

# Camphill Communities Thornbury Limited

## The Hatch Camphill Community

### Inspection report

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Date of inspection visit:  
07 December 2016  
13 December 2016

Date of publication:  
09 February 2017

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was announced and carried out on the 7 and 13 December 2016. The provider was given 48 hours' notice because the location provides a care service to people living in their own home; we needed to ensure we would be able to meet with people, staff and the registered manager.

The Hatch is part of the Camphill Communities which is an international organisation. The ethos of the service is based on a 'life sharing' model of support. This meant that in some cases staff members and their families lived with the people they supported. People viewed The Hatch as their home and care was based on a 'supported living' model to help them live as independently as possible. People had tenancy agreements for their home and support plans in respect of the care and support they received. A housing association managed the tenancy agreements. People could choose whether they wanted their care from staff working at The Hatch but could also choose another care provider. At the time of our inspection 29 people with a learning disability were receiving care and support.

There were three houses situated in close proximity of each other St Johns House, Thornbury Cottage and The Hatch House, one a short walk called Watch Oak Lodge and the other in the centre of Thornbury. The main office was separate from the houses but in the grounds of The Hatch.

People are encouraged to view themselves and others who used the service as being part of a 'community' network, one that not only provides them with care and support, but also access to a range of local facilities relevant to their needs. These included workshops such as woodwork or weavery. There were extensive grounds which people took an active role in growing vegetables. People were able to decide to what extent they wanted to participate in these activities or join in with the wide range of other social activities provided by the service. People were also supported to be part of the wider community and attend colleges and other social events in the local area. People lived and worked alongside each other and were actively involved in the day to day chores of running a home which promoted a sense of community.

There was a registered manager in post. 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.

Care plans were tailored to the person and provided staff with information to support the person effectively. People had been consulted about their care needs and their views sought about the service. People were supported to make decisions and take proportionate risks. Systems were in place to ensure that complaints and any concerns in respect of abuse were responded to. People had access to other health and social care professionals. People confirmed they could access an advocacy service if they wanted. Safe systems were in place to ensure that people received their medicines as prescribed.

We found the provider had ensured people's homes were safe and comfortable. The Care Quality

Commission's role in these settings was to focus on the regulated activity of personal care and had no regulatory responsibility to inspect the accommodation for people living in these settings. Environmental risk assessments had been completed.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management and safe recruitment processes.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles. Systems were in place to ensure open communication including team meetings and one to one meetings with their manager. Staff were committed to providing a service that was tailored to each person they supported. Staff were enthusiastic and worked with people to enable them to achieve positive outcomes. They understood their roles in relation to encouraging people's independence whilst protecting and safeguarding people from harm.

People were involved in the day to day running of the service. People were valued and supported to be as independent as possible. People's rights were upheld, consent was always sought before any support was given. Staff were aware of the legislation that ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles.

People's views were sought through care reviews, meetings and surveys and acted upon. Systems were in place to ensure that complaints were responded to and, learnt from to improve the service provided.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought. The registered provider was aware of the importance of reviewing the quality of the service and was aware of the improvements that were needed to enhance the service.

## 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.

Staff were knowledgeable about their role in protecting people from harm and keeping them safe. People had been given information about how to keep safe and what to do if this was not the case.

There were sufficient staff to keep people safe. Staffing levels were tailored to the individual based on a comprehensive assessment. Safe systems were in place to ensure only suitable staff were employed.

People were kept safe as risks had been identified and were well managed. There was a culture of positive risk taking allowing people to be independent and take control over their own lives.

Medicines were well managed with people receiving their medicines as prescribed.

Good 

### Is the service effective?

The service was effective.

People received an effective service because staff provided support which met their individual needs. Care was tailored to the person.

People's nutritional needs were being met in an individualised way, encouraging them to be as independent as possible.

People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by staff who acted within the requirements of the law.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Good 

### Is the service caring?

Outstanding 

This service is extremely caring towards the people they supported.

There was excellent communication with people and their families. The staff promoted independence and involved people in decisions on the running of the service.

Warm and caring relationships were effectively promoted.

Staff were knowledgeable about the people they supported, which included their personal preferences, and their likes and dislikes. They responded to people in a caring way and people were actively listened to and their views were acted upon.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff were knowledgeable about people's care needs enabling them to respond to their changing needs. Care plans clearly described how people wanted to be supported. People were involved in the planning of their care.

