Camphill Milton Keynes Communities Limited

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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

We inspected the service on 15 October 2018. The inspection was announced.

Camphill Milton Keynes Communities provide personal care and support to people living within the Camphill Community. It is a community setting of ten houses with its own shop, café, bakery, theatre, workshops for people using the service to attend and horticulture gardens. At the time of our visit there were 62 people being supported within the Camphill Community.

This service provides care and support to people living in 10 houses on the same site so that they can live as independently as possible. 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.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People continued to receive safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were detailed risk management plans in place to protect and promote people's safety. Staffing numbers were sufficient to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people. People received enough to eat and drink and were supported to use and access a variety of other services and

social care professionals. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

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. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People's needs were assessed and planned for with the involvement of the person and or their family members where required. Staff promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. The provider had implemented innovative ways to ensure communication was accessible to people in a format that met their needs.

The service continued to be well managed. People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received supervision that gave them an opportunity to share ideas, and exchange information. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits. The registered manager was aware of their responsibility to report events that occurred within the service to the CQC and external agencies.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well-led.	**Good**

Camphill Milton Keynes Communities

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 comprehensive inspection took place on 15 October 2018 and was announced. The provider was given 48 hours' notice because the location provides a supported living service; we needed to be sure that people would be available for us to speak with.

The inspection team consisted of two inspectors. Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies such as commissioners who had a contract with the service.

During the inspection, we spoke with 14 people who used the service for their views about the care and support they received. We spoke with eight staff members that included the registered manager, the assessment and development manager, and six care and support staff. We also spent time observing how people and staff interacted and how care plans were being implemented.

In addition, we looked at the medication and care records of four people who used the service. We also looked at four staff files, undertook a tour of the Camphill community; visiting two houses on site. We also examined records that related to the management of the service and these included staff rotas, training and supervision records, quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

Good

Is the service safe?

Our findings

People continued to feel safe living at Camphill. One person said, "This is the safest I have felt living anywhere and I have been to a few places." We saw a section in people's care plans called 'being safe'. This provided information for people about knowing who a person could trust, safety in the house and safety in the community.

People were supported by staff who recognised the signs of potential abuse and knew how to protect people from harm. Through our discussions with them, staff demonstrated a good understanding of safeguarding reporting procedures including those for external organisations such as the local authority. The service had devised innovative ways to ensure people knew how to stay safe. For example, staff had supported people to make a serious of short films that highlighted different areas where people needed to be vigilant to stay safe. We saw that incidents had been reported to the relevant authorities as required.

Risk assessments were in place that provided staff with guidance about how to support people safely, across several areas of their life. We saw risk assessments that included road safety, falls, using public transport and life skills such as cooking. We saw these were reviewed and updated on a regular basis or more often if people's needs changed. The staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported.

People told us there were enough staff on duty. One person said, "I live with [name of staff member] they are always there to help me." The provider had recently changed how they recruited staff. Prior to this inspection staff were recruited from abroad each year as volunteers to live and work with people using the service. However, because of unavoidable difficulties this year the provider was finding it difficult to recruit sufficient numbers, so they were also recruiting paid staff on a permanent basis. This ensured there were sufficient numbers of staff to meet people's needs.

We saw rotas for a number of houses and found there to be enough numbers of staff on each shift to enable people to receive the support they needed. Staff also felt there were adequate numbers to meet people's needs. One told us, "It's very relaxed. We don't have to rush anyone. There are enough of us here." Staff told us that rotas were flexible if the needs of people changed for any reason. We saw that duty rotas demonstrated the correct numbers of staff were available for people at all times. The registered manager told us they were going to implement a new bespoke electronic system to roster staff on duty that would flag up if the skill mix wasn't appropriate for the people that staff were supporting. For example, if a person in one house needed staff to be trained in relation to epilepsy but staff on duty had not completed the training, it would flag this up so staffing could be adjusted to suit.

The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed. Staff told us that they completed this

process before they started to work at the service. This meant that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

People described how they received their medicines and this indicated to us that they were supported in a person-centred way. One person told us, "I get my tablets when I need them. I like to take them with food." Care plans had information recorded about the level of support needed by people to take their medicines safely. Staff received medicines training and records showed that competency assessments were completed to ensure staff followed the medicines policy and procedures. Regular audits took place on the medicines systems to check that staff consistently followed the administration and storage procedures. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

People were protected by the prevention and control of infection. The premises were kept clean by both staff and the people using the service, who were able to choose the household tasks they wanted to contribute towards. Regular checks were completed that included hand washing, infection control procedures, COSHH and water checks. We saw that where areas required attention, actions were put into place and records confirmed this. Staff told us and records confirmed that they had completed training in infection control and food hygiene.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. These were then shared with staff at team meetings and through one to one supervision meetings.

