

ADASS EAST Supported Living Services for Camphill Milton Keynes Communities

Overall Rating



EXCELLENT



Involvement and Information

Standard Rating

Respecting and Involving Service Users

Good



A01 The care plan should be individually tailored, person centred, include appropriate information on the SU's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans.

Good



What We Found

- The care plans viewed were tailored for the individual, including, a section titled 'Biography' which gives a good summary about the individual's history, likes and preferences. The care plan then moves on to more detailed information, including further personal information, a recent picture, NOK and what's important to the individual. The files viewed had both been signed with the individual agreeing and consenting to their photo being taken and consenting to their care plan. In general, the plans were written in the first person, however, this was inconsistent in some sections within the files viewed.

A02 There is evidence that SU's have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support, including advice on the range of welfare benefits and opportunities available to them.

Good



What We Found

- There were accessible leaflets and posters on display in the homes, including, information around infection control, health and safety and making a complaint. There was also information about the menu choice, the activity schedule for each person and rotas regarding the cleaning of the home and the use of the laundry room. As a recommendation, some information viewed could possibly be more accessible, for example, the menu plan for the week was written only, however, a picture to support the words would be really helpful to those supported and would enable greater independence. Another document that could be even more accessible is the Service User Guide and may be something to consider. Easy read information was seen in the medication files, including, advice about checking your body, looking after a sprain and information around having a smear test.
- There is a 'critical information' section at the front of the care plan which states the SU's abilities and if they need an easy read/accessible copy of their care plan which can be printed.

B01 Service users confirm that they are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. SU's are treated with kindness, compassion and empathy. Care workers are seen to support SU's choices and preferences in regards the way their care and support is delivered.

Good



What We Found

- Service user consultation surveys confirmed individuals feel they are treated with dignity and respect and that staff ask if it's ok for them to help. Healthwatch observed great interactions between staff and individuals. staff were there to step in, to provide information and support where needed. Healthwatch reported that, 'Staff were all very respectful, caring and treated all residents very well'.

B02 Service users confirm that they are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive and are provided advice on the range of welfare benefits and opportunities available to them..

Good
★★★★☆

What We Found

- In general service users' feedback that they are involved in how they are supported, have regular reviews and make decisions about how they spend their days and what goals they'd like to achieve. Looking through the service user surveys, there were a few people who answered that they haven't been involved in how they are supported; I would recommend that key workers go through care plans regularly with individuals to ensure they feel fully at the centre of their support. The homes are very well managed and clearly show good organisation and place people at the heart of their support. Individuals have facilities and information appropriate to their needs and are encouraged to take increasing control over their domestic living. There is a service user guide which is given to people when they are planning to move in.

B03 Service users confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.

Excellent
★★★★★

What We Found

- Evidence was seen relating to service user feedback. House meetings take place regularly as well as regular service user forums. Information is collated and actions/outcomes are recorded. Annual reviews take place every year for every person. People supported are involved with this process and adjustments are made for people who aren't able to participate for the whole meeting. Progress made against previous goals are discussed and new actions are set for the year ahead. Evidence from complaints show that individuals are supported to speak up when things aren't right, and that there is a clear process of how a complaint is dealt with, including any remedial action to resolve and improve matters. Within the complaint's information viewed, there were letters to individuals (written by the registered manager) regarding complaints raised by the individuals and how these had been investigated and addressed.

B04 Service users spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.

Excellent
★★★★★

What We Found

- Healthwatch feedback that individuals are supported to maintain links with family, friends and the community. One individual commented that they, 'Eat with friends in their flats sometimes'. Many individuals spoken with confirmed that they play an active role in the community, such as, attending and performing as a DJ at the Groovy Gecko night club in Central Milton Keynes, accessing a local gym and swimming pool, and working in the cafe at the city church. Individuals confirmed they had regular contact with family, and they have visits with them. Most people spend time with family at Christmas. One couple spoken with, who got married last year, have been supported with making positive adjustments for them to be able to live how they choose as a married couple.

B05 Service users spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.

Excellent
★★★★★

What We Found

- People supported confirm they have a full variety of activities available to them during the day and a selection of social activities too, which take place during the day, evening and weekends. Comments from individuals include: - 'There's always something going on somewhere' 'I have a workshop every day, love it, always busy' 'I love the drama group and craft groups and do pottery on Mondays' 'Love the Theatre, performing and helping out. Also, in the cycling club so active and fit too, one of the care team often goes on bike rides with me' 'Here Mon/Tue - Haversham allotments on a Friday. Also, go to the Pennyland tools workshop' 'Go on holidays with X and a carer - all over the world, just got a new brochure. We also get lots of trips out; RAF museum, Harry Potter World - we go in the mini bus' 'Have regular manicure, pedicure and massage - person comes here for that. Church here on Sundays' 'Weaving - going to make a tree from the fabric, was at the tool workshop this morning, I do pottery on Mondays' 'I'm learning to read; my support worker helps me every day - I get special lessons every Monday. I've got a personal trainer to help me lose weight, I did a sponsored run for cancer research' 'We are working on a big production for Feb 2023 - Shakespeare's 12th Night - 'SteamPunk' I'm Duchess Olivia'

C01 Staff are able to explain how they ensure people are treated with dignity and respect.