People were supported to take part in regular activities both in the home and the community.

People could be confident that if they had any concerns or suggestions for improvement these would be responded to appropriately.

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff were clear on their roles and aims and objectives of the service and supporting people in an individualised way and encouraging them to take control over how they wanted to live. People's views were sought in driving improvement to the service.

Staff told us they felt supported both by the management of the service and their colleagues. There were strong links with the local and wider community.

# The Hatch Camphill Community

## **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, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by one adult social care inspector, who visited on 7 and 13 December 2016. This inspection was announced. The provider was given 48 hours' notice because the location provides a service to people in their own homes; we needed to ensure we would be able to meet with people, the registered manager and staff. We last visited the service in June 2013 and found no breaches of regulations.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the service. This included notifications, which is information about important events which the service is required to send us by law.

Before the inspection we contacted the local community learning disability team and South Gloucestershire Council who had contact with the service. We reviewed the information they gave us. We sent surveys to people who use the service, relatives, staff and visiting professionals. We received nine responses from people who received a service, nine from relatives, and one from a visiting professional. We also telephoned five relatives after the inspection. You can see what they told us in the main body of the report.

During the inspection we talked with six people using the service. We spent time observing how they were cared for. We visited people at three different locations. We talked with six staff, the nominated individual and the registered manager.

We looked at the care records of three people, the recruitment and personnel records of three staff, training records for all staff, staff duty rotas and other records relating to the management of the service.

## Is the service safe?

### Our findings

People told us they were safe and very well supported both by the staff and their peers. They told us there was always staff around to support them in addition to their specific times allocated to them for their individual support. One person said, "I feel safe here and have my own key to my bedroom and people only come in if they are invited". Another person told us, "The manager makes sure staff are alright to work at The Hatch".

People were kept safe by staff who understood what abuse meant and what to look out for. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team. Staff told us they had confidence in the registered manager to respond to any concerns appropriately.

Information about abuse, speaking up, bullying and safeguarding was available in easy read formats. These were made available to people and staff. People were encouraged to speak up and share any concerns they had with staff or the registered manager. People told us they felt comfortable raising any concerns they had and felt they would be listened to and action would be taken. Comments included, "Yes I feel safe here. If I was unhappy I would tell the staff or discuss with my mum first", "I am really safe here and have no worries", "The staff make sure we are safe, they would not let anything happen to us", and "It is a very safe place to live any hazards such as health and safety are dealt with quickly".

Safeguarding and abuse were regular topics of discussion within the individual houses. They were also discussed during weekly gatherings, which were meetings held for all the people who lived in The Hatch. This ensured people had the knowledge and understanding and encouraged them to raise concerns. People were told it was ok to say 'No'. The registered manager told us they did role play with people on different scenarios to build up people's confidence in dealing with different situations. People described how they had been supported in this area and found the training useful especially where they went out alone without staff support. This included the risks from using social media sites.

Where people were going out on their own, there were clear guidelines for staff to follow to ensure people's safety. For example, staff ensured people were carrying their ID, their mobile phones and they had a list of emergency contacts. People told us about these arrangements and this helped in keeping them safe.

The registered manager told us they promoted a positive risk taking culture and operate an effective risk management system with appropriate assessments for each person to enable them to live their lives in a way they prefer and choose. Within people's support plans we found risk assessments were in place to promote and protect people's safety in a positive way. These included finances, information on specific medical conditions and life skills. The registered manager explained that each person had a full general risk assessment carried out and this then led to a more in depth risk assessments for individual risks. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. People had signed their risk



assessments. These had been kept under review. Staff were aware of their responsibilities to keep people safe. Environmental risk assessments were in place.

Care plans were in place which described how people were to be supported if they became upset or angry. These included information about any triggers that should be avoided and information about the best way to help prevent such reactions. These clearly described things from the person's perspective. Staff had been given training in this area.

Staff described how they supported people in a positive way using distraction and de-escalation techniques. Staff told us the training in this enabled them to support people as individuals. Staff understood it was important for people to feel safe and that each person was seen as an individual. For example one person liked to go for a walk around the estate when they were upset or angry. Staff told us this had been very positive in reducing the person's anxieties.

