

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

The Hatch Camphill Community

Chestnut, 23 Castle Street, Thornbury, Bristol,
BS35 1HQ

Date of Inspection: 28 June 2013

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2013

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Camphill Communities Thornbury Limited
Registered Manager	Mrs. Cecilie Bradshaw
Overview of the service	The Hatch, Camphill Community, provides a supported living service to people in four houses at this location. They are 'St John's House', 'Thornbury Cottage', 'The Hatch' and 'Watchoak Farm Lodge'.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

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

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Management of medicines	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with people who used the service provided by The Hatch. One person said "I really like this place, people who work here are very nice, they are gentle and brilliant". Another person said "things continue to be okay". This person said they enjoyed cooking for others in the house, that they decided together what they would have for meals. One person did not like the meal prepared in their house on the day of their visit and chose to have a take away meal.

A co-worker told us they felt that The Hatch offered people "really good opportunities".

People were involved in the running of the service and were given appropriate information about their tenancy. People's needs were assessed and they were provided with the support they needed. Appropriate records were maintained. People had active lifestyles with opportunities for employment and activities. Where they were able, people took their medicines with prompts from staff. Other people were supported to take their medicines by staff. There were effective arrangements for the recruitment of staff and monitoring the quality of the service.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment.

We saw the guide for people who lived within The Hatch Camphill Community and received a support service. It described the community and listed its aims as being concerned with promoting choice and independence by providing help and support for people. It stated that the community valued everyone's contribution. The community provided work opportunities and enabled people to live full and active social lives. The guide explained some of the activities available for people and explained that the community celebrated Christian festivals. It listed the support that was offered, how to make a complaint and how people would be involved in the running of the community. There were various meetings held including the community meeting that was led by one of the people who used the service. People determined the frequency of meetings where they discussed activities and hobbies, staff changes and other items of interest to them. The person who led the meetings produced a record with photographs included. There was a forum for people to attend with the housing association Housing manager. At this forum they could raise issues related to the premises they lived in.

Weekly house meetings were held. These gave all of the people living in, and sharing the facilities at The Hatch the opportunity to discuss issues. A standard agenda was used across the community which gave people the opportunity to discuss their house, health and safety matters and support workers. They planned the week's diary and forthcoming events, the menu and who would be responsible for cooking. There was the opportunity to raise any concerns and give feedback and each person in the house was given the opportunity to raise any other business.

People's diversity, values and human rights were respected. A display in the assembly hall, prepared by a group of people who were supported by the service listed, 'Your Rights'. People had created images to represent their rights to learn, equality, independence, freedom of speech, respect, safety, food and water, privacy and to live in

freedom.

When we looked at the care records for three of the people supported by the service we noted that each had been given a tenancy agreement that they had signed. The agreement was produced in pictorial format to aid understanding.

People were supported by paid staff and volunteer co-workers. A group of the co-workers were planning to make a film about life in the community. They wrote to people who lived there and used the service explaining what they planned to do and why. People were asked to agree to being involved and we saw the return slips showing people had given consent.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Introductions to the service were planned. We were told about a person who recently moved to the community. Their parent had made enquiries and looked around. The person spent a day there and their visit was recorded with photographs of the activities they participated in. They were able to take the record home and then decided to spend a week at The Hatch. The service prepared a week's programme of activities for their visit, identifying who would be supporting them. This enabled an assessment of their needs so that a support plan could be drawn up.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care and support records for three people. There were assessments of need and assessments where risk had been identified. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The assessments included managing risks related to people's money and medicines. We saw 'extended' risk assessments for particular activities for example swimming when there was a risk of the person having a seizure due to their Epilepsy.

People had 'personal care' plans which outlined the assistance they required with showering, shaving, mouth care and dressing. We saw that people had signed agreement to these.

The manager told us that the service worked closely with the local Community Learning Disabilities Team (CLDT) to ensure the best support for people. One person sometimes became agitated so they were looking at 'triggers' for this. The staff who were involved when the person became unwell each recorded their 'version' of the event. Incident reports recorded who completed the record, the date and time of the incident, who was involved and where it occurred.

