

The Mount Camphill Community Limited

# The Mount Camphill Community

## Inspection report

Faircrouch Lane  
Wadhurst  
East Sussex  
TN5 6PT

Tel: 01892782025  
Website: [www.mountcamphill.org](http://www.mountcamphill.org)

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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

### About the service

The Mount Camphill Community is a residential home providing accommodation and personal care for 30 people. The service is split into an independent specialist college for people with learning disabilities that provides education and learning for people aged 16 to 25 to promote and develop their independence. This part of the service runs during term time only. The service also provides living accommodation in five houses, four on site and one within a short walking distance from the community. At the time of the inspection there were 20 people staying at the college all of whom were aged 18 or over and a further 10 people living in the five houses receiving personal care. Although the two parts of the service were separate they shared the same staff leadership team and the same policies and procedures. The students in the college reside in three of the five houses and people who only receive personal care reside in two of the houses.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People told us that they felt safe and protected from harm and abuse. The service had a safeguarding manager and all staff had been trained and were able to tell us what amounted to abuse and the steps they would take if necessary. Staff were aware of the whistleblowing policy. Accidents and incidents were reported, recorded and causes analysed with learning being taken forward. All safety checks were up to date. People were supported with their medicines. Bespoke risk assessments were in place for people and were subject to regular reviews.

A comprehensive induction process involved staff living within the community and getting to know people and the role. Staff had been safely recruited and ongoing support was provided through supervision and appraisal meetings. All staff training was up to date and regular refreshers had been completed. People had annual health checks and were supported throughout the year to access health and social care professionals. People were encouraged to help prepare meals and everyone was provided with choice of healthy foods appropriate to them. Mental capacity assessments and best interest meetings had taken place where appropriate and Deprivation of Liberty Safeguards were in place for some people. People were given choice and opportunities.

People's dignity, privacy and independence were all respected and promoted. A relative said, "No words to thank them enough. (My loved one) is a different person, they understand their surroundings, they are positive and their speech has improved tremendously." People were treated with respect. We saw everyone being included and involved in conversations and activities and everyone looked happy and content.

Person centred care was practised and staff knew people well. People were involved in a range of activities across the community. The college provided individual study programs that people could access which included a variety of academic, physical and practical elements. There was a range of on-site activities for example, gardening, pottery, baking and carpentry. A relative said, "It's opened (my loved one's) eyes to whole new world, I would recommend this place to anyone." A complaints policy was in place and was accessible to people and relatives and everyone knew how to complain and raise concerns if needed.

Everyone spoke well of the registered manager who provided a positive and visible presence throughout the service. Auditing processes were in place and were all carried out or were overseen by the registered manager. Feedback was sought from people and relatives / guardians in the form of meetings and questionnaires. Feedback was also sought from staff and professionals. The service is set in a rural setting but maintained strong links with the local community

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

Rating at last inspection

Good. (Report published 15 February 2017)

Why we inspected

This was a planned inspection based upon the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# The Mount Camphill 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector over three days due to the size and layout of the service.

#### Service and service type

The Mount Camphill Community is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service provides care and support to people living in five houses, so that they can live as independently as possible. The service also provided accommodation in a residential college facility.

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 gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people there to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about the service, what they do well, and the improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke to seven people that used the service. We spoke with fifteen members of staff including the registered manager, three senior carers, five carers, four students and two maintenance staff. We spoke to three relatives.

We reviewed a range of records including five people's care plans and numerous medication records. We looked at three staff files in relation to recruitment and supervision and a variety of records relating to the management of the service for example policies, procedures and auditing processes. We pathway tracked two people. This is where we check that the records for people match the support they receive from the service.