The registered manager told us in their Provider Information return (PIR), 'The Hatch recognises that each person is an individual and that when people behave in a way that may challenge others this is indicative of an unmet need. The service had systems in place to record details of such incidents so that staff could manage the situation in a positive way and protect people's dignity and rights. It was evident the service worked with people and their families, where appropriate, to support them to manage their behaviour.

People's medicines were managed according to their needs. Individual arrangements were in place to make sure each person received their medicines appropriately and safely. People had a lockable cabinet in their bedrooms or flats to keep their medicines secure. Clear records were kept of all medicines received and administered to people. Records of administration were kept to ensure that all medicines were accounted for. Where discrepancies had occurred these had been investigated. This included making contact with the person's GP and relative and re-checking staff competence. Some people were responsible for their own medicines. Staff had completed an assessment to make sure the person could do this safely. The provider information return stated, 'Our approach is that people manage their own medication unless the risks associated with this are not manageable'.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually and had attended training. This was confirmed in the training records and speaking with staff.

Accidents and incidents were recorded and monitored. This included information about the incident including who was involved and where it happened. These had then been analysed to check if there had been any trends. If anything was preventable, actions to lower the risk of future occurrences were put into place. These were signed off by a senior manager. Accidents and incidents were a regular topic at team meetings to prevent a reoccurrence and share any learning.

People were cared for by suitable numbers of staff. Staffing was planned in conjunction with the local placing authority and local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs. A commissioner is a person or organisation that plans the services that are needed for people who live in the area that the organisation covers, and ensures that services are available. Sometimes the commissioners are the people who pay for the service, but not always. People and their relatives told us there were always enough staff on duty to support them when they needed it.

Staff told us that rotas were flexible if the needs of people changed for any reason. The registered manager

told us that each house had a minimum of two staff on duty 24 hours a day as well as additional staff to support people with their individual commissioned hours. We looked at the rotas for the month and found they were planned around the dependency needs and planned activities of people who used the service. The correct amount of staff with differing skill levels were on duty at any time.

The registered manager was able to describe the process that staff underwent to ensure a thorough and robust recruitment process was undertaken. They told us staff would not commence employment until all their checks had been completed, such as obtaining two references and a Disclosure and Barring System (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. Staff files contained relevant information showing how the registered manager had come to the decision to employ the member of staff. Safe recruitment procedures were also used for the staff who came from overseas and volunteers.

Staff completed a six month probationary period where the registered manager checked if they were performing to a suitable standard. This continual process enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people supported by The Hatch. The provider had a disciplinary procedure and other policies relating to staff employment.

## Is the service effective?

### Our findings

Everyone spoke positively about the staff that were supporting them. Comments included, "This is my home, I like all the staff, I am doing really well here and that is because the staff are really good, they listen and offer good advice", "I like the staff that support me, I have no complaints". We observed people seeking staff out for reassurance and support during our visit.

People and their relatives spoke really positively about the co-workers. These were volunteers from overseas that worked in the service for a period of a year living and working and living alongside people and the staff. One person told us how they had kept in contact with one of the co-workers and actually visited them in their home land. Relatives told us the co-workers enabled people to meet and make new friends from all over the world and learn about different cultures.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the Mental Capacity Act. For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP). We checked whether the service was working within these principles and found that at the time of this inspection, records showed that the service was liaising with the placing authorities who had the duty to submit the application to the COP. There were four people being considered for this and two people with an authorisation in place. This was because they were unable to make the decision on where they were living and they required constant supervision to keep them safe.

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. MCA 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.

Staff confirmed they had received training on MCA and DoLS and knew how this impacted on their day to day roles of supporting people. People were encouraged and supported on a daily basis to make decisions about their care. Information in people's care records showed the service had assessed people in relation to their mental capacity. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, they respected these.

Best interest meetings were held where people lacked capacity around support with medicines, finances, activities and delivery of personal care. Records were maintained of these discussions, including who was involved and the outcome. Staff consulted with the person's relative, advocate where relevant and other health and social care professionals. Care plans included information on how the person communicated their wishes. For example using pictures and symbols and when the person was most receptive to having discussions about certain topics.

The registered manager informed us they had developed an MCA toolkit to help staff and people they were

supporting a better understanding of the process. The toolkit used a five finger approach to ensure each member of staff was fully aware of the principles of the MCA. Staff informed us how each finger represented one of the five principles of the MCA. Staff felt the tool kits were very useful when they were assessing people's level of capacity. The tool kit contained blank copies of mental capacity assessments, best interest documentation and guidance for staff.

