Camphill Village Trust Limited(The)

Croft Community

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 5 April 2016 and was announced. This was the first inspection under the services current registration.

Croft Community is a supported living service registered to provide personal care to adults with a learning disability or autistic spectrum disorder who may also be living with dementia, mental ill health, sensory impairment or a physical disability. Dementia is an umbrella term used to describe the range of conditions that cause changes in memory and other cognitive abilities that are severe enough to interfere with daily life. The service does not offer nursing care.

Croft Community is based in the market town of Malton. Homes are provided within a community which consists of nine houses in different areas of Malton. Some are supported by staff twenty four hours a day and others are single flats close to the larger houses encouraging the development of people's independence. Some properties are situated on the main site which is open to everyone who lives within the Croft Community. At the main site there are also communal facilities and workshops where people spend all or part of their days working or socialising. The community run a café in Malton where they sell goods made by people who use the service.

There were 30 people receiving personal care and support on the day we inspected. There was a registered manager employed at this service who had been registered with the Care Quality Commission (CQC) in September 2013. 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.

Staff were recruited safely and appropriate recruitment checks were carried out before they started work at the service. There was sufficient staff on duty to meet the needs of the people who used the service. The staff received an in depth induction and on-going training throughout their employment at the service. They were supported by more senior staff through supervision and an annual review.

Staff could recognise different types of abuse and knew how to alert someone if they witnessed anyone being harmed. They had received training in this subject and the organisation had policies and procedures in place to support them.

Risk assessments were in place for people's health and welfare needs as well as detailed management plans where appropriate. In addition there were risk assessments highlighting any environmental risks to people.

The houses were safe, clean and well maintained. Any equipment was serviced according to guidance. Where people had been involved in accidents or incidents these had been recorded and reviewed monthly.

Medicines were managed safely within the houses. Some people kept their own medicines and others were administered by staff. Where appropriate people had risk assessments relating to their medicines management in place. These were taken with them if they visited family or transferred between services along with their hospital passport.

The service worked within the principles of the Mental Capacity Act where appropriate. People had choices about how they lived their lives.

People planned their menus, went shopping and cooked together in the houses. Where additional healthcare support was needed around eating and drinking this was sought through the persons GP.

The service was accessible and able to meet the needs of people with a physical disability. There was ramped access to each of the houses. Inside the corridors and doors were wide enough to accommodate wheelchairs. people had en suite wet rooms with grab rails and adapted toilets. The houses were secure with door entry systems to ensure unauthorised people did not enter the properties.

Staff were friendly and kind towards people. We observed many positive interactions. The service was enabling, supporting people to be independent through work, education and social interaction. People spoke positively of the care provided and told us they were treated with dignity and respect.

There were good community links through the café run in the town, conservation work and links with a local older people's service. There was clear partnership working with education and the learning disability service as well as internal links with other Camphill services.

There was an effective quality assurance system in place which encompassed key lines of enquiry used by CQC. This enabled the registered manager to identify issues and measure the delivery of care.

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. Risk assessments were undertaken to determine the risks for people and action was taken to help minimise those risks. Staff knew what it meant to safeguard people and told us how they would report any suspected abuse.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs.

There were systems in place to ensure that people received their medication safely

Information for staff to use in the event of an emergency such as extreme weather was available.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills required to provide care and support for people who used the service.They undertook training to learn new skills and keep existing skills up to date.

People were supported to make decisions and choices about all aspects of their lives. Staff were able to demonstrate an understanding of the principles of the Mental Capacity Act, and the importance of gaining consent before providing care to someone.

Where people needed additional support from health and social care professionals this had been accessed.

Is the service caring?

Good

The service was caring. We saw staff treated people with dignity, respect and kindness. Staff appeared to be knowledgeable about people's needs, likes, interests and preferences.

There was a warm and friendly atmosphere and people looked well cared for and had good relationships with staff.

People were well supported through advocacy services when these were needed.

Is the service responsive?

Good

The service was responsive. People were able to experience the community before deciding whether or not to live there. Information about their needs was gathered before they went to live at the service. This information was used to inform care plans and risk assessments written to help keep people safe.

The service provided a range of work, educational and social activities for people. The activity was meaningful and people told us that they enjoyed living within the community.