#### After the inspection

We continued to seek clarification from the registered manager to validate the evidence we found. We spoke to eight relatives/guardians, two trustees and five professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew their responsibilities under safeguarding and whistle blowing and were able to describe scenarios that would amount to a safeguarding risk, what they would do and who they would report to. Another staff member told us, "I know we can contact the local authority and CQC if we need to."
- The service had a lead staff member who was responsible for overseeing all safeguarding incidents. Staff had all received training in safeguarding and had regular refreshers. People took part in some aspects of safeguarding training. This helped raise awareness for people.
- People told us that they felt safe. A person said, "I'm very safe here." Another told us, "They look after us well, I feel safe." A relative said, "They are vulnerable people but the combined ethos and culture and the watchfulness of staff means they are safer there than they would be anywhere else."

Assessing risk, safety monitoring and management

- People's support plans contained bespoke risk assessments relevant to people's care and support needs. Risk assessments were written with the person and their relative/carer. For example, for behaviour that challenged. The assessments considered triggers and prevention advice as well as distraction mechanisms such as offering choices and speaking softly. Secondary interventions for example, increasing the level of supervision for a short while, were also included.
- An annual fire safety inspection was carried out and regular checks were carried out on fire safety equipment for example, extinguishers, smoke alarms and fire doors. Fire alarm tests were carried out weekly and a full evacuation took place every term. Personal emergency evacuation plans (PEEPs), were in place for everyone, detail was given how to support people in an emergency.
- We were shown safety certificates for gas, electricity and plumbing. Vehicles associated with the service were regularly serviced and were equipped with snow tracks in the event of inclement weather.
- Staff met regularly during each day and had opportunities to discuss people and any changes needed to their day to day care and support. These changes were documented within day notes and handover books. Notes were reviewed and audited with changes made to support plans and risk assessments when required.

Staffing and recruitment

- We looked at staff recruitment and personnel files. Staff had been recruited safely across the service with a range of checks being carried out before a person could start work. For example, references, employment history, including gaps in employment and Disclosure and Barring Service (DBS) checks. DBS checks ensured that staff had no previous history that would prevent them from working at the service.
- Most of the staff lived at the service either as part of the college staff or residing in the same building as

people. There were enough staff to meet people's needs and for when people left for trips or visits out of the community.

- The service employed several volunteers who worked at the service to gain work experience and work towards qualifications in care. All volunteers had been subjected to the same recruitment process. A volunteer told us, "We are supported by the permanent staff. I am working towards my care certificate." The registered manager told us, "We operate a values-based recruitment system, this is important to us."
- A policy was in place for managing staff discipline but there had not been occasion to put this into practice.

#### Using medicines safely

- All staff had completed training in medicines management. Following training staff were observed administering medicines before being signed off as competent. Competency and theory training were refreshed annually with all staff.
- The registered manager told us that people rarely refused their medication. On occasions where this had occurred staff simply tried again after a short period of time had elapsed or a different staff member approached the person.
- Medicines were ordered on a repeat 28-day cycle with a two-month supply order to cover the summer and Christmas periods. Medicines were stored, administered and disposed of safely. Medicine administration records (MAR) were used to record the date, time and quantity of medicine being administered and the details of the member of staff administering. We were shown several MAR records during the inspection and all were correct.
- There was a separate protocol for 'as required', (PRN) medicines and for homely remedies. The latter are medicines that can be purchased from a pharmacy. Both were recorded on MAR records to provide a clear audit trail
- Regular reviews took place of people's medication with their GP's and some medications had been reduced or stopped for some people. Staff were aware of the stopping the over-medication of people with a learning disability, autism or both (STOMP), campaign. A relative told us, "(My relative) is super happy there and they are taking less medication."