Good
★★★★☆

What We Found

- During discussion, staff demonstrated how passionate they are about their work and how much they care and respect the people they support. For example, staff explained that they knock on the door and ask for permission from individuals before entering their bedrooms. Staff talked about how they ensure they offer choice to people and use their preferred method of communication.

A03 Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLS. POA is clearly documented and evidenced across the care plan where relevant.

Good

★★★★★

What We Found

- There were no capacity assessments within the files viewed and individuals had signed to agree and consent to their care plan.
- The care plans I viewed had been signed by the SU to consent to their care plan. There is a DoLS section in the care plan, MCA and BI section if required. For one SU there was a Best Interest Decision assessment regarding accessing the community but no evidence of the MCA. The provider explained that the SU does have capacity and staff were using the incorrect form.

B06 Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.

Good

★★★★★

What We Found

- Staff communicate effectively with individuals and know them well. Staff understand to obtain consent from the people they support and will adjust their communication accordingly in order to ensure the person understands and can make decisions for themselves. Staff were observed stepping in and supporting when necessary and when wanted by the individual. When questioned by Healthwatch, individuals confirmed this and said, 'Yes', when asked, 'Do carers ask your permission before helping you?'

C02 Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

Excellent

★★★★★

What We Found

- Staff have a good understanding about mental capacity and were able to talk about the principles of the MCA and how they put these into practice. All staff were clear about assuming everyone has capacity and how they would support individuals to be able to make decisions for themselves. One staff member discussed supporting an individual who struggles to communicate their preferences and how she adapted her communication to meet the needs of the person. Another staff member discussed using the least restrictive approach for if there was ever a time when restrictive measures might be necessary for someone.

A18 Care and support plans evidence that service users are supported and signposted to relevant services and are helped to make informed choices regarding lifestyle factors. Care plans evidence that service users have made choices and decisions about their health and social care needs in accordance with the MCA (2005) regarding decision making and best interests; and evidences due process has been followed where a choice is made that is in conflict with health promotion messages.

Good

★★★★★

What We Found

- Service users are involved in making choices about their health and social needs and this is evidenced throughout the care plan. Decisions have been made regarding, vaccine take up, preferred activities/workshops, exercise plans, maintaining relationships etc. Where possible and appropriate to do so, individuals are supported to self-administer their own medication and consent from the individual was seen for returning medication to the pharmacy. In one file, the individual had expressed a desire to access the community more independently and this risk was assessed with them, and actions were put in place to help mitigate the risks. Every year the individual has an annual review, whereby they talk about what's important to them and how to achieve their goals. In one file viewed, the individual did not attend their review and there were no comments at the end to evidence they had had any involvement with this process.

B22 Service users confirm that they are supported and signposted to relevant services and are helped to make informed choices regarding lifestyle factors. SU's confirm that they are able to discuss choices that may conflict with health promotion messages.

Good

★★★★★

What We Found

- The feedback from the service user consultation survey, confirms that staff help individuals to make informed decisions, for example, one individual stated that, 'Staff help with making healthy eating and healthy lifestyle choices'. From the discussions with Healthwatch, people supported commented that they receive good support when making decisions, one person commented that, 'I'm learning to read, my support worker helps me every day - I get special lessons every Monday. I've got a personal trainer to help me lose weight, I did a sponsored run for cancer research'. Another person commented that, 'We've joined a gym, need to lose some weight so we go swimming at Nuffield on Fridays'. One of the support staff has requested that, a 'women's event' be held to discuss menopause for the residents, that there is a high number of residents in the age group and that it's difficult to have the best terminology to help them understand their bodies. Accessible information was seen in medication files regarding a variety of health checks and procedures, ensuring that individuals have the information available to them before making decisions relating to their health.

Personalised Care and Support

Standard Rating

Care and Welfare of Service Users

Good



A04 Care plans are signed by the service user where appropriate to evidence their involvement in their care and support planning. Care and Support Plans produced are clear, accessible and sufficiently detailed to enable Staff to provide effective support for the Service User.

Good



What We Found

- The individuals had agreed and consented to their care plan and for their photo to be taken. The care plans were clearly presented and had sufficient detail. An easy read version of the care plan could not be located for any of the files viewed.
- Review meetings are held annually and involve important people including family members and keyworker. Each review has a section titled 'my review' with a photo and their views. For one SU he wasn't present for his review and there were no comments or explanation. The provider explained they were present but only for a short time but this wasn't recorded.

A05 There is evidence that where a key worker system is in place that this is clearly recorded in the care plans and that the service user has been given appropriate information about key working system.

Good



What We Found

- There is a section within the care plan titled Support Time and Key Working, and this was documented in all files viewed.

A06 There is evidence that SU's have been given information about how to make contact with the care provider.

