

# Pennine Camphill Community Limited(The) Pennine Camphill 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection of Pennine Camphill Community took place on 23 March 2016 and was unannounced.

Pennine Camphill Community provides accommodation and personal care for up to 29 people with learning disabilities, some of whom are living with autism. It is a specialist residential college of further education and is situated on the outskirts of Wakefield. At the time of this inspection there were 13 people using the service.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There were three registered managers at the service.

Staff had a good understanding about safeguarding adults from abuse and who to contact if they suspected any abuse. Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence.

There were enough staff and volunteer co-workers to provide a good level of interaction and the provider had effective recruitment and selection procedures in place.

Staff and volunteer co-workers had received an induction, supervision, appraisal and specialist training to enable them to provide support to the people who lived at Pennine Camphill Community. This ensured they had the knowledge and skills to support the people who lived there.

People's capacity was always considered when decisions needed to be made.

People grew some of their own food and were supported to eat a balanced diet. Mealtimes were a social occasion in the houses.

Staff interacted with people in a caring, friendly, professional manner. People were supported to be as independent as possible throughout their daily lives.

Individual needs were assessed and met through the development of personalised care plans and risk assessments. People and their representatives were involved in care planning and reviews. People engaged in educational, work and leisure activities which were person centred.

There had been no complaints at the service, but people told us they knew how to complain and told us staff were always approachable.

People received person centred individualised planning and support when moving between services.

The culture of the organisation was open and transparent. The managers were visible in the service and knew the needs of the people who used it.

The registered provider had an overview of the service. They audited and monitored the service to ensure the needs of the people were met and that the service provided was to a high standard.

## 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

Staff had a good understanding of safeguarding people from abuse.

Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence.

There were enough staff on duty to meet people's individual needs and keep them safe.

### Is the service effective?

Good ●

The service was effective

People's consent to care and treatment was sought in line with legislation and guidance.

Staff had received specialist training to enable them to provide support to the people who lived at Pennine Camphill Community.

People were supported to eat and drink enough and maintain a balanced diet.

People had access to external health professionals as the need arose.

### Is the service caring?

Good ●

The service was caring

People who used the service told us the staff who supported them were caring.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives

### Is the service responsive?

Good ●

The service was responsive

People were supported to participate in activities of their choice.

People's needs were reviewed as soon as their situation changed and people were involved in the development and the review of their support plans.

People told us they knew how to complain and told us staff were always approachable.

People received person centred, individualised planning when moving between services.

### Is the service well-led?

Good ●

The service was well led

The culture was positive, person centred, open and inclusive.

The managers were visible within the service.

The registered provider had an effective system in place to assess and monitor the quality of service provided.

# Pennine Camphill 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 23 March 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience, whose expertise was as a family carer and user of health and social care services. Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners. We had sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

We spoke with seven people who used the service, five members of staff, two volunteer co-workers and three registered managers. We looked in the bedrooms of five people who used the service, with their permission.

We observed how care and support was provided to people. We looked at documents and records that related to people's care and the management of the home, such as two staff recruitment and training records, two volunteer co-worker recruitment and training records, policies and procedures, and quality audits. We looked at four people's care records. We received feedback from one relative and two community professionals.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe at Pennine Camphill Community. People who used the service said, "Yes because it feels homely and nice and we have two house guardians that care for us." "I do feel safe." "I have told staff that I shouldn't be shouted at because it makes me upset and they never shout at me." "If I had any worries I would go to one of my house guardians."

A relative said, "I do not have any concerns about safety. It was a massive decision for me to let (person) move on but I have no concerns whatsoever."

Staff we spoke with were clear about their responsibilities to ensure people were protected from abuse and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice in order to ensure people's rights were protected. We saw safeguarding incidents had been dealt with appropriately when they arose. This showed staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence. We saw in the care records of people who used the service comprehensive risk assessments were in place in areas such as health, behaviour, traffic danger and stranger danger. We saw these assessments were reviewed regularly and up to date. The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. This showed us the service had a risk management system in place which ensured risks were managed without impinging on people's rights and freedom.

Staff told us they recorded and reported all accidents and people's individual care records were updated as necessary. We saw in the incident and accident log that incidents and accidents had been recorded and an incident report had been completed for each one. Accidents and incidents were recorded in detail and staff took appropriate action. We saw the registered provider had a system in place for analysing accidents and incidents to look for themes. This demonstrated they were keeping an overview of the safety in the service.

There were enough staff on duty to meet people's individual needs and keep them safe. Support was arranged in houses for people who lived at Pennine Camphill community. Each house had a house guardian who lived on the premises, as well as other permanent staff who lived in the houses. This meant people were supported and cared for by staff who knew them well. Volunteer co-workers also lived in the houses and provided peer support to people who used the service. We saw appropriate staffing levels on the day of our inspection which meant people's needs were met promptly and people received a very good level of support and interaction.