One person receiving a service had a very unique way of communicating and staff had completed an assessment to demonstrate that the person had the mental capacity to make decisions. Records clearly described how the person communicated using Talking Mats. This is where a person uses pictures and photographs to communicate. The person's care plan included photographs of the assessment to further demonstrate they were involved and the outcome.

People had been asked for their written consent in respect of them being photographed. A person told us they were asked if they were happy to have pictures taken and for these to be used in the weekly newsletter and their care plan.

Menus were displayed within each house. Menus we reviewed were made up of healthy balanced meals. People told us they discussed the menu at the weekly house meetings and there was always an alternative to the planned menu if they did not like what was being cooked. People took it in turns to cook meals for each other. Some people received dedicated one to one support hours with cooking skills. We observed a staff member helping a person to make lunch for everyone at St John's House. People and staff sat together at meal times. We observed people coming together for lunch when we visited people at Thornbury Cottage.

People told us they always had enough to eat and drink. One person said, "The food is excellent", and another told us, "There is always plenty, it is healthy and organic". We observed staff supporting people to prepare and cook lunch. The registered manager explained that each house cooked independently with the main meal of the day served at lunchtime. We were told that most of the vegetables were grown on site. There was plentiful supplies in the kitchens if people wanted anything to eat or drink at any other time.

People were registered with a GP and attended appointments with other health and social care professionals as required. Records were maintained of health appointments and any subsequent action that was required. People had a health action plan which described the support they needed to stay healthy. People had had access to the local community learning disability team including speech and language therapists, occupational therapists, psychologists, a psychiatrist and community nurses. Appropriate referrals had been made when people's needs had changed. A visiting professional told us, "Carers were responsive and provided positive support to work together with X, who was very anxious and required a blood test. We successfully achieved a blood test following desensitisation work".

The provider had an induction programme which all new staff were required to complete. This included the care certificate. The Care Certificate is an induction programme for care staff, which was introduced in April 2015 for all care providers. In addition, all staff complete an organisational induction with the registered manager and then an induction to their place of work. The registered manager told us that during the induction staff were told about the expectations, the values and the ethos of the service. Staff worked alongside more experienced staff before they worked on their own with people. During the induction competency assessments were completed to ensure the member of staff had the knowledge, skills and right approach to support people. A member of staff who was in the process of completing their induction told us this had equipped them for their role. They told us they were made to feel very welcome and all staff had been very helpful.

There was a training programme in place which was monitored by the registered manager and a personal assistant who had the responsibility for human resources. All staff had to complete refresher training at regular intervals. Examples included dementia awareness, safeguarding, health and safety, first aid, safe medicines administration and moving and handling, deprivation of liberty safeguards and mental capacity. Specialist training was given to enable the staff to meet people's specific support and health care needs. This training included supporting people with autism, epilepsy and managing behaviours that challenge. Individual training records were maintained for each staff member showing training was current or planned. Staff told us that the weekly meetings were often used to share information and increase their knowledge in the philosophy of Camphill or about the needs of specific people.

The registered manager told us all staff had the same opportunity and expectations to complete training, whether they were paid employees or volunteer staff for example the co-workers. This was evidenced in the training records we viewed. In addition to regular training we saw that staff had achieved or were working towards their diplomas in health and social care from levels two to five.

Staff confirmed they received regular supervision with their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and any concerns they may have about their work. Records of staff supervision showed this process had been used to identify areas where staff performance needed to improve, with targets for improvement agreed with staff. The registered manager monitored the frequency of supervisions. Staff had an annual appraisal.

There were five shared houses three situated at The Hatch. There was St John's House where nine people lived, Thornbury Cottage where six people lived and The Hatch where four people lived and Watch Oak Lodge where a further six people lived which was a short walk away. Three of the homes had self-contained flats for people to gain more independence whilst still being supported by staff within the security of the Camphill community. People shared their homes with some staff and co-workers

There was a further property situated in the centre of Thornbury where one person lived on their own. In total there were 29 people receiving support within the supported living scheme.

There were workshops and extensive grounds which people looked after as part of their daily activities.

The main office of the supported living service, was situated in the grounds of The Hatch and completely separate from the houses.

## Is the service caring?

### Our findings

We sent surveys to people, relatives and visiting health and social care professionals. People told us they were always treated with dignity and respect. People and their relatives told us the staff were kind and caring both in person and in the survey. Surveys completed by professionals told us the staff they met were always kind and caring.

Everyone using the service spoke very positively about the staff comments included, "I like the staff", "Lovely staff they won't let anything happen to us, when I was ill the staff really did look after me well", and "It's fantastic here, everyone is friendly, sometimes we do not always get on, but it is quickly sorted, the staff sit with us to talk about how we are feeling".

Comments from relatives included, "The Hatch is absolutely fantastic, it's a lovely way of life, the ethos, the culture, everyone is seen as a whole person, everyone is included and there is no pressure", "My daughter is happy and content and classes The Hatch as her home, she loves coming home but is equally happy to return to The Hatch, it's a lovely balance", "We are as a family delighted, amazing focus on the person, staff are great and easy to talk to, I have nothing negative to say" and "The staff are really in tune with how my daughter expresses herself, cannot fault the service".

When we asked a person about the food, they told us meal times were fun. They told us it was time when everyone came together. They said, "It's like one big family". A member of staff echoed the same feelings about living and working at The Hatch saying "It's a great way of life; it's a special way of living and would recommend this to anyone. We are like one big family".

We observed people regularly approaching staff and the management for general conversation and often heard laughter and a friendly banter between people and staff. A person told us, "I can talk to staff if I feel upset. They listen to me help me when I need it". Other people told us about the friendship groups they had made both with co-workers, staff and other people using the service. People told us they could spend time in their bedrooms or meet with people in the shared lounges. One person told us they sometimes they ate their meals in their flat because they preferred to be on their own sometimes. They told us this was respected.

The registered manager told us about how they had supported some people to have relationships with each other. This included accessing an external agency to explore what it meant to have a relationship. Relatives confirmed the staff from The Hatch had a really positive outlook on supporting people and they had been involved. This showed that each person was valued and their rights protected to have meaningful relationships.

People were being supported to take control over their lives and offered opportunities to increase their independence in all aspects of their lives. Care plans clearly described what the person could do for themselves and where they needed support. People were supported to gain life skills which included budgetary training. People were supported to pay their rent and staff took the time to explain to people

what they were paying for. People had copies of the break down in an easy read format. One person told us they had spent time with staff looking at their finances, going to the bank and then going to the office to pay their rent and bills. The registered manager told us these sessions were important and each person had three hours per week to complete this so that people could fully understand what was happening with their finances. The registered manager had negotiated with the commissioners to ensure the length of time was appropriate as they felt an hour a week was not sufficient.

Staff knew people's routines and how they liked to be supported. People were supported in a dignified and respectful manner. People were asked how and where they wanted to be supported, and what activities they would like to participate in. For example, one person was helping lay the table with a member of staff, whilst another was helping in the kitchen with the meal preparation. There was an atmosphere of everyone working together and in harmony. Staff engaged with people in meaningful discussions, one person was planning to get a cat and they told us the staff had talked with them about all they needed to know about caring for their pet including budgeting for food and vet bills. To further help the person a pictorial checklist had been developed. Staff evidently took an interest in the person, their hobbies and aspirations. Staff celebrated people's success. Another person had expressed a wish to drive a car, so this person was being supported to use the drive around lawn mower with a long term plan of driving the tractor if they had been assessed as safe to do so. It was evident that staff listened to what people wanted to do and supported them in achieving their goals in a creative way.

Staff talked about people in a positive way focusing on their positive reputation rather than behaviours that may challenge. Staff had evidently built up positive relationships with people. People were observed seeking out members of staff and felt comfortable with them.

Staff sought to understand what was wanted and how they could help people. Staff were observed using a number of different methods to assist people to communicate. This included showing people different objects and using Makaton to aid effective communication. Makaton is a sign language used by people with learning disability. People had communication passports to enable staff to understand what they were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people. The weekly newsletter included a sign for people, their relatives and friends to learn. The sign for December 2016 was the sign Christmas Carol.