Good



What We Found

- Individuals are provided with a Resident's Handbook. Within the handbook there is information about; the organisation's philosophy, useful contacts, including the contact details for the Registered Manager, information about care and support and key policies and procedures. The handbook has a lot of information within it, an easy read version would be helpful for some individuals.

A07 The care assessment has been conducted in a way to reflect the SU's strengths, abilities and interests to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.

Good



What We Found

- The care plan is written in such a way as to promote the individual's perspective; what they are interested in, how they like to live their life, how they want to be supported etc. One of the individuals is a vegetarian and has made clear preferences around food choices and portion size, she is very clear about wanting to be active and exercise regularly, and it is important to her that she maintains links with her family. It is also clear that this individual wants to be increasingly independent, and support is in place to support her in achieving this.
- I saw sections regarding hobbies written in the first person and included lots of information on the activities they do. The activities fit with their interests for e.g. one SU that enjoys being on their laptop and theatre attends a tech lab and drama workshop.

A08 There is evidence that the SU's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the SU remains safe, their needs are adequately met and their welfare is protected. Staff should always ensure that Service Users undertake self-care and practical tasks for themselves wherever possible ensuring that Service Users retain control and are able to make decisions relating to matters of daily living wherever possible.

Good
★★★★★

What We Found

- There are sections covering areas, such as; Daily Living, Eating and Drinking, Emotional, Finance Profile, Health and Wellbeing, Medication Profile, Mobility, Personal Care etc. Each section can cover any identified risks and how to mitigate these. Independence was promoted within the files viewed and the voice of the individual was demonstrated especially when looking at 'Planned Outcomes'. Within the files viewed, risks were assessed in the following sections: Finance Profile, Eating and Drinking and Relationships (Inappropriate Behaviour). It was found that although these risks had been identified, the information about the risk and how to manage them was brief in some areas. I would recommend risk assessing is more detailed, providing robust and clear guidance for supporting staff. Independent living is very much promoted within the homes; people supported are encouraged to partake in house meetings, covering a host of different agenda items, including meal planning and the allocation of house chores and cleaning. Where possible and appropriate to do so, individuals are supported to self-administer their own medication.
- There is a risks section for each care plan with likelihood, impact and overall risk score. There is a focus on risk prevention and using least restrictive interventions for e.g. a door sensor at night for a SU who lacks awareness around safety of leaving the house at night. There is also reference to PBS strategies including identifying triggers and distraction techniques. However for one SU it referred to issues around pain, relationship boundaries and swallowing however there were no risk assessments seen in relation to these.

A09 Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the SU safe.

Excellent
★★★★★

What We Found

- The care plans have been regularly reviewed and updates made where necessary. Care and support planning is audited regularly, and a comprehensive list of areas are covered and clearly documented, highlighting both areas that meet the standard expected and areas where more work is necessary. The auditing process is very thorough. The only recommendation would be that dates be included for when action needs to be completed by.

A10 Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.

Good
★★★★★

What We Found

- The Manager explained that close daily recording is not necessary for the majority of individuals supported due to their low-level needs. However, appropriate and sufficient records are logged and those viewed, provided useful information on various aspects of care, including; health and wellbeing support, appointments attended and outcomes, engagement with activities and incident/ accident information.
- Daily notes include handover, activities, wellbeing, support time, current mood, appointments, consent, PBS, follow up following a concern e.g. SU with stomach complaint and GP advice, food choices offered, what was eaten, care plan reviews. For one SU there were several days where the only daily notes were regarding meals and had no wellbeing information. The provider explained that they are continuing to work on getting balance right with daily notes and continue to review and monitor.

A11 Evidence that the care planning and support is designed to maximise the SU's independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.

Good
★★★★★

What We Found

- Care plans are very person centred and mainly written from the perspective of the individual, covering; what is important to them, their likes, preferences and wishes for the future. Improving the quality of the individual's life is clearly evident and a priority throughout the care plans viewed. For example, one of the individual's commented on two particular areas of importance: maintaining links with family and increasing independence with regards to accessing the community. I would recommend that the following sections are reviewed; 'Planned Outcomes' and 'How to achieve Outcomes', and that further relevant information is added, especially with regards to 'How to achieve Outcomes'. Within several sections of the care plan, the same content was under both headings.
- There is a section for planned outcomes for each support plan written in the first person. It would be nice to see some updates added as to whether goals have been achieved. For example one person would like to go out more, see a family member and purchase better shoes but there is no update as to whether these have been achieved with no target date.

B07 Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.

Good
★★★★☆

What We Found

- People supported sign a consent form to confirm they agree to the contents of their care plan. The care plan is written from the perspective of the person and includes personal information about their likes, dislikes, preferences and goals and wishes for the future. Annual reviews are held for each person, during this process, individuals are supported to talk about their goals for the future and what they want to achieve. In general, individuals confirmed that they have been involved in the way they are supported and are happy with their care and support and the staff team providing this. Some individuals spoken with by Healthwatch commented that they go through their care plan information. One person commented that, 'My support worker goes through stuff with me all the time' and another person said, 'My support worker talks to me about that sort of thing'. Viewed care plans had been regularly reviewed and comprehensive audits are carried out to inspect the quality of the information held regarding individuals.