We saw from staff files recruitment was robust and all vetting had been carried out prior to staff and volunteers working with people. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

One person who used the service said, "If I am in pain then I would tell staff or someone who can give me medication". Appropriate arrangements were in place for the management of medicines. The registered manager told us all staff at the home completed training in safe administration of medicines every year and we saw certificates to confirm this. We saw medicines competence was also assessed when staff began to administer medicines. The service was planning to bring in annual medicines competence assessments to ensure staff skills were maintained. This meant people received their medicines from people who had the appropriate knowledge and skills.

Medicines were supplied in both MDS (Monitored Dosage System) packs, bottles and boxes. We checked medicines for people and saw that medicines were checked and signed as received by members of staff. We found all of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. We noticed that the box of an opened bottle of eye drops was annotated with the date of opening which prevented the person receiving medicine which was out of date. This demonstrated the home had good medication governance.

People's medicines were stored safely. There was a secure medicines cupboard locked in an office. We saw one person was supported to safely self-medicate and they had a secure locker in which to keep their medicines.

Care plans also contained detailed information about medicines and how each person liked to take them, including an individual PRN (when required) medication protocol for the person. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. This meant systems were in place to protect people against the risks associated with medicines.

Staff and people we spoke with knew what action to take in the event of a fire. One person who used the service said, "If the alarm goes, go outside." People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported if the building needs to be evacuated. The manager told us and we saw from records fire drills were practised each half term.

There were systems in place to ensure people who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT). A series of risk assessments were in place relating to premises safety.



# Is the service effective?

## Our findings

One relative said, "They put in so much effort to help (person) to make their small achievements. Staff work so hard, they think ahead to help (person) achieve".

Staff and volunteer co-workers were provided with training and support to ensure they were able to meet people's needs effectively. We saw new co-workers had completed two weeks induction training and team building before commencing work with the service and then attended training for half a day a week every week during term time. They were supported to complete the care certificate, which is a nationally recognised certificate in care. Co-workers always worked under the supervision of permanent staff members. This demonstrated that new employees were supported in their role.

We saw evidence in staff files and training records that staff and co-workers regularly undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported. Training included topics such as safeguarding adults from abuse, infection control, moving and handling, managing behaviour that challenges, person centred interactions, first aid and food hygiene. The managers held professional qualifications and we saw they were enabled to maintain these by the provider.

Staff and volunteers we spoke with told us they felt appropriately supported and they had regular supervision and staff meetings. We saw from records this was the case. This showed staff were receiving regular management supervision to monitor their performance and development needs. Staff felt communication was good. One staff member said, "Communication is good in relation to student welfare. All staff make time to listen to what each other are saying."

The registered provider had policies in place in relation to the Mental Capacity Act 2005 (MCA). 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.

Staff at the service had completed training and had a good understanding of the Mental Capacity Act (2005). We asked the registered manager about the MCA and DoLS and they were able to describe to us the procedure they would follow to ensure people's rights were protected. We saw applications for DoLS authorisations had been submitted for people who used the service where appropriate and a mental capacity assessment had been completed prior to the application. This meant the human rights of people who used the service were protected.

Where people did not have capacity to make complex decisions, we saw examples where best interest meetings were held involving families and health and social care professionals. We saw in the files of people who used the service mental capacity assessments and best interest decisions had been made in relation to important decisions for the person, such as night time monitoring of a health condition. This meant the rights of people who used the service who may lack the capacity to make certain decisions were protected in line with the Mental capacity Act (2005) and guidance.

People enjoyed the food and were supported to eat a balanced diet. "We set the menu and (staff) also tells us what (they) think should be on it and the house guardian also has input. We have different menus each week but you can ask and get something else if you want it". "When I first came here I said I didn't like mushrooms but I have been encouraged to try them and now I like them". "The house guardians encourage us to eat healthily". "Yes I do (like the food), we are having fish and chips tomorrow, my favourite."

People we spoke with told us they helped to grow and prepare their own food and they were involved in cooking and baking. We observed lunch time in two of the houses. We saw mealtimes were social occasions and people came together to talk about the food they ate and their daily experiences.

Staff we spoke with said they knew each person's allergies and personal food preferences and menus were based around these. We saw people enjoyed regular access to drinks and sat together to have a drink at break times. People independently made their own drinks and socialised together in their groups.

People had access to external health professionals as the need arose. Staff we spoke with told us what they did when they were concerned about a person's health or well-being. They said they reported concerns to the manager so relatives could be contacted if necessary. A range of health care professionals were involved with people who used the service included GPs, community nurses and occupational therapists. Most people who used the service were weekly boarders who went home at weekends and everyone went home in the college holidays, so people were usually registered for on-going health care such as dentists at their home address. Staff told us local health care was arranged in emergency situations if the need arose. This showed people who used the service received additional support when required for meeting their care and treatment needs.

