

# Camphill Village Trust Limited(The) Delrow Community

## Inspection report

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19 February 2018

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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 over several dates. On the 14 November 2017 we visited the site office. On the 16 November 2017 we telephoned relatives in order to obtain their feedback about the service. On the 8 February 2018 we visited people in their own homes and on 19 February 2018 we telephoned staff members in order to obtain their feedback about the service. At their last inspection on 17 August 2016, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet all the standards.

Delrow Community is registered to provide domiciliary care to adults with learning disabilities, mental health needs and older people. The service supports up to 55 people living within nine separate houses. People living at Delrow Community receive care in line with the supported living model where all staff employed by Camphill Village Trust provide care and support to people over a twenty four hour period. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of this inspection 51 people were being supported to live independently. Some people being supported by this service had complex needs including learning disabilities, physical disabilities and Autism.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People told us they felt safe at the service and they liked the way staff supported them to live their lives with choices and opportunities. Relatives told us they were happy how people were looked after and they felt the service was safe and met peoples` needs.

People were involved in developing their care and support plans and relatives where appropriate were invited to participate in developing and reviewing people`s care and support plans.

Relatives and staff told us there were enough staff to meet peoples` needs and support them with the activities they chose to do.

People lived an active life and had been provided with opportunities to pursue their hobbies and interests both within the service and in the wider community.

People were supported by staff who were trained and received regular supervision. People were encouraged to eat a healthy, balanced diet and there was access to healthcare professionals when needed. Staff understood the importance of giving people choice and listening to their views and opinions.

Staff members understood their roles and responsibilities and were supported by the management team to maintain and develop their skills and knowledge.

People's personal care records were kept securely to ensure unauthorised people did not have access to them. Staff spoke with people in a kind, patient and friendly way and people were treated in a dignified manner. Staff consistently ensured people's social needs were met, and people felt staff listened to them and valued their views.

There was a complaints process available and people were asked for their views at meetings. In addition relatives told us they were regularly asked to give feedback about the service and they felt positive about how the home was managed.

The management team were passionate about providing the best possible support for people and they actively supported people and staff to achieve this. There were quality assurance systems in place which were used effectively to identify any areas in need of improvement. Actions were taken to improve the quality of the care people received when it was necessary.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Delrow 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection took place over several days. The site office inspection took place on 14 November 2017 by two inspectors and was unannounced. The second visit to the service took place on 8 February 2018 was carried out by one inspector and was announced.

During the inspection we spoke with 12 people who used the service, five relatives, six staff members, the registered manager and the general manager. We received information from service commissioners and health and social care professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs. We reviewed care records relating to five people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

# Is the service safe?

## Our findings

People told us that they felt safe and happy living in Delrow Community. Relatives we spoke with told us they had no concerns regarding the care and support people received and they felt the service was safe. One relative told us, "Yes my [family member] is safe, it is an enclosed community there is freedom on-site to walk about, it is safe."

We raised a concern with both the registered manager and general manager with regard to the risks to people safety due to the main front gates of the service being left permanently open. This was also raised by Hertfordshire county council monitoring officers as a concern when they visited the service in July 2017. However we were informed that the service was looking into a key pad entry system being fitted and the possibility of CCTV being installed to monitor the main entrance of the service. It was also noted that there had been an increase in the amount of traffic using the road outside of the service, since the last inspection took place due to major building work being carried out adjacent to the main entrance of the service. As a result of these concerns we reviewed a range of individual risk assessments for people in relation to people's road safety abilities and for accessing the local community. We saw the risk assessments highlighted areas of concern and the control measures in place to reduce the risks to people. For example which exits to use which avoided using the main entrance of the service where there is less traffic.

Staff were knowledgeable about signs and symptoms of abuse and how to report their concerns. They told us and we saw that they received training about safeguarding people from the risk of harm and abuse. Staff knew where to find information about relevant contact details from outside safeguarding agencies where they could report their concerns under the whistleblowing policy.

We reviewed the risk assessment of five people and found that these had all been updated within the last six months. We found that potential risks to people's health, well-being or safety were now routinely assessed as part of the assessment carried out prior to people starting the service. We also found evidence that these had been reviewed at regular intervals to take account of people's changing needs and circumstances.

Risk assessments were in place for such areas as the environment, behaviour that may challenge and personal safety when accessing the local community. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. For example we saw one risk assessment for a person who accesses the community independently, this assessment outlined the risks posed and the control measures in place to maintain the person's safety. We saw that this risk assessment detailed a step by step guide of the journey both to and from the destination, a budgeting risk plan and emergency contact details of support staff at the service. The risk assessment also included a protocol for if the person went missing.