There was strong value basis on valuing people and giving them a sense of belonging. Everyone worked together to help in the smooth running of the service from completing household chores to working the land, to monitoring the quality of the care to being part of the weekly newsletter. However, it was clear this was based on what people were interested in doing. For example, one person told us they did not like cooking but they would help with the washing up or laying or clearing the tables. Another person told us they did not like working on the land but enjoyed pottery and other workshops that were available. From talking with people it was evident they were giving lots of choice on how they wanted to spend their time and it was about building on people's strengths. Relatives also echoed this by telling us, "My son has grown in confidence since being at The Hatch", another told us "My daughter has blossomed, they always support at the pace of the individual which means whatever they are doing they achieve". Relatives told us this was important as change can cause anxiety or if not done in a way that was at the pace of the person then they were open to failure.

People told us they could attend the local church if they wanted or weekly prayers that were held in a hall in the grounds of The Hatch. People told us this was very much their choice whether they attended or not. The service user guide stated, "The Hatch recognises and embraces the different Christian festivals throughout the year but we welcome people of all faiths and religions to the community. In addition to the main

festivals of Christmas and Easter, we punctuate every year by celebrating other festivals such as St John's (Midsummer Day), Ascension Day and Whitsun, Michaelmas Day and others".

One person told us, "I like to go to church and often the vicar will come to my house for tea". This showed that people were supported to not only build meaningful relationships with the local community, but felt their home was their home and they were able to invite friends and family whenever they wanted. All relatives told us they were made to feel welcome whenever they visited. This included being offered refreshments or to participate in a meal. One relative told us, "We recently visited and my daughter made the lunch, it was so lovely".

People were very much involved in the day to day running of the service, weekly house meetings were organised in each house where they could make suggestions, their views were sought through workshops, surveys and monthly and annual care reviews. People had received training on building skills in assertiveness to enable them to make decisions. In addition people could access independent advocacy services where they needed additional support. Information had been made available to people on how they could access an independent advocacy service.

Some people were involved in staff interviews. This showed people were very much involved in their service including the decision on whether to employ staff. One person was involved in the weekly newsletter which included interviewing the inspector. They told us they had been interviewed for the role and said they very much enjoyed talking to people and reporting about what was going on within the community. Some people had attended an annual Camphill conference, with some taking part, telling people about their experience of receiving support from The Hatch. Everyone including family were invited to the annual general meeting (AGM) the registered manager told us this was very important so people could express their views about what was happening with the service. This included being part of the long term plans of the service.

Care records included information about important relationships in people's lives and what support was required to maintain contact. People told us they could receive visitors to the home and were supported to visit friends and family. Each person had a picture of a hand in their care records that they could access with the five most important people in their life written on each finger which included family, organisations such as us or their placing authority should they want to discuss their care and support. The information included pictures and contact details. People told us they could keep in contact with friends and family via social media and video calling. The registered manager supported people to use these methods safely. Relatives confirmed that this had happened and felt this had been very positive.

People and staff told us about regular social events that were organised where family and friends were invited. This included Easter celebrations, a summer fetes, a Xmas Craft Fair and the annual Christmas Family day. Photographs were displayed in the newsletter of the events that had taken place.

The registered manager told us about how the staff go the extra mile to support people with maintaining family contact. Without this support some people may not be able to keep in contact with family. Staff supported people to travel up and down the county to enable them to meet up with family. One relative praised the staff on how they supported a person to get to a major airport to enable them to holiday with family. Staff supported the person until someone from the airline assisted them onto the plane and the person's parent's then met them at the other end. Another person was supported to go to London where they independently caught another coach to the East Coast. Staff liaised with both parents and the companies to ensure the person had arrived at their desired destination. Relatives confirmed the support that was given to people and said it had been small steps at first until the person and the staff were



confident.

The Hatch supports a relatively young group of people ranging from 21 to 48 years of age. The registered manager recognised it was important to discuss with people about end of life and what they wanted to happen if they were unwell. They had devised a booklet to enable people to write and record their thoughts and feelings. This was in an easy read format and included pictures. The registered manager told us they were planning to roll this out to people in January 2017. Staff had received training in supporting people with bereavement, death and dying.

## Is the service responsive?

### Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them. Each person had an individual care package based on their care and support needs.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. People had a support plan which detailed the support they needed. They were informative and contained in-depth information to guide staff on how to support people well. There were copies of the care plan both in the main office and in people's homes.