Staff recognised people's changing health care needs and they worked closely with other health care professionals in order to ensure good outcomes for people.

People we spoke with told us they felt able to raise concerns and could make a complaint if they wished. There was a policy and procedure in place to support staff when dealing with complaints.

Is the service well-led?

Good

The service was well led. There was a registered manager in post who was keen to continually develop and improve the service. Audits had been completed to check the quality of certain areas of the service. A new system was being developed which was in line with key lines of enquiry used by CQC.

People who used the service and staff we spoke with told us they felt supported by the registered manager who was approachable. There was a friendly welcoming feel at this service.

People we spoke with understood the management structure in the home. Meetings were held weekly to find out people's views and keep people informed.

Croft Community

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 5 April 2016 and was announced. The provider was given 24 hours' notice because the location provides personal care in a supported living 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 one inspector and one 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 care service. The expert by experience had experience of health and adult social care services.

Prior to the inspection we contacted the local authority commissioners, adult learning service and Scarborough advocacy service who all gave a positive account of the service. In order to plan our inspection we looked at statutory notifications we had received. Statutory notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the 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 used the information they had given us to help with our planning.

During the inspection we were shown around the main site by two people who used the service. We looked around one of the houses where people lived, two workshops where people worked during the day and looked at the communal areas and grounds. We later visited the café where people who used the service worked as part of the team. We reviewed the care records and risk assessments for four people as well as inspecting a random selection of medicine administration records (MAR's). In addition we observed how medicines were administered and stored in one of the houses.

We looked at six staff recruitment and training records and looked at documents used in the running of the

service. Surveys were checked, accident and incident reports reviewed along with staff rotas, policies and procedures and any complaints. Documents were checked to see whether or not the service and equipment had been maintained.

We spoke with 14 people who used the service, one relative, the registered manager, the quality auditor, the team leader for day provision, two members of staff supervising the workshops, and five care workers.

Following the inspection we spoke to 13 relatives by telephone and gathered their feedback about the service. We also spoke with a learning disability nurse.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and relatives confirmed this view. One person who used the service told us, "Oh yes, I am safe." A second person had sent an email to us saying, "If I had to evaluate the Croft this is what I would put. How the staff keep the residents safe. There is support staff on site at all times 100%. All the houses are locked at night 100%. They have sleep in staff 100%. We have phones in all the houses 100%. We have a gate that will be shut at night and when it is not in use 100%. Residents carry phones with them so they stay in contact if in trouble 100%." A third person said, "They help me with my budgeting."

When we spoke with relatives they considered people to be safe. One relative told us, "Very happy with the care. She doesn't have to cross busy roads to go to work; very safe" and another told us when asked if their relative was safe, "Totally safe, [Person] did 10 days there then a long weekend all over several months. When [Person] arrived there [Person] said, "I'm home"."

We looked around the main site and visited some of the houses. People who used the service contributed to the cleanliness and tidiness of their own rooms with support from staff. The houses were clean, tidy and well maintained. We were told that staff had access to personal protective equipment such as gloves but did not see any personal care being carried out. We observed that there were guidelines for staff to follow in the use of personal protective equipment such as gloves and aprons and access to the equipment.

During the inspection we found that there were procedures in place for protecting people from abuse. Staff were aware of the action they must take to protect people and told us they would report any issues straight away to the registered manager. One member of staff we spoke with explained how they would recognise and report abuse. They had undertaken training in this area to keep their knowledge up to date and we saw records that confirmed this. A member of staff we spoke with said "I have been trained in safeguarding and if I saw anything I was not happy with I would tell the manager." A second member of staff told us, "People are safe but it is important that they can take risks."

Risks to people's safety were assessed, managed and reviewed. We saw that up to date risk assessments were in place for each person. In one person's care plan the risk of having a seizure had been identified and there were clear and detailed management plans for staff to follow if this happened to ensure the persons safety.

Each person's safety and welfare was considered. For example, on each person's care file there was information that could be taken to hospital in the event of an emergency to help inform the hospital staff about how they should be cared for. We saw that any accidents or incidents involving people were recorded. These were analysed eon an on going basis to identify the type of accident and if any areas that required improvement had been identified. Staff had been trained in emergency first aid ensuring that people who used the service would receive appropriate emergency aid if necessary.

