

# Camphill Village Trust Limited(The) Larchfield 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

### About the service

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

Larchfield Community 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. At the time of our inspection 36 people were receiving personal care from the service

### People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

**Right support:** The service maximised people's choice, control and independence and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where people lacked capacity to make certain decisions appropriate support was sought to support them.

Staff were safely recruited. They received an induction followed by training from the provider. Training was monitored and staff were supported with regular meetings and supervisions. Staffing capacity was enough to meet people's needs. The provider followed current best practice guidelines to effectively manage people's medicines and risks associated with infection prevention and control (IPC). People and their relatives were very positive about the care provided. People told us they felt safe, and staff had the skills to support them.

**Right care:** Care was person-centred and promoted people's dignity, privacy, and human rights. People were encouraged to communicate freely and accessed community for activities when they wanted to. Staff supported people to learn new skills and maintain important contacts. People's care records were extremely detailed and up to date. Staff knew people well and understood their support needs which empowered people to make decisions about their care.

**Right culture:** People who use the service live confident, inclusive, and empowered lives thanks to the leaders' and care staff's values and behaviours. The staff team coordinated efficiently to ensure that people's rights and preferences were respected. The management team set a good example, and people were encouraged to take positive risks and were supported to complete more tasks independently.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 4 May 2018).

### Why we inspected

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

We undertook a focused inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Larchfield Community on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service is well led.</p> <p>Details are in our well led findings below.</p>	<p><b>Good</b> ●</p>

# Larchfield Community

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Larchfield Community 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. This service also provides domiciliary personal care to people living in their own houses and flats.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke to the registered manager; the care and support manager and we received feedback from 13 care staff and 3 relatives. We reviewed a range of records. This included 4 people's complete care records as well as medication records. We looked at 3 staff files in relation to recruitment and staff supervision as well as staff feedback forms. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow.
- Staff had received training on identifying and reporting abuse and knew what action to take if they identified abuse. One staff member said, "I haven't needed to but I would not hesitate to report abuse as the community members are my priority. I would of course follow my company's policies and procedures."
- People told us they felt safe when receiving their care. One relative told us, "The staff are very caring with [person], they know their needs and do everything they can to maintain their safety."

Assessing risk, safety monitoring and management

- People were kept safe. Risks to people and environmental risks were assessed regularly and mitigated. Any changes to care plans or risk assessments required signatures from management and staff to confirm they had read and understood the modifications.
- Care files were extremely detailed and person-centred, they contained a range of personalised risk assessments, which reflected the care and support needs of each individual. For each risk, control measures to minimise the risk had been included.
- Some people might display behaviours when anxious or in distress. We saw in care records that people had positive behaviour support plans and communication passports. These had been developed to provide staff with guidance regarding the least restrictive way of supporting people who displayed such behaviours.
- Appropriate measures were in place to manage people's safe evacuation during an emergency. Information was recorded regarding people's mobility needs and any sensory or cognitive impairments.

Staffing and recruitment

- Staff were recruited safely and there was enough staff to safely support people.
- New staff had appropriate pre-employment checks in place which included references and a Disclosure and Barring Service (DBS) check before they were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were regularly reviewed against people's support needs.
- People were cared for by appropriately trained and competent staff. The providers training matrix showed 100% compliance across modules including health and safety, medication awareness and equality and diversity.

Using medicines safely

- Medicines were managed safely. The manager carried out regular checks on people's medicines to make

sure they were being administered in line with national best practice, the provider's policy and prescribing instructions.

- Staff had received training in administering medicines and had their competencies assessed regularly, we were assured staff were competent in all aspects of medicine management.

#### Preventing and controlling infection

- IPC policies and procedures had been updated to reflect changes in relation to government guidance linked to the COVID-19 pandemic. In addition, they showed detailed information to guide staff in the actions to take to ensure they followed safe practices to prevent the spread of infections.
- There were sufficient supplies of PPE and staff had received training in how to use this.

#### Learning lessons when things go wrong

- Lessons were learned from incidents was shared with the staff team to prevent similar incidents occurring.
- Accidents and incidents were fully investigated and outcomes from these were used to improve the care provided.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question required improvement. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- There was an extremely positive staff culture which helped to achieve good outcomes for people. One staff member said, "I really enjoy working with everyone, we have a great team and work well with our wider staff members too."
- The manager communicated with people, relatives, and staff. Relatives told us the management team were approachable. One relative commented, "I always feel informed and they treat me with such respect and kindness."
- The provider had a clear vision, and their values were embedded in the service. Staff were well trained and took pride in achieving good outcomes for people living in the service.
- The service worked alongside other organisations to empower people to live as independently as possible, access community services and go on holidays abroad.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a duty of candour policy, and the provider understood their responsibility to be open and honest if something went wrong.
- Results from investigations, feedback sessions and audits were used to improve the quality of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- Governance was fully embedded within the service. The service's internal auditor completed a rigorous range of audits to assess care quality and safety such as supervisions, care plans, risk assessments, rostering and welfare checks and the registered manager has oversight of this.
- Staff feedback was positive regarding confidence in the management team. They told us, "I feel supported in my role, I know management can be busy but if I need anything they are there for me," and "The management team are approachable, supportive and will always listen when I approach them about any issues regarding my role, the people using the service and my wellbeing."

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

characteristics

- The provider held regular team meetings with staff where their views were heard, this included meetings for care staff, senior staff and management.
- The most recent 'My Life Survey' completed by people using the service in 2022 showed overwhelmingly positive feedback. We saw the provider had taken action as a result of the survey such as enabling more activities and travelling.

Working in partnership with others; Continuous learning and improving care

- Staff had built excellent relationships with people, relatives and other healthcare professionals. Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.
  - The service had a quality assurance system which was used to identify positive practice as well as areas for improvement.
  - There was a learning culture at the service which improved the care people received. To enhance the expertise and education of its workforce, the provider started an NVQ program. Additionally, the management team had enrolled in courses on Positive Behaviour Support.
- One staff member told us, "I believe it is a place where staff are in continuous learning process, and there are opportunities for me to progress."