Camphill Village Trust Limited(The)

Botton Village Domiciliary Care Group

Inspection report

Botton Village
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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

Botton is a small rural village in the North Yorkshire Moors run by the Camphill Village Trust; the provider. It is home to over 150 people of which 90 have a learning disability. The village includes biodynamic farms (farms using an holistic approach to organic farming methods), a village store, a creamery, a bakery, a weavery, a woodwork workshop and a coffee bar. These services are run and used by everyone who lives in the village. Botton Village Domiciliary Care Group is one of the services provided by the Camphill Village Trust and they provide personal care and support to 60 adults and older people with a learning disability, autistic spectrum disorder or mental health conditions living in houses in Botton village.

Some people lived as part of a shared lives model of support which meant that staff and their families lived together with people who used the service and supported them on behalf of Botton Village Domiciliary Care Group. Other people had a domiciliary care model of support where staff employed by Botton Domiciliary Care Group went into their house to give care and support over a 24 hour period but did not live there. All of the staff were employed by Botton Village Domiciliary Care Group.

At the last inspection on 19 March 2015, the service was rated Good. At this inspection we found the service remained Good.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Recruitment was robust and there were sufficient staff on duty to meet people's needs. Staff received training to support their roles although some training updates were due. They received supervision and support from senior staff.

Staff were aware of how to safeguard people and report concerns.

Risks to people's health and safety were identified with clear management plans in place. Medicines were managed appropriately and staff received training in administering medicines.

People had access to healthcare services when necessary. People were supported to choose what foods they wished to eat and they received a nutritious diet.

Staff were described by people and their relatives as caring and kind.

People were encouraged to have control of their lives. They were involved in all aspects of the service and contributed to decisions. They knew how to complain and there were clear policies and procedures in place in written and easy read format. Care plans were personalised and reflected people's needs. They were reviewed regularly.

People took part in a variety of activities both within and outside the village.

There was a registered manager employed at the service. They used a quality monitoring system to identify where improvements to the service could be made using audits.

Surveys of people who used the service were sought through a 'My Life' survey. People who used the service helped to devise this survey.

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 remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remains well led.	**Good**

Botton Village Domiciliary Care Group

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 checked 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 comprehensive inspection took place on 24 and 25 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that people would be available to speak with us.

The inspection team on day one was made up of two adult social care inspectors, a nurse advisor whose specialism was governance, a specialist advisor who was a pharmacist and an expert by experience. On day two the inspection team was made up of two adult social care inspectors and an expert by experience. In addition a second expert by experience made telephone calls to relatives of people who used the service to gather feedback. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both experts by experience had experience of services for people with a learning disability.

Before the inspection, we reviewed the Provider Information Return (PIR) that the provider completed in September 2016. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed statutory notifications we had received from the provider. These provide information about events which occur at the service so that we can monitor them if necessary.

We spoke with 32 people who used the service; some in groups and others individually. We spoke with the

registered manager, the general manager, the administrator, the training co-ordinator, two team leaders, four people employed by Botton Village Domiciliary Care Group to provide shared lives support in three houses, three senior care workers and ten care workers. We visited ten houses where people were receiving personal care and support and we were invited to join people in three houses for lunch on day two of the inspection. We spoke with two relatives of a person considering moving to one of the houses who were visiting on the day we inspected.

We looked at seven care and support plans for people who used the service, six staff recruitment records, training and supervision records and other documents relating to the running of the service such as accident and incident reports, policies and procedures and health and safety information.

Following the inspection we sent questionnaires to each person's relative or representative or we telephoned them for feedback, and sent questionnaires to each member of staff. Twenty relatives gave their response along with a further five staff. We sent requests for feedback to the local GP's, an advocate, commissioners and learning disability nurses and received responses from a commissioner, an advocate and a learning disability nurse which were positive. We spoke with a second learning disability nurse who visited people who used the service regularly, by telephone, and a social care professional that also had current involvement with people who used the service. Their feedback was also positive. We spoke with the quality and contracting team at North Yorkshire County Council and they told us they had recently visited the service.

Good

Our findings

People we spoke with told us they felt safe. We received feedback from one third of all relatives and representatives of people who received personal care and they all considered that people were safe. One person said, "I have no concerns for my [relative's] safety" and a second said, "We think our [relative] is totally safe in their house both physically and emotionally." A third person said, "Our [relative] is safe in their house looked after by [care workers] and I believe in their work place." Other comments included, "She is as safe as if she were at home" and "My [relative] is safe." Two people did comment that an increase in traffic may make their relative less safe but we did not see any evidence to support that comment during the two days of our visit. In addition one person felt there were more strangers visiting the village which put people at risk. There had been no reported incidents of strangers in the village.

