told us managers acted on feedback. One example was the new network connection, which made telephone contact better. A staff member told us this had improved their access to managers on call, "Communication has drastically improved over the last year."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility regarding the duty of candour and honest feedback following any mistakes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Managers and staff encouraged people to feedback about their care and support. Regular weekly meetings connected the whole village and people could attend house meetings and individual meetings.
- Staff worked in partnerships with other services locally to promote people's health and wellbeing and to offer people employment opportunities.