#### Preventing and controlling infection

- The communal areas of the houses were clean and tidy and free from any obvious hazards. The kitchen areas of each house were similarly clean and evidence was seen of temperature checks being made of the fridge.
- Water temperatures were regularly checked and toilets not in regular use were flushed and taps run which helped guard against legionella disease. A legionella disease certificate confirming regular testing was in place.
- Personal protective equipment (PPE), for example aprons and gloves, were available for use throughout the service and were used during food preparation and during personal care.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and copies of reports including outcomes were placed on people's support plans. Incidents were discussed and handed over at staff change over meetings.
- The safeguarding lead told us that all accidents, incidents and safeguarding issues were analysed and audited. The local authority was consulted with more serious issues and adjustments to support were introduced if required.
- We were told about people who became anxious with change and this could manifested itself in challenging behaviour. For example some people became anxious at certain times, either of the week or of the term or in response to certain conversations. The latter had been investigated and concluded that it was

due to association with another person whom they did not get on with. Both situations were appropriately dealt with.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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

- A thorough pre-admission assessment process took place before anyone moved to the service. People and relatives together with staff completed assessments that then formed the basis of the support plan. Several people who had passed through the college went on to live in the housing part of the service.
- Relatives/guardians told us they were involved. A relative told us, "I've actually helped shape the care provided to (person). A health and social care professional said, "I have been welcomed by staff and had the opportunity to advise and support care planning."
- The registered manager told us, "We look at people's gifts, what they can bring to the community, not the challenges. Everyone has something to offer". A care plan showed us details of the progress a person had made who had arrived at the service with high needs who was now more independent and required less help and support.

Staff support: induction, training, skills and experience

- Staff induction was comprehensive and involved initial training, shadowing opportunities and provided the chance for new staff to get to know people. A staff member said, "It was an intense, six-week induction. The training modules helped us start our care certificates." Ongoing support was provided through a regular one to one supervision process.
- We were shown a training matrix which contained details of all staff training including renewal dates. Every entry was up to date. Training included, epilepsy, autism spectrum disorder, safeguarding and positive behaviour management.
- Personnel files contained records of supervision meetings, appraisals and recorded staff progress towards their care certificates. Staff were seen to put their training into practice for example, we saw staff making sure at mealtimes that people living with dietary needs for example, gluten free diets, were provided with appropriate food choices.
- Staff training covered areas that supported them to look after people with particular needs. For example, moving and handling, epilepsy, oral hygiene and autism. Staff told us that training helped them to care for people. A member of staff said, "The type of toothbrush people use is important. I observe people and have had discussions with the dentist about what suits people better." A relative told us, "I had concerns about their dental hygiene but the staff cover this, I'm no longer worried."

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

- People told us that they were offered a choice of food every mealtime and that they always enjoyed the meals provided. A person said, "I like the food, pizza is my favourite." Another told us, "The food is the best thing about living here."
- Most people helped to prepare food. We saw staff and people working together and then everyone sat around a table to eat together. Mealtimes were enjoyable for people and everyone talked together and spoke about what they had been doing that day.
- People were supported to grow vegetables and to attend bakery classes. There was an emphasis on getting people to understand healthy diets. Some people wanted to lose weight and they had been helped by staff to eat more healthily. This was supported by relatives and medical professionals.
- People ate and drank independently with only some requiring some encouragement. Nutritional risk assessments had been written for people and weight was monitored as part of people's overall health checks.

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

- People had access to health and social care professionals. People were supported to attend meetings with GP's, nurses and the community learning disability team by staff and in the presence of their relative/carer.
- The registered manager told us about annual health checks with the GPs. Not everyone could verbalise when they were in pain and this was not being picked up during the assessment. The registered manager arranged for each assessment to include a 20-minute session with the nurse so that pain and other checks could be carried out.
- Support plans had details of all appointments and outcomes. A medical professional who had dealings with the service for many years told us, "I've never had any concerns with my contact with both admin staff or the co-workers (staff). They always have the students or co-housers (people), best interests at heart whether making appointments or booking medicals."
- Relatives/carers told us that they were very happy with the health and social care support their loved ones received. A parent told us, "There are regular reviews but they get things sorted in-between. Will always call the GP or chiropractor if they need to."