B08 If a key worker system is in place then service users are aware of who their named care worker is.

Not Assessed

B09 Discussion with SU and observation of care staff interaction / care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the SU's independence and quality of life ensuring that SU's undertake self-care and practical tasks for themselves wherever possible .

Excellent
★★★★★

What We Found

- Of those spoken to by Healthwatch, all people supported, confirmed that they feel safe. Observed interactions between staff and individuals demonstrate that safety is taken seriously and the needs and possible risks for the individual are considered and addressed. The environment is continuously monitored to ensure it is safe and where necessary, safeguards are put in place to protect individuals, both at home, whilst at the workshops or when accessing the community, whilst not limiting the independence of the person. People supported have been provided with Safeguarding training and the service user consultation survey confirmed that people knew what to do and who to tell if they felt unsafe.

C03 Staff understand and can explain the role of the keyworker if used in the service.

Not Assessed

Personalised Care and Support

Standard Rating

Meeting Nutritional Needs

Good
★★★★☆

A12 Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.

Good
★★★★☆

What We Found

- All care plans have a section titled Eating and Drinking. For example, within one of the care plans viewed it details the fact that the individual is a vegetarian, what their food preferences are, what sort of portion size they should have and how they like drinking herbal tea in the evening.
- On the front page of the care plan there is information about diet with IDDSI score, any intolerances, allergies and high risks. The eating and drinking care plan includes information on favourite foods and any support needs. For a SU with diabetes there is a separate plan with lots of detailed information on the condition and details about the SU's diabetes routine, understanding and medication. There was lots of important personal information for example 'food I enjoy, foods that are good for me, foods to be avoided.'

A13 Where the Provider is responsible for the SU's nutritional needs then care plans should include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.

Requires Improvement
★★★☆☆

What We Found

- Care plans document nutritional needs under the Eating and Drinking section. Within one file viewed, it states that the person is at risk of choking and gives some brief information about food consistency. The information on the risk assessment was brief and there was minimal guidance available around the support required and how to prepare food, and also what training the staff should have in order to sufficiently understand the needs of the individual, manage the risk and to be able

to follow any guidance appropriately.

- For a SU with diabetes there was a risk assessment including risk management. For another SU who has dysphagia there was lots of guidance and a detailed risk assessment which included reference to SALT assessment. However for one SU it stated that they have swallowing difficulties yet there was no risk assessment seen in relation to this.

A14 If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.

Good
★★★★★

What We Found

- There is evidence that individuals are accessing health appointments regularly and that any outcomes are recorded.
- There is a section for healthcare and professional appointments and there was a clear record of guidance from SALT seen for one SU. The 'circle of care' section includes professionals involved, referrals made and social work reviews. There was information on appointments one SU had with a diabetes specialist.

B10 Service users confirm that they are supported to make healthy choices and lead healthy lifestyles and where appropriate provided with access to information about healthy and balanced diet, recognising individual preferences, cultural and dietary requirements.

Good
★★★★★

What We Found

- Whilst looking around one of the homes, a large selection of fruit was available for people to help themselves to and menu choices confirm that healthy eating is promoted. Menu choices are discussed within house meetings. Individuals are given the advice and support to lead healthy lives and are supported to take up fitness regimes, with people commenting that they have joined a gym, they go swimming, they run and go for bike rides. One person talked about their personal trainer. Lots of people commented that they are keen to stay active and get fit, with some recognising that they may need to lose a few pounds.

B11 Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.

Good
★★★★★

What We Found

- Staff are given adequate information about the people they support and have access to the 'Nourish' system at all times to ensure they know and understand the needs of the person they are supporting. Staff were observed interacting with individuals, discussing plans, offering choices and stepping in to support when necessary.

B12 Discussion with SU and / or observation of staff practice confirms appropriate behaviour in relation to food preparation and hygiene.

Good
★★★★★

What We Found

- Cleaning schedules and kitchen rotas were seen within the properties. There was also information around infection control in relation to food hygiene. Adequate PPE and cleaning products were seen and each person living at the property had been allocated their own washing up gloves. The kitchen area was clean and tidy. One property was viewed directly after lunch and the kitchen area had already been tidied, items washed up and surfaces, equipment and utensils were ready to be used again.

Personalised Care and Support

Standard Rating

Co-operating with other Providers

Good
★★★★★

A15 Where the responsibility for the SU's care and support is shared with other providers, the care and support plans should evidence this co-operation, or where a named service user is transferred to one or more service(s) records should reflect this appropriately.

Not Assessed

B13 Where applicable there is evidence that staff support service users to access other social care or health services as and if required.

Good
★★★★★

What We Found

- Individuals are supported to access medical appointments, such as, their GP and dentist as and when necessary and records are kept following these visits. Information is available on daily logs as well as the individual's medication file. Individuals are also supported to attend annual health checks and other specific health screening programmes. Individuals are given information about vaccines and supported to access those appointments. One individual commented that, 'All jabs are up to date, key worker sorts out all the appointments and health checks that I need - had an annual check but care staff have had to arrange as there was such a backlog - key worker said that the practice is pretty good at seeing residents if they can get an appointment'.

