The Camphill Village Trust

Larchfield Community

Inspection report

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Date of inspection visit: 23rd April 2015
Date of publication: 02/07/2015

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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

The inspection visit took place on 23 April 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The service was newly registered in July 2013 and therefore had not been previously inspected.

There is a registered manager in post. 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.

We discussed safeguarding with staff and all were knowledgeable about the procedures to follow if they suspected abuse. Staff were clear that their role was to protect people and knew how to report abuse including the actions to take to raise this with external agencies. There was information all around the service in easy read format for people who used the service to encourage them to speak up if they were concerned about anything. We saw from regular meeting minutes that safeguarding was always discussed to ensure people knew how to recognise and report any issues they may have.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. The registered manager had the appropriate knowledge to know how to

Summary of findings

apply the MCA and to seek Court of Protection authorisations if required. The Deprivation of Liberty Safeguards were not applicable to this service but we saw that staff had policies and training to ensure they were aware of legislation to ensure people's rights were upheld.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene as well as condition specific training such as working with people with epilepsy and providing person centred support. We saw from the training matrix that the new care services manager had compiled where staff required training or this was out of date and these were booked in or in the process of arranging with external providers. We found that the staff had the skills and knowledge to provide support to the people who needed personal care who lived at Larchfield Community. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. Staffing was provided flexibly with people working across different houses and supporting people at workshop sessions during the day.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development. We also saw a regular programme of staff meetings where issues were shared and raised.

The service encouraged people to lead a safe and active lifestyle. People were supported to be involved in the local community as much as possible. People were supported to access facilities such as the local G.P, shops and leisure facilities as well as to use the facilities within the service such as the kitchen for cooking meals. Several people had their own flat and were supported by staff to be as independent as possible.

There was a system in place for dealing with people's concerns and complaints. One person told us they would talk to staff if they were unhappy with anything. The staff we spoke with all told us they could recognise if people they supported weren't well or were unhappy and what measures they would take to address any concerns.

People were encouraged to help prepare food with staff support if they wished and on the day of our visit some people had helped prepare a corned beef pie. We saw people had nutritional assessments in place and people with specific dietary needs were supported. Specialist advice was sought quickly where necessary not only for nutritional support but any healthcare related concerns.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create care plans which were detailed and person centred. Care plans were regularly reviewed and involved the person as far as possible.

We reviewed the systems for the management of medicines and found that people received their medicines safely and there were clear guidelines in place for staff to follow.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home and there was plenty of personal protective equipment to reduce the risk of cross infection. We saw that audits of infection control practices were completed.

We saw that the manager utilised a range of quality audits and used them to critically review the service. They also sought the views of people using the service and their families on a regular basis and used any information to improve the service provided. This had led to the systems being effective and the service being well-led.

Accidents and incidents were also reviewed by the registered manager and appropriate measures taken to reduce the risk of any further re-occurrence.

We saw that staff members were recruited safely using appropriate identity checks and people were involved in the recruitment process.

Summary of findings

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

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the home.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff had training and knew how to respond to emergency situations.

Is the service effective?

Good

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported. People's healthcare needs were assessed and people had good access to professionals who visited the service regularly.

Staff received regular and worthwhile supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Is the service caring?

Good

This service was caring.

The home demonstrated support and care to people with a range of complex needs and communication difficulties.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Is the service responsive?

Requires Improvement

This service was not always responsive.

Some people's care plans were written from the point of view of the person who received the service but this was not yet embedded across the whole service. Plans also needed to fully detail any risks and measures in place to reduce any potential risk.

Summary of findings

The service provided a choice of activities based on individual need and people had one to one time with staff to access community activities of their choice.

There was a clear complaints procedure. Relatives and staff stated the registered manager was approachable and would listen and act on any concerns.

Is the service well-led?

Good

This service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

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.

The inspection visit took place on 23 April 2015. Our visit was unannounced and the inspection team consisted of two adult social care inspectors, a specialist professional advisor who was a learning disability registered nurse and an expert by experience in this field. The expert by experience had a close relative with a learning disability and autistic spectrum disorder.

The provider completed a provider information return (PIR). This 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. This was completed comprehensively.

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

At our visit to the service we focussed on spending time with people who received personal care whilst living at Larchfield Community, speaking with staff, and observed how staff supported people who used the service. We looked at six care records and fully case tracked three of these in detail to check that the records matched the care and support that staff and the person told us they received.