Adapting service, design, decoration to meet people's needs

- The service consists of a large central building which is used as the college for 20 people during term time. A large annex attached to the side of the college served as one of the houses and a further two detached houses within the grounds were also used. Another house was within walking distance of the grounds of the service. Between four and six people lived in the houses supported by live in staff.
- The service is set in a rural area and has large grounds that contained a variety of buildings including a carpentry workshop, a pottery, a wood store and a large fruit and vegetable plot. People were able to use these facilities throughout the year.
- A large hall was used for festivals and events. People's bedrooms were decorated, furnished and arranged according to the wishes of the person. People had photographs and possessions that were important to them in their rooms.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were able to make their own choices each day and were supported and encouraged by staff to do so. People contributed to menu choices, were able to choose what to wear each day and could decide when they wanted to shower or bathe.
- Staff understood the importance of consent. A member of staff told us, "They are young adults. They are mostly independent but I'll always ask them if they need help to call me." Another member of staff said, "If people can't express themselves we find other ways. I sometimes use 'yes' or 'no' cards to help."
- Some people living at the service lacked or had variable capacity to make certain decisions. Mental capacity assessments took place and were documented within people's support plans. Assessments were decision specific and included whether people understood the elements of their care package, the need to take medication or to receive continuous support. Best interest meetings took place which involved the person, their relatives, staff and a best interests assessor.
- DoLS were in place for some people. Those that we saw related to road safety, personal care and residence at the service during term time. Some DoLS applications had been made but not yet granted. Records showed that regular contact had been made with the local authority updating the status of these requests.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they were treated with kindness and respect. We saw positive interactions between staff and people during the inspection at different times of the day and during different activities. A person told us, "They always listen to us. They are kind and caring." Another person said, "Staff are nice. I have friends here."
- Parents and carers spoke well of the support and respect shown to their loved ones. A relative told us, "They understand their needs. Their life has been transformed here. Whenever we take (person) home they always say, 'I am coming back here aren't I?'" A professional said, "I have never noticed anything other than kindness."
- Staff knew people well and the service provided accommodation for most of the staff to provide consistent support all the time. A member of staff said, "They look to us for help. I always ensure they are in the middle of every decision we make." At lunchtime conversations were about people, their activities and families. It was clear that staff knew about the people they supported.
- Staff understood equality and diversity and we saw people being treated equally with no one being left out. The service provided a non-denominational meeting every week which allowed people of any or no religious conviction to meet and reflect on the previous week. Religious events such as Christmas, Diwali and Whitsun were all celebrated and people were able to join in if they wanted to.
- Support plans reflected people's equality characteristics and people had been asked about their needs and choices they make. Some people were supported to be involved in the local church for example.

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

- Support plans were written and regularly reviewed by staff and people, their relatives and where necessary, professionals, were involved. Plans reflected people's history and how that has shaped the way they were now. They contained detail of what was important to them and what achievements they had made. For example, starting conversations, using an alarm clock and understanding lesson timetables.
- Staff understood the importance of giving people choices in all aspects of their lives. A staff member said, "Everyone is treated well and allowed to make their own choices. We have lots of meetings with people to decide what they want to do." A weekly meeting was held to discuss plans for the weekends where people could choose from a variety of activities or if they preferred, could enjoy some quiet time.
- We were told that when people found it difficult to contribute to a group conversation that they were sometimes given a specific task. For example, they were asked to attend another meeting to take notes and

then report back to the group about what was discussed.