The manager told us they provided training for staff relating to supporting people with autism. They were encouraging staff to be honest if they found a situation difficult to cope with and record their feelings. The manager told us they aimed to support staff so that they felt equipped to working with people whose behaviour presented challenges.

The community operated a 'vegetable box' scheme selling vegetables to the public. People

grew the vegetables and assisted in delivering the boxes to 23 customers in the Thornbury area. The manager said this was a popular activity and there were plans to involve people in the development of a marketing brochure.

We joined people and staff in the assembly hall to wish a member of staff farewell, as they were leaving their post. People gave the member of staff gifts and cards and the presentation and speeches ended with tea and cakes.

A person was supported to have a holiday, with the support of one of the volunteer co-workers. We saw the options were presented in pictorial format with pictures of what activities would be available there. The holiday was a success and the person now wanted another holiday and was exploring options with support.

We saw that people had a variety of things to do. Some people attended college or the 'Choices for you' group. Some people had part time employment in Thornbury and others worked in or around The Hatch estate, including the farm. There were workshops for various crafts, including weaving and woodwork. People used local community facilities for sports and joined clubs in and around the area such as 'Dance Voice' and the 'Link' club in Patchway. There were trips to the local pub and 'film nights'. We saw that there had been a barbecue held and a trip to Stonehenge.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were safely administered. People's medicines were dispensed by the local pharmacy in 'dosette' boxes on a weekly basis. We saw that people had lockable medicines cupboards in their rooms.

One person showed us the arrangements for storage and recording of their medicines. They had signed a risk assessment and a record of when they took their medicines was kept. They told us that staff prompted them to take their medicines. They said that staff signed the record to show they had witnessed them taking their medicines. Other people were supported to take their medicines.

The manager told us how the service had worked with the local Community Learning Disability Team (CLDT), to change the balance of a person's medicines. The change in medicines had positive results as they had not had a seizure since November 2011. We saw a risk assessment in place that included the recommendations of the psychiatrist involved in changing the medicines.

We saw there had been internal training related to medicines safety. The training included awareness of the policy related to medicines, risk assessment, using the administration record and training specific to the people staff supported.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The guide for people who used the service explained that all prospective staff underwent a rigorous and safe recruitment process and that people could be involved in recruitment. We looked at the recruitment files for two staff and saw they contained all relevant documentation to indicate that the process had been rigorous.

Appropriate checks were undertaken before staff began work. Each person had submitted a written application form and references were obtained. They had been checked with the Disclosure and Barring Service (DBS) (formerly Criminal Records Bureau) to ensure they were safe to work with vulnerable people. They provided evidence of their identity and attended for interview.

When all checks were completed staff were confirmed in employment and began the induction process. When induction was completed and the checklist showed all areas were covered, staff signed a declaration to agree this.

A new computer programme recorded staff details and highlighted when training was due for renewal and supervision meetings were due to take place.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The guide for people who used the service explained that people's satisfaction with the service would be checked each year. A survey had not been conducted since our last visit and the manager told us that this would take place later in the year. They said it would be extended to include relatives and the trustees of the charity.

The guide made reference to the checks made on the service by the Care Quality Commission and by the local council's Supporting People team.

The Hatch was registered as a charity and the manager told us about the appointment of new financial auditors who had a background of working with charities.

The manager told us that record keeping pro-formas were reviewed and updated. They said an example of this was the form for recording supervision meetings with staff. The form was reviewed in July 2012 and was being updated again to show where feedback from the staff member's supervisor was clearly identifiable.

We spoke with the administrator who told us they audited people's files on a monthly basis. If copies of documents held in people's files had not been sent to the office the house coordinator was sent a reminder note.

The manager told us there had been a recent visit by the local environmental health officer to check on health and safety within the community. We saw that the monthly health and safety audits looked at staff awareness of fire safety, the premises and equipment. Fire safety checks were conducted on a weekly basis. An annual health and safety audit looked more thoroughly at all aspects including infection control, first aid arrangements, electrical safety and Control of Substances Hazardous to Health (COSHH).

The manager confirmed they visited each house every day and met with house coordinators on a weekly basis.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

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

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

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

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

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

How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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