The atmosphere of the service was comfortable and homely. The houses were well maintained with spacious accessible living, dining and kitchen areas. This meant the design and layout of the buildings was conducive to providing a homely but safe and practical environment for people who used the service.

# Is the service caring?

## Our findings

People who used the service told us the staff were kind and caring. "(Staff) and (Staff) are my house guardians and they are kind to me". "I love (Staff) looking after me, (they are) always sweet. I get on with the co-workers really well". "Staff always speak to me kindly". "Staff are very caring towards us. Staff know me very well and know that I like my own space. They also encourage me to do things that perhaps I don't want to do. I need to work outside of my comfort zone and develop my confidence."

Staff worked in a supportive way with people and we saw examples of kind and caring interaction that was respectful of people's rights and needs. People told us they liked the staff and we saw there were good relationships between staff and the people who lived in the home.

One person who used the service said, "Staff always talk to us and explain things and then we work out how we can to do things together". Staff we spoke with had a good knowledge of people's individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways. We saw staff took an interest in people's well-being and were skilful in their communications with people, both verbally and non-verbally to help interpret their needs. People enjoyed friendly banter with staff and there was a jolly atmosphere in the community.

One person who used the service said, "I made a rule that staff should only knock on my door once, as this makes me less anxious. Staff know this and respect your wishes". We saw staff were respectful of people's privacy; they knocked on people's doors and asked permission to enter. One staff member said, "We treat people with respect. Give them time. Discuss issues somewhere quiet."

One person who used the service told us, "I chose the colours and stencils for my wall." People were supported to express their views and were actively involved in making decisions about their support. We saw people had their own belongings which personalised their rooms.

House meetings were held for people to attend and give their views on how the home was run and they commented on aspects of care such as food choices, with action plans devised following the meetings. Where a person was not able to express their views we saw an example where an advocate had been requested by staff and a self-advocacy group was held weekly.

We asked one of the house guardians about equality and diversity. They told us the service welcomed volunteer co-workers from all over the world and these different faiths and beliefs were an integral part of college activities and therefore festivals and customs from all over the world were acknowledged and celebrated. For example, we saw in the staff training day in January 2016 discussions were held about celebrating Chinese new year,

People were encouraged to do things for themselves in their daily life. One person told us, "I have been encouraged to try new things and found that I like it." Staff we spoke with felt passionately about their responsibilities to support, encourage and develop people to their full potentials. We saw people's

independence was encouraged and they enjoyed taking responsibility for their chores in order for each house to run effectively. For example, after lunch, people happily referred to their rota which showed them what contribution to make to ensure their home was clean and tidy.

There were photographs on the kitchen cupboard doors to show people what was inside and promote independence. Some food was stored in a central store on site and some people were tasked with independently 'checking out' some of the food required for their house from the store using scanning equipment. This showed people using the service were encouraged to maintain their independence and learn new skills.

# Is the service responsive?

## Our findings

People who used the service told us, "I like the animals." "We have choices where we can choose what we want to do, I like baking so this afternoon I will be baking cakes". "I like outdoor activities but have recently had a foot operation so it is better that I stay indoors for now but after the holidays I can start to do gardening and horse riding". "I really like the outdoor activities, specifically farming."

The manager told us student choice was very important and programmes were individual to each person. The manager told us people identified their own timetable and this was based upon their personal aspirations.

We saw care for people was person centred and staff were led in their work by what people wanted to do. Staff spoke with good insight into people's personal interests and we saw from people's support plans they were given many opportunities to pursue hobbies and activities of their choice.

We saw people worked alongside co-workers, who supported them and gave guidance on what they did. Staff were supportive and gave positive praise and encouragement for people, which supported their sense of well-being and belonging. For example we saw one person mopping the floor of their house alongside a co-worker who encouraged them to complete the task.

Staff explained how important information was recorded on the computer 'event log' and shared electronically and instantly with colleagues responsible for each person in their care. This meant that staff could see relevant information, such as people's behaviour or their health, was detailed on the system. We saw the one page profile for two people which detailed: 'what people like and admire about me', 'what's important to me' and 'how best to support me'; all of which gave at a glance information about how to support each person. For example, one person's behaviour support plan said, "Listen to what (person) says and take them seriously. (Person) needs clarity about what is going to happen." We saw individual risk assessments and personal care information, along with a photograph of each person and highlighted key information, such as allergies and health needs. We saw in the care records of people who used the service support plans were in place covering areas such as personal care, physical health, finances, decision making and accessing the community. We saw that these assessments were reviewed regularly.

Personal detail was included in care records, for example, "what is important to me?" "Having a social life, dancing." How best to support me, "Use humour if possible." This demonstrated staff were able to find out people's interests to have meaningful conversations and encourage social interaction and communication. Staff told us they supported people with important issues, such as telephoning or skyping family and friends.

We saw evidence on the computer about people's reviews and the topics discussed. We spoke with staff and one of the registered managers about how these reviews were conducted. We found these were centred around each individual and their care and transition. The reviews were held with the person at the centre of

the discussion and other professionals and family members as necessary and included the use of visual aids such as projectors to involve the person in the review. We saw minutes of the review meetings which showed each person's contribution to the meetings and the manager told us these were circulated to all attendees. These reviews helped in monitoring whether care records reflected people's current needs and aspirations so that any necessary actions could be identified at an early stage.

Through speaking with staff and people who used the service we felt confident that people's views were taken into account. A relative told us, "Staff keep me informed and send me photos. They include us in everything and they text me about (them), it makes me feel part of a family."

The people we spoke with told us if they felt unhappy they would speak with staff and they knew how to complain. We saw there was an easy read complaints procedure on display for people to see. Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw the complaints record showed there had not been any complaints since the last inspection.

People received person centred individualised planning when moving between services. We saw comprehensive transition plans were in place for people who used the service involving the person, schools, health and social care services, families and the careers services. The service focused on the 'preparing for adulthood' pathways, with practical experience for people in work based activities such as animal care, environmental work, catering and crafts, as well as learning social and independent living skills. One person's future goal was to move to supported living and their current program included going off site to shop for a meal and then cooking the meal for themselves and a friend.

One member of staff told us people coming in to the service would come for a visit and perhaps stay overnight another time if they liked it. They would then attend maybe one day a week to be prepared for transition in September. We heard one registered manager discussing the transition of a person to the service and the non-verbal signals indicating the persons' wishes and feelings about the service. A community professional supporting another person with transition to the service told us, "During this complex piece of work the staff at Pennine have consistently supported the service user at the centre of all that was trying to be achieved. They have been extremely caring toward (person) and the challenges the service user and the family face. The staff have been flexible and creative in use of environments, activities and staff resources in response to (person's) needs and wishes."

## Is the service well-led?

### Our findings

One relative said, "I could not recommend it enough. I know that if I did have any concerns, they would sort it out for me – that is the sort of people they are".

A community professional said, "The leadership team at Pennine have maintained regular contact with me during my visits and through review meetings. The team have all lead by listening to the individual, to me and to the family and have been pro-active in making suggestions of how to implement my recommendations within the college environment."

There were three registered managers at the service. These were the college principal , the vice principal and the college welfare manager. Staff and people who used the service we spoke with were positive about the registered managers and told us the service was well led.

The principal told us the college was aspiration led and they worked with people who use the service, schools, health services, families and careers services to meet people's future goals and promote independence.

The service had links with the local community and some students visited people in a local care home. The on-site bakery sold baked goods and 'team enterprise' group made craft items, jewellery and cards to sell. The local community were invited in to coffee mornings, fairs and other community events.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The registered managers said they operated an 'open door policy' and staff were able to speak to them about any problem at any time. Staff we spoke with confirmed this.

Regular development and good practice days were held with all staff in order to improve practice and maintain standards. The latest development day included workshops on appropriate use of touch and intensive interactions. This meant the managers were open to new ideas and keen to learn from others to ensure the best possible outcomes for people using the service.

People who used the service, their representatives and staff were asked for their views about their care and these were acted upon. House meetings were held every week and topics discussed included staff training, individual needs, reviews, health, policies and building maintenance. Actions from the last meeting were discussed and goals were set from the meeting.

Welfare meetings were also held every week with leaders across the service to discuss any concerns or actions around welfare. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and for people using the service.

We saw there were systems in place for assessing and monitoring the quality of the provision. The manager told us there were questionnaires that had been used to find out families' views of the service provided.

Feedback was also gathered at people's individual reviews, which enabled people, their families and other professionals to comment on how well the service was run and what could be done to improve it.

One house guardian explained how house audits were carried out in all of the houses to identify and check where matters needed to be addressed. She explained how house guardians did audit checks on other houses rather than their own which meant checks were more effective. Care plans and documents were reviewed regularly and the service was planning to implement a new system of medicines audits to better record the medicines audits that were completed. A monthly report was produced for trustees and managers who looked for any patterns or emerging issues that may need addressing.

We spoke with one registered manager who showed us documents, such as risk assessments, policies and procedures were held on the computer. They said trustees reviewed the policies annually or if something changed. Some policies were in the process of being reviewed and updated. We saw the organisation intranet which gave staff and co-workers access to the policies and procedures.

One registered manager told us they carried out planned and spontaneous walk-arounds to check for quality of the service. People we spoke with and staff confirmed the registered managers were regularly present and involved in what they did. This demonstrated the senior management were reviewing information to drive up quality in the organisation.