People told us they knew about their support plan and we saw that people had actively contributed and consented to information held about them. One person told us they sat with staff every month to talk through their support plan. Relatives confirmed they were involved and informed about any changes where relevant. One relative told us, "The community lifestyle at The Hatch provides a safe and fulfilling environment in which our son thrives and continues to develop. He is happy and has made friends within the community. He is supported to try new experiences and develop new skills acknowledging his disabilities but challenging him to achieve as much as he is able".

The registered manager told us as part of the assessment process people usually stayed for a period of two weeks. This was to enable the person to get to know the other people they would be sharing with and to help them make the decision on whether they wanted to move in. However, this was flexible and varied depending on what was good for the person. For example one person had been apprehensive and so visited during the day for a period of time until they felt confident it was the right place for them. The registered manager showed us photographs that had been taken to assist the person with conversations with their family. This included pictures of the house and activities they had taken part in.

The registered manager told us that where people may need support in meetings to talk about themselves then photographs were viewed really positively by some people. For example, one person had devised a photographic album of the activities they had recently taken part in to help them talk to their social worker about what they were doing. This meant the person was also very much involved in their care review. Relatives told us the weekly newsletter was a good forum to initiate conversations with their son or daughter and for them to talk about what was going on within The Hatch.

Reports and guidance had been produced to ensure that events and unforeseen incidents affecting people would be well responded to. For example, we saw 'hospital passports' which contained important details about a person that hospital staff should know when providing treatment. This information helped to ensure that people received the support they needed if they had to leave the home in an emergency. The registered manager told us that no one would go to hospital on their own and would always be accompanied by a member of staff. A relative praised the service when a person went to hospital as an emergency. They told us the staff had stayed with their relative throughout even though they had actually

finished for the day and it was well past midnight.

People were supported with meaningful activities based on their interests and aspirations. There were a number of workshops organised within The Hatch including weavery, arts and crafts, woodwork and working the land. People were also supported to go out and about in the community, attend college, a pottery workshop in Stroud, the gym, horse riding, the pub and shopping trips. People told us they enjoyed the workshops and could choose what they wanted to do. Regular day trips were organised on the weekends for people to participate in. People spoke positively about the activities they completed. One person told us, "We are always busy, doing something". This was echoed by parents. One relative said, "I can pop in whenever I want, but it is best to ring as you are never sure if they are going to be home".

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. Weekly meetings were also used to update staff on any changes. These took place in each house. This was an opportunity to discuss future social events, plan the weekly menu and talk about any changes within the service. Daily records were kept where people were supported with personal care and observational records where a person was unwell or an incident had happened. The registered manager told us many of the people would not want a daily diary kept as they would find this intrusive. However, it was acknowledged that the daily record would be expanded to record people's general well-being where people were unable to tell staff. A copy of the new format was forwarded to us after the inspection. Assurances were given that this would be implemented in consultation with staff and people who use the service.

People we spoke with said they knew how to complain. People and their relatives spoke positively about the service and said they had no cause to complain. A clear complaints policy was in place. This included arrangements for responding to complaints within clear timescales. Information about how to raise a concern or make a compliment was included in the service user guide including the contact details for the registered provider. There had not been any complaints in the last twelve months. Where complaints or suggestions had been made it was evident these had been addressed. One complaint was about the use of the hall by the local community and people were unsure when they could use this facility. In response a diary was made available so people could check if the hall was available for their use.

One person told us about how the registered manager had supported them to raise a concern with the local authority. This was because they did not want to use the electronic telephone logging in system which was used to monitor whether visits had been completed. They told us they now had direct payments which meant they did not have to use this system. They told us it felt institutionalised and with the support of the registered manager and their relative they had completed the application for direct payments. They told us, staff always supported them and therefore did not need the call log system. A relative told us they had been really impressed with the level of support that had been given to their daughter but also extended to them when completing the application forms. They said, "The manager had been very approachable and helpful". Another relative told us, "I know my son is in great hands, I can now be a mum rather than a carer, which I am really enjoying, and that is down to the support (name of person) is getting from the staff and the management".

There was a service user guide and an easy read tenancy agreement in place. These were given to all new users of the service. The service user guide included details of the service's aims and objectives, the staffing structure and provisions of service. The tenancy agreement included clear information about the expectations of people which included, paying rent, how to raise complaint and people's rights and responsibilities in respect of their tenancy. A housing association managed the tenancy agreements.