During our inspection we spent time with 18 people who lived at the service in one to one and group conversations, five support staff, two team leaders, the registered manager and the care services manager. We observed care and support in the five different houses at Larchfield Community and in the workshops taking place during the day. We also looked at records that related to how the service was managed, looked at four staff records and looked around all areas of the service.

Good

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents.

All the people we spoke with said they felt safe. Comments included: "Yes I feel safe. I am very independent and they let me do my own thing. I get to go out on my own a lot. I have a free bus pass and catch the bus at the end of the road. I can get to Redcar & all over. I can go at weekends and on my day off on Wednesdays. I went to college to learn to be independent and then had my own flat but it didn't work – I couldn't cope so I came here." Another person told us: "Yes – it's better now. I used to live in Tayva (a house on the site) before but they were too noisy I didn't like them shouting so when Daffodil was built I moved in there. It's better here although sometimes people let the doors bang – my cat doesn't like it, it shatters the peace."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations.

We saw that personal protective equipment (PPE) was available around the service and staff and people explained to us about when they needed to use protective equipment. We witnessed staff and people using PPE when preparing food in the bakery.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the service. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. The medicines storage rooms were clean and tidy and but we noticed temperatures were not routinely checked to ensure medicines were stored safely. The care services manager said they would implement temperature recording straight away.We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Policies were in place for medicines and these were very specific including protocols for each person on their "as and when" required medicines to ensure these were given consistently and safely. Each person also had a medication profile detailing any allergies and detailed special administration instructions and people had consent forms to help with medicines signed by the person. The care services manager and team leaders carried out audits but these were not yet embedded and where actions were identified it was not clear if these had been addressed by whom and when. We discussed this with the care services manager who agreed that the first schedule of audits since she had been in post were still being discussed with the senior team on a weekly basis to check that people understood their roles. There were clear systems in place for ordering and disposing of stock.

One person told us; "I take my own medication and I never forget but the staff check. The medicine comes straight to the house from the chemist and one day a resident signed for it - now there's a sign on the door & they have to check it's a member of staff before they hand it over and then mine gets locked in my room." We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day to enable people to access workshops on site and community activities. This meant there were enough staff to support the needs of the people using the service. The service had recently reviewed how it rostered and deployed staff and a new rota system was currently being implemented which ensured a senior staff member was on duty all the time. One bank member of staff told us they were contacted to help cover sickness and annual leave and they often worked at the service and felt part of the team. No one raised any concerns about the level of staffing at the service.

Good

Is the service safe?

One person told us: "I think there's enough staff – everyone is different but I think its ok. I have one to one time with my key worker and use it as I like. Today they are taking me to a hospital appointment."

One staff member told us: "X has their own keys to their flat and carries them with him. He has a lockable tin in his bedroom and a safe in the office. He uses a fob to open the side entrance. Staff proceed at his request to ensure no sudden presence will alarm him. If someone knocks at the door he will look through the spyhole and decide whether to answer it or retreat to a safe space. Everything has been risk assessed with reference to his previous placement. He has supported risk into the community & has two to one support outside the flat & one to one inside the flat. There are enough staff and plenty of cover staff and this includes waking nights. There are always management on call for emergencies & their contact numbers are programmed into the house phones and staff phones."

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We met with the administration manager who showed us staff files and explained the service's policies and procedures around recruitment. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees and also on staff who had been in post for three years. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of two staff who had been recently recruited to the service. We saw that previous employment references were sought and a rigorous two stage interview process along with a written personality assessment that was shared with candidates was also used to assess suitability. The administration manager explained that scenario based questions were asked at interview which showed that potential applicants understood the nature of the service and type of support to be given. People using the service had also been involved in the recruitment process.

We were told that Larchfield currently uses Securicare conflict management training, but is moving to Non-abusive Psychological and Physical Intervention (NAPPI) in June 2015. Both of these organisations are recognised training providers within the care sector. We saw behavioural management plans based on a Red – Amber – Green system of measuring arousal, together with management strategies. We did not see any plans that involved physical interventions or break away techniques. In discussion with the registered manager and care services manager, they stated that these were in the process of being reviewed along with risk assessments and any changes would be made following the implementation of the NAPPI training in June.

The activity plans and the processes put in place to support people took account of their particular needs and risks. These were recorded in care plans and reviewed regularly.

There was evidence in the notes of referral to specialist services in respect of risk behaviours for an individual where required.

Care plans were in place to mitigate the risks to two people, but the risk assessments did not reflect the potential severity of the risk. There were also reported risks relating to self harm that were not reflected in the risk assessment or risk plan. We discussed this with the care services manager and registered manager who agreed to review these assessments as a priority. The service had sought support from external support agencies in relation to these issues and were supporting these peoples' safely overall.

Specific risk plans related to working on the farm were specific to the required duties and were detailed, taking account of the person's abilities as well as their risk factors.

None of the risk assessments that we saw appeared to be overly restrictive.

We were told that the particular needs of people were taken into account in the design of a new building and these were incorporated into the build to enhance the safety and well-being of people who used the service. This included a separate entrance for two people who used the service who did not like too many people around doorways so this was incorporated to reduce their anxiety levels.

We observed a craft session where safe practice for the use of tools was taking place and the high level of support ensured that tools being used were correctly used and stored. Also one person was coughing and sneezing and was encouraged to use and dispose of tissues correctly and a general discussion about personal hygiene was instigated

Good

Is the service safe?

by staff. Similarly in the bakery hygiene was strictly adhered to (wearing caps, gloves etc.) and a high level of staff support meant safety around equipment such as hot ovens etc. was practised.

All of the buildings that we saw were clean and well maintained. There was appropriate access to washing and bathing facilities for the people and staff. We saw there were policies and procedures in place to ensure people understood infection control and we watched people in the bakery and café following procedures such as hand washing and wearing protective personal equipment. Where people were likely to come into the building from the farm there were reminders to remove muddy boots. There was also an infection control champion in post from the staff team.

The registered manager undertook a review of any accidents and incidents occurring at the service as soon as they occurred and we saw that where actions had been identified for improvements that these had been addressed by the registered manager immediately.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that houses and buildings within the service had been tested for gas safety and portable appliances had been tested in October 2014. There were regular health and safety management meetings where summaries and actions from any accidents or incidents at the service were reviewed.

Good

Is the service effective?

Our findings

We looked at whether the service was applying the Mental Capacity Act 2005 appropriately. These safeguards protect the rights of adults using services who lack capacity to make decisions by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there were three people using the service for whom Court of Protection arrangements were in place for. We saw no mental capacity assessments carried out by the service. The care services manager informed us that this was something that they had recognised and would be following up straight away.

We saw one significant decision that required a formal best interest decision, but this was not the responsibility of Larchfield. There was no reference in any of the notes that we saw to any sort of best interest consideration initiated by Larchfield. We saw in the service's audit schedule that they had a deadline of October 2015 to implement the following: "Care plans to clearly address any DOLS, MCA and Best Interest decisions in place. Service user capacity in different areas and the use of an advocate should be clearly documented."

People all had appropriate tenancy agreements in place and social workers, families and an advocate had been brought I where necessary to facilitate this.

In the houses that we visited there was food available for snacks for people. There was information about healthy eating in the care plans and people we spoke with told us there were choices over food and they helped decide what to cook and eat with staff support. We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. The staff team had training in basic food hygiene and we saw that kitchens were clean and tidy and food was appropriately checked and stored. We also saw staff wearing personal protective equipment and dealing with food in a safe manner.

People made the following comments about the food: "I like to help to cook – fish & chips is my favourite" and "The food is alright – very edible. I can make my own if I don't like what's on the menu but we all put ideas in – I like to prep my own food but we take it in turns- some people like it more than others. We are going shopping tonight and Sunday."

Other people said: "I help cook and do the shopping My favourite is chicken" and "I make my own meals. I have one hot meal per day and then toast or a sandwich. I sometimes eat in the café."

Staff told us: "X has photos of food and chooses his own menus and these are written up weekly in picture format and displayed in his kitchen. He helps with preparation and cooking and has followed recipes with help. We encourage healthy eating but he can choose to visit a drive through or access the onsite café when we know it is empty. The community nurse has oversight of his weight as this was a problem in the past and he is weighed weekly."

For two people on the autistic spectrum we saw a system of Picture Exchange symbols that were used to plan the person's menu, this meant people were given meaningful choices about food using a communication method that worked for them. We were told that these people chose their own menu for the day and that these were usually different even though they lived in the same flat.

The registered manager told us that supervisions were intended to be carried out with care staff every six weeks. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The service was going to be implementing a new approach that covered observation checks, supervision, appraisal, induction and the new Care Certificate for all support staff. Appraisals had not been carried out consistently but we saw they were now all scheduled to take place. There was a planner in place, which showed for the next 12 months all the dates when staff were booked in to have supervision sessions, as well as when staff meetings were scheduled to take place. We saw that in one newly recruited staff member's file that they had two detailed supervision that shows they discussed their induction with their supervisor and how they found training they had attended as well as showing they were booked on food hygiene and medicines training in the near future.

The service had an induction checklist in place which included an induction into the service and then a formal induction programme. We saw that new staff completed the provider's induction programme as well as went

Good

Is the service effective?

through policies and shadowed experienced staff members within the service. For one person we saw they had undertaken training in infection control, first aid, autism awareness, managing behaviour, safeguarding, fire and health and safety as their formal induction.

We viewed the staff training matrix for 33 staff who were employed to provide care and support in the houses at Larchfield. The care services manager told us getting all staff up to date with training had been identified as a priority. Staff had received training in areas specific to the needs of people using the service such as epilepsy, diabetes and autism awareness but training was not consistent across all mandatory areas although we saw that staff were all booked on training and the management were arranging access to other external training they felt was relevant.

The registered manager told us that district nurses, community nurses, dieticians and speech and language therapists visited and supported people who used the service regularly.

Everyone had a Health Action Plan and Hospital Passport in place and were accompanied by staff to hospital appointments. A Hospital Passport provides hospital staff with information about the person such as their medicines and communication needs. One person told us: “If I have to go to the doctors or the hospital, staff always help.” There were physical health plans in all the care plans we saw. People with particular health needs such as epilepsy, hearing loss or diabetes, had suitable support from mainstream specialist health services and a GP. All six people’s care plans that we reviewed were registered with a local GP.

Good

Is the service caring?

Our findings

We saw staff interacting in a very positive way throughout the inspection and there was lots of fun and laugher with people who used the service. People told us; "The staff are alright – my keyworker is lovely – more like a sister – we do lots of things together, and another person said: "I love it here – I have been here 5 years – the staff are good."

We observed a member of staff working with one person who was obviously anxious that we were in his vicinity although he had given his permission. She spoke in a kind, calm manner constantly reassuring him and allowing him to make decisions but still keeping him on track and using communication aids where necessary.

We saw that staff provided reassurance and support to people when they needed it, for example one young person was diverted into another activity when they became anxious about doing a task they were having difficulty with. We saw that staff took time to communicate with people in a way that people could understand using clear language and facial expression. We saw that staff deployed themselves well and told other staff members what they would be doing so everyone had support when they needed it.

We observed care being delivered in a caring and dignified manner during our inspection. Staff were observed talking to people about topics they enjoyed such as their family and one person liked clothes so staff were talking about fashions and colours with them. In the craft session one person lingered outside at the start of the session. Staff acknowledged her but allowed her to take her time to join in. There was good natured banter and chat about football as people worked and everyone was involved. Discussion about their work was encouraged and everyone chatted very naturally about a wide range of topics but very much centred around the people using the service not staff to staff.

In the bakery everyone was busy and there was a lovely atmosphere and it was only when the bakery manager suggested that people introduced themselves that it became obvious who the staff, volunteers and people using the service were.

Sitting in the café lots of informal interactions could be observed and a real sense of care and support pervaded the place.

All of the six care plans that we saw took into account people's personal preferences.

Staff interactions with people that we observed were respectful and high quality. Staff appeared to have a good knowledge and understanding of people using the service, judging from their interactions and their entries into the daily notes. For example, we saw a staff member spending time with someone working in the café explaining about appropriate social behaviour in a clear and caring manner, ensuring the person had understood what they were discussing and why it was important.

Entries that we saw within the daily notes and care plans indicated that staff recognised the needs and rights of people to have relationships with other people, including sexual relationships.

We saw posters for an advocacy service and were told that someone visited the service every three weeks or more needed if necessary. We received feedback prior to the inspection from an external independent advocate who worked at Larchfield. They explained they carried out one to onesessions with people and also had undertaken group exercises with people where issues discussed included: "What is good about living at Larchfield and what can we do to make it better" And "What makes a good support worker and support workers we don't want." This showed the service enabled people to have a voice in their views of the service. The advocate also told us they found the management team to be: "Very responsive to changes that members have suggested." They also told us: "They do really want to hear the views of the people they are supporting."

From the care plans that we saw people were encouraged to be as independent as possible, within a framework structured around work and other activities. Care plans showed good consideration of people's daily needs, whether this was in the workshops, farm, outside of the community or in their accommodation. We saw one person who required prompting with shaving and bathing. This was done with the activity in pictorial form on the wall in the bathroom, with staff standing outside of the bathroom, watching in a mirror and prompting when required. The mirror was set so that it showed the person from the shoulders up, protecting their dignity. We saw no evidence of unwarranted restrictions.