- Staff respected confidentiality. Handover meetings where personal details were discussed always took place privately and all documents containing personal information were kept in locked offices.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy, dignity and independence. People had their own bedrooms and staff always knocked and waited for a response before entering. A staff member told us, "People's privacy in their own rooms is important. People can have time alone if they choose."
- Staff consistently treated people with respect. Staff always engaged with people including when passing them in the grounds or in other communal areas. Staff would stop and speak to people, asking if they were alright and making sure they were safe. A staff member told us, "We will always see if people want to engage, communication is very important. Sometimes people refuse and as long as they are safe then that's okay." Another staff member said, "I'll always imagine myself in their situation."
- People were encouraged and supported to live their lives as independently as possible. The community ethos allowed people to live independently and to have choice about where they wanted to go throughout each day. About independence, a relative told us, "It's achieved in a number of ways. Living all together really helps. They can go out and be involved in different workshops when they like. I think this all helps manage their emotions." People had made strong friendships with others at the service.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Support plans were person-centred and contained detailed background information and clear information about people's current care and support needs. People's likes and dislikes were recorded and aims and achievements clearly presented. Independence was emphasised along with people's personal choices.
- People and staff lived as part of a community. Staff lived alongside people and knew them very well. People and staff had rotas for household tasks and most people cooked together. A staff member said, "I'm living this lifestyle alongside people. It's a family."
- People told us that they felt part of a family and that staff looked after them and knew them well. Comments from people included, "They give us space," "Staff are great," "We're never left on our own, they look after us." A relative told us, "The Camphill community is set up so staff are constantly watching and are in touch with people."
- The on-site college provided individual study programmes that included baking, pottery, exercise classes as well as functional skills like mathematics and English which people could access. Everyone had the opportunity to use the facilities around the community and there were many activities for people to do within the houses. A person told us that they regularly went horse riding. Another said they enjoyed playing football.
- People often visited the local village and the closest large town. The registered manager told us they had recently had a drumming teacher come to the service and they had taken several people out to town where they put on a public show for people and raised money for charity.
- Each year people went on holiday as part of peoples planned yearly activities. People told us of recent visits to Italy and Ireland which they had enjoyed. A relative told us, "It's amazing what they do. I never would have thought it possible that (service user) could have travelled abroad."
- Several times during the year the service celebrated family days. These were days when people's families came to the service for the day for example to see people perform a Christmas show or maybe a summer barbeque. People and relatives looked forward to these days and they presented a further opportunity for people to show their families what they had achieved. A relative said, "We so look forward to the family days, all the young people look so relaxed and comfortable."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs varied with most being able to communicate verbally. Some people used Makaton to communicate. Makaton is a recognised non-verbal language where hand signs and signals are used to represent words.
- Staff took time with people and were patient when talking to them, waiting and giving people time to answer and speak to them. At mealtimes staff ensured that everyone was involved in conversation around the table. People who spoke quietly or needed to take more time when speaking were all given the opportunity to contribute.
- Easy read documents were used during best interest meetings. Each house had built up a collection of recipes which were pictorial and helped people choose what they would like to eat. A staff member said, "(person) can remember more seeing pictures, so we use these a lot."
- Staff told us of the importance of understanding people's body language. They recognised the signs when people were becoming anxious, were worried about something or were in pain. People's support plans detailed people's communication support needs.

#### Improving care quality in response to complaints or concerns

- The service had a robust complaint policy and procedure that was accessible to everyone. All complaints were documented in line with the policy and all concerns raised by people or relatives were dealt with promptly.
- People that we spoke with told us they were confident to raise any issues or concerns with staff and they knew they would be listened to and matters would be resolved. Similarly, parents told us they knew about the complaints process and were confident in using it if needed. A relative said, "I've had to raise issues before, I understand this is going to happen, it's a complex service. Everything is always dealt with promptly and to my satisfaction."
- We were shown a current complaint. The registered manager had communicated throughout the process to keep relatives informed of meetings and outcomes.

