

# Camphill Village Trust Limited(The) Larchfield Community

## Inspection report

Stokesley Road  
Hemlington  
Middlesbrough  
Cleveland  
TS8 9DY

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08 September 2016  
06 February 2017

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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

This inspection took place on 8 September 2016 and 6 February 2017. The first day of inspection was unannounced. This meant the registered provider and staff did not know we would be visiting. After our first visit we had some questions for the registered provider about the registration of the service, which were answered across October and November 2016. We returned to conclude our inspection on 6 February 2017.

The service was last inspected in April 2015 and was rated Good. However, it was not meeting one of the regulations we inspected. This related to care plans not always being person centred and containing information on their capacity to make decisions for themselves. We took action by requiring the registered provider to send us action plans telling us how they would improve this. When we returned for this inspection we found the issues identified had been addressed. At this inspection we found the service remained Good.

Larchfield Community is domiciliary care service registered to provide personal care to people with learning disabilities and mental health conditions. People receiving personal care live in houses on the service's farmland premises, though there was no link between the personal care provided and people's tenancies. Some people lived at the service who were not receiving personal care from Larchfield Community. At the time of our inspection 12 people were receiving personal care from the service. The service did not have a registered manager but there was a manager in place who had previously been registered manager. They were training a care and support manager to be registered manager, and the care and support manager was applying to CQC to become registered manager.

People told us the service was safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. People's medicines were managed safely. Policies and procedures were in place to help safeguard people from the types of abuse that can occur in care settings. Staffing levels were monitored by the manager to ensure they were sufficient to support people safely. The registered provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff received the training they needed to support people effectively and were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected. People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health.

People spoke positively about the support they received at the service, describing staff as kind and caring. Staff knew the people they were supporting well, including which communication methods the person preferred to use. People were supported to maintain their independence and were treated with dignity and respect. Throughout the inspection we saw numerous examples of kind and caring support being delivered. People were supported to access advocacy services.

Care plans we looked at were person-centred and contained information on people's personal interests,

likes and dislikes. People told us they received the support they wanted and needed. Some people received support to access activities they enjoyed. Procedures were in place to deal with complaints and people told us they knew how to raise issues.

People said they knew who the manager was and would be happy to raise any issues with them. Staff said they were supported in their role by the manager. Staff told us the service had an "open culture" and that links with other organisations that could benefit people living there were encouraged. The manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service. Feedback was sought from people and acted on. The manager had informed CQC of significant events in a timely way by submitting the required notifications.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service had improved and was now Good.

### Is the service well-led?

Good ●

The service remains Good.

# Larchfield Community

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 September 2016 and 6 February 2017. The first day of inspection was unannounced. This meant the registered provider and staff did not know we would be visiting. After our first visit we had some questions for the registered provider about the registration of the service, which were answered across October and November 2016. We returned to conclude our inspection on 6 February 2017.

The inspection team consisted of one adult social care inspector, an inspection manager and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of community-based services such as Larchfield Community.

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

The registered 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.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Larchfield Community. We did not receive any feedback.

During the inspection we spoke with nine people who used the service. We looked at three care plans, medicine administration records (MARs) and handover sheers. We spoke with nine members of staff, including the manager and support workers. We looked at four staff files, which included recruitment

records.

# Is the service safe?

## Our findings

People told us the service was safe. One person said, "I feel safe, I just do, I feel normal here." Another person told us, "I feel safe. Staff talk to me when I've got a problem."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Where it would assist the person external professionals were involved in carrying out risk assessments. For example, staff worked with speech and language therapists (SALT) to help risk assess one person's communication needs and develop a care plan to help keep them safe. 'Positive risk assessments' were used to encourage people to take risks in a safe way, for example by walking around the service's grounds or using the local swimming pool. Risk assessments were regularly reviewed to ensure they reflected people's current level of risk. Accidents and incidents were recorded and analysed to see if improvements could be made to keep people safe. Plans were in place to support people in emergency situations.

People's medicines were managed safely. Staff received training to handle medicines, and medicine administration records (MARs) we reviewed were correctly completed with no gaps or anomalies. One person was given their medicines covertly. Covert medication is the administration of medicines in disguised form, usually in food and drink. This had been appropriately approved by the person's GP. Medicines were safely and securely stored. People told us they received their medicines when needed. One person said, "I get my medication on time." Another person told us, "Yes, they (staff) are medicine trained." Another person told us about the medicines they took and said, "Staff give me these after breakfast and tea. I always get these."

