

The Mount Camphill Community Limited

# The Mount Camphill Community

## Inspection report

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Date of inspection visit:  
10 January 2017  
11 January 2017  
13 January 2017

Date of publication:  
14 February 2017

## 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

We visited The Mount Camphill Community on the 10 and 11 January 2017 and made telephone calls to families of people using the service on 12 January 2017. The Mount Camphill Community is an independent specialist college for people with a learning disability that provides education and learning for people aged 16 to 25 to promote and develop their independence. The majority of people reside at the community for term times, day students also attend if requested. There are five houses with one connected and two situated in the grounds as well as one just off site. Staff support people in their own houses with the care and support required in their person centred care plans. At the time of our inspection visit the service was providing education, care and support for 22 people. There were 21 house coordinator/co worker staff employed to provide care and support with a team of senior staff and administration staff.

The service had 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 safeguarding policies in place and staff were aware of the safeguarding procedures in relation to safeguarding children and adults and all were aware of the need to inform the manager or senior staff immediately.

Staff were recruited correctly using safe checks such as criminal records (DBS). There was an induction programme in place which included training staff to ensure they were competent in the role they were doing. Staff received on going and regular training to enable them to work safely and effectively.

Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened. Incidents and accidents were recorded and learned from.

The provider complied with the Mental Capacity Act 2005 and its associated codes of practice in the delivery of care. We found that the staff followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations were in order to maintain people's rights. The service was providing support to people who did not have the capacity to make their own decisions in different areas of their lives and required staff support.

The opinions of people who spoke with us were that the service was good. People told us they were happy with the staff and felt that the staff understood their educational, care and support needs. All of the people we spoke with had no complaints about the service.

The staff employed by The Mount Camphill Community knew the people they were supporting and the care they needed. People and the staff told us that the community was well led and staff told us that they felt well supported in their roles. We saw that the registered manager and senior staff had a visible presence and

it was obvious that they knew the people who they supported and cared for really well.

## 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 recruitment records were in place to show staff were recruited safely. Disciplinary and other employment policies were in place.

Medication was documented appropriately, with all staff having regular updated training.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding children and adults.

### Is the service effective?

Good ●

The service was effective.

Staff had undertaken relevant and appropriate training.

Staff were appropriately inducted and received on-going training.

Staff were provided with supervision and an annual appraisal of their work performance.

### Is the service caring?

Good ●

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

People we spoke with praised the staff. They said staff were respectful, very caring and helpful.

Families spoken with told us that their relatives were very well cared for.

### Is the service responsive?

Good ●

The service was responsive.

People who used the service were involved in their person centred plan of care and appropriately their support needs were assessed with them and their relatives or representatives.

Suitable processes were in place to deal with complaints.

Person centred care plan review documentation was updated regularly.

### **Is the service well-led?**

The service was well-led.

The registered manager was clearly visible and staff and people said communication was open and encouraged.

The service had a manager who was registered with the Care Quality Commission.

The quality of the service was being monitored appropriately at the service.

**Good** ●

# The Mount 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 10, 11 and 12 January 2017. The inspection was carried out by one adult social care inspector. Before the inspection, 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.

We visited The Mount Camphill Community on the 10 and 11 January 2017 and made telephone calls to families of people using the service on 12 January 2017. We looked at records, which included three people's care records, three staff files and other records relating to the management of the service. We spoke with the registered manager. We spoke with five house coordinators/senior staff and two co workers, the health and safety officer and the maintenance officer. We spent time visiting three of the five houses and spoke with three people residing at the community. We contacted five relatives by telephone on the 12 January 2017.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. There had been no safeguarding notifications or complaints or information received from members of the public.

# Is the service safe?

## Our findings

People who used the service said they felt safe when supported by the staff. One person who used the service told us "The staff are very good to me I do feel safe when they help me. They are the best staff I have had". Another person said "The staff are kind I like all of them. They do make me feel safe".

The registered manager and senior staff were aware of how to report any safeguarding incidents. There had been one incident and records were available that showed that the safeguarding had been reported to the relevant Local Authority and had been investigated and addressed appropriately. All staff spoken with were aware of what action to take if they thought any safeguarding incidents had occurred. All told us they would report immediately to the manager.

We looked at the person centred care plans and risk assessment records for three people. We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk in the original care assessment records when they had initially started their three year programme at the community. The risk assessments had been updated and reviewed for all three people. We were told and shown records by the registered manager that any changes in an individual's plan was discussed at the weekly meetings and relatives were informed straight away. The registered manager told us that they reviewed every person monthly or sooner if there was any change in the person's care or support needs.

