Camphill Village Trust Limited(The)

Larchfield Community

Inspection report

Stokesley Road
Hemlington
Middlesbrough
Cleveland
TS8 9DY

Date of inspection visit:
01 March 2018
05 March 2018
16 March 2018
28 March 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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 1, 5, 16 and 28 March 2018 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection.

The service was last inspected in March 2017 and was rated Good.

This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home 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. At the time of our inspection 34 people were receiving personal care from the service.

There was a registered manager in place. 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. At the time of our inspection the registered manager was on planned leave and we were assisted by the general manager of the service.

People told us staff at the service kept them safe. Risks to people were assessed and plans put in place to reduce the chances of them occurring. Emergency plans detailed how to support people in emergency situations. Policies and procedures were in place to safeguard people from abuse. Staff understood the principles of good infection control. Staffing levels were monitored to ensure there were enough staff deployed to support people safely. The provider's recruitment processes minimised the risk of unsuitable staff being employed. We found the arrangements for medicines management kept people safe.

We have made a recommendation about the management of some medicines concerning the use of 'as and when required medicines' and audits.

Staff received the training needed to support people effectively but improvements were needed in training records. Staff were supported with regular supervisions and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this. People received support with managing food and nutrition. People were supported to access external professionals to maintain and promote their health.

People spoke positively about the support they received from staff and told us staff helped them to maintain their independence and to live life as fully as possible. People appeared to be happy and relaxed around staff and were treated with dignity and respect. Staff spoke passionately about their role and were committed to providing high quality care. Policies and procedures were in place to support people to access advocacy services.

Care planning and delivery was person-centred. Some people received support to access activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints. At the time of our inspection nobody at the service was receiving end of life care. Procedures were in place to arrange this should it be needed.

Staff spoke positively about the culture and values of the service and said they were supported in their role by the provider and registered manager. The provider and registered manager carried out a number of quality assurance audits to monitor and improve standards at the service. Feedback was sought from people and their relatives in an annual survey. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has deteriorated to Requires Improvement.	**Requires Improvement**

Larchfield 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 1, 5, 16 and 28 March 2018 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection. Inspection site visit activity started on 1 March 2018 and ended on 28 March 2018. It included reviewing documentation that was sent to us by the provider, visiting people with their permission at home and speaking with staff. We visited the office location on 5 and 16 March 2018 to see the manager and office staff and to review care records and policies and procedures.

The inspection team consisted of one adult social care inspector, two pharmacist inspectors, two specialist advisor nurses and an 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, and other professionals who worked with the service to gain their views of the care provided by Larchfield Community.

We spoke with six people who used the service. We looked at nine care plans, 13 medicine administration records (MARs) and handover sheets. We spoke with eight members of staff, including the general manager, three senior support workers and four support workers. We looked at three staff files, which included recruitment records. We also looked at records concerned with the day to day running of the service.

Good

Is the service safe?

Our findings

People told us staff at the service kept them safe. One person said, "I like my one to one support." Another person told us they felt safe living at the service.

We found the arrangements for medicines management kept people safe. Medicines including prescribed controlled drugs were stored securely. Controlled drugs are medicines that are liable to misuse. Administration of people's medicines was clearly recorded. Topical medicines administration records including body maps were in place to guide staff on the safe application of these medicines and records of application were completed accurately. All staff had undertaken medicines training and most staff had recently completed competency assessments. We did see that guidance on the use of 'as and when required' (PRN) was not always person centred, and that medicine audits were not always completed consistently across the service.

We recommend that the provider reviews and personalises PRN records and reviews their medicine auditing process in line with best practice guidelines.

Risks to people were assessed and plans put in place to reduce the chances of them occurring. These covered areas including falls, moving and handling nutrition, tissue viability, choking, behaviours that can challenge and harm by others. Assessments were regularly reviewed to ensure they reflected people's current level of risk. Accidents and incidents were monitored to determine if lessons could be learned to help improve people's safety.

Plans were in place to support people in emergency situations. The provider had a business contingency plan containing guidance to staff on providing a continuity of care in situations that disrupted the service, for example loss of utilities. People had hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Policies and procedures were in place to safeguard people from abuse. Staff had access to a safeguarding policy containing guidance on the types of abuse that can occur in care settings and advice on how this should be reported. Staff we spoke with said they would not hesitate to raise any concerns they had and said they were confident action would be taken. One member of staff told us, "I have no concerns at all.