#### End of life care and support

- Staff looked after people in the mid to late teens and young adults. No one was receiving end of life care. The registered manager said they wanted to prepare people for independent living as far as they were able to but also offered the service as a potential home for life. The registered manager acknowledged the importance of preparing for end of life and had meetings with staff and parents to discuss the issue. It was also understood that people needed to be prepared for bereavement and this was being explored at the time of the inspection.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and all the staff we met promoted a positive culture within the service. Across the service there was a feeling of community with staff and people living closely together and creating a family atmosphere. A relative told us, "There is a hierarchy but no one talks about it. It is what it says, it's a community."
- Staff told us that the registered manager was supportive and was always available for help and advice. A staff member said, "It's brilliantly run. There is no hierarchy here but I feel fully supported and there is always someone to talk to if needed." A trustee told us, "The leadership is decentralised but with clear roles and based on inclusion and consent." A relative said, "There is strong, visible leadership here."
- Support plans and the regular reviews that took place echoed the person-centred approach that we observed. Support plans began with describing how people lived as independently as possible as part of the community and had regular updates about people's aims and achievements. The review process placed the person at the centre of the discussion and involved relatives, staff and professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their duty of candour and was open and transparent to people and relatives when things went wrong. Registered managers are obliged to inform CQC about significant events that happen at their service and this had been complied with. The most recent CQC ratings were displayed on the service website and in a communal part of the service itself.
- Staff worked shifts but the majority remained on site and lived as part of the community and were present even if others had primary responsibility for supporting people. A staff member said, "I have a background of working in adult social care but here it's different, we actually live with people."
- A regular process for auditing was in place and was overseen by the registered manager. Support plans, medicines, accidents and incidents were all subject to monthly reviews. The service had a safeguarding manager who kept records and outcomes of all events. Senior carers in each house had oversight of safeguarding and reported issues to the safeguarding manager. These were overseen by the registered manager who compiled a regular report for the trustees who had oversight of the service and held the registered manager to account.

- The registered manager kept up to date with current best practice and advice and regularly looked at the local authority and CQC websites. They also attend forums and conferences organised by Natspec which is an association providing specialist learning, advice and support for services providing teaching to people with learning disabilities.

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

- People, relatives/carers, staff and professionals were all given opportunities to provide feedback about the service. A series of meetings took place during an average week which had different themes including welfare, weekend planning and forthcoming events. People had opportunities at these meetings or one to one if they preferred, to raise any concerns.
- People were also invited to complete questionnaires' about the service which were analysed by the registered manager and their team. We were shown a summary of a recent questionnaire which was very positive about staff, friendships people had formed and feelings about safety. A person told us, "I'm always listened to."
- Similarly, staff were given many different forums to provide feedback. In addition to supervisions and handover meetings there were weekly staff meetings for each house. Staff told us that they felt confident to raise any issue and that they would be listened to.
- Parents and carers were invited to complete annual surveys and the most recent showed positive feedback with relatives and guardians reporting they had seen improvements in their loved one's confidence, ability to make choices and to take the initiative. A relative told us, "We have regular meetings, complete the survey but know also that we can give feedback whenever we want to." Another said, "They ask my opinions about things. They really listen to what we say."
- The registered manager kept a compliments folder which contained a variety of letters and e-mails mostly relating to issues that had been resolved or thanking the staff for the family days. Several letters were received from people and their relatives/guardians when they moved on from the service.
- The service promoted a multi-faith approach but accepted people with no religious background as well. People were supported to attend local church services if they wanted to. People's equality characteristics were discussed during the initial assessments and at review meetings and outcomes reflected in support plans.
- Despite the rural setting of the service strong links to the local community had been forged. Several events involving people took place in the local village hall which was regularly hired for performances put on by people and other celebrations. People performed the annual Christmas show to local people in the hall. People, supported by staff, ran a pop-up café in the local village. Students from a nearby school were invited in to share some of the facilities at the service including the bakery.

Continuous learning and improving care

- Auditing enabled the registered manager and the staffing team to identify trends, discuss specific incidents and look at good practice and how to avoid some incidents in the future. For example, a person became unwell when in the community which resulted in a review of medication and a meeting with relatives to discuss triggers. Safeguards were put in place for future trips out.

Working in partnership with others

- The registered manager had established a positive relationship with local professionals and those involved in teaching at the college. A professional told us, "It's quite a unique environment for people and we work well together. Another professional said, "I was pleased that I was invited to one of their staff training days."