The original risk assessments had been completed with regard to the environment, handling medicines and people's physical and mental health and wellbeing. We discussed how the service monitored equipment that was used by people residing at the community. The registered manager told us that no equipment was currently used and if a person did have equipment a risk assessment would be completed to ensure the individual was safe.

We saw that personal protective equipment such as gloves were provided to staff and were available in the five houses and in the classrooms. The registered manager told us that she ensured all staff were tidy in appearance as the community did not provide uniforms as this was not appropriate for the people using the service as it would be too officious.

We looked at three staff files and saw records to show that recruitment and checking processes had been carried out when staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and written references. We found that the registered manager and seniors who did all of the recruitment ensured that all references were validated. Copies of original documents in the three staff records did not show any record that the original document had been seen by whom and the date.

We discussed with the registered manager the staffing levels; we were told that there were adequate staff to meet the educational, care and support needs of the people using the service. The majority of the staff were volunteers who advocated the learning and life skills taught at the community. There were 27 staff currently working at the service including the registered manager. We were told that the service would recruit more staff if required as the service was registered for 39 people. The induction programme had been completed

for all nine staff we spent time with.

We looked at how the service supported people with their medication. Some people were prompted to take their medication, whilst other people needed support with administration of their medication. Medication Administration Record sheets (MARs) were available and looked at in three of the five houses for 13 people. These were provided by the senior co-ordinators in the houses who were in charge of the day to day running of the house. We saw all of the education records had been completed appropriately by the staff. House coordinators check MAR sheets weekly (controlled drug daily), stock check every 28 days (controlled drug daily), additionally twice termly and the medication systems are audited internally twice per year and by the responsible care home representative of the pharmacy annually, to ensure all were completed appropriately. We were told by everyone we spoke to that there were no problems with their medications.

Staff had received training in medication administration, staff we spent time with told us any issues with medication was always reported to the manager who dealt with the issue immediately and would liaise with the relevant health professional. There was a doctor that people could be registered with whilst residing at the community. Most people and their families did register with this doctor to ensure any health need requirements could be acted on immediately. Five family members we spoke with all told us that they had registered with the doctor for their relative and that the service provided was effective.

We saw that the registered manager had accident and incident records that were completed in full. There had been one incident at the service in the last twelve months. We saw in depth records to show what the registered manager had done in response including communicating with relevant relatives. When we spoke to a family member this incident was discussed by them and we were told it was dealt with in an understanding manner, quickly, effectively and professionally.

We also saw the service had disciplinary procedures in place that had been followed according to their policy.

## Is the service effective?

### Our findings

People we spoke with felt that the staff were fully trained and had the necessary skills. One person said "The staff are good, they help me, I'm ok". Another person said "Staff are good, I like them" and "I have learnt a lot".

The service employed 21 house coordinator/ co worker staff; the service is registered with a training provider for staff to complete a vocational qualification in care. The registered manager told us that she had completed a management qualification and that staff were all required to do care qualifications to ensure they were confident and competent in their roles. We discussed qualifications with all staff we spoke with, all confirmed they had completed a vocational qualification or were in the process of working towards a qualification.

All staff had been provided with supervision meetings. The registered manager told us that she and the house coordinators/senior staff observe house coordinators in their role. We looked at three staff files which all had supervision records in place. Staff told us they did have supervision with the registered manager and the house coordinators/senior and said there was an open door policy and the registered manager and seniors were supportive and dealt with their issues immediately. Staff told us that they had an annual appraisal; we saw records which recorded and confirmed that appraisals had taken place for all staff including the registered manager.

We noted that new staff had received an induction when they first started working at the service. Records showed that a range of training was undertaken by the staff team and this was confirmed by the staff we spoke with. The training was provided in house and by an external training company. Subjects that had been covered included food hygiene, infection control, first aid, moving and handling, safeguarding children and adults and fire marshal training. A training plan was in place for the current year and the registered manager discussed the training and plan that was being used. The five relatives we spoke with told us that the staff were all well trained and did a very good job.

We talked with a newly recruited staff member, who told us that they had completed an induction training programme, which they said was very good and informative. They had also shadowed another member of staff as their mentor for a period of time. We discussed the Care Certificate with the registered manager who informed us new staff were completing a programme that was monitored by her to ensure staff competency. We looked at a training pack for new staff that was informative and was specifically designed for the staff working at The Mount Camphill Community encapsulating their philosophy. The Care Certificate is a set of standards that social care and health workers should use in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Three people who spoke with us told us the food prepared for them by staff was good and they enjoyed their meals. All of the houses had dining rooms for the people residing in them. Staff told us they prepared the meals in line with nutritional balanced menus that had been designed by nutritionists, the staff, the people and their relatives. Food played a big part of the social side of the community and was part of the socialising

skills taught. People also had cooking classes and would, if happy to do so help to cook for their house colleagues.

