

Camphill Village Trust Limited(The) Berith & Camphill Partnership

Inspection report

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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

About the service: About the service:

Berith & Camphill Partnership is a domiciliary care service, registered to provide personal care to people living in their own homes. At the time of the inspection the service was providing personal care to nine people.

People's experience of using this service:

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive and meaningful relationships with people.

People told us they felt well cared for by staff who treated them with respect. The provider ensured people had regular staff, meaning people and staff were able to build positive relationships. People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their work.

Audits were completed by the management team to check the quality and safety of the service. This information was shared with the wider staff team.

The registered manager managed and supported the staff team in their roles to ensure people received a good service.

More information is in Detailed Findings below.

Rating at last inspection: Good. (Report Published 11 October 2016)

Why we inspected:

This was a planned comprehensive inspection which took place on 31 May 2019.

Follow up:

We will continue to monitor intelligence we receive about the service until we inspect again as part of our

inspection programme. If any concerning information is received, we may inspect again sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Berith & Camphill Partnership

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

Berith & Camphill Partnership is a domiciliary care service. Staff deliver personal care support to people living in their own homes. People using the service are younger adults, some with learning disabilities or autistic spectrum disorder, or a physical disability. At the time of inspection, the service provided personal care to nine people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service two days' notice of the inspection visit. We gave this notice because it is a domiciliary care service and staff members are often out of the office providing care. We needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service.

What we did:

We visited the registered office on 31 May 2019. We reviewed the records held on the service. This included

the Provider Information Return (PIR). Providers are required to send us key information about the service, what they do well, and improvements they plan to make. The information helps support our inspections. We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law. We sought feedback from the local authority and other professionals who work with the service.

During the inspection site visit we spoke with the registered manager, two team leaders, two care staff and one person who uses the service. We looked at four people's care records to see how their care was planned and delivered. Other records we looked at included two staff recruitment files, staff supervision activity, staff training records, accident and incident records, safeguarding, complaints and compliments, staff scheduling, and the provider's audits and overview information about the service. On 04 June 2019 we telephoned and spoke to one person who uses the service and two relatives. We also spoke with 3 social care professionals about their experience of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "We have a duty to protect people from abuse and it comes in different forms such as physical, financial and emotional." Another staff member told us, "The abuse can also come from someone who is close to them such as a family member or friend. The training I have received has improved my understanding of safeguarding".
- Relatives explained to us how the staff maintained the safety of people, one relative told us, "Yes [Name] is safe, I have confidence they know how to keep him safe"

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care records included risk assessments considering risks associated with the person's environment, care and treatment and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risk of harm. For example, a person who was at risk of choking had a detailed eating and drinking risk assessment. It gave staff members clear instructions such as cutting all food items into bite sized pieces. It also requested staff only give the person plastic mugs or cups to avoid injury.
- Staff understood where people required support to reduce the risk of avoidable harm. One staff member told us, "The risk assessments are very detailed, before you start working with someone you have to read their care plan and risk assessments, this ensures we have all the information to keep them safe."
- The registered manager had a process in place to check actions taken following incidents and accidents to make sure that actions were effective.

Staffing and recruitment

- There were sufficient numbers of skilled staff to meet people's needs. The registered manager ensured that people had a consistent staff team. One relative told us, "[Name] usually has the same care staff supporting them. This is important to [Name] because they like to build relationships with the people that provide the care".
- Each person's staffing needs were assessed on an individual basis, prior to the commencement of the service and reviewed regularly as people's individual needs changed.
- Relatives told us people received care in a timely way. One relative told us, "Care staff are always on time." Another relative told us, "No issues with time keeping".
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Peoples' medicines were managed safely. People received their calls at the right time to ensure medicines were given at the correct intervals. Administration of medication records indicated people received their medicines regularly. This was confirmed by the people we spoke with.
- Staff completed training to administer medicines and their competency was checked regularly.
- The registered manager completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff. One audit record showed a medication entry requiring two signatures only had one, this was raised with the staff member and recorded.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing such as disposable gloves and aprons during personal care, to help prevent the spread of infections. Relatives we spoke to confirmed this. A staff member told us, "We all have personal protective equipment, such as gloves, aprons, wipes and anti-bacterial spray."

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity. There was a system in place for recording these events, should they arise, and this included a trend analysis assessment and preventative action.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide support and relatives of people using the service confirmed this.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed. One staff member told us, "Everyone is pre-assessed, we also read their care plans to make sure we have their up to date information and current needs".

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The registered manager had a system to monitor that all staff had regular training and refresher training to keep them up to date with best practice. Training methods included, on line, face to face and competency assessments. One staff member told us, "I've recently completed Autism, Dementia Awareness, Fluids and Nutrition. There are always opportunities to do training".
- New staff were well supported and either had health care qualifications or were completing a nationally recognised induction, The Care Certificate. This covered all the areas considered mandatory for care staff. A staff member told us, "I had an induction, we are given an induction handbook checklist and had to work through this to complete my induction. The induction also involved shadowing experienced members of the team. After the induction period I felt comfortable to work on my own however I had the option of extending my induction".
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their future development. One staff member told us, "We have regular supervisions and staff meetings. During supervision we can discuss our any concerns, our development and extra training."

