

Camphill Devon Community Limited

Hapstead Village

Inspection report

Camphill Devon Community
Buckfastleigh
Devon
TQ11 0JN

Website: www.camphilldevon.org.uk

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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 carried out this unannounced inspection on 29 November 2018. The service was previously inspected in April 2016 when it was rated as good in all areas. 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.

Hapstead Village consists of care home made up of six separate houses and is registered to support up to 48 people with learning disabilities. People in care homes receive accommodation and 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 two 'supported living' settings, so that they can live in their own home as independently as possible. In supported living settings people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at the quality of personal care provided in the supported living settings.

At the time of our inspection 36 people were living in the care home and 10 people were receiving supported living care. One of the six houses had been recently extended to enable the service to meet the needs of people as they aged.

The service is based on a campus style mode and had been set up over 30 years previously to provide a home for life for people with learning disabilities. The care service was established before the introduction of Registering the Right Support which is current best practice guidance on how services for people with learning disabilities should be designed. One of the key principles of this guidance is that people with learning disabilities should be supported to live as ordinary a life as any citizen. In Hapstead Village we found that people received personalised care, were supported to be as independent as possible and lived varied and interesting lives.

The service was within one hundred acres of land, including a farm and people were supported to participate in a wide variety of activities both within the service and in the local community. The registered manager told us the service operated, "a college style timetable of activities" and people had the choice of which activities they engaged with (if any). On the day of our inspection people engaged with rural tasks and various craft activities including, metal work, jewellery making, woodwork, pottery and weaving. People took pride in their creations which were exhibited at local craft fairs. People told us they enjoyed the variety of activities available within the service and commented, "I go out at about 8.30 in the morning, collect eggs, and check the hens are alright, "[I am] very happy indeed with my workshops, metal working in morning, and pottery in afternoon" and "I was doing the [donkeys] this morning."

In addition, each of the six houses had it's own dedicated transport and people were able to go out in the

evening and participate in events within the wider community when they wished. People told us, "I get out a lot, staff can drive. Last week I went to Cornwall" and "I'm Going to [Plymouth] Argyle [football match] at the weekend." While relative said, "They involve [my relative] in a variety of activities" and "[My relative] is really busy, Workshops during the day and going bowling and to the theatre. They took her on holiday to Majorca last year."

People told us they felt safe and well cared for. Their comments included, "I feel safe, I am happy living here" and "We all feel safe here." Staff had received safeguarding training and were confident any safety concern they reported to managers would be addressed. People's relatives were complimentary of the support the service provided and told us, "I think [My relative] is quite happy and is in as good a care home as you can get" and "We are very very impressed with the whole place."

The service was staffed by a combination of employed carers and volunteers from overseas. Staff told us, "We always have enough staff for every shift" and the service's rotas showed there were sufficient staff available to meet people's needs. Each of the six houses and the supported living service had it's own staff team and was led by a manager.

Volunteers normally stayed at the service for up to two years and told us they enjoyed their roles. Their comments included, "I am happy. I am really glad I had the opportunity to work here", "I gain a lot and learn a lot here" and "I have come back for a second year." Volunteers were included on the service's staffing rotas and were allocated time off each week. The registered manager told us, "Volunteers are treated exactly the same as staff."

All staff and volunteers completed formal induction training in line with the requirements of the care certificate. Regular training updates were provided in topics considered mandatory by the service. Staff told us "We had loads of training" while relatives commented, "Everyone has had the training they need to look after my relative." There were systems in place to ensure all staff and volunteers received regular support and supervision from their managers. Staff told us, "[The manager] is really nice she is very supportive" and "[The service manager] is really nice. Very hands on. She is very supportive." The service was led by a registered manager and the roles and responsibilities of all of the service's managers were well defined and understood by staff. Professionals told us, "[They] are very good and well organised. Easily contactable and are able to provide any information I require."

The service had robust recruitment procedures. Necessary checks had been completed to ensure prospective staff and volunteers were suitable for employment in the care sector.