People were supported by sufficient staff to meet their needs. Although the majority of relatives we spoke with told us they felt there were enough staff to meet people's needs, there were also concerns expressed about the high turnover of staff within the past year. One relative told us, "The staff turnover is unbelievably high, new staff all seem to come from an agency. There is a huge turnover of staff, with key workers leaving.

It's difficult to get to know staff members. More stability is needed." As a result of these concerns, we reviewed the staffing rotas for the past two months and found that adequate cover was provided. Although both the registered manager and general manager accepted that that previously there had been difficulties in recruiting the appropriately skilled staff, a recent recruitment drive had resulted in the appointment of two full time support staff and one 30 hour post being filled. The service currently uses two recruitment agencies which provide regular and familiar staff to support people, when required.

Throughout the inspection, we saw that staff were unhurried and took the necessary amount of time needed to support each person. People were confident in asking staff to support them and staff responded in a timely way

Staff had received training in how to support people to take their medicines safely. We reviewed the medicine records of four people who staff supported with their medicines and saw that there was appropriate guidance for staff to administer medicines and that staff had signed the Medicine Administration Record charts (MAR) appropriately. Staff told us they checked the stock balances of people's medicines during each shift which ensured any errors could be identified quickly and rectified. Information was available for each person with regard to any allergies, possible side effects of the prescribed medicines and protocols were in place for medicines prescribed on an as needed basis so that staff knew when they should be offered and given.

.People were supported by staff who had undergone a robust recruitment process. We reviewed the recruitment records of five staff members. All five records demonstrated a complete employment history, together with a criminal record check and two references. The provider had carried out a selection procedure that included a form of selection test to check staff knowledge with regard to support, prior to offering them a post. We also saw evidence that people who lived within Delrow Community had been involved and consulted in the selection of new staff members. This helped to ensure that staff employed were of sufficient good character and suitable for the role they performed.

There were systems in place to help promote infection control. Staff took appropriate actions to protect people from the risk of infection. Staff members had received training in the control and prevention of infection. These included cleaning regimes and schedules and training for staff. We noted that the service had achieved five star rating for the hygiene and practices in the kitchens and for the management of food safety.

## Is the service effective?

### Our findings

People were supported by staff who had received the appropriate training for their role. Staff we spoke with told us that they had received an induction when they started working at the service and this had helped prepare them to carry out their roles effectively. All new staff were supported to commence the care certificate within their first 12 weeks and training was also provided in the principles of care. Staff received training in areas such as, safeguarding, epilepsy, food hygiene, autism, fire safety, emergency first aid, medication, infection control and Mental capacity Act training (MCA 2005).

People had their consent sought before support was given. We checked the care plans of five people and records confirmed that people, where able, had signed to give their consent to the support provided. This included consent for their photograph being taken and consent for support with taking their medicines. People confirmed that staff asked for their agreement before they provided any support and respected their wishes to sometimes decline certain tasks. One person told us, "Sometimes I tell the staff that I don't want them to help me and they respect that and leave me alone, but they always stay close by in case I need to call them back if I get into difficulty." Another person told us, "I can do what I want here and I can choose what I want to do or eat."

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.

We found that training records were up to date and we could be assured that all the necessary training had been completed. Staff told us they did access regular training and this was confirmed within the five staff files reviewed as part of this inspection.

People who lived within the Delrow community had the benefit of choosing and eating from a diverse range of organically grown produce from the allotments and poly tunnels located within the grounds of the service. They also had daily access to freshly laid free range eggs from a large flock of chickens, looked after by the people who lived within the service. We saw examples of weekly menus that had been devised to incorporate a healthy eating programme. One person told us, "I love the food here because it's not just healthy but it's very tasty, especially when we make pizzas." One relative confirmed, "They all have home cooked meals in the houses and vegetables are always available." Another family member told us, "My relative is encouraged to do their own meals and follow a healthy diet."

People and their relatives told us that staff accompanied people to their appointments and also supported people to get out and about in the community when they wanted. One relative said, "We are always updated by staff of what is happening to [name] when they visit the GP or dentist..." Another family member told us "Delrow manage my relative's medical appointments, they are very competent." We saw that arrangements

were in place with a local GP surgery, and people were further referred for support to services such as district nurses, psychiatrists, podiatrists and social workers. One relative said, "We are always updated by staff of what is happening to [name] when they visit the GP or dentist."