Is the service effective?

Good

Is the service effective?

Our findings

People received two assessments of their needs before they went to live at the service. The first assessment was a general profile of the person that covered people's physical, mental health and social needs. Following this they received a more in-depth assessment that looked at the person more holistically. For example, it covered areas such as people's personal preferences and lifestyle choices, cultural and spiritual needs, relationships and also considered their life histories. There was a transition period before people move to the service on a permanent basis where people could stay at the service for a day, overnight or weekends. The assessment and service development manager told us they tried to match people using the service with staff who had the same interests and values. This meant that a full assessment of people's needs would be obtained to build a complete picture of the person before they went to live at the service.

Staff had the knowledge and skills to carry out their roles and responsibilities. One person told us, "The carers have training that means they can look after us properly. They do look after me." Staff told us that they were provided with appropriate support and training to enable them to carry out their roles. One told us, "I had an induction when I started which was very helpful." Records we looked at confirmed that staff had been provided with induction and on-going training.

Staff were positive about their training. One staff member told us, "The training is great. We have lots or training and I feel confident I can give people the care they need thanks to my training." Records showed staff received on-going training to enable them to fulfil the requirements of their role and some training was specific to the needs of people using the service. For example, we saw that staff had received training in epilepsy, diabetes, dementia and dysphasia. (difficulty with swallowing.) This helped to ensure staff had information that reflected current best practice in providing care so they could meet people's needs.

Staff told us they received supervision from a line manager and were given regular feedback on their performance. They said they could discuss any issues they encountered as part of their work and their own learning and development needs.

People told us they were supported to eat and drink enough to keep them healthy. One said, "I like cooking. I cook all my own meals and sometimes the staff help me. I can choose what I like to eat and cook." People showed how they were involved in planning their menus and how healthy eating was encouraged by staff. As part of their programmes to move toward independent living people told us they were involved in choosing the food they wanted and going shopping for the things they liked. The provider had introduced a programme of education that included support to people in relation to healthy eating and living a healthy lifestyle. Details of people's dietary likes and dislikes were recorded in people's care plans. Where it had been identified that someone may need extra support to maintain their nutritional support, appropriate steps had been taken to help them maintain their health and well-being.

People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. For example, we saw that the service worked closely

with the police and they had provided training for people in relation to keeping safe. The registered manager also told us they worked with local schools and colleges and some people using the service volunteered at a local food bank. Regular reviews were held with a multidisciplinary team including people's GP, and other relevant health care professionals. This helped to promote good communications resulting in consistent, timely and coordinated care for people. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this. Staff requested healthcare support when this was needed and followed the advice given. There was good communication between staff and healthcare professionals such as speech and language therapists.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us staff always asked for their consent before they carried out any tasks. All the people we spoke with told us and we observed consent was always sought before care and support was provided.

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). At the time of our visit the registered manager confirmed there were no restrictions in place for the people who lived at the service and no DoLS authorisation was required to support people in this way.

Good

Is the service caring?

Our findings

People told us they felt staff were supportive and caring. One person told us, "It's like being part of a family here. It feels like home." Throughout our inspection visit we observed people were treated with kindness and compassion. Relationships between staff and people were friendly and positive and we saw that people looked relaxed and comfortable whenever they spoke with staff. We also saw that staff were available when people needed support.

The registered manager explained that each house had their own staff, some of who lived alongside people using the service. One staff member said, "We are like a family. We share all the everyday things that families do." Staff said they got to know people very well because they lived together and developed a very good understanding of people's needs, likes and dislikes.

Communication was good between people and staff and people were given information in accessible formats. Staff said they had time to spend with people so that care and support could be provided in a meaningful way by listening to people and involving them. People told us they were involved in making decisions about their care and support. One said, "Yes I am involved. I write in my care pan and I have my say." A member of staff commented, "This is peoples home and everything we do is about what they want. We help people to get the most out of life." Regular reviews and meetings had taken place and these provided people with an opportunity to be able to discuss their likes and dislikes, wishes and aspirations.