Risk assessments had been completed and staff were provided with guidance on the actions they must take to ensure people's safety. This included information on how to safely support people to stand up. Where risks had been identified in relation to people becoming anxious or upset, staff were provided with guidance on how to support people to manage these situations using appropriate distraction techniques. Staff told us restraint was not used at this service and records showed staff were able to support people to manage their anxiety without the use of restraint.

Care plans provided staff with sufficient guidance to enable them to meet people's support needs. Staff told us these documents were accurate and up to date and commented, "If you look through [the care plan] it tells you every single thing you need to know about [that person]." People and their relatives had been involved the care plan review process and relatives told us, "They keep us up to date. There is a yearly review [of the care plan]."

Accident and incidents that occurred were documented and reported to service managers for further investigation. However, it was unclear how learning from specific incident was shared between houses. In addition, the language used in some incident records gave the impression that staff may have responded punitively to some incidents. We discussed these concerns with people who had been involved in recent incidents and it was clear they had been supported to understand the impact of their action to help them manage similar situation in future. We raised these issues with the registered manger and following our inspection new procedures were introduced to ensure details of all incident and accident that occurred were shared with the registered manager.

Staff and managers understood the requirements of the Mental Capacity Act 2005 (MCA). Where people lacked capacity in relation to specific decisions these had been consistently made in the person's best interest with appropriate involvement from relative, advocates and health professionals. Some people living in the care home lacked capacity were unable to access the community without support from staff. The service had appropriately applied to the local authority for authorisation of these potentially restrictive care plans.

There were appropriate quality assurance systems in place designed to drive improvements in the service's performance. Regular audits had been completed by the care manager in each house in line with the commission's 'Key lines of enquiry'. Where any issues were identified, action plans were developed and reviewed to ensure the service complied with the requirements of the regulations.

People and their relatives understood how to raise complaints and there were systems in place to ensure any complaints received were investigated and resolved. People's feedback was valued and an external advocate had been commissioned to host meetings in which people were able to raise and discuss any concerns or issues they had. The advocate fed any concerns or suggestion raised during these meetings back directly to the provider's trustees. People were thus able to raise issues anonymously if they wished. Minutes of trustee meetings showed action had been taken in response to people's suggestions.

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 good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Hapstead Village

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 unannounced inspection of Hapstead Village took place on 29 November 2018. The inspection was carried out by two adult social care inspectors, specialist advisor with a background in social work and an expert by experience. An expert by experience is a person who has experience of using or supporting people who have used similar services.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we visited five of the six buildings where the service provides support. We met with 23 people living in the care home and four people who received care from the supported living service. We also spoke with three people's relatives, nine members of care staff, five volunteers, the service's care manager and the registered manager. Feedback was also received from four health professionals who had previously worked with the service. In addition, we inspected a range of records. This included six care plans, four staff files, three volunteer recruitment files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Is the service safe?

Our findings

People were protected from the risk of abuse because staff knew and understood their role in keeping people safe and protecting them from harm. People consistently told us they felt safe at Hapstead Village and their comments included, "I feel safe", "Feel safe, I am happy living here" and "We all feel safe here, yeah, yeah." Records showed all staff had completed training in local safeguarding procedures and staff told us, "We have all had safeguarding training", "[People] are always safe" and "I have to keep people safe." Staff told us they would immediately raise any safety concerns with their managers who they were confident would take any action necessary to ensure people's safety. Although information on how to raise concerns outside the service was displayed on notice boards throughout the service staff were not entirely clear on how to report issues outside the service. This issue was raised with the registered manager who intended to provide staff with additional guidance on these procedures.

The service had appropriate equality and diversity policies in place, and staff received training on the Equality Act as part of the induction process. The diverse staff and volunteer teams had a good understanding of their responsibilities to help protect people from any type of discrimination and ensure people were not disadvantaged in any way due to their beliefs, abilities, wishes or choices.

There were sufficient numbers of staff available to meet people's needs. The staff team consisted of a mix of permanently employed staff and volunteers known within the service as co-workers. These individuals were recruited from overseas and lived in the service for a period of up to two years. Volunteers told us they enjoyed their roles and their comments included, "I like and love working here", "I am happy. I am really glad I had the opportunity to work here", "I gain a lot and learn a lot here" and "I have come back for a second year." Volunteers were included on the service's staffing rotas and were allocated time off each week. The registered manager told us, "Volunteers are treated exactly the same as staff."

Each house had its own dedicated staff team and we saw planned staffing levels were routinely achieved. Staff told us, "We were short staffed in the summer but we are fully staffed now", "There is enough staff, when co-workers leave it can take time for them to be replaced", "We always have enough staff for every shift" and "The rota is available one month in advance. It is fully covered." Agency staff were not used by the service and staff reported they were asked to complete additional shifts when co-workers were unavailable. Rotas showed there was a sleep-in member of staff on duty in each of the six houses and the registered manager told us, "There is one sleeping member of staff in each house and a responsible person, a manager or team leader sleeps in the main building. So there is someone available if required." In the supported living service a team of bank staff were used to ensure people's needs were met during periods of staff shortage and managers were available to provide support in the event of unexpected staff absence.

The service operated a thorough recruitment process to ensure all new staff had the skills and knowledge required to meet people's needs. All necessary pre-employment checks had been completed to ensure staff were suitable for employment in the care sector. This included Disclosure and Barring Service (DBS) checks and references checks from previous employers. Where volunteers had come from overseas criminal records checks in their home nations had been completed to ensure people's safety.

Risk assessments had been completed as part of the care planning process. For each area of risk identified staff were provided with guidance on the action they should take to protect people and themselves from the identified risk. Where people needed help to get up or to move around staff were given clear guidance on how this support should be provided.

Some people were at risk of becoming distressed or confused within the service or while accessing the community. People's care plans contained guidance for staff on how to support people to manage their anxiety. This included details of events likely to cause people to become upset and guidance on how they preferred to be supported to manage their anxiety." We observed and records demonstrated that staff had used a variety of effective and individualised distraction techniques to help people when they were upset. Staff consistently told us restraint was not used at Hapstead Village and their comments included, "There is no use of restraint on site" and "Nobody has any type of restraint or physical intervention."

Accidents and incidents that took place were documented by staff and reported to the manager of each service. Managers investigated all incidents that occurred and identified any changes that could be made within their individual setting to prevent similar incidents from reoccurring. However, there was a lack of consistency in how details of incidents were shared with the registered manager and this meant some learning may not have been appropriately shared across the service. In addition, the tone and style of some incident records gave an impression that staff had responded punitively to incidents that had occurred. We looked into this issue and asked people how they were treated following incidents. It was clear staff had supported people to recognise the impact and consequences of their actions with the aim of people to helping manage specific situations independently. The issue was thus with the style of record keeping used not the quality of support staff had provided. Both of these issues were discussed with the registered manager at the end of our inspection. As a result new procedures were to be introduced to ensure details of all incidents and accidents that occurred within the service were shared with the registered manager in future.

People were safely supported with the management of their medicines. Medicine Administration Records (MAR) were fully completed and had been regularly audited. When medicines were received they were reviewed by staff and checked against the person's prescription. Where any discrepancies were identified these were raised with health professionals and resolved.

People told us, "Staff get my medicine when I need it" and records showed people received their medicines as prescribed. People's medicines were stored appropriately and there were systems in place to enable people to safely manage their own medicines if they wished.

Some people had medicine prescribed to be 'taken as required.' Guidance was provided for staff on when the use of this medicine should be considered. In addition, the service had appropriate systems in place to support people to safely use non-prescription medicines and people's care records included guidance on how these medicines should be used. Medicines that required refrigeration were stored appropriately and all necessary checks had been completed to ensure medicines were stored at the correct temperature.

There were personal emergency evacuation plans (PEEPS) detailing what support people would require in the event of an emergency. Staff had received fire safety training and all fire fighting equipment had been regularly serviced and tested. Other necessary checks of the service's electric circuits, gas boilers, water supply and lifting equipment had been completed by suitably qualified contractors. There was an Automated External Defibrillator (AED) available for use in the event anyone required emergency first aid. An AED is a device that can deliver an electrical shock to restore a normal heart rhythm.

Some people received support to manage their finances and there were appropriate systems and procedures in place to provide this assistance. Where staff made purchases on a person's behalf, receipts were retained for all purchases made. Financial records were checked each day by staff and regularly audited managers. All records we inspected were accurate and balanced.

All of the houses we visited were clean and tidy and people were supported to help with various domestic chores including washing dishes, doing laundry and cleaning their rooms and communal spaces. Staff had completed infection control training and there were appropriate cleaning schedules in place for each house. Personal protective equipment was readily available and cleaning materials were stored appropriately when not in use.

Is the service effective?

Our findings

People's needs, preferences and wishes were assessed by managers before they moved into the service. This helped ensure the service could meet the needs and expectations of people and their relatives. The assessment process was designed to make sure the service understood the person's individual needs before agreeing to provide their support. Information gathered during the assessment process was used as the basis for their care plan.

There was limited use of new technologies to support people's needs both within the care home and the supported living service. However, WIFI internet access was available throughout the service. The registered manager was in the process of arranging a specific training package for people who used the service. This training was being designed to give people the skills necessary to remain safe online.

Staff were sufficiently skilled to meet people's needs and their training had been regularly updated. Staff told us, "We had loads of training" and "Training gets updated regularly" and relatives said, "Everyone has had the training they need to look after my relative." There were systems in place to monitor staff training needs and records showed training topics the service considered mandatory including; safeguarding adults, fires safety, food hygiene, health and safety, moving and handling and autism had been regularly updated. Staff in individual settings had been provided with additional specialist training where this was necessary to meet people needs. For example, all staff in one setting had been trained to meet people's continence care needs.

Staff said they were well supported by the service's managers and told us, "I have supervision every six weeks and an annual appraisal" and "I get supervision regularly, I have one tomorrow." Records showed all staff had received regular supervision and annual performance appraisals. During these meetings staff were encouraged to identify any additional training they would like to complete, discuss career development goals and share information about any change in people care and support needs. In addition, staff meetings were held regularly which provided additional opportunities for staff and managers to share information about people's needs and for staff to be updated on any change planned within the service.

All new staff and volunteers completed formal induction training which incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. During their induction staff completed all training identified as necessary for their role and became familiar with the provider's systems, policies, procedures and working practices. Staff told us, "The induction was good, very informative", "I did two weeks shadowing before I was permitted to provide care. It gives you time to get to know people." While the registered manager commented, "It is the same induction for staff and volunteers including the care certificate."

The service worked in collaboration with health professionals including, specialist nurses, dentist, social workers and general practitioners to ensure people's health needs were met. Relative told us, "They react very quickly to any health issues" and there were systems in place to enable details of people's support needs to be shared with hospital staff in the event a hospital admission was necessary. Professionals told us

the service was good at following guidance, communicated effectively and raised issues appropriately to ensure people's needs were met. Records showed people had been supported to attend medical appointments where required and that necessary health checks had been completed.

People told us, "My room is decorated as I like it. I will be painting it soon in dark colours" and "I have a nice room." Staff told us, People had been involved in choosing how communal areas of the service were decorated and that individual rooms were decorated according to their tastes. In the extension of the house designed to meet the needs of older people, the service has sought guidance from experts on how contrasting colours could be used to support people living with dementia to remain as independent as possible. All areas of the service were well maintained and people had been involved in choosing and purchasing the furniture used in the service. On the day of our inspection two people were supported by staff to go shopping for a new furniture for their rooms.

We observed the support people received during lunch time in two houses. The atmosphere was warm and friendly with staff talking with people as they ate together. Where people needed assistance with eating and drinking staff provided support and encouragement discreetly. People enjoyed their meal and told us, "The food is good", "Glorious food" and "I do cooking [staff members name] does the washing up." People were offered refreshments and snacks during the day and where necessary staff maintained records of people's food and fluid intake. Where people had specific dietary needs, these were understood by staff and we observed staff supporting and encouraging people to make healthy dietary choices.

The service had been awarded a five star food hygiene rating and staff knew and respected people's dietary preferences. For example, one person enjoyed Asian foods and staff told us they frequently purchased ingredients from specialist supermarkets to prepare this person's favourite dishes. The registered manager told us, "Lunch is the main meal of the day. Staff prepare it as people are normally busy. People are supported to prepare supper." During the inspection we heard people planning their evening meals with their support staff. Meals were planned each week in each setting and where people did not like specific menu options alternatives were available.

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. Posters detailing the five principles of the MCA were displayed throughout the service. Staff had some understanding of this legislation and recognised the importance of supporting people to make choices. Managers had a good understanding of the legislation and there were appropriate system in place to make sure the legal rights of people who did not have capacity to make specific decision were protected.

People's care plans recognised that individual's capacity to make specific decisions and process information could vary. Staff were provided with guidance on how and when to share information with people to enable them to make meaningful choices. Where this was not possible for people to make specific decisions independently records showed these decisions had been consistently made in the person's best interests with appropriate involvement of relatives and health professionals.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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. We found the service had correctly identified that some people living in the care

home did not have capacity to make some decision and that their care plans were potentially restrictive. The service had applied to the local authority for the authorisation of these potentially restrictive care plans and complied with any associated conditions.

Is the service caring?

Our findings

People consistently spoke warmly of their support staff and told us, "All the staff are lovely. I love the staff", "It is a good place to live", "Staff are nice, it is like a family here" and "The staff are nice people." Relatives were also highly complimentary of the staff team and said, "I think it is wonderful. [My relative] has never been happier. I think [the staff] are brilliant", "[My relative] gets on really well with the staff" and "I think the staff are very kind, very caring and [my relative] adores it there."

People got on well with their staff who they approached for reassurance and guidance without hesitation. Staff said, "People who live here are confident and comfortable" and managers told us, "People have confidence to approach staff." The atmosphere in each house was relaxed and informal. People, staff and volunteers shared meals together, and spent time chatting and playing board games during the lunchtime break from more structured activities. Volunteers live in the houses in which people were supported and told us, "Even when you are not on shift you can have a chat with people." During our inspection we saw off duty volunteers greeting people warmly and taking time to chat informally with people about their plans for the day. Where people requested support this provided promptly and discreetly.

Staff and service managers knew people well and had a detailed understanding of their individual support needs. It was clear from staff and volunteer's comments that they enjoyed their roles in supporting people to live varied and interesting lives. Professionals who worked with the people the service supported told us, "Staff appear well informed and knowledgeable about people's needs", "People are well cared for" and "I find staff and volunteers to be compassionate and accepting, with varying degrees of experience and knowledge but a willingness to learn about why residents' needs are what they are."

The service had developed into a real community where people supported each other and had developed friendships, rivalries and relationships. People told us they got on well with their housemates, enjoyed helping others within the community and would not want to live anywhere else. People's comments included said, "I have friends here the staff are nice and the staff help me", and "I volunteer and help other residents." While relatives commented, "[My relative knows everybody and gets on with them]" and staff said, "People have real lives with disappointments."

The service provided person-centred care based upon assessment of each individuals' needs. Staff were well motivated and focused on enabling people to live active, varied and interesting lives. During our inspection staff supported people to engage with a variety of domestic tasks and there was a clear focus on supporting people to be as independent as possible. Managers told us, "We look for opportunities to support people to be more independent."

Care plans included information on people's background, life history, current interests and hobbies. This information was intended to help new staff and volunteers quickly gain an understanding of what was important to each person and how their background and life experiences could impact on their current care needs. Details of cultural practices and religious beliefs that were important to people were also provided to help staff understand how to support people with these aspects of their lives.

Care plans included guidance on how to provide information and offer choices to support people's decision making. In addition, an external advocacy service had been arranged to support people when making more complex decisions. For example, it had been suggested that people living in one of the six houses could become more independent by moving into a supported living setting. Advocacy support had been arranged to help people consider this option but they had decided they would prefer to continue living together in the care home. In relation to this choice managers commented, "People were able to make sophisticated decisions."