## Is the service caring?

### Our findings

People told us that staff were kind and caring towards them. One relative said, "The care and support is brilliant, the staff manage [name] very well. They share a bathroom with another person. The staff help [name] dress and shower and they are always clean and tidy with their hair looking nice. I can tell [name] is happy." Another relative told us, "The care is excellent, the staff have their heart in the right place, I am very happy overall." A third relative said, "Delrow is an amazing place; my [family member] is their own person more."

People were involved in discussions and decisions with regard to their care and these decisions were respected by staff. Staff we spoke with knew about people's needs and had a good understanding of what was important to each person and how to provide personalised care to them. We saw staff interacted and responded to people in a positive manner and had time allocated to spend time with each person on a one to one basis.

Staff had developed positive and caring relationships with people who they clearly knew well. People received care, as much as possible, from a team of consistent staff members. People told us that they were happy to approach and talk with the staff that provided their support. We saw that people were relaxed and happy in staff's company. We saw people chat and laughed together as well as discussing their routines and social activities. Staff supported people in a professional manner and provided guidance and boundaries which ensured they received the appropriate support.

People told us that staff respected their privacy and dignity and made sure that they supported them in the way they wished, and encouraged them also to remain as independent as possible. A person who used the service said, "I like to maintain my independence and staff respect that, even if it takes me much longer to do everything."

Confidentiality was well maintained by staff and information held about people's health, support needs and medical histories were held securely. Staff understood the importance of confidentiality and respected people's privacy.

## Is the service responsive?

### Our findings

People told us they were getting the support in the way they wanted. Staff had access to detailed information and guidance about how to support people in a person centred way, based on their individual health, social care needs and preferences. This included information about people's preferred routines, medicines, relationships that were important to them, dietary requirements and personal care preferences. Care plans also detailed what body language or signs people used to express their consent, happiness, sadness or pain.

Opportunities were provided for people to take part in a range of meaningful and diverse activities and social interests relevant to their individual needs and requirements, both within the service and in the local community. For example, we saw how the service had supported one person to embark on a responsible role within the judicial system and attended jury service with great success and in one case was nominated to be the spokesperson for the jury of one case.

We were also given examples of where people had been supported to attend social groups outside of Delrow Community, this included one person attending a group called 'Men in sheds' a social group to support people to pursue practical interests at their leisure and to practice skills associated with gardening and DIY. Key workers were encouraged to identify, plan for and deliver specific activities that best suited the needs and preferences of the people they supported. One staff member told us, "The key working system helps to build good relationships with the people we support."

One relative told us, "My [family member] has coped well with the transition from Camphill Village 'House parent' approach, where staff lived within the same house as the people at Delrow to a new 'social care' model, where staff now come into the person's own home to provide their support which is more appropriate for [name] needs as they are very capable and they have really benefitted." However we also found that one relative stated that they still referred to the 'House Parent' model of care to be preferable, for their family member. Another relative told us, "The facilities are good and they are looking for improvements to enrich people's lives. A recent grant for our own on-site café is next step, service users will help run it."

People and their relatives were confident to raise any issues or concerns that arose. One relative told us, "I wouldn't hesitate in going to the manager to speak about a concern. The manager listens, their door is always open, and residents can go in and talk." Relatives told us they were regularly asked to provide feedback about the service via regular 'Forum' meetings and reference group meeting held every two months. One family member said, "We get weekly emails with events and updates".

Complaints received were fully investigated and responded to by the registered manager. Relatives told us that they knew how to raise concerns and these were actioned by staff and the registered manager. We saw that the complaints process was in a pictorial format to help people understand how to make a complaint.

## Is the service well-led?

### Our findings

The registered manager was well known to people who lived within Delrow Community and we saw throughout our two-day visit to the service that they were involved in the everyday running of the service. Staff told us they felt well supported by the registered manager and they felt they were approachable and that they listened to them. One relative said, "The [registered] manager is exceptional and if they don't know something they will find the answer." Staff told us that staff morale had improved in recent months with the appointment of additional support staff. One staff member told us, "We had been covering lots of extra hours due to staff shortages but there are less agency staff used now and more permanent staff, which means we can give our full support to people and get out and about more often."

There were quality assurance systems in place to assess the quality of the care and the support people received. The registered manager and senior staff team carried out regular audits and any actions needed to improve the service were promptly identified and actioned. For example, a new quality auditing system has been introduced since the last inspection took place which was designed to review and monitor every aspect of care and support to people. This included personal care and safety, finances, nutrition and healthy lifestyle, medication, health and safety and recording on a monthly basis.

The management team worked with the local authority which helped to ensure they were working in accordance with people's needs and obligations with the commissioning contract. A recent monitoring visit from the local authority had been positive, with an overall rating of 'Good'.

There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about changes to the service and future plans.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.