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives were happy with the support they had with meals and accessing drinks. One person told us, "They help me with my meals and ensure I have plenty to drink".
- People were actively involved in planning and choosing their meals.
- Staff understood people's dietary needs and associated risks were planned for. For example, allergies or risk of choking.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs. One relative said, "They keep us updated, we are made aware of any changes".

- Staff told us they were confident that changes to people's health and well-being were communicated effectively.
- People and their relatives told us they were supported to attend routine health appointments such as GP, optician and dental visits.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible. We checked, and the service was working within the principles of the MCA.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes. This was confirmed by the people and relatives we spoke to.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them.
- People and their relatives told us that staff knew people's preferences and cared for them in a way they liked. Each person had their life history and individual preferences recorded, which staff used to get to know people and to build positive relationships with them.
- Staff were kind and affectionate towards people and knew what mattered to them. One relative told us, "Yes I would say the staff are caring with [Name], very patient and compassionate".

Supporting people to express their views and be involved in making decisions about their care

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making.
- Staff understood people's forms of communication and behaviour and could interpret people's choices. One staff member said, "[Name] uses certain phrases to express how they are feeling or facial expressions, I know how to respond, and it's also recorded in their care plan".

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured that people's rights were upheld.
- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- People's confidentiality was respected, and people's care records were kept securely.
- People told us they were assisted to promote their independence. One person told us, "My independence is very important to me, I want to live on my own in the community. The staff help me to do this, they don't do everything for me, they help me with things and know what I can do". A staff member told us, "Independence is very important to the people we work with. We encourage them and help them with tasks. We know what they can do, and their agreed outcomes and goals are recorded in their care plans, and that's what we work towards".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. When asked about person centred care, one staff member said, "The person should always be at the centre of the care and support that is provided. They have a voice and they are unique".
- People were empowered to have as much control and independence as possible, including developing care and support plans. A relative told us, "[Name] is included which is very important. If I feel something needs to be amended or added to help I can contact the office, they are always ready to have a discussion".
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and wellbeing.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standards (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Care plans were available in different formats such as large print and easy read format.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys and meetings with the management.
- People and their relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent manner. There were no live complaints at the time of the inspection, we checked historical complaints and they were dealt with in a timely manner and resolved.

End of life care and support

- The registered manager informed us no one was receiving end of life care at the time of our inspection. We saw care plans contained some information in relation to people's individual wishes regarding their end of life care.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and staff expressed confidence in the registered manager and their team. One relative told us, "I can contact the management at any time and they are always willing to listen." A staff member told us, "The management have a passion to support people."
- Staff were actively encouraged by the registered manager to raise any concerns in confidence one staff member told us, "Yes I feel comfortable raising concerns with the managers". Another staff member said, "I can talk to any of the management for advice or report any issues".
- The manager was aware of the legal responsibility to notify us of incidents that occurred at the service.
- The provider had submitted a Provider Information Return (PIR) to us within the timescale we gave, and our findings reflected the information given to us as part of the PIR.

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

- The registered manager was involved in the day to day running of the service with the assistance of one team leader. Both were also supported by the area manager. They positively encouraged feedback and were keen to grow the service whilst ensuring people received the best care. The registered manager told us, "We are passionate about people and what we do. People and staff have to have? confidence in what we do"
- People and relatives spoke highly of the service and could not identify areas for improvement, one person told us, "They are fantastic, they know what they are doing". A relative told us, "The managers resolve things straight away, so I don't have any suggestions".
- There was a good communication maintained between the registered manager, managers and staff.
- Staff felt respected, valued and supported and that they were fairly treated. One staff member said, "We are all treated the same and support is always there, I can ring the office at any time and that is comforting"

Engaging and involving people using the service, the public and staff

- People, relatives and staff were encouraged to air their views and concerns. The registered manager visited people and their relatives regularly to seek their feedback.
- The registered manager consulted with staff, at supervision meetings and staff meetings, to get their views and ideas on how the service could be improved. Staff were proud to work for the service, one staff member told us, "They have really good values compared to other places I have worked".
- The provider had implemented a new Co-Production service, this gave people and their relatives an opportunity to meet together and have a say in how services and projects were delivered. The area manager

told us, "Co-production is about people, family members, carers and staff working together in an equal way. Everyone then has the opportunity to influence how the service is developed. Linked to this we are introducing workshops such as support group meetings to capture people's views".

Continuous learning and improving care

- The provider and registered manager used a quality assurance audit system to monitor the quality of the service and this information was shared with staff.
- Staff meetings took place regularly, one staff member told us, "We have regular staff meetings and we go through examples of best practice or how improvements can be made."
- The provider and registered manager had an ethos of continuous learning and provided regular learning opportunities for staff.
- The provider had gathered feedback from people who stated they were uncomfortable using social media applications however they still wanted to connect with other people using the service. The provider developed an easy read social networking application that enabled people to set up a profile and message other people using the service. The area manager told us, "Some people with a learning disability can find it difficult using social networking sites. The application we have developed is monitored by us and gives people the opportunity to engage with others. This is particularly important for people who may not want to attend activities but still want to speak to others, it can reduce their feeling of isolation and promote good wellbeing".

Working in partnership with others

- The registered manager had a communication network to help the service work in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's.