

# Camphill Village Trust Limited(The) Berith & Camphill Partnership

## Inspection report

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Date of inspection visit:  
12 September 2016

Date of publication:  
11 October 2016

## Ratings

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

# Summary of findings

## Overall summary

Our inspection was announced and took place on 12 September 2016.

This was our first inspection of this service since it had been registered with us in 2014.

The provider is registered to provide personal care and support to adults who had a range of disabilities. People who used the service would receive their support and care in their own homes within the community. One person was receiving personal care and support.

The manager was registered with us as is required by law and was present on the day. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

The provider had processes in place that they and staff followed to prevent people experiencing any mistreatment or abuse. Risk assessments were undertaken and staff knew of the actions they needed to take to keep people safe and minimise any potential risk of accident and injury. Staffing ensured that people received a consistent service from staff who they were familiar with, knew of people's individual circumstances and could meet their needs. People were supported to take their medicines as they had been prescribed by their doctor.

Staff received induction training and the support they needed that ensured that they did their job safely and provided support in the way that people preferred. Staff training records showed and staff confirmed that they had received the training they required to meet people's needs and to keep them safe. People were enabled to make decisions about their care and they and their families were involved in how their care was planned and delivered. Staff understood that people have the right to refuse care and that they should not be unlawfully restricted. Staff supported people to have drinks and meals that they enjoyed.

People were cared for and supported by, staff who were kind and caring. Staff supported people to be as independent as possible. People were encouraged and supported to undertake daily tasks and attend to their own personal hygiene needs.

The service was responsive to people's changing needs and requests. Complaints processes were in place for people and their relatives to access if they were dissatisfied with any aspect of the service provision.

Relatives and staff had confidence in the management team and the service. Processes were in place to monitor the service, by visit checks to the person's home and undertaking audits, to ensure that it was run in the best interests of the people who used it.

## 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.

The service provided was safe and secure and staff knew of the processes they should follow to prevent harm and abuse.

Risks to safety were well managed.

The provider's recruitment processes prevented unsuitable staff being employed.

### Is the service effective?

Good ●

The service was effective.

Effective care and support was provided in the way that was preferred.

Staff felt supported and had the training they needed to meet people's needs.

The registered manager and staff understood that people should not be unlawfully restricted and that care and support must be provided in line with people's best interests.

### Is the service caring?

Good ●

The service was caring.

The staff were kind and they gave people the attention they required in a caring way

People's dignity and privacy was promoted and maintained and their independence regarding daily life skills was encouraged.

Appropriate arrangements were in place that ensured support in decision making.

### Is the service responsive?

Good ●

The person's needs were assessed regularly and care plans were produced and updated with them and their family.

Staff were responsive and took into account the person's preferences regarding daily wishes.

Complaints procedures were in place for the person and their relatives to access if they wished to.

**Is the service well-led?**

**Good** ●

The service was well-led.

The management of the service was open and inclusive.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

Processes were in place to ensure that the service was run in the best interests of the person who used it.

# Berith & Camphill Partnership

## **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 12 September 2016 and was announced. The inspection was carried out by one inspector. The provider had a 48 hours' notice that an inspection would take place. This was because we needed to ensure that the registered manager/ provider would be available to answer any questions we had or provide information that we needed.

We asked the provider to complete 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. The form was completed and returned to us within the timescale we set. We reviewed the information we held about the service. We took the information provided into account during our inspection activities. Providers are required by law to notify us about events and incidents that had occurred, these could include accidents and injuries, we refer to these as notifications. The registered manager was aware of their responsibility to notify us of events however, no events that required a notification had occurred.

We spoke with one relative, two staff, and the registered manager. We looked at one person's care records and medicine records, two staff member's recruitment, supervision and training records. We looked at systems in place to monitor the quality and management of the service and provider feedback forms that had recently been completed by a relative of the person who used the service.

## Is the service safe?

### Our findings

A relative told us, "I have not heard and do not know of any abuse. The staff are lovely". A staff member said, "No abuse. If there was, depending on the situation I would tell the manager, go to higher management, the police or social services. Staff we spoke with told us that they had received safeguarding training and records that we saw confirmed this. The registered manager was aware of the processes that they needed to use if there were any concerns to prevent people being placed at the risk of harm and abuse.

A relative we spoke with told us, "I have no worries about their [person's name] safety". A staff member said, "The person is safe. Everything is assessed and care plans show the staff what they need to do to keep everything safe". The Provider Information Return (PIR) stated, "We have a full and robust suite of documents that covers risk and health and safety issues". We saw that risk assessments had been completed regarding a range of risk factors to prevent accidents and injuries. These included taking into account any potential environmental risks in the person's home and their health conditions. Staff and a relative told us that there had been involvement with the local authority aids and adaptation section. The registered manager had secured assessments and equipment for use in the person's home to reduce the potential for accidents and to keep them safe. The registered manager told us that no accidents or injuries had occurred. Records and staff confirmed this. This showed that risk assessment processes and care planning to reduce untoward events such as injuries had been effective.