Good

Is the service caring?

We saw in people's care plans that they were supported to visit their relatives. For two people we saw calendar systems that helped people recognise when a visit was due and helped them manage their anticipation of the visit. We also heard a staff member talking to someone who asked about phoning their parents. They were dissuaded from phoning. Staff told me that the person's parents had asked for them to phone after 4pm, when there would be somebody in. If they phoned before then and the phone was not answered then the person became agitated. The staff informed us that this was not a ban on phoning at any time, but the service worked with the person to use this as a behavioural management tool.

Requires Improvement

Is the service responsive?

Our findings

Care plans did not always reflect people's wishes and involvement in relation to the regulated activity provided. Capacity assessments and people's consent in relation to planning, managing and reviewing their care was not recorded consistently.

Whilst the care plans were clearly based on people's needs, they were not clear about how the person was involved in their development. The wording in the care plans was systemic rather than person centred. There were records of individual conversations with people in the daily report, but it was not clear how these linked into the care plans. The management team we spoke with stated they recognised that care plans needed to be more outcome focussed and an action plan was in place to address this over the forthcoming months.

There was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 person-centred care.

We saw a plan for the year for audits of various documents in one person's care plan. We saw evidence of the first set of audits having been completed. We were shown areas to be included in an action plan and were told that the senior staff member was meeting with the responsible staff member the following day in supervision to discuss the implementation of this.

The records showed a clear process for the development of care plans, starting with a planning assessment which fed into a care plan with identified review dates. These were supported by risk assessments. The risk assessments were adequate for most circumstances, but the enhanced risk assessments used were not particularly detailed and we fed this back to the management team who agreed to review the risk assessments in question.

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw that the registered manager sought the views of people using the service, relatives and staff on a regular basis and this was recorded. The registered manager told us they had one formal complaint within the last year. We saw this had been recorded and investigated promptly as well as the outcome being confirmed with the complainant to ensure they were satisfied. We saw that learning from these complaints had been discussed with the management team meeting so that lessons were learnt and improvements made. The complaints policy also provided information about the external agencies which people could use if they preferred. We also saw that the manager responded formally to people who raised informal issues and showed that they had taken the issue seriously and investigated their concern.

Staff told us that activities were based around people's needs and likes as well as encouraging people to access the community as much as possible. One person we spoke with told us they hadn't enjoyed working on the farm and this was changed for them and they enjoyed doing the craft workshop and working in the café. They also told us they were looking forward to going clothes shopping at the weekend with a member of staff and visiting their friend in their own home. Another person was excited about going go-karting on the day of our visit. Although there was a wide range of activities provided at Larchfield for which other people accessed on a day placement basis, people also enjoyed going to college, volunteering in the local community and having one to one time off site with staff support. Listening to conversations in the coffee bar it was obvious that people were encouraged to have a life in the local community and they talked about weekend plans and various places and clubs they visited locally.

People told us; "I chose where I wanted to work before I came here and I work in the craft shop on Tuesdays and Fridays. I didn't like the bakery so they let me swop and work on the farm instead. I look after the animals and help feed them. I like being outside in the sunshine. I go horse riding at the Riding for the Disabled centre every week. I just walk through the fields. I'd never ridden before I came here." It's proper work – you can't just bunk off - I'd like to go off on sunny days but you have to wait till the weekend or your day off." One person said; "I want to go on holiday to Scotland on my own. Staff are helping me organise it."

Another person said: "I like digging in the garden" and "I like to go out in the car to the barrage to look at the boats. I also like to go on holiday with my mum and dad." One person told us: "I work in the bakery and the craft shop and I like to go to the knitting group in the café."

The interaction between staff and people that we saw was positive. Staff were aware of the care plans for the residents that they were supporting. The use of information from external agencies was sought when required and used in the formulation of care plans. A full range of assessments

Requires Improvement

Is the service responsive?

and other information was evident in the support files, with historical information also available. Not all assessments and care plans were reviewed by the indicated date, but none were significantly overdue.

There were specialist assessments for behaviour carried out by people's former placements and by the local specialist learning disabilities services. We observed picture information and Picture Exchange Communication System (PECS) readily available and in use. These were recognised methods of helping people with communication difficulties see their day in picture events and use the pictures to communicate with staff and others around them. Makaton pictures were displayed on walls in large format and easy read forms and signs were in evidence throughout the general areas. The craft shop appeared to be offering real work as although it was very individual and geared to individual capabilities there was a strong emphasis on saleability and much thought was put into choice of materials etc. The room was carefully designed to promote independence with picture labels designating different work spaces & material stores.