The provider had a strong person-centred ethos and people were treated as individuals. Staff were committed to supporting people with their diverse needs and staff had a good understanding of people's social and cultural diversity. For example, there was a diverse, multi-cultural staff team. Working together people and staff had celebrated different religious festivals from different countries. Some people had links with the Buddhist community and other places of worship.

We saw that people could have access to an advocate and would be supported to make decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

People had their privacy, dignity and independence promoted by staff. Each person had a detailed care plan that documented their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

The registered manager and staff understood the importance of keeping people's personal information confidential. People's support and care records were stored securely and computers the provider used to store any confidential information about people and their needs were password protected.

Good

Is the service responsive?

Our findings

People received very supportive care from staff who knew them well. They had developed positive relationships with staff. One person said, "[Name of staff member] treats me like a friend. Not someone they have to look after." Another told us, "The staff are brilliant. They know when to help me and when to leave me alone."
Each person had a comprehensive assessment of their needs before they went to live at the service. These focused on the person's 'dreams and goals for the future as well as obtaining information about their physical and emotional needs and preferred lifestyles, beliefs, hobbies and interests. These were available in pictorial formats that were used during the assessment process and people's annual reviews.

The initial assessment formed the basis for the development of people's care plans. People said they had been listened to and their needs were central to this process. One person told us, "Things are explained to me. I know about my care plan." We saw that people's life histories and experiences were documented, which provided staff with essential information on past experiences of the people they cared for. Staff had taken the time to listen to people and their relatives to help ensure they received person centred care.

We saw that people had been supported to choose and engage in a range of activities that were socially and culturally relevant to them. On the day of our visit we observed people attending a variety of different activities, for example, working in the bakery, the garden and the onsite shop. People working in the bakery had completed to support them in their employment.

There was a complaints policy and procedure in place. This was displayed in each of the houses. The policy was also available in a variety of formats. The provider had implemented innovate ways to make this accessible for people using the service. For example, the complaints procedure was available in easy read pictorial format, a large print, a video made by people using the service and a widget to assist people with making a complaint. This showed that people had been involved in the
development of the complaints process. Records demonstrated that complaints had been dealt with in the correct way and in line with the providers complaints procedure.

The registered manager recognised that people's preferences and choices for their end of life care was a very sensitive matter for people and their families to consider and this may impact on people's mental health needs. The subject was approached in a range of different ways with people and there was an acceptance that people and their families may not wish to discuss the matter at all. We saw that for some people they had chosen to add their preferences and choices for their end of life care to their care plan.

Good

Is the service well-led?

Our findings

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

We received positive feedback from everyone we spoke with about the leadership and staff expressed a high degree of confidence in how the service was run. All the staff we spoke with said they felt comfortable to approach any one of the members of the management team. Staff said that all the members of the management team were good role models and were knowledgeable in their roles. One staff member said, "If I don't feel sure about anything I can always go and ask any of the senior managers. They are very approachable and very knowledgeable. They don't make you feel like you have a silly question."

There was a very positive culture that ensured people were at the centre of everything the service did. There was a clear management structure that passionately promoted a person-centred culture at the service and they were commitment to promoting independence and personal achievements. One person told us, "I would recommend living here. Its brilliant and I love it." Another person commented, "This is my home and I have a say in how things are run

Staff meetings were held regularly and staff told us they were always able to feedback to the registered manager and the management team who listened to them and valued their contribution to the running of the service. Staff knew how to escalate concerns either by using the provider's whistle-blowing processes or to the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. Staff told us and we saw information was readily available in the service for staff to refer to if they needed to do this.

Communication at the service was very good. There was a regular newsletter sent out to people and relatives. These were put together by people using the service who had made a journalism group and who had a resident photographer as well. There were numerous meetings held to share information and these included quarterly meeting with friends and families, meetings with the care and support team, management team and trustee's meetings. Each house held their own house meetings weekly and from these issues were raised to a resident's forum. The chair was then invited to speak at the board meeting. This showed that people who used the service had a voice and were involved at all levels.

The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service. We saw the latest CQC inspection report rating was available for people to read at the home and on the providers website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

There were systems in place to monitor the quality and safety of the services provided for people. Audits had been effective and were used to keep improving the quality of the services provided.