There was a business continuity plan in place for the service which identified what should happen if some

event seriously disrupted normal working. This gave clear guidance to staff about what to do in the event of an emergencies such as loss of utilities or severe weather. There was an action plan in place for each identified threat. Copies were kept in each house, workshop and office.

Staff were trained in the use of non-abusive psychological and physical intervention and the learning disability service had been involved in training staff in positive behaviour support. These are non-physical interventions that maintain the safety of staff and people who use the service. They involve use of the least restrictive form of restraint which supports people's rights.

The service had made sure that people were able to access all areas of the service safely with a comprehensive health and safety policy in place. There was a fire risk assessment and fire safety notices throughout the buildings. The communal areas of the service were free from obstacles to ensure there were no trip hazards. There was a secure door entry system in place in the houses to ensure unauthorised people did not gain entry to people's homes.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs. The registered manager worked over five days and was supported by senior care workers and care workers. The relatives we spoke with told us they felt there were enough staff to meet their relative's needs. We saw pictorial rotas in one house highlighting which staff were on duty. The rotas demonstrated consistency in the number of staff on duty. There was an out of hours policy and procedure for staff to follow in order to manage any risks that may occur within the communities. In addition there was an on call system which provided telephone advice and a physical presence if necessary. There was a designated responsible person allocated every day to be a point of contact if the senior care workers were not available. This system complemented the on call arrangements.

We looked at the systems in place to deal with medication and saw that people received their medicines safely according to the service policy and procedure. This included how medication was ordered, stored, administered, recorded and disposed of in the houses. Each medicine administration record (MAR) had a photograph of the person in order that staff could identify them correctly. People had individual risk assessments in relation to their medicine requirements. These identified the support people needed when taking medicines which ensured staff were aware of any support they needed to provide. There were clear instructions for staff when giving "when required" medicines and these were recorded when given. Staff were trained in the safe handling of medicines and competency checks had been carried out to ensure staff were working safely.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge required to provide care and support for people at the service. They received a comprehensive induction when they started working at the service and continuous training as part of their employment. People who used the service told us that they felt they were well looked after by staff and one person said, "They help me become more independent."

Relatives said, "They are so professional" and another said, "We are very happy about [Relatives] care. He lives a happy and fulfilled life." A learning disability nurse told us, "People are well cared for by staff at the Croft."

Staff at the service had undertaken regular training in a variety of subjects such as moving and handling, safeguarding, first aid, introduction to dementia, equality and diversity, food safety and nutrition and the Mental Capacity Act (MCA) 2005. All the staff we spoke with told us that training was on-going and had to be completed to help them to maintain their skills so they could care for people effectively.

We spoke to one staff member about working at this service. They had completed the required training plus additional training in communication skills. They said, "The opportunities for training are good here."

Staff told us they were well supported by senior staff. Records confirmed staff had received regular supervision and staff confirmed this. Supervision is a one to one meeting with a senior member of staff where work related matters and training and development needs can be discussed. One new member of staff had received more regular supervision in order to ensure they were supported in their first weeks working for the service. All staff working for this service had an annual review.

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. For people living in their own home, this would be authorised via an application to the Court of Protection. There were no Deprivation of Liberty Safeguards (DoLs) authorisations by the Court of Protection in place for people using this service. People were supported to make decisions as much as possible and where relatives had Lasting Power of Attorney they were consulted. In addition some people at the Croft had a lay advocate to support them in their decision making. This is a person who is not appointed by a court or statutory body but who provides support to a person through listening to their views.

Some people who had difficulty communicating verbally had a communication passport within their care records. This was pictorial and outlined in detail the important things people needed to know in order to

communicate with the person. For example it used pictures and identified the way in which the person may say things or gave ideas about how to understand the person. This helped the person express themselves.

People using the service had their nutritional needs assessed where appropriate. Information about people's preferred foods and drinks, food allergies, likes and dislikes was recorded. If any needs were identified with eating or drinking people were referred to the appropriate health care professionals for advice and support. For example we saw that one person was affected by the sight or smell of certain foods. These were listed and also added to their hospital passport so that the information was available for staff if they needed to be transferred to other services.

