

Camphill Village Trust Limited(The) Delrow Community

Inspection report

Hilfield Lane
Aldenham
Watford
Hertfordshire
WD25 8DJ

Tel: 01923856006

Website: www.cvt.org.uk/communities/delrow-community

Date of inspection visit:
04 January 2024
10 January 2024

Date of publication:
23 February 2024

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Delrow Community is a domiciliary care agency providing personal care to people with a Learning disability and autistic people. At the time of our inspection there were 50 people using the service, however 14 people were being supported under the regulated activity of personal care.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way; however this was not always documented appropriately and the policies and systems in the service did not support this practice.

Staff supported people to play an active role in maintaining their own health and wellbeing and enabled people to access specialist health and social care support in the community.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes.

Right Care

The provider made sure that there was enough skilled staff to meet people's needs and keep them safe, as well as ensuring they met best practice guidance. Staff had training; however further specific training was required to meet people's individual needs. This was something the provider planned to continue developing.

People had risk assessments that detailed their immediate risks and how to mitigate the risk.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The registered manager and staff worked well with other agencies to do so. People were supported by staff who treated them with respect and staff were kind and caring.

Right Culture

Professionals spoke positively about the responsiveness of staff, however they felt that the communication with the management needed to improve.

Managers completed quality audits which covered all aspects of care, although some of these audits did not identify some of the concerns we identified as part of the inspection.

People and staff were involved in the running of the service and fully understood and considered people's protected characteristics.

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

Rating at last inspection

The last rating for this service was Good (published 30 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and recommendations

We have identified breaches in relation to documenting decisions made in people's best interests. We also recommended the provider reviews the training they offer to ensure that staff are skilled to support people to meet their individual needs. Please see the action we have told the provider to take at the end of this report.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Delrow Community

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector and a medicines inspector.

Service and service type

This service provides care and support to people living in nine 'supported living' settings, 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider had recently recruited a manager to the post and was going through the application process.

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service about their experience of the care provided and 4 relatives. We spoke with 8 members of staff including senior manager, manager, team leaders, and support workers. We spoke with 2 professionals. We reviewed a range of records. This included 4 people's care records and various medication records. We reviewed 3 staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Where people used patches, patch rotation charts were not used at the service. There was no clear record to show rotation of application site or removal of previous patches. Effective rotation of patches can help avoid the adhesive material from irritating the skin. Ensuring patches are removed and recorded can prevent accidental overdose. The management team said they would implement the additional checks for this medicine.
- People received their medicines as prescribed. Medicines were administered at set times of the day using a paper-based system which supported staff to follow the prescriber's instructions.
- Medicines care plans were person-centred. They explained how staff could best support people and had detailed information about specific treatments. For example, where a person had seizures there was very clear guidance on how to support them and what to do if a rescue medicine was needed.
- The service supported people to manage their own medicines where this was assessed as being appropriate.
- Staff worked alongside prescribers to ensure the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both) were followed. People using the service, or their advocates, staff and specialists were all involved in decisions made about the treatment given to a person.

Staffing and recruitment

- The provider operated a safe recruitment process; appropriate checks were undertaken to help ensure staff were suitable to work at the service. A disclosure and barring service (DBS) check and satisfactory references had been obtained for all staff before they worked with people. However, in some cases not all staff have a full employment history. All other checks were in place to determine staff were safe to work in this sector. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- On the day of the inspection there was enough staff to meet people's needs. Staff and people felt they had the right skills to support people.

Systems and processes to safeguard people from the risk of abuse and avoidable harm; Learning lessons when things go wrong

- People were supported by staff who were able to recognise signs of abuse. Staff gave examples where they had raised safeguarding concerns and felt there had been the responsiveness from the management. One staff member said, "I am responsible for ensuring the safeguardings are recorded appropriately and signed off in a timely manner. I am fully aware what steps to take if I am concerned."
- People felt they were safe with the support they received. One person said, "I have lived here for a long time, I feel very safe here. I am very fond of staff, they are very kind."

- Where incidents and accidents occurred the senior management team reviewed these and looked at how they could prevent these happening again, as well as lessons learnt. They were then shared amongst staff.

Assessing risk, safety monitoring and management

- Risk assessments detailed how to manage identified risks, whilst providing the least restrictive level of support. This meant people were able to remain as independent as possible.
- People were encouraged to be involved in managing their own risks. Where risks emerged, staff were proactive in managing these. For example, prompt health professional involvement enabled staff to be confident about the best ways to manage situations where themselves or the people they supported needed help with health involvement or involvement for their mental health support needs.

Preventing and controlling infection

- People were protected from the risk of infection as staff were aware of how to follow safe infection prevention and control practices.
- Staff and the management team supported people and encouraged them to educate them on the importance of maintaining a clean environment to prevent infection.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

- The provider was not always working in line with the MCA. Where people lacked capacity for certain decisions, these were not always captured to show that where restrictions were in place these were in the best interest of the individual.
- Where restrictions were imposed the manager did not always look at the least restrictive measure. We found examples of where mental capacity assessments and care plans had been developed but these identified the use of restricting people's rights. Although the management team said this was not how they supported the individual, this information was still present in care plans.