Policies and procedures were in place to help safeguard people from the types of abuse that can occur in care settings. Staff received safeguarding training. Where incidents were reported records confirmed they were investigated and, where necessary, referred to the appropriate agencies. Staff told us they would not hesitate to report any concerns they had. One member of staff told us, "We are all very confident to report any safeguarding concerns. Our knowledge gets reviewed at supervisions and the manager always emphasises the importance of reporting anything."

Staffing levels were monitored by the manager to ensure they were sufficient to support people safely. Staffing was based on the level of support people needed, which was regularly reviewed. People had stable staffing teams which meant they were regularly supported by the same members of staff. People told us there were enough staff to support them. One person referred to staff as "my staff" and said, "nice staff and I have enough staff." Another person told us, "Yes, I have enough staff." Staff told us sickness and holiday leave were covered and that there was enough staff. One member of staff said, "We always have enough staff."

The registered provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. 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 minimise the risk of unsuitable people from working with children and adults.



## Is the service effective?

### Our findings

Staff received the training they needed to support people effectively. Mandatory training was provided in a wide range of areas, including health and safety, safeguarding, moving and handling, food safety and fire safety. Mandatory training is training the registered provider thinks is necessary to support people safely. In addition, because people using the service had a wide range of support needs, staff received any additional training needed to support them. For example, some staff received training in Makaton communication and others in epilepsy awareness. Training was regularly refreshed to ensure it reflected current best practice. We saw from records that training was either up-to-date or planned. Staff spoke positively about the training they received. One member of staff said, "Training has vastly improved in my time here and we're always reminded to check the training matrix (to see what training is available)." Another member of staff said, "I get all the training I need."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff said they were encouraged to raise any support needs they had at these meetings, and records we looked at confirmed this.

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 interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Two people at the service were subject to DoLS as staff had been advised by the local authority to seek these when security locks were installed on communal doors. Where people lacked capacity to make certain decisions staff made them in their best interests following meetings with the person, their relatives and other professionals involved in their care. For example, one person had a best interest decision in place to use a safety harness in their car.

Some people received support to maintain a healthy diet as part of their personal care. Where this had happened their nutritional needs and preferences were clearly recorded. There was an emphasis on encouraging people to prepare their own meals. For example, one person's care plan said they liked to be involved in preparing simple snacks and wanted to learn how to do more advanced cooking. We saw the person working in their kitchen with the support of staff.

People were supported to access external professionals to monitor and promote their health. One person told us staff had supported them with regular meetings with their psychiatrist, saying, "Things like that change your life." Care records contained evidence of the involvement of other professionals such as GPs, district nurses, psychiatrists, dieticians and learning disability services.

## Is the service caring?

### Our findings

People spoke positively about the support they received at the service, describing staff as kind and caring. One person we spoke with said, "I love it here." Another said their life had changed positively since they started using the service due to the support they received from staff, saying, "Now I live here I feel like a different person." Another person said, "Staff are nice. They're a lovely bunch, funny. They are friendly." Another person told us, "Oh yes very good staff."

Staff knew the people they were supporting well, including which communication methods the person preferred to use. For example, we saw one person speaking with staff using Makaton. We asked the person if they liked the support they received at the service and they drew a picture of a smiling face and said, "Happy, yes, good." Staff had helped another person develop their own personalised vocabulary to help them interact with people they were meeting for the first time.

People were supported to maintain their independence. One person told us staff helped them to arrange a holiday and had encouraged them to make as many arrangements as possible for themselves. Another person told us how staff were encouraging them to create social networks at the service and helping them by introducing them to different people and then leaving them to socialise. The person said this was "nice" and that they were having new experiences and social interactions as a result.

People were treated with dignity and respect. Throughout the inspection we saw staff having friendly but polite and professional conversations with people. Staff emphasised to us that they were working in people's homes, and when we visited people at home staff left people to show us around their own property. Staff were careful to ensure that any conversation they had about people's support needs took place privately and away from communal areas.

Throughout the inspection we saw numerous examples of kind and caring support being delivered. In one example we saw two people returning home for lunch. When they arrived they had a lengthy conversation with staff about what they had been up to during the morning, things they had enjoyed about it and what they were looking forward to later that afternoon. In another example, we saw one person joking with some members of staff about the results of a football game they had all been watching. This led to a longer conversation about another game they would like to watch together. We spoke with one person who said staff had helped reassure them when they first moved into the service by supporting them to go shopping and buy things that would make them feel at home.