A relative told us that there were sufficient staff available, who had the required skills and knowledge to meet their family members needs and to keep them safe. A staff member told us, "There are enough staff and all staff have the training and support we need to look after them [person's name]". The registered manager told us that they had a bank of staff who were familiar with the person and their needs to call upon if needed. They also told us that they also would cover at short notice if needed as they knew the person well. Staff confirmed this and also told us that they covered each other during holiday time and during other staff absences. This ensured that people would be supported at all times by staff who were familiar to them and knew their needs.

A staff member told us, "My references and checks were carried out before I was allowed to start work". The registered manager confirmed that no new staff could start work until all their clearances had been completed and were satisfactory. Records that we looked at confirmed that before staff started to work checks had been carried out with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We also saw that references from previous employers had been obtained and that potential new staff had been asked to confirm their health status to ensure that they were fit to carry out their job role. This meant that the provider had gathered all of the required information to enable them to make a judgement on potential new staff's suitability to prevent any risk of harm to people. The registered manager told us that a relative had been involved in the interviewing of new staff to ensure that they had the skills and experience required and that the family could have a choice of the staff who provided support to their family member. This was confirmed by a relative who told us that they welcomed this as they could help select the staff who could best meet their family member's needs.

A relative told us that their family member's medicines were managed safely and given at the correct times. The registered manager and staff we spoke with told us that only staff that had been trained to do so and had been deemed as competent to do so were allowed to manage medicines. A staff member said, "All staff have been properly trained to give medicines safely. Records that we looked at confirmed that this was correct. We looked at the person's medicine records and saw that they had been fully completed to show that they had been supported by staff to take their medicines as they had been prescribed by their doctor. We found that protocols had been implemented to instruct staff when 'as required' medicine should be given. This meant that the medicine would be given when it was required, and not given when it was not required.

## Is the service effective?

### Our findings

A relative told us that the service provided was effective. They said, "I have been involved in everything from the start the service well meets their [person's name] needs". The Provider Information Return read, "We have regular and on-going links with the family and ensure that the support that we provide is intrinsic to ensure that the person is at the heart of everything that we provide". Staff told us that the service provided was of a good standard. A staff member said, "I think that the service is excellent. It is person led. I wish my family member had a service this good". A relative told us, "Generally there are the same group of staff which is good as they know them [person's name] and they [person] know the staff".

A staff member told us, "I had a good induction. I did training, looked at care plans and records, was introduced to the person and shadowed other staff [shadowing is when new staff work with more experienced staff to learn their job role]. It was good as I was confident when I started work". The registered manager told us that they had introduced the Care Certificate and showed us training files to confirm this. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member said, "I get the support and guidance that I need. There is someone I can telephone or email at all times". Staff we spoke with told us that they received regular supervision sessions and records that we looked at confirmed this. A relative said, "I think the staff are trained enough and they do a good job". Staff we spoke with told us that they had the training they needed. The registered manager showed us training records that confirmed the training staff had received to enable them to be effective in meeting the person's needs.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures where personal care is being provided must be made to the Court of Protection. The provider had knowledge of the principles of the MCA.

A relative told us, "We [the family] are involved in all decisions". Staff we spoke with were familiar with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) we found that staff knew that they should not restrict the person in any way and that they should ensure that people consented to their care and support. A staff member told us, "We [the staff] always ensure that we ask permission for us to provide support. If I felt the person did not want support at that time I would wait a while and ask again". Records confirmed that staff gave choices every day for example, what the person wanted to wear, eat and drink. Training records that we looked at confirmed that staff had received MCA training and DoLS training to promote safe care in line with people's best interests.



A relative told us, "I help to plan the meals for them [their family member]. The staff know that I encourage a healthy, well balanced diet". Staff told us about the person's special needs regarding food and drink that included their likes, dislikes and what action they should take to prevent any risks. This was confirmed by records that we looked at. Staff told us that they knew it was important that people consumed enough diet and fluids to prevent illness. Records that we looked at confirmed the food and drink that had been offered to the person and what they consumed each day.

A relative told us, "The staff would make sure that I was told or the doctor was called if they [person's name] was ill. They let me know about appointments and I go with the staff where possible". Staff told us and records that we looked at highlighted that when there was a need, appropriate medical services had been accessed if the person was not well. The PIR read, "In order to provide effective support professionals are involved including the social worker and speech and language therapy". Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's, the dietician, occupational and occupational therapists. This ensured that the person who used the service received the health care support and checks that they required.

The aim of a hospital passport is to assist people to provide hospital staff with important information about them and their health. We saw that 'hospital passport' documents were in place that included the information hospital staff would need to provide appropriate, safe, care and support.

