Camphill Communities East Anglia

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Inspection report

Thornage Hall
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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

Overall summary

This inspection took place on 8 December 2015 and was unannounced.

The service location of Camphill Communities East Anglia is generally known as Thornage Hall and is referred to as such throughout this report. The service provides personal care and support for adults with learning disabilities.

People supported by the service live in one of four houses on the Thornage Hall estate or a house in the nearby village of Thornage itself. Thornage Hall is a Camphill Community. Camphill Communities were established as intentional communities whose ethos is to recognise the uniqueness of all individuals and seeks to respect, value and enhance the strengths and potential of everyone. Thornage Hall estate has a biodynamic farm which provides food for people living there and for retail to the

Summary of findings

local area. A range of agricultural, crafting, computing and artistic ventures help people develop meaningful skills within a working environment. People living at Thornage Hall are also supported to develop and pursue interests outside of their immediate community.

There was a registered manager in post who was also the director of operations at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. Medicines were managed and administered in a safe manner. Staff understood how to safeguard people and knew what action to take if they had any concerns.

The service had sufficient staff to meet people's needs, but at the time of our inspection needed to use agency staff to do so. Appropriate checks had been made to ensure that the agency staff were suitable to work with people at Thornage Hall, as well as checks being made on staff directly employed by the service. The service managers had high standards and only recruited staff of a calibre they were satisfied with.

Staff received suitable training and support from the provider. This included training on communication methods used by people. The service had recognised that as people became older their needs would change and had sourced relevant training in order to provide people with effective care.

Up until recently consent had not been an issue for the service as people were able to make decisions about their own care and support. However, due to the changing needs of some people the service needed to implement the requirements of the Mental Capacity Act 2005 and procedures were in place to do this.

People were supported to maintain a varied diet and their health needs were well catered for.

Staff were respectful and caring and encouraged people to be as independent as possible. The service was responsive to people's needs. Care plans were detailed, person-centred and up to date and people received prompt attention when they needed it. Associated risk assessments were in place.

The service was well managed with appropriate measures in place to monitor the quality of the service provided. The staff group worked well together and supported each other. People understood the complaints system.

Summary of findings

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.

Risks to people's wellbeing were identified and planned for so that the risk could be reduced as far as was possible.

Robust procedures were in place to ensure that staff supporting people were adequately screened prior to commencing duties.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff had a good understanding of people's needs and training was provided to assist staff to support people effectively.

The service was beginning to implement the requirements of the Mental Capacity Act 2005.

People were supported with their nutrition and special dietary requirements were catered for.

Good

Is the service caring?
The service was caring.

People were treated with warmth, kindness and consideration.

People were involved in making decisions about their care and their independence was promoted.

Good

Is the service responsive?
The service was responsive.

Staff had a good understanding of people's needs and wishes and responded accordingly.

Care plans detailed risks specific to individuals and measures were in place to minimise risks as far as was possible.

Good

Is the service well-led?
The service was well led.

The service managers had fostered an open and inclusive culture which benefitted people living at Thornage Hall and the staff supporting them.

The provider had arrangements in place to assess and monitor the quality of the service they provided.

Good

Camphill Communities East Anglia

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 December 2015 and was unannounced.

The inspection team comprised of three inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We spoke with eight people using the service. We also spoke with the registered manager, the care manager and four care staff members. We reviewed comments made about the service by health care professionals.

We noted compliments the service had received in 2015. We looked at the care and medicine records of four people. We also reviewed the recruitment records for the last three staff employed by the service and various records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "We're all safe here. We look out for each other." We observed that people were comfortable and relaxed in the company of staff members.

We spoke with staff members about their understanding about keeping people safe. They had a clear understanding about how to safeguard people, they could identify potential indicators of abuse and they knew what action to take if they had any concerns. Staff told us the service had policies and procedures for safeguarding vulnerable adults and that these were accessible to them.

Risks to people's welfare were assessed and plans put in place to minimise risks as far as possible without compromising people's freedoms or independence. We saw a wide variety of risk assessments that were specific to individual's physical or emotional wellbeing. One person's physical mobility risk assessment determined that they required aids in their bathroom to help them care for themselves safely and these had been supplied and fitted. One person was afraid of the dark so measures had been taken to ensure there was enough lighting on for them at night. Another person was supported to shave themselves, but steps had been taken to ensure razors were stored securely when not in use.

The care manager told us that the service had enough staff to support people with their personal care but did require the support of agency staff to ensure this due to staff vacancies. There were three vacancies at the time of our inspection and two of these vacancies had been recruited to, but the staff members had not commenced duties yet. The care manager advised us that whilst they had received enough applicants they wanted to ensure staff employed were of a high enough calibre and had not felt able to fill all three positions.