There were person centred care plans for nutrition in the three people's records we looked at. None were on special diets and had no allergies to any foods. The registered manager told us that any special diets would be provided if required. There was a bakery class on the second day of this inspection visit and we were provided with cakes from two people that were delicious. We thanked the people for their kindness.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005.

We spent time with the registered manager the lead in MCA and DoLS at the service who was experienced with requirements of the MCA 2005. The service had an appropriate procedure in place. The staff we spoke with were aware of the MCA and some of the impacts it could have on their role. All the staff we spoke with had received training in the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff told us that they always sought people's consent. There were people residing at the community that did not have capacity and the service had applied for seven people one of which had been assessed by the local authority, the other six MCA assessment records had been sent and were awaiting a response as the service had identified the risk that the people could not go into the community on their own. We saw the applications of the six people the service were waiting for the local authority responsible to implement the DoLS assessments.

In discussion with the five relatives we spoke with all were aware of the requirements of the MCA and told us the registered manager had discussed any issues regarding consent with them. All were happy with the procedures in place at The Mount Camphill Community and told us that they had completed records as part of the initial assessment and that staff worked closely with them communicating any changes in their relative's capacity and understanding.

## Is the service caring?

### Our findings

People told us that staff were always kind and respectful when attending to them. One person who used the service said "Staff are very caring and I like them all". Another person told us "Really like the staff they always support me". And "Great staff and good friends too".

People who used the service were visited daily by the registered manager and asked about their care and support. The registered manager told us that they worked as part of the team in providing educational programmes, care and support. People we spoke with were very happy about the care and support provided by the staff at the service. We were told that staff were very respectful and caring and carried out their role in a professional manner. Comments included "Staff really care I like it, very much here", and "I can do lots of things now by myself".

We asked people if they could express their wishes and if they had support to help them make decisions about their care. We observed that people did make choices and decisions about their lives and we saw that staff respected these decisions, for example people were able to choose when they wanted to go out into the community to participate in activities and where and staff were there to support them in their decisions.

We observed staff on duty and saw that they knew people who lived in the community well. We saw that staff communicated with people and met their needs in the way each person wanted. We saw the registered manager and staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred and staff were seen to have a good knowledge of each person and how to meet their needs. We observed staff used communication strategies appropriate for individuals, for example use of language and mannerisms.

The five family members we spoke with said they were well informed and were also involved in the care and support person centred care plans to ensure the required care would be delivered. The person centred care plans we looked at had all been signed and agreed and all of the care plan review records looked at had also been signed by people, their families and representatives. People and their families told us that the care and support was what they required and received from the service. We were told that staff take time with people and nurture their strengths to support them in their independence.

We looked at the information supplied by the service at the houses of three people. All had a copy of the all relevant information about the service, how to contact and who to discuss any questions or issues with. We observed that confidential information was kept in the main office that was locked when there were no staff at the office. Files were locked in filing cabinets and all computer access was protected by a password code. There were also lockable cupboards in all of the five houses.

We asked relatives if there was communication between them and staff at the home. They felt they were kept informed of any issues. All said yes, one person said "The communication with the organisation is excellent" another relative told us "I can't fault them and I'm not the easiest person to convince".

All of the staff spoken with were enthusiastic about The Mount Camphill Community and the roles they did there. Staff were very positive about the aims and aspirations of the people residing there and what they had to do to support that. Comments included "We work hard but I really enjoy my job it's a great place to work and I really love being here supporting the people". Another said "Great place to work everyone cares it's such a positive environment. We do work really hard and the manager always thanks us".

We spent time in three houses and observed staff at different times of the days we visited The Mount Camphill Community. Staff were very calm and reassuring when asked anything and people were treated kindly with respect. There was a lot of activities taking place and everyone looked happy participating including, cookery, art and weaving.

## Is the service responsive?

### Our findings

The people who we spoke with were more than satisfied with the way the care and support was provided, they told us they felt listened to. They told us that they would certainly be able to express concerns about the service if they had any and would speak to one of the managers straight away. All of the people spoken with were sure they would know how to complain if it became necessary and all had not, so far, made any complaints. One person told us "I have nothing to complain about, I like it here". Another person said "I have no complaints".

We saw that information was kept in the lockable cabinets in the main office and in each of the five houses. The information inputted into the database at the service was a password protected database. We saw that this information was always reviewed and information updated to reflect changes that had taken place. We discussed the review procedure with the registered manager and were told that staff were constantly monitoring people daily and any changes to any people would initiate a change in their person centred care plan and the families and representatives would be communicated with.