## Is the service caring?

### Our findings

A relative said, "The staff are lovely". A staff member said, "I think all of the staff are kind and caring". Staff spoke about the person they supported in a caring compassionate way.

A relative told us that staff asked them and their family member how they wanted to be cared for and supported. They said, "The staff know them [person's name] well and that makes sure that they are looked after well". Staff we spoke with were able to tell us in detail how the person wanted to be looked after and what their likes and dislikes were.

A relative said, "The staff are polite and respectful to [person's name] in the way they care and look after them [person's name]". Staff told us how they ensured privacy and dignity. They told us they closed curtains and doors and ensured that people were covered with a towel or blanket when people were receiving personal care.

A relative said, "They [person's name] always look well presented. Staff and records confirmed that the person was encouraged to choose what they preferred to wear each day. A staff member told us, "We prompt and offer support to do what is required however, it is important for people to retain their independence and we do that. We encourage the person to eat independently and do small personal care tasks". This showed that staff knew that it was important to promote the person's self-esteem, to enable the person to present themselves in the way that they wished, and to promote independence.

The registered manager told us that the person's family gave them support and advocated for them on their behalf when this was needed. The relative we spoke with confirmed that they voiced the views for their family member when there was a need to and that the registered manager and provider welcomed this.

## Is the service responsive?

### Our findings

A relative told us, "We [the family] were involved in the assessment of their [person's name] needs and every other aspect from day one. The service is just set up for [person's name] and we were involved in getting the building ready, purchasing furniture and everything so that their [person's name] needs could be fully met. This still continues now". The registered manager told us that assessment of need was undertaken for the person before a service was offered to make sure that they could meet the person's needs. This was confirmed by the staff and records that we looked at.

A relative told us that the service was responsive and flexible. They said, "If anything needs to be changed staff do this for us". A relative said, "We [the family] are invited to join in reviews on a regular basis and am always listened to. The registered manager told us that reviews with the person's family were undertaken regularly. Staff we spoke with and records that we looked at confirmed this. This showed that processes were in place to regularly determine if any changes to the care and support offered were needed and to ensure that appropriate safe care was provided.

A person relative told us, "I would speak to the manager if I was not happy. I would not mind doing that and I have confidence in them". We saw that a complaints procedure was available in words and pictures to make it easier for people to understand. The complaints procedure gave contact details for the local authority and other agencies they could approach for support to make a complaint. This demonstrated that a system was in place for people to access if they were not satisfied with any part of the service they received. No complaints had been made to date.

## Is the service well-led?

### Our findings

The relative we spoke with was complimentary about the service provided, the staff and the management. They said, "It is a very good service well organised". Staff we spoke with told us that they felt that the service provided to people was of a very good standard and well organised. The registered manager was committed to and proud of the service they provided and spent time telling us about the good aspects of the service. This included the provision of a personalised service. This was confirmed by the relative and staff we spoke with.

The provider had a leadership system in place that relatives and staff knew of. There was a registered manager in post who was supported by a deputy manager and senior care staff. A relative we spoke with told us that they knew who the registered manager was and named them. A relative said, "I can ring and speak with someone at the office at any time". A staff member said, "The manager encourages us to raise any issues no matter how small. Doing things 'spot on' is important to them". This showed an openness and commitment to the service provided.

A staff member said, "I really like my job. All staff are valued and supported". Another staff member told us, "They [the registered manager] are supportive". Other staff also told us that the registered manager was very supportive and helpful. Staff told us that on call arrangements were in place so that they could be guided and supported outside of business hours. Staff told us that they had regular staff meeting and these were positive. A staff member told us, "In our meetings we can raise any issues and are listened to".

A staff member said, "I have done whistle blowing training and I would not hesitate to report any concerns I had to the manager". Other staff we spoke with also gave us a good account of what they would do if they were worried by anything or witnessed bad practice. We saw that the provider had a whistle blowing policy in place and staff we spoke with were aware of this policy.

We asked the provider to complete 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. The PIR was completed and returned to us within the timescale we asked. This showed that the provider was meeting legal requirements set. Providers are required legally to inform us of incidents that affect a person's care and welfare. The registered manager knew about this but confirmed that no event had occurred that we had to be notified of.

The provider had a range of systems in place for monitoring and auditing the quality of the service. Records that we looked at highlighted that the provider and registered manager carried out audits of the service. Reports produced following these were available for us to see and confirmed that the service was operating to a good standard. Staff told us that the registered manager carried out spot checks to ensure that the staff worked as they should. Records that we looked at confirmed this. Records that staff completed in people's homes that included those to reflect the care and support provided and medicine records, were returned to the office regularly for the managers to check. We saw that where changes were needed ways to improved were discussed with the staff and monitored.

A relative said, "I filled out a form" [provider feedback form]. The registered manager told us that they had used feedback forms for people and relatives to complete. We saw that this was correct and viewed some of the completed forms. We found that feedback from people and relatives was positive and reflected conversations we had with them.