Timetables showing pictures of who was at work each day were on display and as one person was unhappy about having their photograph displayed the staff had negotiated with them and they were depicted by a photo of a cat which was their choice. People's strengths were identified and everyone's contributions were valued.

We saw a good system of incident reporting that involved the senior management team when necessary. The incident reports showed what actions needed to be taken post-incident.

We saw that transition planning had been carried out in an individualised manner with staff from the service spending time with the person in their previous placement. They supported the person to visit the service at their own pace and be involved in planning their new environment. The service had also sought specialist training from an external provider regarding two people who had moved to the service who had autistic spectrum disorder. This showed the service took the time and effort to ensure people moving to the service had a successful experience. Feedback from one community healthcare professional said: "The managers were on board throughout and the social workers were involved in the staff interviewing process as well as families of the clients in question. Both clients have settled into their new environment very well and support packages in place have been very person centred."

Staff confirmed they all knew what to do in event of an emergency. A staff member we spoke with during the inspection confirmed that that training in fire, first aid and health and safety had provided them with the necessary skills and knowledge to deal with a medical emergency. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

Good

Is the service well-led?

Our findings

The service had a registered manager. The registered manager had been in post for several years and we observed they knew people who lived at the service and staff very well. There was also a newly appointed care services manager who since their arrival had reviewed and prioritised area for improvement within the service such as care plan reviews, staff training and audits. The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said: "I think the place is well led – there are no problems. I would be happy to take any concerns further and would have no qualms about whistle blowing."

People told us; "Everyone are my friends here and X (the registered manager) is the boss," and "I can tell any of the staff about my problems and if I'm not happy I would talk to the manager."

"I can't think of anything that would make this place better. We have house meetings on Sundays and discuss all sorts – maintenance - we have a TV rota but someone's still on it whose left – I don't mind cos I have my own in my room – but X turns it on full blast then goes to her room - so we discuss it."

"We also have Larchfield meetings and you can say things. X is the manager, I see him now and again. On Mondays we have pie and peas in the café and he sits with us and chats.

"If I have any problems I talk to my key worker or the seniors but I don't have any really. X is the top boss – he's ok – I do like him – he's very nice."

"All the staff are like friends and chat with us. I think the manager is very well known and I think he mixes well."

The registered manager told us about their values which were communicated to staff. They told us how they worked with all staff to ensure that people who used the service were treated as individuals. The registered manager was very focussed on people having the choices and opportunities to live as normal a life as possible and the feedback from staff and external professionals confirmed this was the case. One healthcare professional said: "The supported living houses are now much more focussed on promoting independence and progressing people on to do more things for themselves and access activities outside of Larchfield."

The service had introduced a "hate crime champion" and accessed learning for people who used the service to understand about all types of discrimination but especially hate crime against people with disabilities and how to deal with this and report it. This was good practice.

Staff told us that morale and the atmosphere at the service was excellent and that they were kept informed about matters that affected the service. We saw that only one staff member had left the service in the last year and that was to pursue higher education.

We saw minutes from weekly senior meetings where seniors from each house met with the registered manager, care services manager and workshops co-ordinator, which showed that items such as day to day running of the service, training, activity planning and any health and safety issues were discussed.

We saw that there were full community meetings at Larchfield each month where anyone could attend as well as house meetings every fortnight. We saw that minutes of these were recorded using easy language, pictures and photographs and saw that people talked about issues in relation to the environment, advocacy group, planning activities and health and safety.

The registered manager stated that audits were a developing process at Larchfield. The registered manager and care services manager had reviewed all areas of the service and developed a schedule of priorities to cover a wide range of areas such as medicines, care plans, finances, training and development, health and safety, safeguarding and infection control for example. Each of the eight scheduled audits included an observation in a house within the service and observation and interviews with people who used the service. We saw action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled.

Feedback received from the local authority contracts review service was there was now more involvement with service users, they had more choice and control, and there had been improvements in accommodation. They also told us the service always provided representation at the Learning Disability Forum meetings held locally.

During the last year, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services There was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 person-centred care. Care plans did not always reflect people's wishes and involvement in relation to the regulated activity provided. Capacity assessments and people's consent in relation to planning, managing and reviewing their care was not recorded consistently.