Staff understood the principles of good infection control, and had the tools and equipment they needed to put this into practice. Hand sanitiser was widely available across the service and we saw staff washing their hands appropriately during the inspection.

Staffing levels were monitored to ensure there were enough staff deployed to support people safely. Staffing was based on the assessed hours of support people needed, and if additional staff were needed to support a person these were recruited. One member of staff told us, "We never work short. The team pulls together to cover things like sickness and holiday."

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history, provide written references and complete a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions or matters recorded that may prevent them from working in a care setting.

Good

Is the service effective?

Our findings

Staff completed a wide range of mandatory training. Mandatory training is the training and updates the provider deems necessary to provide staff with the skills to support people safely. We saw from provider records that mandatory training included fire safety, health and safety, supporting people with behaviours that can challenge and medicine support.

Training completion and updates had not been well monitored. The registered manager and provider used two different charts to monitor and record training, and these did not contain consistent or accurate information on which training had been completed. The local authority had identified this during quality review visits in December 2017 and had developed an action plan to assist the registered manager and provider to improve training records. When we attended for our inspection we saw that some progress had been made but training records were still confusing and incomplete. We asked the general manager how they were assured that staff had the skills and knowledge to deliver a safe service to people, as they had no up to date record of what training staff had received and when that training should be refreshed to ensure skills remained up to date. A senior support worker had been assigned to work on improving training records and showed us a new chart they were working on to make the records simpler. The general manager told us the provider was arranging for a training organisation to assist in this process.

Staff spoke positively about the training they received. One member of staff said, "We get a lot of training and refreshers and I feel confident in my role." Another told us, "I have yearly mandatory training." Staff we spoke with appeared skilled and confident in their role. Our judgment was that staff received the training needed to support people effectively but that further improvements were needed in training records. This is dealt with in the well-led section of this report.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of supervisions showed that staff were encouraged to raise any support needs they had, including any learning and development issues. One member of staff said, "We discuss how we are progressing, any difficulties we are having."

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.

We checked whether the service was working within the principles of the MCA. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment. Records of best interest decisions showed involvement from a wide range of professionals. Where people were under Court of Protection orders details of these were recorded in their care plans. We did see that one person who had been deemed to lack capacity had been asked to consent to their care by signing their care records. We spoke with the general manager about this, who said this

would be reviewed immediately.

Some people received support with managing food and nutrition. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. For one person we saw that they had been assessed by the Speech and Language Therapist (SALT) and they had recommended staff cut up their food into smaller pieces to prevent the risk of choking. For another we saw guidance for staff on how to encourage them to drink more fluids.

People were supported to access external professionals to maintain and promote their health. Care plans contained information on the involvement of professionals such as General Practitioners (GPs), consultant psychiatrists, district nurses, continence specialists nurses, speech and language therapists (SALT), dentists and chiropodists. Care plans reflected people's needs and clearly showed where referrals to healthcare professionals had been made. For example, for one person who became anxious when attending medical appointments, we saw guidance for staff to explain to the person who they were going to see and the reason for this to help reduce anxiety. For another person we saw that they had attended their annual review at the hospital epilepsy department and that they had been regularly reviewed by their GP. One person we spoke with told us how staff had sought medical advice when they felt ill.

Good

Is the service caring?

Our findings

People spoke positively about the support they received from staff, which they described as kind and caring. One person told us, "I am very happy here" before joking, "We take it in turns to clean, I don't like that." Another person we spoke with said, "They all speak to me good and give me a cuddle if I need, too." A third person we spoke with said, "They are all nice to me."

People told us staff helped them to maintain their independence and to live life as fully as possible. One person told us how staff supported them to arrange and travel to see a relative on a regular basis. Another person said they had wanted a pet and had recently obtained one. They told us, "They (staff) help with that." We saw staff supporting people to do their own cooking and clean and organise their home environment.

People appeared to be happy and relaxed around staff, with whom they enjoyed professional but friendly and close relationships. We saw numerous examples of people and staff laughing and joking together, and it was apparent that staff knew people well. For example, we saw one member of staff and a person joking about how it was easier to walk around the site of the service now that the snow had cleared even though it was still very muddy outside.

People were treated with dignity and respect. Staff observed professional boundaries and behaved respectfully when delivering support. When we asked staff about people's support needs they ensured no one was able to overhear when describing them, which showed that they understood confidentially and maintaining people's dignity.

