Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Mount Camphill Community

Faircrouch Lane, Wadhurst, TN5 6PT

Tel: 01892782025

Date of Inspection: 13 February 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Mount Camphill Community Limited
Overview of the service	The Mount Camphill Community is a specialist college which provides accommodation and support for children and young people with learning disabilities .
Type of service	Specialist college service
Regulated activity	Accommodation and nursing or personal care in the further education sector

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We talked to three staff, all of whom showed a good understanding and knowledge of people at the home.

We observed staff assisting people in making choices and in offering choices, such as a choice of food. We read in people's records how their wishes, likes and dislikes were taken into account in their care and support plans.

We saw detailed care plans and risk assessments and saw that people were helped to be involved in their care planning and in expressing their wishes. We read that plans had been put in place which involved families and external professionals in making major decisions for some people.

We read recent annual surveys of people, families and carers, outside professionals and staff. Actions were placed against areas where people had raised issues.

We looked quality assurance and governance systems and found that there were suitable processes in place to monitor and improve the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We read four people's care records and six daily records. We saw that, in each file, the person had been involved in their risk assessment and support planning and had signed their name. We read plans for protecting people's dignity. For example, continence plans which ensured privacy. We found that people's carers and relatives were involved in pre admission assessments and had input into people's care needs. We read a letter on each record from the person's parents agreeing to admission.

We looked at the minutes of care review meetings and saw that people, their carers and external professionals were involved in these meetings and had input into care plans.

In each care record, we saw that people's preferences and interests had been recorded and were included in their care plans. For example, people's food preferences were taken into account as well as interests, such as sport.

We read the minutes of tutors' meetings and found that people's capacity and supporting them in making choices were discussed. We read minutes of staff meetings and saw that privacy, dignity and respect were discussed.

We read the minutes of weekly house meetings, which included staff and people, and saw that people were included in suggesting activities, such as swimming or going to the cinema, and in planning the house cleaning rota. We read in daily records and found that the activities that people suggested took place. We read that people were given information about the service in these meetings and that privacy and dignity issues were discussed. This showed that people were involved in their daily care and that privacy, dignity and respect were prioritised.

We looked at the service brochure. We saw signed consent forms from people for photographs and notes that parents had been contacted in order to give their permission for photographs, evidencing that people had a choice to be included in the brochure.

Four people told us that they had been involved in making their care and support plans. They told us that they were involved in choosing activities and that staff listened to them. They told us that they were called by their preferred name and that staff treated them with respect. One person told us that they had been able to choose which house to live in.

We observed staff interacting with people and saw staff treating people with respect, assisting them in making choices and listening to them.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We read comprehensive and detailed assessments of people's needs on four care records. The assessments that we looked at included such areas as mobility, health, emotional well-being and relationships. We saw that the support plans and risk plans had been based upon the assessments. We saw daily records that evidenced that the care plans and risk management plans were being carried out.

Where people lacked capacity, we saw that this had been assessed and a management plan put in place. For example, when a person lacked capacity to manage their finances, arrangements had been made with their families to manage them on their behalf.

The care records that we read showed that people with specialist needs were referred for appropriate advice and treatment. For example, we saw that people had bee seen by speech and language therapists, psychologists and continence advisors.

We looked at behaviour support plans. These were detailed and appropriate to people's assessed risks, so reducing risks to themselves and others.

We saw transition plans, for people who were moving from children to adult services. We found that planning was in place for people's futures.

All of the records were clearly laid out and in a consistent format, so making it easy for staff to find the section of the file that they needed.

We found that reviews of people's care were attended by the appropriate range of professionals, the person themselves and their family. This meant that reviews of care planning were comprehensive and suitable for people's needs.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw notices about how to complain and notices about reporting suspected abuse displayed around the college building. These notices informed people how they could make a complaint and who to. It also contained information on how to contact the local social services and the Care Quality Commission.

We read the college's safeguarding procedures and saw that appropriate procedures were in place. The manager informed us that there was a safeguarding team which consisted of staff who had been trained by the local authority and had been trained to train others. We spoke to staff and we were told that each house has a safeguarding coordinator. The manager told us that the safeguarding team coordinated safeguarding across the college. We confirmed this by looking at the management structure, by speaking to staff and reading minutes of meetings. We read minutes of the Trustees' meetings and saw that safeguarding was a standing agenda item. This meant that safeguarding issues were discussed at management meetings and managers were aware of how to protect people from abuse.

We read in people's notes that their vulnerability and any risk to others had been addressed in their personal risk plans. This reduced the chances of abuse occurring.

We spoke to three staff, all of whom showed an understanding of protecting people from abuse and how to report any concerns that they had. We saw the records of six staff and found that all had received training and refresher training in safeguarding vulnerable adults and children. This meant that staff were aware of abuse and how to report it.

We spoke to four people, all of whom told us that they felt safe and protected in the service. We read minutes of house meeting notes and found that people were encouraged to talk about anything that concerned them in the previous week.

The manager told us that people received keep safe training and awareness training on bullying and harassment as part of their induction into the college, so that they were made aware of abuse and how to report it. We confirmed that this training took place by reading meeting records.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke to three members of staff. All said that they received supervision. We looked at a matrix for supervision and saw that all staff had been allocated supervisors and were receiving monthly supervision. The staff that we spoke to told us that they had received an annual appraisal and we confirmed this by reading staff records.

We read six staff records and found that staff received training appropriate to their roles, including in specialist areas such as autism and epilepsy. We saw the training matrix for all staff and saw that a wide range of courses were available to staff, which included mandatory training and other training, such as Makaton and risk assessment.

One staff member told us that there was support available in each house from senior staff. The staff whom we spoke to told us that their managers were supportive and approachable.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We looked at a survey of people undertaken in January 2013. There had been twenty nine responses. The feedback on the service was mostly positive. For example, all of the respondents said that they had fun at the college and that staff gave them enough help. Some responses gave suggestions for improving the service, such as two requests to build a swimming pool and others to upgrade some of the facilities in the houses, such as upgrading the showers in one house. We saw that the analysis of the survey had identified the responses on the environment and facilities as issues to be addressed. This evidenced that the service sought people's feedback and acted upon it.

We read a survey of people's parents and carers undertaken in 2013. There had been twenty eight responses. We saw that the majority of responses said that there were noticeable improvements in people's behaviour at home. For example, twenty three respondents said that they had noticed improvements in people's relationships and twenty five had seen an improvement in people's self confidence. This meant that the service was seeking evidence on its effectiveness.

We looked at staff records and found that details were up to date, including training records. This allowed the manager to monitor and plan training and set renewal and refresher dates.

We saw that the complaints procedure was advertised around the college. There had been no complaints in the last year.

We read health and safety audits and found that action plans had been made. For example, a lock had been placed on the bakery and tool shed to keep people safe. We saw minutes of the health and safety group, which oversaw these issues and made improvement plans.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk