

Camphill Village Trust Limited(The) Delrow Community

Inspection report

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Ratings

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

Summary of findings

Overall summary

This focussed inspection took place on 17 August 2016 and was unannounced. At our last inspection on 23 and 30 June 2015 we found that the service was meeting the required standards in all areas. This visit was arranged so that we could be assured that people remained safe, well cared for and with a positive and open leadership due to several recent and significant management changes within the service.

Delrow Community is registered to provide domiciliary care to adults with learning disabilities, mental health needs and older people. Delrow Community is part of Camphill Village Trust. The service supports up to 55 people living within nine separate houses. Until 2014 people lived as part of a 'life sharing model' of support which meant that staff, known as co-workers, and their families lived together with people who used the service and supported them on behalf of the Delrow Community. People living at Delrow Community now 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 but did not live within their houses.

There were 50 people accommodated at the service at the time of this inspection. The service had a manager in post who is currently in the process of being registered with the Commission. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

People told us that they felt safe at Delrow community and were confident to approach the staff for support. People had health care and support plans in place which ensured staff knew how people liked their needs to be met. Risks to people's safety and welfare had been identified and care had been planned to enable people to live as safely and independently as possible. There were sufficient numbers of staff available to meet people's care and support needs.

Robust and effective recruitment processes were used to ensure that all staff employed at the service were of good character and had the skills, abilities and experience necessary to do their jobs.

Staff received training in how to safeguard people against the risks of abuse and knew how to report any concerns they had, both internally and externally if the need arose.

There were sufficient numbers of staff available who were deployed in a consistent and effective way across the service. Staffing arrangements reflected and took account of people's individual needs and levels of dependency which meant that care and support was provided in a calm and patient way.

Appropriate steps were taken to ensure that identified risks to people's health, safety and well-being were mitigated in a safe and effective way that promoted their independence. Accidents, falls and injuries were

recorded and investigated thoroughly to identify emerging risks, patterns and trends.

Medicines were stored, administered and managed safely. People were supported by trained staff to take their medicines on time and in accordance with prescriber's instructions

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

The atmosphere within each of the houses was welcoming and relaxed. We found that staff had developed positive and caring relationships with the people they supported. People were actively involved in all aspects of their care and support as much as they were able to. People were supported to access support from external advocacy services to help them make decisions about matters in their daily lives. Relatives and friends were encouraged to visit at any time and people were actively supported to maintain family relationships. Staff promoted people's dignity and treated them with respect.

Measures were in place to monitor the quality of services provided, reduce potential risks and drive improvement. The management team co-ordinated and delegated specific responsibilities with regard to monitoring of all aspects of service provision. They personally and regularly checked key aspects of service provision in a formalised and structured way.

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.

There were sufficient numbers of suitable staff available to meet people's needs at all times.

People were supported to take their medicines safely and in an appropriate way by trained staff.

People told us they felt safe at the home and staff knew how to recognise and report potential abuse.

Potential risks to people's health were identified and effective steps taken to reduce them.

Is the service well-led?

Good ●

The service was well led.

Effective systems were used to quality assure services, manage risks and drive improvement with people's plans of care complete and up to date.

People, their relatives and staff were positive about the management of the home

Staff told us they understood their roles and responsibilities and were well supported by the management team.

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 focussed inspection was planned to check whether the provider met the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place on 17 August 2016 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we observed staff support people who used the service, we spoke with five people who used the service, seven support staff, and members of the management team. We also contacted 25 relatives subsequent to the inspection visit to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority health and community services.

We reviewed care records relating to four 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

When we asked people if they felt safe, One person said, "I always feel very safe here. I have never had a problem with the staff. If I did I would speak to [name]." A relative told us, "[family member] yes I do consider they are safe at Delrow." One person told us "The staff are always there to help me if I get a bit frustrated."

The service is in the process of moving over to a new system for all their medicine procedures. A member of the management team explained how the new process would give people more autonomy with taking their medicines. One change taking place will be that people now have their medicines locked within a cabinet in their own bedroom. This gives people privacy. People had previously had to line up at the office for their medicines which did not promote or maintain people's dignity.

Staff demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor care practice. They gave examples of the types of harm and what action they would take in protecting people and reporting such incidents. This included external agencies they could also contact to report poor care practice. Training records we looked at confirmed that staff received training in respect of safeguarding adults. This showed us that there were processes in place to reduce the risk of harm to people living in the service. We saw that a retrospective safeguarding alert that occurred when the previous manager was in post, had been managed effectively and appropriately by the operations director and referred and investigated by the local safeguarding team with an agreed action plan to resolve the issue.

People had individual risk assessments which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks and behaviour that challenges. Where people were deemed to be at risk, these risks were monitored. We saw records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

We found sufficient staff on duty to meet people's support and care needs throughout the day. One relative told us, "The staff are great and are always just around the corner, ready to help me." A health professional said "I have no reason to question their competence. They know exactly what they are doing and when to do it." Another relative stated "I think that the level of support is sufficient, I presume that it would always be nice to have more staff." We were told that although there were several support worker vacancies still to fill, there had been a positive response to a recent recruitment drive which resulted in the appointment of eight new support staff.