Safeguarding and Safety

Standard Rating

Safeguarding People who use the Service from Abuse

Good

★★★★★

A17 Assessments, together with and care/support plans effectively maintain people's safety and DoLS are only used when in the best interests of the service user (where possible and appropriate).

Good

★★★★★

What We Found

- DoLS were not seen within any of the files viewed. The individuals have capacity and receive appropriate support to make decisions. Staff were able to talk at length about MCA and DoLS and where there is uncertainty around capacity they would know how to proceed.
- The care plans focus on what the SU can do for themselves with minimal support. There is also a DoLS and MCA tracker which has each area for consideration and first level assessment. Care plans refer to consent, choices and support preferences.

B20 Service users confirm that they feel safe and observations of care practice confirm this to be the case. Any service users spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.

Excellent

★★★★★

What We Found

- Individuals spoken with by Healthwatch and/or those who completed the service user consultation survey all confirmed that they feel safe. Safeguarding training has been delivered to the people supported. One individual stated how proud they were to have received a certificate for completing the Safeguarding course.

C04 Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistleblowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

Good

★★★★★

What We Found

- Staff were very knowledgeable about safeguarding and demonstrated they could identify abuse. Staff are clear on their responsibilities to report any safeguarding concerns. All staff talked about their internal procedures for whistleblowing, and how they feel comfortable to report to all levels of management. Staff were able to discuss how they would report externally to both Milton Keynes Council and CQC.

C05 Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLS.

Good

★★★★★

What We Found

- Staff confirmed that they have received training in Safeguarding, MCA and DoLS.

F12 Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.

Excellent

★★★★★

What We Found

- The safeguarding tracker includes who reported the incident, ref no., outcome, dates, who was involved and any issues. If there is no outcome from the LA it will regularly update that there is no outcome. Meeting minutes were viewed from the 'Complaints and SOVA outcomes meeting' in June (held 6 monthly) and there is lots of details about incidents and how issues were resolved.

Safeguarding and Safety

Cleanliness and Infection Control

Standard Rating

Good



B14 Staff are observed to follow good practice in relation to cleanliness & infection control.

Good



What We Found

- Staff have daily, weekly, monthly and 3-monthly checks to complete in relation to health and safety, which covers infection control. There are cleaning schedules clearly displayed and everyone is responsible for keeping the home clean. The homes viewed were tidy and clean with good systems in place to keep on top of required domestic and health and safety tasks. PPE was visible and there were separate (labelled) gloves for each individual to use when washing up.

C06 Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.

Good



What We Found

- Staff confirmed that they have received training for infection control, and how they put this into practice within their daily work. Staff discussed the use of PPE (using gloves, an apron and wearing a mask for personal care), following cleaning schedules and promoting food hygiene with the people they support.

E01 In supported accommodation there is sufficient information provided to service users, staff and visitors about infection prevention and control matters.

Good



What We Found

- Information was seen in relation to infection control, including, hand hygiene and other health and safety posters. These were presented in an accessible format. Hand sanitiser is available at the entrance to the property. PPE was seen within the property.
- There is a cleaning rota, PPE stations, hand sanitiser available around the village, coloured mop buckets and signs in the kitchen regarding cross contamination, health and safety. Food is labelled once opened.

Safeguarding and Safety

Management of Medicines

Standard Rating

Good



B15 Staff are observed to handle medicines safely, securely and appropriately.

Not Assessed

B16 Service users confirm that they are involved in decisions regarding their medication.

Good



What We Found

- One resident observed self-medicates, this is her decision, and she is involved in how her medication is organised and the information contained within her medication file. The individual has signed a consent form agreeing to the contents of her care plan and has signed to consent to medication being returned to the pharmacy. Easy read self-check leaflets and other information around health procedures and self-care were found in the medication file.

C07 Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.

Good
★★★★★

What We Found

- All staff spoken with are responsible for administering medication. Staff explained that they have received the appropriate training and that they feel confident and competent to perform this task.

E02 Medicines are stored and administered safely including any homely remedies and covert medication.

Good
★★★★★

What We Found

- Medication is stored in a cabinet in the communal area in the houses. Some residents who administer their own medication have cabinets in their room. The keycode to access the cupboard is changed monthly. Medication is mainly in the form of dosette box and is stored in individual, named boxes. Medication is automatically ordered through the pharmacy. For one SU the MAR chart viewed had no gaps and was being completed correctly. There was also a record of deliveries, expiry dates of medication and re-order date. In the medication folder there was a consent to return medication to pharmacy form and SALT information. The homely remedies toolkit had dates of opening labelled on medication and they use a separate MAR sheet. Medication temperature is only monitored currently when stored in a fridge.
- Medicines are well organised and kept within a locked cabinet within a communal room. MAR charts evidence that medicine is taken and recorded as necessary. Temperature checks of the medication cabinet are not currently being recorded. It was recommended to the provider that temperatures are taken daily, and that action is taken and recorded for when temperatures exceed the limit of 25 degrees.

F01 Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.

Good
★★★★★

What We Found

- People supported are encouraged to attend annual health checks and health screening programmes. Accessible information was found for checking your body and attending health screening appointments. People are encouraged to take up vaccination appointments and records are kept to document this and other appointments, such as, GP, dentist etc.
- Medication audits are completed quarterly and cover ordering and storage, homely remedies, MAR charts. They are very detailed and identify issues however there is no target date for completed or completion date. Medication competency assessments are completed following medication training when an employee starts their job however we didn't consistently see that further medication competency checks were undertaken annually.

A16 Care & support plans document that service users have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.

Good
★★★★★

What We Found

- The care plan includes a list of medication, support provided, storage, ordering, support to book and attend appointments, specialist input. There was a record of how and where one SU likes to take their medication which was helpful.
- Evidence was seen where an individual has made the decision to self-medicate and there is a clear process of how their medication and paperwork is managed.

Safeguarding and Safety

Safety and Suitability of Premises

Standard Rating

Excellent

★★★★★

What We Found

- The premises are all maintained and in good working order. There is good evidence of effective housekeeping and fire exits were visible and clear. Fire extinguishers are available and have been inspected within the year. Fire doors are in good working order. PAT tests, gas systems and Legionella inspections have all been completed within the past year. Audits of mobility equipment have been carried out. Staff receive fire warden training (covering the use of extinguishers) as well as all other mandatory health and safety training. Daily, weekly, monthly and 3-monthly checks are conducted within each house, records were viewed and were complete. A designated Facilities Manager is responsible for ensuring maintenance jobs are identified and actioned, complete health and safety audits across the whole site, quality monitor risk assessments, attend Senior Management meetings and regularly inspects properties and questions staff on health and safety. Recommendations were made in relation to risk assessments; to ensure that the risk rating is identified on each separate hazard and to include 'how' the person could be harmed by each hazard to ensure that control measures are effectively tailored to the risk. Planning for more accessible facilities is currently underway meeting the requirements of those individuals who now have a higher level of need.
- There is a full time facilities manager who manages all the gas and electric certificates. For properties managed by a separate housing association he will chase the checks. In terms of fire safety they complete periodical testing twice a year and use a company for alarm testing and emergency lighting testing which is once a year. Health and safety information is held in each property showing which checks are completed daily, weekly, monthly and 3 monthly. There are 6 monthly fire drills, fire extinguisher checks monthly and call points weekly. General risk assessments are completed using the QCS system. Every house and workshop manages their coshh areas and staff are knowledge checked periodically and sent on further training if required. Staff complete practical fire training.

B23 Service Users confirm that they are supported to maintain their tenancy, including the maintenance of the property and negotiating with the landlord on their behalf, where appropriate.

Not Assessed

C18 Staff are able to confirm how they support SU's to; maintain their tenancy manage maintenance of the property and negotiate with the landlord where appropriate.

Good
★★★★★

What We Found

- Camphill are the landlords for the site and there are good processes in place for when maintenance work is required. Improvements to facilities are currently being considered with new developments going through the planning process. There is a designated Facilities Manager who is always on site carrying out maintenance work, arranging for contractors to come in or conducting Health and Safety audits etc.

Safeguarding and Safety

Standard Rating

Safety, Availability and Suitability of Equipment

Good

★★★★★

C08 Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

Not Assessed

E04 Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

Good
★★★★★

What We Found

- There is a care equipment tracker that includes the description of the equipment, who it's provided by, the purpose, date test completed on and date of next tests however only wheeled walkers and one wheelchair currently used at service.

Suitability of Staffing

Standard Rating

Requirements Relating to Staff Recruitment

Good

★★★★★

D01 Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

Good
★★★★★

What We Found

- Staff files contain photo ID, at least 2 references, both character and employment, working time opt out, signed application form, interview questions, induction practical assessment log, vehicle driving authorisation, employment details, offer letter, photo ID. DBS checks are completed every 3 years and if they are not clear then they do not employ an individual.
- All relevant documents regarding pre-employment checks were viewed either within the staff file or held on a secure electronic database. All staff are subject to a satisfactory DBS, two references and a health assessment. Also, within staff files, employment documentation (offers of employment and signed contracts), evidence of an induction and training attended were viewed.

D02 Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

Not Assessed

D03 Records evidence that other people who provide additional services are subject to any appropriate and necessary checks.

Good
★★★★★

What We Found

- All staff working on site, irrespective of whether they're in an operational role or not, are subject to the same employment checks as the frontline support staff.

D04 The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.

Good
★★★★★

What We Found

- Staff are issued with a job description when going through the recruitment process. Staff complete an induction period which ensures that they are clear on the expectations of the role.

Suitability of Staffing

Standard Rating

Staffing and Staff Deployment

Excellent
★★★★★

B17 Through observation and discussion with service users, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs.