The management failed to demonstrate they met the legal framework where decisions were made on behalf of people and fail to review these decisions. This was a breach in regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Despite this, people and relatives felt they had control of their support and felt they were able to make decisions about their care. A relative said, "The staff listen to [relatives] and there is wonderful staff, and we work together, we are all supportive of each other. Staff are very attentive to their wants and needs. They meet [relatives] aspirations incredibly well." Another relative said, "We feel our relative makes choices in their daily life that are important to them and offer them control of certain aspects in their live."

Staff support: induction, training, skills and experience

- People were supported by staff who had received the necessary training to support them. When speaking with staff they felt they had the skills and experience to support people. Although staff were trained in several mandatory areas such as safeguarding, medicines, health and safety, not all staff had completed learning disability training and positive behaviour support training which were essential for their role.
- The management team stated they had booked the staff on positive behaviour support and learning disability training which would be completed within the month.
- A staff member said, "I have received all of the correct training and relevant skills to complete my job role. I am always refreshing on all mandatory courses that are due throughout the year. I am currently studying

for my level 4 in Health and Social Care which will broaden my knowledge in my job role."

We recommend the provider reviews the training they provide to ensure that staff are skilled to support people to meet their individual needs.

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

- Assessments highlighted people's needs and their desired outcomes. Where needed, referrals to external agencies were made.
- Staff were knowledgeable about people they were supporting and were proactive in learning ways to offer support in a way that was best for them. This enabled people to have a good quality of life.

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

- We found people had guidelines in place from health professionals detailing how the food should be modified. We found that at times people were receiving food that was not in line with the guidance. The management team took immediate action following our feedback to ensure they could monitor people was receiving food in line with the guidance.
- For people who required dietician input, the manager ensured this was done and people's weight was maintained and regularly reviewed.

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

- The provider worked well within and across organisations. People were supported to live healthier lives, access healthcare services and support.
- The provider had set up workshops such as men and women's health where a nurse would attend depending on the topic of discussion. This covered all aspects of health such as menopause, sexual health and how to maintain sexual relationships.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers completed quality audits which covered all aspects of the support they provided, and filtered through to an action plan. A lot of what we found the provider had already identified as an area of improvement. This showed us that the management team were aware of the areas of improvement required. However, some of these audits did not identify improvement. For example, identifying where mental capacity assessments needed to be implemented and practice in relation to supporting safe eating.
- The management took immediate action following the feedback from the inspection and produced evidence to show they had actioned parts of the areas highlighted and the plans to implement further improvements.
- The provider did not adequately distinguish between roles and responsibilities of its own staff and those employed by other parts of the organisation. For example, staff who were responsible for support, were also making housing decisions, which could be seen as a conflict of interest and not in line with best practice.
- Staff gave mixed views on the support they received from their leaders. There had been recent changes within the leadership team and as a result some staff felt they were not always adequately supported for their role, however other staff felt that even throughout the management changes they continued to feel supported.
- Relatives also felt the changes in management at times impacted on their family member's care. A relative said, "The management team unfortunately has changed frequently over the last few years and understaffing issues have had a sometimes negative effect in the communication with parents. It has caused delayed responses and required numerous reminders and follow-ups on the parents' side. We are however happy that staff will always try to come to a positive solution when problems arrive."
- The management team had detailed trackers to monitor incidents, safeguarding concerns and medicine management as well as staff training, competencies and supervisions.
- The management team had a good understanding of people they supported and had a passion for wanting to deliver person-centred care that was inclusive. The management team worked collaboratively with the people they supported to make decisions the shaped the running of the service.
- We observed staff being respectful to people and people felt that staff were always kind and considerate to their needs.

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; Continuous learning and improving care

- The manager understood their duties in relation to duty of candour. In addition, the manager was aware of their responsibility to submit relevant notifications to the relevant partner agencies and CQC.
- People had the opportunity to share what they felt needed to be improved. The provider listened to people views and responded appropriately.
- The management team were responsive to recommendations made and had started implementing changes to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team was passionate about gaining experiences of people to develop the way they supported them with the aim to provide a great life. This was done through meetings and informal conversation where people were listened to, and action was taken.
- Staff gave feedback through individual face to face meetings with the management team and via surveys. Where improvements were highlighted, these were listened to and actioned.
- People felt they were comfortable in approaching the management team. One person said, "If there is anything I am worried about I would speak to staff and if not, I would be able to speak to [Manager]."

Working in partnership with others

- The manager gave examples of regular input from other professionals to achieve good outcomes for people.
- Professionals we spoke with told us that when they had involvement in the service, they witnessed staff having the right values and were kind and caring. A professional said, "We can say that there are a number of staff members that we have seen repeatedly over the years that we can see are supportive and knowledgeable about the service users they care for. Where issues have occurred the management team have been very swift to respond."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The management failed to demonstrate they met the legal framework where decisions were made on behalf of people and fail to review these decisions. This was a breach in regulation 11 (Need for consent) of the Health and Social Care Act 2009 (Regulated Activities) Regulation 2014.</p>