Staff spoke passionately about their role and were committed to providing high quality care. One member of staff told us, "I love working here, I find it very rewarding." During recent extreme weather several staff who lived nearby had managed to walk to work and brought extra clothing with them so they could stay onsite overnight if the weather worsened to ensure people received the support they needed.

Policies and procedures were in place to support people to access advocacy services. Advocates help to ensure that people's views and preferences are heard. Advocacy services were promoted in communal areas around the service and an advocate carried out regular visits to the service to hold drop in sessions for people who might want advice or the assistance of advocacy services.

Good

Is the service responsive?

Our findings

People told us they received the support they wanted and needed. One person we spoke with said, "They help with cooking and cleaning" and went on to describe other support staff provided.

Care planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. For example, one person had a detailed personal care plan in place that set out the routine they liked to follow, what they liked to do for themselves and how they wanted staff to support them. The care plan for another person contained guidance to staff on how they could support the person to be independent in managing their daily routine. Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences.

People's care record contained a one page profile to support staff in providing person-centred care and support. This was a simple summary of what was important to people and how they wanted to be supported. For example, one person's profile contained guidance on how staff could communicate with them and outlined that as the person had impaired hearing the person preferred people to speak slowly, use short sentences and use basic Makaton (a language program for people who cannot fully communicate verbally) and sign language.

Communication passports were in place with specific information for staff to follow in relation to how they engaged with people. For example, one person's communication passport contained information on how staff could support them to understand questions they were being asked and to respond in the way they wanted. We saw that people were given information in formats they could understand.

During the inspection we saw staff speaking with and updating one another on people's support needs, including handing over information to staff starting their shift. Senior support workers met weekly to discuss any changes to people's support needs over the past week and anything of significant planned for the coming week. We attended one of these meetings and saw that care was evaluated and planned according to the varied and changing needs of people.

Some people received support to access activities they enjoyed. People's care records contained information on their hobbies and interests, and activities schedules were in place for people who received support with these. For example, one person had been supported to enjoy swimming and other activities. We saw staff supporting one person to complete paperwork to start a new sport. The person told us, "I can't wait. I'm always doing courses, and I volunteer".

Policies and procedures were in place to investigate and respond to complaints. There provider had a complaints policy, and this was shared with people and their relatives when they started using the service. Records confirmed that where complaints had been raised they had been investigated and dealt with in line with the policy. One complaint had been submitted by a person using an easy read form, and this had been responded to appropriately.

At the time of our inspection nobody at the service was receiving end of life care. Procedures were in place to arrange this should it be needed.

Requires Improvement

Is the service well-led?

Our findings

The local authority and clinical commissioning group (CCG) had carried out a series of contract monitoring visits in December 2017 and January 2018. A number of areas for improvement were identified, and an action plan had been produced by the local authority and CCG. When further contract review visits were carried out in January 2018 it was seen areas had improved but that no or slow progress had been made in other areas. As a result of this the general manager told us that governance processes were being reviewed and an internal quality reviewer appointed by the provider. We also saw that a member of staff had been assigned to oversee the improvements along with the registered manager.

During this inspection we saw that further improvements were needed in training records. We also saw that medicine records required improvement in relation to the use of 'as and when required' (PRN) medicines, and that medicine audits were not always completed consistently across the service.

Staff spoke positively about the culture and values of the service. One member of staff told us, "I am very passionate about this service. The people who live here are well cared for. We care about them and do all we can to assist them to choose, achieve and grow in confidence and self-worth."
Another member of staff we spoke with said, "I love working here. The best thing is the warm environment, like a second home, a second family. It is so rewarding seeing people change and grow. This is a lovely place full of life and hope.

Staff said they were supported in their role by the provider and registered manager. One member of staff told us, "The manager and organisation as a whole are very supportive and approachable." Another member of staff said, "The managers are great, approachable and supportive." Staff meetings took place at which staff were encouraged to raise any support needs they had.

The provider and registered manager carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included checks of medicines, infection control, health and safety and care plans.

Feedback was sought from people and their relatives in an annual survey. This had most recently been completed in 2017. A summary of survey results showed that positive feedback had been received. A 'quality of life review' had also been carried out in 2017. This involved people from the service visiting and reporting on other services operated by the provider, and vice versa. The quality of life review contained positive feedback on the support provided by staff.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.