Excellent
★★★★★

What We Found

- When asked about staffing levels by Healthwatch, all people supported responded with 'Yes' - there are enough staff. This appeared to be the case on walking around the site, staff were observed facilitating sessions at the workshops or supporting people in their home. Healthwatch fed back the following: - 'Staffing – workshops were staffed by a minimum of two people who were guiding, informative and encouraging and giving very different levels of support to each person within their group, showing a very good understanding of each individuals needs and ability. Within each 'house' depending on size I met with or observed different numbers of staff, volunteers and social workers who were all actively encouraging residents to be independent while explaining all interactions appropriately to the individual – sometimes this meant taking an individual to a quiet space to talk or asking another resident to leave as this was a 'private' conversation, but all interactions were handled with care and respect for all residents'. Staff generally have an allocated house or a small group of houses that they work in.

C09 Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies). Staff confirm they have access to senior / supervisory staff on site to support and mentor them when required.

Excellent
★★★★★

What We Found

- Staff believe that staffing levels are adequate. Staff confirmed that when there is sickness or annual leave to cover, they are able to pull on staff from other houses and use 'bank' staff to cover the shortfall. Management are available on site and will cover shifts. No agency has been used in over a year and there are no current vacancies.

F02 Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support. This includes senior managers / supervisory staff.

Good
★★★★★

What We Found

- Rotas were viewed and show adequate staffing levels across all houses. Senior management provide additional cover when necessary and were included on the rotas viewed. Staff confirmed that they have no issues covering shifts and the rota works well. There is a bank staff team, and they will be utilised when there is a shortfall in staffing levels.

F03 The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies). The provider has a system in place to monitor the working hours of all staff across Services to ensure that any working patterns do not have a detrimental impact on the care and support of Service Users.

Excellent
★★★★★

What We Found

- A comprehensive Business Continuity Plan was seen and has been reviewed within the year. A full range of possible adverse incidents causing a possible change to service delivery were included and control measures and actions were detailed to ensure safe and consistent care in any eventuality. Staff working hours are monitored and there are appropriate systems in place to provide additional staff cover for any sickness and other unexpected absences.
- Camphill has an arrangement that they can use Lovat Fields accommodation in an emergency.

C17 Discussions with staff confirm that they have appropriate knowledge and understanding of current health promotion messages to help support service users to maximise their health and wellbeing and live a fulfilled life.

Good
★★★★★

What We Found

- Staff were knowledgeable about the needs of the people they support and how to promote health and wellbeing. One staff member discussed her experience of supporting a person with dementia and how her training, including accessing the Virtual Dementia training course had provided her with a greater understanding of the condition and how to provide more effective support. Another staff member talked about supporting individuals who sometimes make 'unwise' decisions and how she supports them to understand risks and promote more sagacious choices whilst still respecting their right to make the decision. Healthwatch reported that a support worker has requested that a 'women's event' be held to discuss menopause for the residents, as a high number of residents are in the age group. They commented that it's difficult to have the best terminology to help them understand their bodies and also help staff to manage the wide range of symptoms.

Suitability of Staffing

Standard Rating

Staff Support

Good
★★★★★

C10 Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.

Good
★★★★★

What We Found

- Staff were confident that they had received a full and thorough induction to their role. Staff working across several houses explained that they received a bespoke induction for each one.

C11 Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.

Good
★★★★★

What We Found

- Staff were happy with the level of supervision they receive and that they find this process useful. Staff said that they can always discuss any issues in-between supervisions and that there is always someone to go to, including all management levels. Staff receive a yearly appraisal.

C12 Staff confirm that they have undertaken appropriate training that this is refreshed and updated as required.

Good
★★★★★

What We Found

- Staff are happy with the training they receive. Staff receive email prompts for when a training course is due.

C13 Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.

Not Assessed

C14 Staff confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.

Good
★★★★★

What We Found

- Staff confirmed that they are clear about how to report issues within the workplace and feel happy to raise these with any member of the management team. In general staff feel confident that their issues would be resolved and that any necessary action would be taken. Following the visit, one member of staff said when they raised a concern regarding bullying and harassment a lack of action was taken to resolve matters.

D05 The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.

Good
★★★★★

What We Found

- There is a practical assessment log as part of induction. Staff files viewed showed that all areas were signed off and dated with training and learning needs identified during induction with feedback and comments. The induction process may take longer for a bank or part-time member of staff.

D06 The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.

Good
★★★★★

What We Found

- The supervision tracker shows supervisions are scheduled every 3 months. Supervisions include 'how are you', resident and staff focus, audits and praise, training and development. For two members of staff there was a 5-6 month gap between supervisions. The tracker shows 100% of appraisals are up-to date.
- Staff receive regular supervisions from their line manager and notes confirm that relevant topics are appropriately discussed. Staff have the opportunity to provide and receive feedback regarding their performance. Staff are able to request a supervision earlier than planned for if they feel this would be beneficial to them. All staff receive an annual appraisal; records confirm that every member of staff has received one this year. The appraisal process is robust and comprehensive. The review process is conducted in two stages; for the first stage, staff are required to complete a survey around how they believe they are getting on within their role, their performance, training needs etc. and for the second stage, the staff member meets with their line manager where they go over their feedback and talk about how the previous year has gone, their strengths and areas of development.