At the time of our inspection one person was using an advocate. Advocates help to ensure that people's views and preferences are heard. Advocacy services were promoted in communal areas around the service, and the manager said an advocate visited the service regularly to speak with anyone who wanted advice.

# Is the service responsive?

## Our findings

At our last inspection in April 2015 the service was not meeting one of our regulations as care plans were not always person-centred and did not always record information on people's capacity to make decisions. We took action by requiring the registered provider to send us action plans telling us how they would improve this. When we returned for this inspection we found the issues identified had been addressed.

Care plans we looked at were person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People's support needs were assessed when they started using the service. Where a need was identified a care plan was developed based on how people wished to be supported. For example, one person's communication care plan contained detail on how staff could best communicate with them. Another person had a care plan in place setting out how they could be supported with their mobility. Care plans were regularly reviewed to ensure they reflected people's current needs and preferences. Records confirmed that people and their relatives were involved in care plan reviews.

Care plans also contained information on people's personal interests, likes and dislikes. These were often written by the person themselves, and helped staff who had not worked with them before to get to know what was important to them. Each person had a key worker, and people were able to tell us who they were. Key workers led care plan reviews and helped ensure the manager and other staff at the service were aware of people's needs and preferences.

People told us they received the support they wanted and needed. One person we spoke with said, "They (staff) do what I want." Another person said, "I write in my care plan with my staff once a month. I tell them what to write." Another person we spoke with told us about the reviews that had had with their key worker and other staff and that this had helped them update their care plan.

Some people received support to access activities they enjoyed. One person told us staff were helping them to learn an instrument and had arranged lessons for them. Another person told us they enjoyed attending an exercise class with staff, as well as working in gardens at the service and undertaking craft sessions. Another person enjoyed wearing different types of clothes, and told us staff had helped to arrange a special storage unit to store them in. Several events and activities were arranged on the site, including film nights, hobby groups, arts and crafts, working on the service's farm and trips to local day centres. People told us they enjoyed the activities on offer.

Procedures were in place to deal with complaints and people told us they knew how to raise issues. One person told us they would complain to staff and, "They will listen. They will sort it out." Another person said they would tell staff if they were not happy. Where complaints had been raised actions taken and outcomes were recorded, though we did see that the outcome to one complaint was missing. The manager said this would be investigated immediately.

## Is the service well-led?

### Our findings

People and staff spoke positively about the service. People said they knew who the manager was and would be happy to raise any issues with him. One person we spoke with said, "I like him" and described conversations they had enjoyed together.

Staff said they were supported in their role by the manager. Two members of staff who had recently joined the service said the manager was always available to provide guidance and answer any questions they had. There was a care and support manager at the service who the manager was training up to be manager. Staff also described the care and support manager as supportive and approachable. Regular staff meetings took place and staff said these were useful to share information with their colleagues.

Staff told us the service had an "open culture" and that links with other organisations that could benefit people living there were encouraged. Links had been forged with a local charity that promoted self-advocacy and personal development through education and training to adults with learning disabilities and their support workers.

The manager, care and support manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included audits of care plans, health and safety, medicines and training. Where an issue was identified records confirmed remedial action was taken. For example, an audit of staff training identified that some new members of staff had not completed fire safety training so this was arranged.

People at the service were involved in quality assurance checks through 'quality of life' inspections. This involved people from the service visiting and reporting on other services operated by the registered provider, and vice versa. The care and support manager said this was useful in helping people at Larchfield Community to give their own feedback on the service by comparing it to other services.

Feedback was sought from people and their relatives using an annual questionnaire. This had most recently been completed in 2016. We looked through a sample of the returns and saw they contained positive feedback. For example, one person responded to a question asking if the service could improve anything by saying, 'I am happy at Larchfield and with my support and staff members.' A relative responded to a similar question by saying, 'The support offered to [named person] is truly 'person centred. When he has a problem or is experiencing difficulties all the staff, his key worker, house senior, workshop staff, even the general manager, work together to find a solution! We couldn't be more impressed or more grateful, thank you.' The service also had a 'Learning to Lead' group made up of people using the service, which met every 3 weeks to discuss the service and pass on people's views to the manager. The group had requested a new sports field and this was being created.

Services that provide health and social care to people are required to inform the CQC of important events

that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications.