

# Camphill Village Trust Limited(The) Croft Community

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: This service provides care and support to people living in supported living settings, so that they can live as independently as possible. It provides personal care and support for people with a learning disability or autistic spectrum disorder who may also be living with dementia, mental ill health, sensory impairment or a physical disability.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Croft Community provides care and support to people living in 11 shared houses, self-contained flats and houses in multiple occupancy on the main site and around the market town of Malton. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities.

Not everyone using Croft Community receives a regulated activity; CQC only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were 37 people receiving support, nine of whom receive support linked to a regulatory activity.

People's experience of using this service: Although the care service provides accommodation for people on a campus style setting, it was clear the outcomes for people using the service were extremely positive. They reflected the principles and values of registering the right support. People who used the services were actively involved in the ongoing development and design of their services. They were encouraged and supported to participate fully in the local community and had easy access to the health and social care services the local community used. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to lead connected, fulfilled lives and make informed choices in line with the provider's aims. As well as many work, leisure and educational opportunities on offer people had developed shopping and library schemes locally. This demonstrated the strong links they enjoyed within the wider community.

People could join one of the many initiatives to enable them to be fully involved in their care and support, monitor quality and safety of the service and drive improvement. Examples included the 'Learn to Lead' initiative, quality audit reviewer and the road safety video people had produced. Staff worked proactively to respond to changing needs to promote people's independence and wellbeing. The emphasis of support was towards enabling people and this led to people feeling fulfilled and leading an active life.

Staff had taken an innovative approach to help people understand issues of change, loss and bereavement through drama workshops. People could access technology with appropriate support and safeguards in

place. They were supported to maintain links with family and friends. Regular family days gave people the opportunity to meet, share ideas and feedback and celebrate achievements. One relative summed up the quality of care thus, "The Croft is a shining example of how things can be done really well."

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

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

Rating at last inspection: Good (report published 29 June 2016).

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Croft Community

## Detailed findings

### Background to this inspection

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

**Inspection team:** Two inspectors carried out the inspection.

**Service and service type:** Croft Community is a domiciliary care agency that provides care and support to people in their own homes.

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

**Notice of inspection:** We contacted the registered manager two weeks before our inspection because we wanted to visit when people were in.

**What we did:** Before the inspection we reviewed information, we held about the service such as notifications the provider is required to send us. We looked at responses to questionnaires 19 people who used the service, four relatives and three community professionals had completed. We used information the provider sent us in the Provider Information Return. Providers are required to send us key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

**Inspection site visit activity** started on 8 January and ended on 28 January 2019. On 8 January 2019 we visited Croft Community and spoke with the registered manager. We visited one person in their own house and two workshops. We spoke with seven people who used the service, five staff and a volunteer. We met people who used the service and staff at lunchtime.

We reviewed care records for four people and medicine administration records (MAR's) for eight people. We looked at a sample of records relating to the management of the service.

Following our site visit we spoke with three health and social care professionals and three relatives by telephone and in person to gain their views.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People experienced a safe, nurturing environment. Values of respect, trust, fairness and equality were promoted; people were encouraged to have high expectations of themselves and others and to challenge any uncaring actions.
- Effective safeguarding systems were in place and staff knew how to report safeguarding concerns. They had received appropriate safeguarding training.
- People knew who to speak with if they had any concerns or were upset. One said, "If I have any problems I can go to any of the staff and they will help me." Police and advocacy services ran training sessions to empower people to understand respectful relationships and keeping safe.
- The registered manager liaised with the local authority if safeguarding concerns were raised. A social care professional confirmed safeguarding concerns were well managed.

Assessing risk, safety monitoring and management

- Systems were in place to ensure staff provided timely support to protect people's independence and safety. Care files contained detailed risk assessments and safety measures. For example, for people commuting between different community locations or going on holiday.
- Care plans were kept under review and amended in response to changes in people's needs. Relatives confirmed staff managed risks well, including those associated with people becoming anxious or distressed, and they provided opportunities for people to experience success. One said, "I can't imagine any potential difficulty that would not be picked up very quickly through the daily close and perceptive contacts between staff and residents and the frequent and regular meetings of staff."

Staffing and recruitment

- The registered manager followed robust recruitment processes to provide staffing in line with people's individual needs and wishes; prospective staff were invited to join a workshop so people's feedback could be considered as part of the recruitment process.
- Appropriate checks were carried out to protect people from unsuitable staff being employed.
- Staffing operated flexibly based upon individually assessed need.

Using medicines safely

- Staff were suitably trained and managed medicines safely. They knew about best practice guidance to ensure people stayed well and had a good quality of life. For example, NHS England project for stopping over medication of people with a learning disability with psychotropic medicines (STOMP).
- Where people managed their medicines independently appropriate assessments had been completed; staff supported people to make sure their medicines were taken at the right times.
- Staff followed appropriate guidance when administering medicines that were given 'as required'.

### Preventing and controlling infection

- Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and responded to appropriately to ensure outcomes could be achieved and lessons learned. People's feedback was listened to and acted on. One example was the additional safeguards around building works in response to feedback.

# Is the service effective?

## Our findings

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

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

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

- There was a holistic approach to assessment, planning and care delivery. Before moving to Croft Community people stayed for a trial period so they were confident the service met their needs before they moved in.
- Staff assessed people's contribution to Croft Community life and to ensure their abilities, hopes and preferences were recognised. Relatives were positive about the opportunities on offer. One said, "[Name] has a good quality of life and is given many opportunities to flourish and meet the many difficult challenges in [their] life head on."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, staff recognised people's dementia care needs and focused on promoting their wellbeing and meeting their needs.

Staff support: induction, training, skills and experience

- Staff had opportunities for continuous professional development through training, supervision and appraisal. Training was dependent upon people's identified needs and staff role. For example, staff had undertaken dementia care and bereavement training.
- Staff received effective diversity training. An ethos of care, respect and continuous development, informed decision-making and practice. For example, 'Great Interactions' training focused on communicating and responding to people in a person-centred and progressive way.

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

- There was a strong emphasis on community living including sharing meals. Where needed people had their food and fluid intake monitored to support good health.
- Staff supported people with menu planning, shopping and meal preparation to maintain and develop people's skills and abilities. On our visit each person had prepared their lunch, which included a variety of foods such as fresh salad, sandwiches and snacks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Links were developed with health and social care services to ensure people received timely care and support. For example, a social worker confirmed they had recently been involved following changes to staffing to meet one person's changing needs.
- Where people required support from healthcare professionals this was arranged and staff followed the guidance provided. People received support to maintain their health with regular access to GP's, dentists and other services. They also received an annual health check in line with best practice for people with a

learning disability.

- Hospital passports were shared electronically with the NHS trust so information about people's care needs was immediately accessible to healthcare staff.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). For people living in their own homes decisions are made through application to the Court of Protection.

- Where people lacked the capacity to make particular decisions, they were supported to have maximum choice and control over their lives and were supported by staff in the least restrictive way possible.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed.
- For people identified as potentially being deprived of their liberty, the service worked with the local authority and the person's representatives to ensure decisions made on their behalf were lawful.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- There was an inclusive culture, with a strong focus on people being supported to maintain and develop friendships and relationships. One person told us, "I like it here. I like my friends. I am treated as an individual."
- People told us they were treated with kindness and spoke positively about staff. One said, "The staff are great, they have time to listen and engage."
- Our observations showed people displayed positive signs of well-being. People were keen to speak with us and tell us how they spent their time. There was a relaxed atmosphere and people were engaged and had a sense of purpose to their lives.
- Every person had a member of staff allocated to them as a key worker. Key workers got to know people well and made sure their wishes and care preferences were understood and met.
- People were treated with respect and staff and key workers looked for ways they could encourage people to develop and enhance their lives.
- People received personalised care and support from staff who were compassionate and caring. One relative told us, "Everyone treats everyone with respect, dignity, kindness and compassion when a particular situation needs it. The whole atmosphere of The Croft is that of a happy place. The family style evening meal in the houses and cottages reinforces the community spirit of mutual care."

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

- Staff enabled people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people such as advocacy. Advocacy is a process of supporting and enabling people to have their views heard on issues that are important to them.
- We observed that people were at the heart of their own community at Croft Community and felt valued; staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were consistently polite and courteous. They treated people respectfully and engaged and involved people in decisions.
- The provider demonstrated strong cultural and spiritual traditions, which guided staff practice. Relatives confirmed this. One said, "[Name] has a rich and varied life, a sense of responsibility and a sense of purpose in [their] life for which we as parents are most grateful for, we are still an important part of [their] life."

Respecting and promoting people's privacy, dignity and independence

- The relationships between staff and people who received support consistently demonstrated a high regard

for people's dignity and respect. Staff worked alongside people in workshops and in individual houses to build relationships while promoting their independence. This approach enhanced staff knowledge and understanding of the people they supported. A relative told us, "Everyone remarks on how well [Name] looks and how independent and confident [they] are."

- Staff supported people to manage their own health and care when they could and to maintain as much independence as possible. For example, one person had a talking watch telling the date and the time; a daily pocket diary and a calendar with reminders about when to change their tooth brush. This helped the person who was living with dementia maintain their independence.