At our last inspection we found that some people who used the service were feeling very anxious and unsettled during our inspection. Despite this we said that the overall atmosphere was calm and friendly. At this inspection we visited ten houses and spoke with people individually and in small groups. People told us they knew who to speak with if they were worried or upset and we observed people looked comfortable and at ease with the staff who supported them.

Staff understood what it meant to safeguard people and were clear about how to report concerns. One care worker told us, "If I cannot pass the safeguarding issue to the manager or designated person, I would contact the local authority. I would email CQC." One care worker told us people were kept safe because staff maintained, "A safe environment and clear routines so that people understood what was happening or what to do next." An advocate told us, "When visiting the village and working with clients in Botton I have felt they were protected from abuse and when there have been safeguarding concerns they have been dealt with efficiently."

Staff were recruited appropriately and this included suitable reference checks and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions by processing criminal record checks (DBS check) and checking whether or not people are barred from working with vulnerable groups. In addition, prospective staff were invited to a 'meet and greet' with people who used the service by joining them for lunch. The views of people who used the service were taken into account during the recruitment process.

During the inspection there were sufficient staff to meet people's needs. Most of the feedback we received from relatives supported that view although one person told us that in the last few years people were not

involved in as many activities and another identified that the location of the village meant in poor weather there was a risk that staff would not be able to get to work. One care worker told us, "We could do with more staff at certain times. If staff work as a team it is good."

Care plans highlighted individual support needs and associated risks were assessed and minimised without causing people undue restrictions. Examples of risk assessments included those in relation to health, mobility, activities, and finances. Separate risk assessments were undertaken of people's work placements such as farm work, the wood shop, weavery or bakery.

Some people in one house told us of a planned holiday. We saw that risk assessments were in place for these people to take account of the fact that they would be at higher risk outside their familiar environment.

The pharmacist looked at the way medicines were managed in four houses and found that medicines were used safely. There were clear, detailed policies and procedures covering the different aspects of medicines management. Medicines were stored securely. Staff were trained in the safe administration of medicines and their competency was checked annually. Some people who were managing their own medicines had been assessed to do so and this was clearly explained in their care plans. Where staff had any concerns those people were monitored. Allergies were identified with clear explanations of reactions that may occur.

We looked at the health and safety log maintained in one house which showed that checks were carried out on time. There were fire risk assessments for the houses and weekly checks of fire alarms. Each person had a personal emergency evacuation plan in place. Following a recent concern raised by a relative CQC had requested a visit by the fire safety officer to some of the houses. They had made an initial visit and were satisfied with the fire safety arrangements they inspected but were planning a further audit of houses across the village. Any accidents and incidents were recorded appropriately. There was a business continuity plan for the service which identified possible risks and solutions which was clear and easy to follow. There was a copy in each house.

Good

Our findings

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 interest and legally authorised under the Mental Capacity Act. For people living in their own home or in shared domestic settings, this would be authorised by the Court of Protection (CoP).

We checked whether the service was working within the principles of the MCA. The registered manager was fully aware of their responsibilities under the MCA and the actions to be taken where people lacked capacity. At the time of this inspection, records showed that there was no one deprived of their liberty. The registered manager had discussed some people's needs with the local authority officer responsible for DoLS but told us that they intended having this reviewed because some people's needs were changing. We saw that some decisions had been made in the best interests of people where they lacked capacity to make them. For one person this included the decision to keep their snack box in the office so staff could monitor the snacks they ate.

There was a new training co-ordinator in post who planned to review and develop the training of staff. All training considered mandatory by the provider had been completed along with some training relating to people's needs, but some updates were out of date. The registered manager informed us that they anticipated the training would be up to date and completed by the end of July 2017. Staff had completed or were working towards completion of the Care Certificate as a minimum. The Care Certificate sets out the expected learning outcomes, competencies and standards of care required of staff. In addition staff had completed qualifications such as national vocational qualifications (NVQ) up to level 3 in care and level 5 in leadership and management. NVQ's are work based qualifications which are achieved through assessment and training. Other qualifications and training reflected people's needs such as autism and learning disability. A registered nurse provided training for staff in epilepsy awareness.

People told us that they were supported to access healthcare services. We saw in people's care records that staff contacted the GP practice for advice and support. The GP was regularly involved in people's healthcare and we saw that appropriate referrals had been made when needed. Examples include referrals to the

dietician and dentist for one person whose dietary intake was being monitored, and the community learning disability team for another person who had attended sessions on developing friendships and keeping safe. One person told us, "[Name of GP] comes here and he is great." It was clear that staff had developed good relationships with GPs and community nurses which they continued to use to good effect in order to maintain the safe care and support of people who used the service.