The Mount Camphill Community had a clear written complaints policy and this was included in the information pack given to people when they started using the service. The complaints procedure advised people to contact the registered manager if they wished to raise any concerns and gave contact details for the CQC. We asked three people and five relatives if they had the complaints procedure and had they used it. People told us that they had the complaints procedure and if they were unhappy would report it to staff and the manager if required. All of the people told us they had not complained. We saw from the records that there had been two complaints in the last twelve months; we looked at the complaint log which included information about what actions had been taken.

The complaints procedure was available in different formats to support people to understand the importance of anything they were not happy about.

The three people we spoke with reported that they had choices in their care and support in the way it was provided. We were told by one person "I have a plan and I know what I am doing, sometimes I don't do it though". People told us that staff talked to them about how their support was to be provided and that their families were involved.

The registered manager informed us that a place at the service was not provided until they had met and assessed the person at The Mount Camphill Community. People and their families were invited to visit on open days and if positive people were supported to stay at the community starting with one day, then two nights. If more visits were required we were told that this is discussed with the person and families to ensure the safety and wellbeing of the person.

We saw records of these assessments in three people's care files. There were a lot of records completed from commissioning local authorities, the community, families and representatives. The assessment forms had been completed in detail and recorded the agreement for the education, care and support at the service to

be provided.

Person centred care plans included examples of specialist advice that had been sought. For example, information was requested from any health professionals including doctors to ascertain that any health issues could be managed safely for a person at the community. We discussed this with the registered manager and were told that a clear plan and understanding of a person was required before they resided at The Mount Camphill Community.

Senior house coordinators and staff completed a daily record on each person to inform what they had done, classes attended, aims met and generally how their day had gone. The records were very informative and were detailed and described the care and support that had been given and how the person was feeling. We saw that the service held regular house meetings every evening and weekly and we saw how people participated in these meetings discussing their day and how they were feeling.

We asked how staff liaises with any community services on behalf of the people residing at the community. All staff told us they would call a doctor/ emergency services if they had concerns. They would always notify the registered manager immediately of any actions taken and record in the daily record actions taken and the outcome. We were able to see how the service was able to contact relevant people to provide appropriate treatment and we saw how the service worked appropriately with other agencies.

## Is the service well-led?

### Our findings

All the staff who spoke with us said the service was well led. One staff member told us "The registered manager is very approachable, she always has time. If you have a problem she will sort it out" and another staff member said "I feel supported; the manager is always accessible and always acts when I raise an issue". People who used the service told us "The manager is very nice" Another commented "The manager is good, she listens to me. I like her".

We requested information on how the service was monitored. The registered manager provided detailed audits of for example, the people's files and staff files. The registered manager told us that she did go into all five houses regularly and also was part of the education team that provided classes training co workers. We walked around the premises numerous times with the manager and the people had positive interactions with her and obviously were comfortable talking to her. The manager was very knowledgeable about all of the 22 people currently residing at The Mount Camphill Community.

The manager said they would act on issues and comments made. A quality assurance questionnaire was on the community internet and people using the service, relatives and staff were invited to participate in 2016. Comments made in the feedback included "Family day was amazing we all enjoyed it immensely and it was wonderful to see [family member] enjoying it" and "I am so happy how independent [family member] is becoming because of the support the staff" and "This is the first placement that [family member] is realising their potential. Staff are very patient, they work on things and continual support development".

Five relatives we spoke with all commented how the staff communicated at all times with positive outcomes and if any issues required discussing about their relative residing at The Mount Camphill Community.

A member of staff spoken with said "It is a great place to work, the staff work hard and I am proud to work here" and "The manager is so supportive we work so well as a team, it's a great place to work".

All the staff we spoke with told us that the registered manager and senior house coordinators were very supportive and had an open door policy which meant they could speak to them at any time they required support. Staff told us that any issues were dealt with immediately. Records of supervision and appraisals we viewed showed that staff were communicated with on a regular basis. Staff spoken with told us that their aims and aspirations were met working at The Mount Camphill Community.

We were able to see how the service worked alongside other professionals such as district nurses and G.P.'s to ensure care services were personalised. An example of this that we saw was the registered manager requesting more support for a person who's mobility had become restricted due to their illness.

The services policies and procedures had been reviewed in 2016 by the organisation. These included health and safety, confidentiality and recruitment. People's person centred care files were stored securely to protect their confidential information.

All of the staff we spoke with were asked if they thought their service provided good care and support, all said they did.