The management team also told us that several agency members of staff had now moved over into permanent posts. This helped to provide consistency for people. Our observations showed that people's needs were met in a timely manner and staff responded promptly, whenever a person required assistance. We saw that staff were available in each communal area of the service supporting people. The management team told us that they assessed regularly the number of staff required to assist people which ensured that people's needs were met. Records we looked at also confirmed this. This showed that the service had

enough staff available to deliver safe support and care for people who lived at the service.

Newly recruited members of staff confirmed that they did not start to work at the service until their pre-employment checks had been satisfactorily completed. The member of the management team told and showed us that the relevant checks were completed. This was to help ensure that staff were suitable to work with people living in the service before they were employed. A member of staff said that they worked alongside a more experienced member of staff until they were deemed confident and competent to work unsupervised. One staff member told us, "We work well as a team and support each other, we can always ask for help at any time."

Is the service well-led?

Our findings

The service has a general manager, senior staff team and support staff in place. There was also a temporary senior manager in post to provide additional support to the service, whilst a full complement of senior managers were appointed. The newly appointed general manager was due to take up their post in mid-August but unable to join us during this visit due to a previous commitment. The service has undergone some significant changes within the management team since the last inspection took place, with both the registered manager and general manager leaving within a month of each other. To date an operations director and registered manager from another service have provided management and operational support.

We saw that people who lived at the service and staff interacted well with the senior staff throughout our visit. People we spoke with had positive comments to make about the recently recruited managers and the committed support staff. One relative we spoke with told us that "The senior staff keep us up-to-date about our family member's support needs and the communication between us is good." A member of staff told us "The service has improved in recent months due to a number of management changes and now the whole management team work with enthusiasm and professionalism."

Staff told us that managers and senior staff were 'visible' within the service and were available for advice and support. One staff member said, "The culture in the service was 'open' and that the managers are very approachable and always open to listening to new ideas. Staff spoken with told us that they were supported by the management team. They said that they had regular supervisions and appraisals. This was confirmed by the records we looked at.

A relative said, "They have kept us informed of the new changes that have happened and also they wrote to us about the appointment of the new general manager who I understand is starting at Delrow in August 2016."

Records showed that regular staff meetings were held and were an open forum where staff could raise any topics of concern they wished to discuss. Staff told us that they were encouraged to make any suggestions that they may have to improve the service. Such as the CQC model of inspection, safeguarding and people's feedback and experiences of the daytime activities provided.

There were effective quality assurance systems in place that monitored people's care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as care planning, medication, health and safety and infection control audits. Where action had been identified these were followed up and recorded when completed to ensure people's safety. For example a health and safety audit carried out April in five of the houses identified several areas where there were gaps in the auditing. This included no first aid boxes and information that related to safeguarding. However we saw that these issues had all now been actioned. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

We saw evidence of regular community members meetings being held, where the minutes and action plan

had been presented in a pictorial format which ensured each person was able fully understand what was discussed. We saw that the meeting held in July 2016 discussed a 'Get active' event which would involve local sports centres coming to provide sport coaching sessions to people and the recruitment of a new general manager. We also saw that the service had recently implemented a scheme entitled 'Quality of Life' Auditor where people who lived at Delrow ensured that everyone had an 'ordinary life' which meant they had access to an active life, a job, workshop or educational opportunities, a choice of place in which to live and have family and friends around.

We also saw evidence that people who live at Delrow and their families were involved and consulted with regard to how they consider the service is run and managed. We found that the satisfaction questionnaires for people who lived at the service were produced in a pictorial format which meant that it could be easily understood by people who were unable to comprehend the written word.

We found that there were mixed views from relatives with regard to the changes implemented in 2014 and the introduction of the new model of care provided at Delrow. One relative told us "We were told that our [family member] would be living in a community run by a group of families who were committed to this way of life. They were to live in a family environment and allowed to develop as a true individual and to develop their whole life and fulfil their expectations in the company of others like themselves under the care, advice and supervision of people who understand them and care for them." Another family member told us "There is no independent travel on buses and our [relative] is not encouraged to help with the cooking and general household duties as they had previously done at the home. They have not been encouraged to manage her own money." These issues have been handed on to the manager for their immediate attention.

However another relative told us that "I feel there is more communication now from Delrow to families and that the service offers my [family member] a lot more choice and freedom, both inside and within the local community." I only know a small selection of the staff and they all appear to be appropriately skilled and very knowledgeable. In a community like Delrow it is the softer skills which can be very important and these cannot be trained but are dependent on the personality of the staff concerned."

Whilst another relative stated "I do not think that our [family member] enjoys the care and support their family expected. Camphill village trust decided in 2014 that it would no longer allow the existing volunteer model to continue at any of its communities. The consequent inevitable departure of the carrying co-workers, who had decided to make their lives in the community and who had helped to build it over many years, has lamentably diminished the sense of common endeavour and entirely eliminated family living".

During our visit and speaking to people who lived at Delrow people told us that they were happy and that they enjoyed the wide range of choices and opportunities offered to them. On the day of our visit several people were out enjoying a range of leisure and social activities, this included horse riding, looking after the chickens, taking part in the pottery workshop and in the bakery.

A training record was maintained detailing the training completed by all staff. This allowed the managers to monitor training to make arrangements to provide refresher training as necessary. Staff told us that the managers regularly 'worked alongside' the staff in providing support. This ensured that staff were implementing their training and to ensure they were delivering good quality care to people. As a result of these checks staff knew what was expected of them.

Records, and our discussions with the managers, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the managers had an understanding of

their role and responsibilities.