During our inspection we observed that people were confident making decisions and able to change their minds when they wished. One person commented, "I am in charge but I can't look after myself." While relative told us, "[My relative] was planning to move rooms but she changed her mind and this was respected" and "They give [My relative] choices and understand how to support her to make decisions." We observed that staff always sought people's consent and permission before providing support.

People had keys to their own rooms and some people choose to keep their doors locked when they were out. Staff respected people's privacy and people told us, "Staff don't come in without knocking." Where people required support with personal care this was provided within the privacy of the person's own bedroom with doors and curtains closed to ensure their dignity was protected.

Staff supported people to maintain relationships with friends and relatives that were important to them. Relative told us they were felt welcome at Hapstead Village and were encouraged to visit whenever they could. Where relatives were unable to visit the service regularly provided transport to enable people to visit their relatives at home. In addition, people were supported to use video conferencing technology and mobile phones to stay in regular contact with friends and relatives.

People's confidential personal information was stored securely in accordance with current data protection regulations. Records showed all staff had received recent training on data protection and where information was shared digitally it was encrypted to ensure it was accessible only to the intended recipient.

Is the service responsive?

Our findings

People's individual care and support needs were assessed by managers before they moved into the service. The assessment process involved meeting between people, their relatives and the service's manager where individual needs, wishes and preferences were identified. During the assessment process people were encouraged to visit, participate in activities and spend time in the service getting to know people who lived their support staff. This ensured people and their relatives had a good understanding of how the service provided support before deciding to move in. One relative told us, "[My relative] was invited to stay the night. He came back said, 'Your old – I'm off.' He is very happy there." Details gathered during the assessment process was combined with information from relatives, health professionals and commissioners to form the basis of the person's initial care plan. In the supported living service people able to design their own packages of support. The team leader responsible for the management of supported living commented, "[Person's name] set when support would be arranged, when staff should arrive. She was exceptionally clear on what she wanted so that is what we provide."

People's care plans were detailed and informative. They provided staff with guidance on how to meet people's care needs and included details of the person's preferences and wishes in relation to their care. Where people valued routines, this was highlighted within their care plans and records showed these preferences had been respected. Care plans were designed to provide staff with sufficient detailed guidance to enable them to provide consistent support. Staff told us people's care plans were accurate and up to date. Their comments included, "The care plans are done by the manager. They are up to date", "They all seem to be accurate" and "If you look through [the care plan] it tells you every single thing you need to know about [that person]."

People and their relatives had been involved in the care plan development and review processes appropriately. Relatives told us they were kept well informed of any changes in people's support needs and commented, "There is quite a lot of contact between them and us" and, "They keep us up to date. There is a yearly review [of the care plan]."

The care plan of one person receiving supported living care stated staff were to remind them to shower every other day as, "[Person's name] takes pride in [their] appearance and tries very hard to maintain a high standard." However, when we met this individual their hair was unkempt and appeared not to have been appropriately supported to manage their personal appearance. We were concerned this person's needs were not being met and raised this with the registered manager and the care manager at the end of our inspection. Following our inspection this person's care plan was updated and arrangements made to provide additional support to enable the person to successfully manage their appearance.

Staff completed records of the care and support they had provided each person each day. These records were informative and included details of the activities people had engaged with, the support staff had provided and notes on any observed changes in the person's needs. Where any incidents or accidents occurred these had been noted in the daily records and reported to managers. In each house there were arrangements in place for the handover of information and observations between staff at the beginning and

end of each care shift.

People were supported to participate in a wide variety of activities both within the service and in the local community. The service was located within one hundred acres of land including a farm and people were supported to participate in a wide variety of domestic, rural and creative activities. A variety of craft workshops were provided each day including, metal work, jewellery making, woodwork, pottery and weaving. The registered manager told us the service operated "A college style timetable of activities" and people had the choice of which activities they engaged with (if any). People enjoyed this life style and told us, "I go out at about 8.30 in the morning, collect eggs, and check the hens are alright", "We've got bees as well, we put a hat suit on, looks like a space suit", "[I am] very happy indeed with my workshops, metal working in morning, and pottery in afternoon" and "I was doing the [donkeys] this morning."