D07 The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.

Good
★★★★★

What We Found

- The training matrix was viewed and showed records confirming that all mandatory training is included, and records show that a high percentage of staff are in date. There is a variety of additional training available where necessary. Staff confirm that they have access to their training and receive email notification for when a training course needs to be completed.

Quality of Management

Standard Rating

Assessing and Monitoring the Quality of Service Provision

Excellent

★★★★★

C15 Staff confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.

Good
★★★★★

What We Found

- Staff are able to raise concerns and commented on the Registered Manager having an open-door policy and that their views are regarded as important and welcome.

F04 Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.

Excellent
★★★★★

What We Found

- The quality of care and support are regularly audited, with each house subject to their own audit. The following areas are inspected, Environment, Communication and Administration, Care and Support Plans (the Nourish system is inspected to identify gaps on critical information) and Other (covering; consent, MCA, best interests and DoLS, incidents, annual health checks, health appointments, annual reviews, reviewing staff interactions, people being weighed, and have actions been completed). The only recommendation would be that dates are added for when actions need to be completed by.
- Several trackers are completed including outstanding practice, nourish information tracker, house meeting tracker, hospital admissions, cqc notifications, easy read tracker. There is an incident report section in the care plans and report viewed show that immediate actions were taken and follow up for e.g. after identifying a medication error the dosette boxes were sent straight back to the pharmacy to be corrected. Other actions included use of technology to prevent further risks, contacting health professionals, ongoing monitoring and sharing information with staff. There is a section for incidents on their Teams channel which divides incidents by year. The incident log shows includes outcomes and learning.

F05 The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

Excellent
★★★★★

What We Found

- Staff were very clear about how they can report concerns and issues, with all stating they can approach all management levels and that they are confident that action will be taken following their feedback. Robust and comprehensive policies were viewed, such as, the Safeguarding Policy and Procedure. Staff have access to all policies and were clear on the whistleblowing procedure. There are a large number of regular meetings taking place, including; Board meetings, Senior Management Team meetings, Care Management Team meetings, Care and Support Team meetings, Residents forums, House meetings, and 'House' Staff meetings.

Quality of Management

Standard Rating

Using Information and Dealing with Complaints

Good

★★★★★

What We Found

- People supported are provided with an easy read 'Comments and Complaints' leaflet and these are also on display within the houses. The leaflet explains what the person can do if they feel worried about something, what the process for handling complaints is and who they can contact to deal with the complaint, both internally or external to Camphill. When spoken with by Healthwatch, all individuals said 'Yes' when asked, 'If you were unhappy about your care, could you tell someone?'. A couple of people responded that they would tell their support worker.

B19 Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.

Good
★★★★★

What We Found

- Looking through the complaints database, there are good records of complaints being made, how these were investigated and what the outcome was. Evidence was seen of letters being sent to people supported following their complaint, explaining what the investigation found and how things will be put right.

C16 Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.

Good
★★★★★

What We Found

- Staff attend regular team meetings. Staff confirmed that they feel listened to, receive a good level of communication on all topics and that they find these meetings useful.

F06 There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

Excellent
★★★★★

What We Found

- There is a good complaints log which includes concerns and complaints from residents. There is evidence that staff listen and outcomes and resolutions include mediation, supervisions, house meetings held and complaints information given to residents in easy read format. Complaints are discussed in management meetings and evidence that following concerns from 3 SUs regarding conduct of staff, they were removed from houses, left their roles and apology letters were sent to the residents.

F07 There is evidence that the provider has effective methods in place to obtain feedback from service users, relatives and staff and that feedback is listened to, acted upon appropriately and people are kept informed of the outcome.

Good
★★★★★

What We Found

- Resident forums and house meeting minutes and held monthly and shows engagement and discussion from staff with residents.
- Feedback is collected in the form of a survey from, Residents, Staff, Relatives and other Stakeholders. Staff confirm that when issues are raised, these are acted upon, and the staff member kept informed.

F08 There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

Good
★★★★★

What We Found

- Evidence was seen where the provider has contacted the local authority when required to make them aware of safeguarding and incident/accidents.

Quality of Management

Standard Rating

Records

Good



F09 Personal records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.

Good



What We Found

- The provider has a really good understanding of GDPR and data is held securely in locked cabinets or on password protected IT systems.
- information is completed electronically and is clear, well presented and easy to find. Information is regularly reviewed, and quality audited to ensure it is the most up to date, accurate and has enough detail to enable staff to understand the needs of the person and support appropriately.

F11 Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

Good



What We Found

- There are care and support audits which are really in depth and completed for each house, identifying improvements. One seen in Sept '22, covers environment, communication and administration, care and support plans. They also include a summary of resident feedback. Audit action plans have a score and action needed recorded. There was no date as to when the action should be completed, or who is responsible.