People who used the service were encouraged to participate in menu planning and in meal preparation. We observed that staff sat with people at mealtimes and were on hand to give timely support depending on people's individual needs and abilities. In one house we observed a house meeting where people discussed the following week's menu. People were shown a pictorial guide with the written menu so people could make their choices. The finalised weekly menu included a variety of nutritious foods including quiche, soup, salmon, apple crumble and fruit and ice-cream.

Good

Our findings

People who used the service knew staff well and were relaxed in their company. They made positive comments about the staff and said they were kind and caring. One person said, "I like the staff" and another told us, "I'm happy." One relative told us, "It took some time for us all to get to know each other [relative and staff] but I now feel that we all understand each other very well" and another said, "The carers who come in are kind and treat my [relative] with respect. My [relative] seems very happy with them." A third relative said, "My [relative] is well looked after. We're very happy and they are very happy. They take a lot of their own decisions." One relative commented, "Many paid staff recruited in recent years are very pleasant, willing and thoughtful." Although some people who responded to our questions were unhappy with changes at the service most felt their relatives were happy and that staff were kind.

People were encouraged to retain control of their lives. For example, staff told us they supported people on an individual basis to review their finances. During our visit to one house we saw one person was supported to review their finances and pay their bills. This meant people were supported to be independent and have control of their finances. Other people told us about the 'Learning to Lead' project, which enabled people who used the service to take part in an active decision making role in the community. This group supported people to take responsibility for planning and influencing developments. We spoke with one person involved in the project who described recent negotiations involving changes to the village store and the group's role in the decision making. They said the group had looked at the plans and they had considered people's views very carefully. The group had concluded the proposed changes would result in a range of improvements such as improved wheelchair access to the store, a children's play area and car parking.

People were registered and supported to vote in the recent election. Information about the election was due to be discussed at the next village meeting. The registered manager told us that the village had its own polling station that people could visit in order to register their vote.

Another person told us about a northern regional forum, which they had attended. This forum gave people belonging to the Camphill communities the opportunity to share ideas and report on recent events and initiatives in their community. They told us they had spoken at the recent forum as an ambassador for Botton. They told us, "What do I like about Botton? I would say after 36 years [living here] it is getting older and smaller. I would say come and live here because Botton is best; we all live together, but we all live in a community."

The lunchtime meal that we experienced was a social time when people came together to enjoy their meal.

The atmosphere at lunch was warm and good natured. The meal began with giving thanks for the food and singing, which everyone enjoyed and joined in with enthusiasm. We saw that people who used the service were engaged and took an active part in conversation throughout lunch either by speaking or by listening intently. Staff served each person sitting at the table, helped with cutting up their meal if needed and that they had a drink. We saw that staff were skilled in communicating with people, anticipated people's needs and made people aware of what their choices were. They interacted well with people and made sure that everyone was included and had special attention.

In one house a 'welcome board' and balloons outside the front door was a visual reminder that two people were due back home following a period away.

People who used the service were included in all aspects of the service. They described how they had the opportunity to attend safeguarding training, first aid training and personal safety courses. One person who used the service told us they were taking part in quality of life audit training. They were being trained to carry out audits of other services. A 'My Life ' survey had been completed by people who used the service. Some people who used the service contributed to the survey choosing the questions that should be asked.

Good

Our findings

Care plans were detailed and reflected the individual's wishes and preferences. Relatives and other significant people were consulted to assist staff build a picture of each person across the whole of their lives. This information helped staff who were caring for them to know about the person and to provide person centred care. We saw that the care plans were reviewed to ensure that people were receiving the care they needed and to adapt the care provided where necessary. We saw from one review that the person did not always realise what time it was and got up very early. Staff had identified a piece of equipment that would assist them in realising when it was morning which would assist them in getting enough rest.

People told us that they were encouraged to identify individual goals and we saw that these were recorded. For example, one person told us they had gained increasing confidence from travelling independently. They said their new goal was to work towards taking control of their own medicines (we sometimes call this self-medicating). In another house people had decided they would like to purchase a pool table together. We saw that this had been fully discussed and implemented when we visited. This showed us that people's views were listened to and that these were acted upon.

We observed a meeting in one house, which was attended by everyone who lived there and by staff. We saw that some people were able to express their views very clearly while others may not have been heard so easily. Staff made special efforts to make sure these people's views were heard and acted on. For example, staff had spoken individually to one person so their request for a friend to visit the household for supper one evening was considered. This meant that the views of people who were not comfortable speaking out in a group could be represented. As well as events in the wider community, the meeting discussed events in the house so that people were aware of and made joint decisions about important events. For example, the meeting decided to welcome two people back home with an ice-cream celebration. This showed us that respectful and strong, nurturing relationships were fostered and discussions were meaningful.

People knew who to speak with if they had any concerns or worries. Several people told us that if they had any concerns they would speak with family, a social worker or staff. There was a complaints policy and procedure in place with an easy read version to ensure accessibility by people who used the service. Records were detailed and showed evidence of action in line with the services policy. We saw that a good balance of risks and rights had been considered by the registered manager when dealing with a recent complaint. This complaint was discussed in the managers briefing showing that information was shared.

We found that people were involved in a wide range of meaningful pursuits. For some people, this meant

attending the workshops on site such as wood working, weaving, working on the land and gardens or in the bakery. A relative told us, "They [staff] find jobs suitable for each person. Everyone is valued. Everyone needs to be needed. They all feel needed. They have got a role in life."

There was a mini bus which was used to transport people to a variety of events and people also used trains which they could access from the next village. We were told, "I like going to Whitby with a friend" ; "I like going disco dancing and doing sports" ; "I go swimming in Loftus and we have chips on the way home" ; "I like going to the cinema"; "I do crosswords" ; "I like magazines" ; "I have a cat called [Name]" ; "I like to read and watch DVD's."

One person told us, "Last Saturday we went to Pickering Game Fair" and another said, "We went to Leeds and saw Status Quo." Other comments made included, "We go on the train to Whitby"; "We have fish and chips and walk around"; "On Tuesday we go to the [Name of social club]"; "I go to the gym." We observed several residents colouring and painting. One said, "I miss my friend but staff took me to his party to see him." They went on to say, "We are doing Botton's Got Talent, we are the [Name of house] Hillbillies."

Some relatives expressed concerns in response to our questions that the church services in Botton Village had ceased. However, people who used the service told us they could attend a church in the next village and were transported by mini bus. A relative told us, "My [relative] is actively supported in attending services [church services]" and another told us, "[Name] is taken to church regularly and also takes part in cultural / spiritual activities at Botton.

Good

Our findings

Botton Village Domiciliary Care Group is one of eight locations registered by the Camphill Village Trust; the provider. The Camphill Village Trust is described on their website as a charity supporting adults with learning disabilities, mental health problems and other support needs. They support people in their home life and with work, social and cultural activities through urban and rural communities in England.

There had been a change in the way Botton Village Domiciliary Care Group supported people's care over the last few years. This had resulted in challenges from a number of groups associated with Botton Village. We found that that the domiciliary care model of supported living was embedded in most of the houses where people received services from Botton Village Domiciliary Care Group. Where people wished to retain the shared lives model of care which had previously been in place there were plans for another provider to support some houses within the village for that purpose.

There was a clear management structure at the service with a registered manager employed who was supported by the village senior management team led by a general manager. 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.

The manager was also supported by two care and support managers and five team leaders who supported staff who worked for the organisation. The manager displayed a clear understanding of their role and how that linked to the wider Botton Village and the Camphill Village Trust. The manager and general manager were able to describe the financial and ethical/philosophical challenges along with the resources available from the Camphill Village Trust showing their wider understanding of the issues presented at this service.

It was clear that some people did not see the registered location as separate from the village which meant that feedback we received was not always relevant to this inspection and could not be used. In addition one relative had sent the questions we used to a number of people whose relatives did not receive personal care, although they lived in the village. We were also sent a copy of an email showing that one relative had shared suggestions with other families about how people should answer our questions. We analysed all of the feedback and have given an overall view throughout the report. One person said about leadership and management, "Seems to be working much more effectively now" although some people disagreed with this view.

The purpose of the organisation along with their aims and values were clearly set out in the statement of purpose. The manager described the culture of the service as, "Person driven" and we saw many examples of this approach during the inspection. The manager told us they visited houses daily when they were on site and they had an effective communication system with the care and support managers and team leaders. There was clear evidence of collaboration and outside involvement from other agencies. We saw that the service worked with Hull University, North Yorkshire Moors National Park, James Cook Hospital and had links to a number of local authorities who commissioned services.

There were clear policies and procedures for all areas of the service. Some of these were due to be updated and we discussed this with the manager. The policies were all available on the provider's intranet to which all staff had access.

There was a quality monitoring system in place which used audits to check the quality of different areas of the service. The audits identified where improvements were needed but did not always record these matters on an action plan which would have provided a clear way of showing what required improvement and by whom, with clear time scales. We saw that an annual audit had been completed by the Camphill Village Trust who had also found that audits were not fully established. Incidents had been clearly recorded and these were discussed at weekly meetings and learning cascaded to staff. Overall we found that the quality monitoring was satisfactory.