The items people produced in craft workshops were exhibited in local craft fairs and sold to the public. People took pride in showing us their work and told us, "Here's what I made, hand stitched", "Sometimes things come easy, and some not, some things come out better than others", "Me and [Person's name] are doing weaving this afternoon. Like doing that." and pointing to some pottery Christmas tree decorations "These are mine." Staff worked collaboratively with people in the workshops and were highly complimentary of people's skill and artistry. One staff member commented in relation to a spoon made in the metal workshop, "They look like they're made in the shop, feel it, perfectly smooth". People told us, "Sometimes we do exhibitions" and "We did Teignmouth" and "My parents are coming to the fair." In addition, some people had been supported to find voluntary work placements within the local community.

Care records showed people were regularly supported to go out in the evening and to participate in events within the wider community. People told us, "I get out a lot, staff can drive. Last week I went to Cornwall", "I'm Going to [Plymouth] Argyle [football match] at the weekend" and "I went to Exeter for a day out." Staff told us people chose where they wanted to go for days out and were able to change their minds if they wished. For example, on the day of our inspection people were able to choose how they spent their time and staff respected people's decisions. One person who normally visited a local town independently had asked for support from staff on the morning of our inspection and this had been arranged. Managers told us people were also supported to plan holidays away from the service each year. Relative said, "They involve [my relative] in a variety of activities" and "There is plenty for my relative to do" and "[My relative] is really busy, Workshops during the day and going bowling and to the theatre. They took her on holiday to Majorca last year." Staff told us, "People are kept busy" and "There are activities on site and off site that we all get involved in."

Some people had difficulty accessing information due to their health needs. Each person's individual communication needs were clearly identified within their care plans. Staff had limited knowledge of the Accessible Information Standard but were able to communicate effectively with the people they supported. People care plans included details of the person's individual communication preferences and there were system in place to enable this information to be shared with professionals if it was necessary for someone to receive hospital treatment. During our inspection we saw staff used a variety of techniques to effectively and support people to make decision.

People understood how to make a complaint and details of the service's complaints procedures in accessible formats was readily available. No complaints had been recently made and people told us any minor issues they raised with staff were resolved. There were systems in place to ensure any complaints received were documented, investigated by managers and where appropriate changes made to improve the service's performance. The service received compliments regularly from people's friends and family on high quality of care and support they provided.

We saw people were able to move to ground floor rooms as their mobility needs changed and the registered manager told us, "We need to be able to cater for people needs as they age." One house had recently been extended to provide additional facilities necessary to meet people's care needs as they aged and the registered manager explained that the timing of this development had been brought forward in response to changes in one person's needs. Professionals told us, "They provided very good at end of life care" and the registered manager said the timing of the development had been brought forward in response to changes in one person support needs.

Is the service well-led?

Our findings

People were happy and comfortable living at Hapstead village and consistently told us, "It's good." Their relatives were also complimentary of the quality of care and support provided and said, "In general I think they are very good", "I think [my relative] is quite happy and is in as good a care home as you can get" and "We are very very impressed with the whole place." One relative told us, "I would recommend anybody to send their relative there."

Hapstead Village is small community of six houses and various workshops located on farm on southern Dartmoor. The service provides care and support for people with learning disabilities and was established over 30 years ago. It thus significantly pre-dates Registering the Right Support (RRS) which is new statutory guidance for providers of services used by people with learning disabilities and/or autism. One of the key principles of this guidance is that people with learning disabilities should be supported to live as ordinary a life as any citizen. The overall design and layout of Hapstead Village as a campus style service is thus not in line with current guidance. However, we found people living in the service received personalised care and were supported to live as independently as possible. The registered manager commented, "We're unusual in some ways as a registered care home with supported living, but we've also got the farm."

The supported living service had been developed to facilitate people's independence and one of the six houses, which made up the care home, was designed to enable people to develop the skills necessary to live independently. People in this house had been supported and encouraged to consider moving out of the care home. They had looked into living independently but decided to continue living together within the care home. The service had respected these choices while continuing to support people to develop their independent living skills. Although the service was based on a campus model people were enabled to develop their autonomy and independence. We concluded there were systems in place support people to live their lives as ordinary citizens and thus the service was acting in accordance with the values of Registering the Right Support.

There was a registered manager in post at Hapstead Village who had responsibility for overseeing the quality of care and support people received. 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 and associated Regulations about how the service is run.

The registered manager was supported by a care manager and administrator. Each of the six houses which made up the registered care home had their own staff teams led by a service manager. The supported living service operated separately from the care home and was led by a team leader with support from a deputy. The roles and responsibilities of individual managers were well defined and understood by staff and people's relatives.

Management team meeting were held regularly and the registered manager encouraged and supported managers to work collaboratively. Minutes of these meetings showed managers had regularly met with

peers from other Camphill communities to share information, learning and best practice. People's relatives told us, "The managers are lovely, They always come back to you if you ask about anything" and "The managers are great, they know everything that goes on". Professionals were also complimentary of the service's managers and told us, "[They] are very good and well organised. Easily contactable and are able to provide any information I require."

Staff and volunteers were well motivated and told us they were well supported by their managers. Their comments included, "[The manager] is really nice she is very supportive", "[Service manager's name] has done so much recently. We work well together. She is one of the best managers I have ever had" and "[The service manager] is really nice. Very hands on. She is very supportive." There were appropriate system in place to ensure staff were able to access support outside of office hours and staff told us, "Managers do sleep-in duties so you can get support whenever you need it."

The service valued and acted upon people's input and suggestions. Managers hosted regular residents/tenants meetings in each house and for the supported living service. The minutes of these meeting showed any issues people raised had been investigated and resolved. People and relatives were also regularly asked to provide feedback via questionnaires. We saw people's feedback was positive and that action had been taken in response to comments received. For example, one person had commented that they would like to do more cooking and records showed arrangements had been made to support this person to develop their cookery skills.

In addition, an external advocacy service was commissioned to support people to hold regular 'Circle meetings.' No staff employed by the service were routinely permitted to attend these meetings and they provided a forum where people could discuss any issues within the service and have concerns raised anonymously with the provider. Minutes of the provider's trustee meetings showed action had been taken to investigate the installation of a bench seat in a particular outdoor position which had been requested via the circle meeting process. The registered manager valued the feedback provided by this system and told us, "We very jealously protect the independence of the circle."

The registered manager received support and formal supervision from one of the provider's trustees prior to each quarterly trustees meeting. These meetings were held at the service and trustees met with people and staff before each meeting. Two people the service supports had previously sat on the provider's board but had chosen to resign from these formal roles. They both individuals continued to attend the provider's board meetings with support from externally commissioned advocates. Trustee meeting minutes demonstrated that the registered manager was held accountable for the service's performance. In addition, trustees had recently conducted a staff survey which had provided staff with an opportunity to directly raise any issues or concerns. The results of this survey were in the process of being reviewed at the time of our inspection and managers reported that the feedback received had been generally complimentary.

The service's quality assurance systems were appropriate and designed to drive improvements in performance. Each month the care manager visited each of the six houses and the supported living service to audit performance and monitor the quality of support people received. These audits were based on the Care Quality Commission's five 'Key Lines of Enquiry' and each month the care manager focused on one of these areas. The audits involved reviewing records, speaking with people, staff and volunteers, checking medicine administration records and looking at the quality of the environment in each house. The results of these audits were shared with the registered manager and where any issues were identified, detailed action plans were developed. Action plans were then reviewed during subsequent monthly reviews to ensure all issue was addressed and resolved promptly.

The organisation promoted equality and inclusion within its workforce and had appropriate procedures in place to ensure people, staff and volunteers were protected from discrimination and harassment. All staff received Equality and Diversity training, and bespoke equality training for senior manager had recently been provided. The service recognised, valued and celebrated the positive contribution made by the service's diverse volunteer workforce.

People's care records were held securely and confidentially, in line with the legal requirements. The service had notified CQC of various events and incidents required by law, which assisted us to monitor the service's performance.