During our inspection we saw that there was enough staff to ensure people's personal care needs were met. Staff at Thornage Hall were also required to support people to access workshops, activities on site and with access to the wider community and health appointments. Rotas were in place which ensured that senior staff were on duty throughout the day and night. The care manager told us that they sometimes worked nights, partly to cover shifts and partly to ensure they understood what needs people may have overnight and to ensure that night staff felt supported by the management team.

The care manager advised that they normally used the same staff agency and block booked agency staff when needed to ensure consistency as people were more comfortable with staff they were familiar with. They obtained profiles of prospective agency staff in advance to check that they had received suitable training and that their Disclosure and Barring Service (DBS) checks were current.

We reviewed the recruitment records of four staff members and found that the service took appropriate steps to ensure that prospective employees were suitable to work with people living in Thornage Hall. All necessary checks were made and references obtained prior to staff members commencing duties.

We reviewed the individual support for provided for three people with their medicines and found that the arrangements in place were well organised and safe. They each had medicine lockers in their rooms. The amount of medicine stock held in the cabinets corresponded with people's records. During the preceding month staff had signed charts on each occasion that medicines were administered to people. Cream records stated why people needed specific creams, where they should be applied, how much and how often. Opening dates for topical medicines had been recorded on the packaging so staff could ensure that medicines were still safe to be used. A senior staff member confirmed that no-one was receiving their medicines covertly.

Where possible staff encouraged people's independence with medicines. One person's records detailed how they were supported to apply their own creams. When we spoke with the person later they confirmed, "I do that myself." We heard staff having discrete conversations with people about their medicines. One person had a toothache and was offered pain relief pending an appointment with the dentist later on in the day.

Good

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA.

The registered manager and care manager told us that people living in Thornage Hall had capacity to make day to day decisions for themselves and that no-one needed applications made to the Court of Protection to consider whether they needed to be deprived of their liberty in order to keep them safe.

One person had begun walking about at night, shouting and re-arranging items which was disrupting their sleep and that of other people. A door alarm had recently been fitted to their bedroom door which alerted staff if the person was about to leave their room during the night. Staff told us the person had learned that if they waited at their bedroom door at night after the alarm was triggered that a staff member would arrive and support them to get a hot drink, which helped settle them again. However, upon discussion, staff were unsure whether the person could have meaningfully consented to the door alarm. The door alarm wasn't referred to in the person's care plan and no mental capacity assessment had been carried out. The registered manager and care manager were aware that a mental capacity assessment needed to be completed and that this should have been carried out prior to the fitting of the alarm. The necessary documentation and procedures were in place to support the service with this and staff had received training in this area.

Best interests decisions had been made at the service, but these were not in relation to people's personal care and these assessments had been carried out by health care professionals. However, due to people's needs changing as they aged, the registered manager and the care manager were aware that they would need to begin assessing people's mental capacity when decisions needed to be made that could constitute a restriction of the person's liberty if the person's ability to consent was in doubt.

People received effective care and support that met their individual needs and preferences from staff employed by the service. People were provided with care by staff that knew them well. Staff enabled them to live as independently as possible whilst supporting them to follow the ethos of a Camphill Community which they had chosen when they came to live at Thornage Hall.

Staff had received training in mandatory subjects and also specialist areas such as epilepsy, supporting people with learning disabilities and signalong, a sign-supported communication system based on British Sign Language for people with learning difficulties. We observed some people and staff using signalong to assist communications with each other. A staff member told us that only a few people didn't speak and these people utilised signalong and other signals. They felt that everybody was able to communicate well and our observations supported this.

Staff were positive about the training they received. One senior staff member told us they had attended a week long training course in first aid and that they felt equipped to deal with any health emergencies that might arise. Staff told us they felt well supported by the managers and that the managers obtained detailed support relevant to the needs of individuals living at Thornage Hall. Some people had lived in Thornage Hall for many years and the service was now starting to experience supporting people in their 60s. This brought different challenges as people's health and psychological needs began to change as they aged. Training on dementia had been implemented and the management team were sourcing training in end of life care. New staff members undertook a six month induction which included shadowing, coaching, formal training and self-directed learning.

As a result of a period of poor psychological health for one person we saw that the service was working closely with a community psychiatric nurse who was providing detailed guidance to staff to enable them to support the person sensitively and effectively. The learning from this was cascaded to all staff so everyone knew how best to manage any challenging situations if they arose. Whilst the service

Good

Is the service effective?

didn't have high levels of behaviour that challenged, the registered manager had ensured training was provided so that staff understood how to respond in a supportive and effective manner.