# Is the service responsive?

## Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support

- The provider fostered a culture of inclusion through co-production and decision making. Co-production is where people work together to take responsibility for the changes they wish for. People across the organisation were involved in research aimed at understanding how technology could benefit them. People could network digitally with additional support and safeguards in place. Staff had programmed one person's mobile phone so they could skype family and friends independently. Others had been involved in producing a road safety video to demonstrate how to cross roads safely.
- The service was extremely responsive to people's wishes and care preferences and advocated care that promoted equality. Relatives and visiting professionals confirmed this. One said, "The whole ethos of the provision is around person centred care. All service users are valued and as an advocate I see the importance to The Croft that the individual's voice is heard and their wishes are central to any care planning or service delivery."
- A life of purpose, accomplishment, celebration and meaning was at the heart of the service's culture and values. At a recent family day people read and recited their own poetry in which they had written about themselves, their thoughts and feelings. Examples of people's paintings and photographs of events were displayed, together with people's comments such as 'My picture is beautiful,' and highlighted their enjoyment and sense of wellbeing. A relative commented, "[Croft Community] promotes and nurtures the ability of each individual to live the most fulfilling life they can, encouraging them to strive to attain new goals and providing them with the support they need to feel that they are not only succeeding and achieving, but also contributing to [the community]."
- People led exceptionally active lives with access to leisure, educational and work opportunities both on site and in the wider community. Examples included work at the Kingfisher café; local charities and businesses; market garden; textiles and car workshops and soap and candle making. They had developed schemes locally. People shopped and collected library books for those living in the wider community with mobility issues. This helped on a practical level, acted to prevent social isolation and gave people a sense of value and pride in their achievements.
- People told us they enjoyed numerous activities socially including horse riding; cinema outings; painting, walking and theatre groups; trips and holidays. When we visited people were making mosaics for sale. An exercise class was running during the early evening, which people thoroughly enjoyed.
- Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- Staff took a holistic approach to support people living with the effect of dementia or ageing. This involved staff training and support, together with environmental, living and working considerations. On our visit a

staff member supported one person with dementia to make bread rolls so these could be shared with others after work. This demonstrated the person engaged fully with community life and staff supported them to contribute as they wished to. The person's room had tactile pictures on the wall and a white board with their routine on it; reflective tape was on the stairs to make them visible and the toilet and bathroom had pictorial signs on them to help the person remain independent.

- Staff used innovative ways of involving people and their family, friends and other carers to explore issues of change, loss and bereavement. At a recent community event, workshops were held which looked creatively at how people could express their feelings through drama and making candles and memory boxes. People shared and celebrated their memories of people who had lived in the community, many of whom had trees planted in their memory.

Improving care quality in response to complaints or concerns

- People and their representatives were regularly asked for their views on their care and their plans; family days ensured people were kept updated and feedback shared.

- Quality of life audits, quality assurance audits and management oversight were used to monitor the responsiveness of the service. This included how the provider responded to complaints. Improvements had been made as a result of learning from reviews or complaints. One example was the changes to building works mentioned earlier in the report.

- There was a robust complaint policy and procedure in a format suitable for people to read and understand.

- Managers were in daily contact with people who used the service and were available to discuss their care and any concerns they might have. A relative told us, "There has always been a culture of openness. If we have issues relating to [Name's] care needs, medical needs or any other related matter, we have always been listened to and a way forward agreed."

# Is the service well-led?

## Our findings

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

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

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

- There was a strong emphasis on promoting a sense of purpose, social contribution, and achievement. Feedback was positive and people expressed satisfaction with the care they received. A relative commented, "The amount of activities that go on, in workshops, in the garden, in the café and the whole community in the town, notably the shopping scheme is very impressive. It is also far from static, as imaginative ideas from both residents and staff are put into practice. Everyone is a contributor."
- The provider and registered manager demonstrated clear visions and values. They were passionate and committed to providing an excellent person-centred service for people.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards.

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

- The provider and registered manager demonstrated a high level of experience and capability to deliver compassionate, inclusive and effective care.
- There was effective management oversight of what was happening in the service and the registered manager demonstrated an in-depth knowledge in all areas.
- There was a commitment to continuous improvement through a range of audits, which focused on positive outcomes for people. The general manager visited weekly and met with the registered manager, staff and people who used the service. A community plan was developed and renewed annually to identify areas of focus, improvement and development. This ensured any identified improvements were put into place in a timely way to improve people's quality of life.

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

- There were consistently high levels of constructive engagement with people who used the service and staff. People took an active role in decision making through the provider's 'Learning to Lead' initiative. This approach supported people to become active in day to day decisions and planning.
- People could feedback their views through individual key working sessions, house and neighbourhood meetings, suggestions boxes and questionnaires. The provider's quality of life review process, which community members led supported by a staff partner had been recognised with a 3rd Sector Citizenship Award. This project challenged the provider to consider how people were supported to be full and active citizens and drive change.

- People and relatives told us managers made changes because of feedback following quality of life audits, meetings and survey responses. One commented, "Family days are held throughout the year, this gives opportunities to ask questions, resolve problems and more importantly we get to know about changes that are being made and what the future is looking like, we are given opportunities to make comments."

#### Continuous learning and improving care

- Learning from concerns and incidents was used to influence continuous improvement. Regular reviews of documentation, staff practice and accidents and incidents meant the service continued to change, adapt the support provided and reduce the risk of further incidents occurring.

#### Working in partnership with others

- Staff worked collaboratively with other agencies to improve care outcomes. The service had well established links with the local community and key organisations, reflecting the needs and preferences of people in its care. Examples of partnership working included a project between Croft Community and a local charity to support people to get out and about in the local community. People were also involved in an initiative to ensure the different environments of the service were accessible for people living with dementia.