Everyone in the community who was able helped prepare the food and people ate together in the houses. They were helped by staff to plan their weekly menus and go shopping. We observed a lunch time meal where one person was eating a specialist diet which had been prepared separately and observed another person cooking their evening meal with the help of their key worker. They told us, "I enjoy cooking, the food is good." We asked one person if they could always get a drink or a snack if they needed one. They said, "Yes we can always get drinks and something to eat if we need it." In the houses we observed there was fresh fruit and various snacks available.

The houses were accessible and designed to meet the needs of people with a physical disability. There was ramped access to each of the houses and inside the corridors and doors were wide enough to accommodate wheelchairs. People had bedrooms with en suite wet rooms which had grab rails. There were also adapted toilets. The houses were secure with door entry systems to ensure unauthorised people did not enter the properties.

We saw evidence that there were health care professionals in regular contact with this service to support people. We saw evidence in people's records of visits by a community learning disability nurse, social workers and GP's.

Good

Is the service caring?

Our findings

All of the people we spoke with told us the staff were caring and understood them. One person who used the service told us, "The staff are quite friendly and help me out when I need them to, they understand me" and a second said, "Being at the Croft is really great because here we are seen not for our disability; we are encouraged to be as good as we can so we can become great because the staff believe in us to reach our potential." They went on to say, "Support workers are my surrogate family and make me miss my family less." People felt valued.

Relatives felt that the staff were caring. A relative told us, "[Relative] has never been so happy" and a second said, "I'm overwhelmed with the care." A third relative said, "I can see when I visit how happy [Relative] is and well looked after."

Staff were professional but respectful in their approach .We asked all the people we spoke with if staff respected their privacy by knocking on their doors before they entered their bedrooms for example. They all told us that staff treated them with dignity and respected their privacy. They said they felt comfortable with the staff providing personal care when it was needed saying, "They make sure I don't slip" and "My key worker massages my feet for me." One person said, "The staff are caring quite a lot. I think it's really nice what they do."

There were people living at the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. We were told that those diverse needs were adequately provided for within the service; the care records we saw evidenced this and the staff who we spoke with displayed empathy in respect of people's needs. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

We saw that some relatives had sent letters and the more recent ones said, "They [staff] have all shown such kindness and understanding and provided a wonderful environment to help [Name] cope [with recent event]" and, "A warm thank you for the kindness, care, thoughtfulness and compassion you bring to the professional and skilfully diplomatic care you take of [Relative]."

We saw staff supporting people throughout the day with understanding and compassion. Staff recognised people's needs because they obviously knew them very well. People who used the service had a 'key worker' which is a named member of staff allocated to be a point of contact for people and their families. The registered manager told us that people received three hours of one to one time with their key workers every week when they could spend time together doing an activity, chatting or attending events. We witnessed one person taking part in their one to one time. Recently due to staff changes there had been some changes to key workers which had caused some concern. Two relatives had brought this up as an issue because they were worried that it had affected their relative's well-being. However, when we spoke with people who used the service they had told us that their key worker had changed and although they expressed sadness they did not appear to be distressed.

People were encouraged to go out with their relatives whenever they wished and some went to visit for weekends and holidays. Visitors to the service were made welcome and included in activities provided within the service. One relative told us, "I was invited to have a meal with my [Relative] at the Croft recently which was very nice."

Information was shared by the service via a newsletter and invitations to events. The most recent newsletter informed people about the recent quality of life audit project carried out by people who used the service, festivals and gatherings, health advocates, a report on a brewery trip, and upcoming events. In addition, activities that were taking place in the local community were advertised on boards in people's houses. Some relatives told us that in their opinion, information was not always shared appropriately by the provider, The Camphill Village Trust, but said that the Croft was good at keeping people informed. When we spoke to a person who used the service they told that they were consulted about anything related to the community.

People were supported through advocacy when this was needed. We spoke to a lay advocate who told us, "The support offered within the Croft is brilliant. I have worked with a number of separate clients there and all seem to speak positively of the support workers and what they do for them. The care and support is very personalised; from each person choosing an evening meal once a week to a person choosing where and what they want to do at the weekend."

People's needs towards the end of their life were being considered by the service. There was no one receiving end of life care at the service but some people had been supported by the service for many years. Because of this, the provider had started to look at how the ageing population within this community could be supported and had decided to develop one house as a specialist service for people living with dementia. This was in progress when we inspected.

Good

Is the service responsive?

Our findings

People at the service received person centred care. This is when any treatment or care takes into account people's individual needs and preferences. A pre-admission assessment was undertaken before people came to live at the service and as part of that people were invited to visit the service prior to a decision being made. They were then invited to spend a few days within one of the houses. This served to help people decide whether or not they would fit into the community and to ensure that the staff could meet people's needs.

Care plans were developed following a person's admission to the service. They contained information about people's needs such as personal care, eating and drinking and communication. There was a general initial risk assessment and then more enhanced assessments for specific conditions. For example one person took a prescribed medicine which had certain risks attached. These were made clear and there was guidance in place for staff.

There were management plans and guidance in each person's plan to ensure staff were clear about the specific care people required. One person had specific routines around bath time. These were outlined in detail for staff to follow. Each person had a one page profile which looked at what people liked and admired about them, what they wanted people to know about them, who their important contacts were and other details. This was a summary of the more detailed care plan.

There was a health assessment and action plan in people's care records which outlined their health needs and any actions that may need to be taken. Some people were supported by the learning disability service or their GP's to maintain their mental and physical health. We spoke to a learning disability nurse who told us, "Staff at the Croft have followed any instructions I have given and kept records for me."

We saw evidence of reviews of people's care plans. Some people who represented their relative had been involved in reviews carried out by the local authority and one told us, "I can always talk to [Relatives] key workers about concerns I have. We are involved with [Relatives] care and go to all the reviews." A second relative told us that they regularly spoke with staff and were kept informed of any changes every time they visited the service. Two other relatives did not feel that they were involved in reviews as much as they could be. When I spoke with the learning disability nurse they told me that when they first became involved at the Croft referrals had not been made to the learning disability service as needed and so they had not been so involved with peoples care. However, this had changed and the service was keen to work with them. They had invited the learning disability professional to staff meetings to review and share information.

Everyone supported by the service had agreed when they came to live there that they would take an active part in the life of the community. This meant going to work in the workshops, café or in the gardens. We could see that this gave people a sense of purpose and one member of staff told us, "Activity promotes self-worth. When you contribute it makes you feel good about yourself. Camphill Village Trust (CVT) has always encouraged that contribution." We spoke to people who used the service about their daily lives and one person told us with pride, "I work in the weavery and made a [name of story sack]. I also visit the library to

read children stories." Another person showed us the rugs they had woven which would be sold at the summer fair or in the café. Everyone was keen to show us the work they did. One person who used the service told us, "The workshops give us a sense of purpose and being part of something much bigger. I love it here because it gives me a sense of achievement."

Some people who used the service took part in adult education to develop their knowledge. An education professional told us, "I have worked as an Adult Education manager for over 25 years. Over the past five years I have worked more closely with the Croft Community. During that time I have seen this organisation develop and emerge as a leader in providing excellent facilities for its members and the wider community." They went on say, "Some members are presently working on a functional skills English programme. This is an English qualification embedded into conservation and community development."

In the houses we saw that people looked after their own rooms when they were able, cleaning them and changing the sheets on their beds. They helped in the running of the household contributing to cooking and cleaning. This meaningful activity helped give people a sense of belonging.

We asked people about their hobbies. One person told us they were interested in trains and walking. Another had joined a local walking group. A third told us they enjoyed going out on a weekend to different local attractions and enjoyed the sixties night. Three people had completed a bike ability course. This is a course where people gain practical skills and the understanding of how to cycle on roads. One person did not believe that activities were always available and so took their [Relative] home for weekends and holidays to make sure they could do the things they enjoyed. On the whole we concluded that people were taking part in activities that were meaningful to them and that they enjoyed.

When people went home or to other services we were told by a relative, "When [Relative] visits she brings all her medicines properly packed with her, her hospital passport and risk assessment." This demonstrated that the service managed transitions well because all the relevant information stayed with the person in case it was needed.

We saw that information was provided to people about the service complaints procedure when they came to live at the service. In addition there were contact details on the website and on the newsletter. People we spoke with told us they felt able to raise concerns and could make a complaint if they wished although most told us they preferred to discuss any concerns informally with the registered manager. There was a policy and procedure available for staff to follow but there had been no formal complaints made about the service. The service had received several complimentary letters.

Good

Is the service well-led?

Our findings

There was a registered manager employed who had been at this service for over two years. They held the NVQ level 4 in leadership and management in care services which is a vocational qualification. They also had previous work experience working with people who suffered mental ill health, had a learning disability and in specialist colleges. They had held management roles prior to working at the Croft. During our inspection we spoke with the registered manager. They were knowledgeable about all aspects of the service and able to answer our questions in detail.

People who used the service were confident with the registered manager and told us, "If we have a big problem we go to [Name of registered manager]" and "[Name of registered manager] is someone who you can rely on; someone that you can trust." People's relatives told us, "We have every confidence in the manager and the service." A member of staff told us, "The manager is open and transparent about things that are going on in the organisation and keeps the staff well informed of any changes that are going to happen."

The registered manager was supported by senior care workers in each house who took some responsibility for the work carried out by care workers. One senior care worker told us about the training they had completed around their facilitation skills, demonstrating that senior staff were supported to develop their skills and knowledge. In addition they received support from a general manager who was present on the day of our inspection.

The registered manager kept themselves updated about any changes through their own internal systems and by using the provider guidance on the CQC website. The service is part of the Camphill Village Trust national charity which provides central support. There was a good support group in place as part of a national initiative. This was a weekly group where people who used the service looked at what made good support and projects on what makes a good support worker.

People who used the service were supported to have a voice through attendance at a weekly neighbourhood meeting. A lay advocate told us, "There is always a huge amount going on in the village, to weekend event's/party's, weekly meetings in which everyone is given an opportunity to participate and regular catch up days with other CVT communities."

Recently people who used the service had being involved in a project looking at how the three year plan could be turned into a document that everyone could easily understand and engage with. When we visited groups had been developed and they were looking at areas under six main headings. These had been introduced into the weekly meetings and questionnaires had been circulated asking for people's views. They had not received as many responses as they wished so had visited all the houses, emailed staff and asked for comments and feedback at the last family day. A visual report was being developed. This had taken eight months for one area of the report to be completed.

The culture of the service was about people having a purpose and being valued. This was supported by the

management and staff and was visible throughout the service. The registered manager told us they were committed to the continuous development and improvement of the service and the service now had access to a quality auditor who had started to carry out audits of all the houses. The quality auditor told us that the quality framework they were using was linked to the key lines of enquiry that are used by CQC when carrying out inspections making sure that the service was meeting all regulations. The quality team were supporting the registered manager to set up a system of self-audit around a formal schedule. This had not yet been put in place.

People from the community and staff from other communities visited the Croft to carry out quality of life audits. These focused on individual people who lived at the Croft. Recently, the auditor spent five hours with one person over two days talking about their life at the Croft and observing their sessions in the workshop. This resulted in an in depth report of their experiences and highlighted areas for consideration following those discussions which would assist the staff at the Croft in supporting the person in developing or making changes.

Policies and procedures were in place which gave guidance to staff about all practical aspects of running the service. These reflected current guidance and good practice.

The Care Quality Commission had received notifications about incidents that had occurred. The registered manager told us that any accidents and incidents were all investigated and acted upon and we saw evidence of this. In order to promote learning these incidents were discussed in meetings if appropriate so that staff were able to reflect on them.

The service had good links with the local community. There was a shopping scheme for local people which people, who lived at Croft Community, took part in; they also assisted at a games afternoon organised at a local older person's service. Some people who used the service were involved in a conservation project at a local stately home. The café was in a central part of the town and used by the public. An education professional told us, "Through professional partnerships, we have worked together to deliver accredited qualifications in independent living skills and community work placements. Several members still actively volunteer in projects that were initially offered as part of the learning programme. The Croft has gone from being an organisation operating behind closed gates, to a vibrant community organisation which is widely respected throughout Ryedale."

The service had a business plan which was in a pictorial format. This set out the priorities of the service for 2014 to 2017.