Staff told us they received supervisions and appraisals from the care manager. The care manager told us that these were a little behind, but that they had a plan in place and were catching up. The service had a staff induction plan based around the care certificate which they had adapted to reflect the ethos and values of Thornage Hall.

People participated with staff and volunteers in the preparation and serving of meals. On the day of our visit a lunch of cheese and potato pie with roast carrots and spicy red cabbage had been prepared. Alternatives were available, which two people had opted for. Most people chose to take their meals in communal areas, but some people preferred to eat alone and their choice was respected. People, staff and volunteers ate together and this was a positive and sociable occasion that everybody enjoyed. Everyone waited at the table until each person had been served before they commenced eating and everyone participated in the clearing up afterwards.

Some people had special dietary needs and these were planned for. A few people had gluten or dairy intolerances and meals were planned which took this into account. Menus were determined at weekly house meetings. Drinks and snacks were readily available and several people were supported to help eat a more healthy diet to assist people with weight reduction. Staff and volunteers had undertaken food hygiene training and we observed that good hygiene practices in relation to food preparation and storage were followed. Menus were agreed by people at weekly house meetings.

We saw from people's records that they were supported with their health needs by a wide range of health professionals. They were accompanied by staff to attend health appointments and this was well organised and planned for in advance to ensure that enough staff were available. People told us that they had appointments pending for the dentist, chiropodist and the GP. One person was laughing as they shouted at us to tell us about an upcoming appointment to have their ears syringed. Medical interventions were discussed with people and their health needs were kept under observation.

Good

Is the service caring?

Our findings

People we spoke with were happy to communicate with us verbally or by signing methods and it was clear that they had good relationships with staff and volunteers. One person told us, “Staff are kind”. Another person told us, “I quite like [staff member] but she snores.” The staff member concerned laughed and agreed. There were lots of jokes and laughter throughout the day. People were comfortable and confident in the company of staff and were unconcerned by our presence. One person with limited verbal communication who enjoyed being outside was pointing at the sun and their immediate environment. They were smiling broadly and gave us the ‘thumbs up’ sign. A staff member told us, “This is a very special place. You can come in here with your head down, but after a short time here it lifts your spirits.”

Staff were patient with people and allowed them time to carry out tasks at their own speed to help them maintain their independence. One person required time to put their coat on before going out and a staff member gave them time to do this at their own pace whilst ensuring that they did not struggle.

People were treated with dignity and consideration. Staff empathised with people and responded in a timely manner to ensure people’s needs and wishes were prioritised. One person with a toothache had been made comfortable under a duvet on a sofa and was watching television. Staff periodically checked they were okay and spent a few minutes chatting with them generally or enquiring about their toothache and upcoming dental appointment.

There was a mutual appreciation of community and caring between people living in Thornage Hall, the staff and volunteers. Staff were interested in the people they supported and took time to listen and communicate with them about things of interest to them. When a staff member slipped on the floor in the kitchen, people immediately came to their assistance and displayed kindness and concern for their welfare. Everyone cared for and about each other.

We saw from people’s records that the service took steps to ensure that people’s rights were protected, for example, the right to vote. People had been supported to register on the electoral role. We also saw that people were able to practise their faith if they had one. Whilst Camphill Communities were built on Christian principles, the service did not promote or impose any particular religion. People were welcomed regardless of whether they had religious beliefs or not and were supported with any beliefs that they had.

People were encouraged to give their views and participate in the planning of their care. We saw from the level of detail in people’s care plans that their preferences had been incorporated into the way their care was to be provided. People had signed for some part parts of their care plans, for example, to show that they understood what they could do and who they could speak with if they were unhappy or concerned about something.

Staff were aware of people’s individual needs, behaviours, likes, dislikes and interests and how best to support them. When one person had begun to present some unusual behaviours a staff member described what steps were taken to get to the root cause of this. They described how they had tried different approaches to support the person with their low mood and decision making. They told us, “We’re not about medicating people for this. That’s not what we do here.”

Good

Is the service responsive?

Our findings

We found that the service was responsive to people's individual needs and that people's care plans were person centred. People had been involved in the planning of their care. Each record outlined what was important to the person, which resulted in care plans being developed that took into account the person's wishes and preferences. The information held would help staff, particularly new or agency staff, to understand the person's perspective and enable them to provide care and support in the way that the person wished. For example, one person would only allow certain staff members to support them with cutting their nails and this was respected.

Care plans contained people's social histories, their likes and dislikes, details of people who were important to them and information about their social interests and activities. From the content it was clear that the information held was specific for each individual and that they had choices. One person had made a decision, upon reaching a particular birthday, to retire and they no longer worked within the community. The service was clear that people had 'a home for life' and people were not obligated to work within or outside of the community. However, the majority of people were happy to do so and benefited from this. Throughout our visit people were keen to tell us what they could do and show us things they had made.

People received a comprehensive assessment of their health and care needs to identify what areas of personal care they could carry out for themselves and what areas they needed support with. Care plans were completed by the person's keyworker with the person's participation. Input was also obtained by the keyworker from the person's family, day service staff and others who supported people with activities outside of Thornage Hall. Care plans were written in accessible language, using the person's own words where possible.

The service sought to ensure that people were encouraged to do as much for themselves as was possible. We found that care plans were reviewed and updated as people's needs changed. A staff member told us, "All the time we are with people we are looking out for signs that something isn't right for them. Being observant and listening is a big part of my job."

One person was in the early stages of recovering from a period of poor health. Detailed plans were in place for staff to help identify if the person's health began to change and what they would need to do in order to respond effectively. The information in the person's care records corresponded with the level of detail staff told us about the person and how they were supporting them.

Another person had a picture care plan for daily exercises that staff supported them with to help maintain their mobility. A staff member told us that when they were on duty they often assisted the person with their exercises. A weekly visit from a physiotherapist evaluated the person's progress and helped staff and the person to ensure the exercises were done correctly.

People were asked for their views on a regular basis. People told us that they had regular discussions with their key worker or other staff or managers on an individual basis to ensure that they were happy with the service they received. A tenants meeting was held each month and we saw that people's views were sought and were responded to. For example, people asked that a drama group be restarted and this was in the process of being organised.

People and their relatives were made aware of the complaints system. This was discussed with people individually and their key workers spent time making sure people understood that they were able to raise concerns if they had any and how they could be supported with this.

Good

Is the service well-led?

Our findings

Comments we received from health professionals about the management of the service included; “The service is open and accessible to commissioners, stakeholders and most importantly, to people who may wish to use the service. Thornage Hall has responded well to strategic challenges in the past and is moving forward in an inclusive and holistic way.” “Identifying and developing the softer skills and behaviours within the workforce has not only embedded the principles of sound social care practice, but has also reinforced the holistic and person centred care that the community hold dear.” “Recruiting qualified and experienced staff is always a challenge, but management have been determined to attract, train and retain the best people and are investing a great deal of time and resource into the development of staff.”

The vision of the service was that people could live, learn and work together in a meaningful way, regardless of ability or disability. This was well understood and welcomed by everyone we spoke with during our inspection. There was an inclusive culture and everyone was valued. Staff and volunteers received training to ensure they understood this. Service managers were clear about the standard of care they and staff were expected to provide.

We spoke with four staff members, all of whom were proud to work at Thornage Hall. One told us, “I have experienced a variety of care settings for people with learning difficulties and consider this the best. It is a privilege to work here.” Staff told us that they were well supported by the managers who ensured that training was completed and that they received supervisions. They said that communication was good within the service and staff were kept up to date with any changes. Their views were sought about what improvements could be made. A new staff member told us they had been welcomed by everyone when they began work at the service. Staff were motivated and keen to provide a high standard of care to people.

The registered manager and care manager knew the people living at the service well and understood what people’s needs were and what was currently happening in relation to specific individuals. They supported staff and volunteers and welcomed their views. Good working relationships were evident in the service.

As well as weekly meetings in individual houses, people participated in monthly tenant meetings. One of the organisation’s trustees who had experience of working and communicating with adults with learning disabilities carried out an annual survey with people to assess the quality of service. People’s relatives were welcomed at Thornage Hall. They were also kept informed by emailed updates from the registered manager, newsletters and invitations to ‘family days’ and their comments and views on the service were sought.

Where issues had arisen about how a previous staff member had organised staff supervisions the service managers took sensible and pragmatic steps to put things right. The managers understood they would be facing different challenges as people living in Thornage Hall aged and required higher levels of support with their health and personal care. However, they were confident they had the resources and support available from health professionals to assist them in meeting people’s changing needs.

The registered manager and care services manager audited areas of the service to ensure that people were receiving safe and effective care. These included the management and administration of people’s medicines and content of people’s care plans. Key workers were responsible for compiling people’s care records. Care plans were discussed with the care services manager at staff supervisions and the registered manager carried out their own sample checks.

Whilst there were no recent records for accidents or incidents the manager advised us that if there were any the circumstances that resulted in the incident would be investigated. They would then look to see whether as a result the service needed to change its practices and procedures to ensure people’s welfare. Learning from incidents would be discussed at staff meetings.