## Is the service well-led?

### Our findings

People were regularly coming to the office during the inspection to share what was going on, to drop of letters or discuss their finances. One person told us on our arrival, "You don't have to knock", and promptly showed us into the office. This was a good opportunity to see how the relationships between the registered manager and people were promoted and supported. The engagement was personal to each individual. The discussions and conversations that people had reflected positive, respectful interaction. People spoke extremely positively about the management of the service. Comments included, "I like it here, (name of manager) and (name of team leader) are great, I can go and speak to them whenever, although (name of manager) is busy, she will stop and listen to me, she gives really good advice", "It's lovely, I am very happy, the staff and the manager are great" another person said, "It's just brilliant and there is nothing to improve or needs changing".

Each house had their designated team of staff, which included a team leader, a deputy, paid support staff and co-workers. Staff spoke positively about their colleagues and the management of the service. A relative told us, "We feel this is an excellent provision. Our son is very well supported and helped to engage in different activities and interests. We have had no concerns and would have no hesitation in recommending this service. The quality of thinking/liaison/care is exemplary".

Observations of how staff interacted with each other and the management of the service showed there was a positive and open culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. Staff were very passionate about their role in supporting people to lead the life they wanted. It was evident the service was set up around the person with the emphasis on encouragement to enable the person be independent including building links with their local community. Relatives and spoke very positively about the management of the service. Comments included "Management absolutely fantastic cannot fault the service", "(Manager's name) is always busy but will always make time", "The Hatch has been the best thing for our daughter, the weekly newsletter keeps us informed about what is going on, helps us to engage in discussions but also keeps us informed about any changes". This was echoed by other relatives we spoke with. A visiting professional told us, "I have seen one client here in recent months, but have had a lot of involvement with the manager whilst organising Court of Protection applications. She has been very knowledgeable about the clients involved and has pulled together a lot of history in readiness for our meeting. The service users clearly think a lot of X (name of manager) and my experiences have been very positive".

The Hatch had been on an incredible journey as part of modernisation programme which had seen a change in the way the service was run including the culture. The registered manager told us this was part of a wider picture for Camphill Communities and enabled the services to continue to be compliant with the legislation but also to meet the needs of existing people and when new services were commissioned. It was evident this has had a significant impact on how people were living their lives. They recognised it was important for people to feel they belonged and it was their home for life. They said people should be part of the wider community and not just part of The Hatch and the Camphill way of life. They told us people should

be allowed to grow and flourish and live the life they wanted.

The modernisation programme had included a review of the role of the co-worker with more staff now being in a paid role. Co-workers now work for 12 months rather than six months to enable people to get to know each other and offer consistency. There had also been a review of the terminology that was used such as house parents being replaced with team leaders. This lent itself to supporting adults and recognised that actually people had their own family. A new role of deputy manager had been introduced to enable staff to have a career path and offer staff promotion.

As part of the modernisation programme people not only enjoyed the community of Camphill but were also very much part of the local and wider community. People attended local events, attended colleges and clubs. People now had access to televisions and Wi-Fi to enable them to keep in contact with friends and family. A relative told us these changes had been beneficial to people as they were now more outward looking and people were very much part of the wider community.

Previously people could only stay at The Hatch until they were 30 years of age. The registered manager told us as part of the modernisation programme, there was no age limit and this had helped people to feel that The Hatch was their permanent home. As part of this change the registered manager had recognised that staff would need training on dementia and supporting people as they got older. They also knew they would need to seek the views of people in respect of end of life due to these changes. Work was already underway in these areas. It was evident people had been involved and informed about the modernisation programme. People and their relatives had been asked their views about the running of The Hatch and involved in the changes.

The registered manager told us the service belonged to the people they were supporting and their views on how it was run and what it looked like in the future was very important. It was evident people were empowered to speak up about what they wanted from the staff and The Hatch. For example one person wanted to live more independently. They had been supported to move to a flat in the grounds of The Hatch. The flat was self-contained but they still had the security of being part of the community if they wanted to. A relative spoke positively about the transition telling us how the person had been involved in every step and it was done at their pace which was why it had been successful.

The Hatch had a clear management structure which included a board of trustees, a registered manager who was also the chief executive, a care and support manager, a finance manager, a Human Resource assistant and an administrator. Staff had clear roles and responsibilities and were involved in the inspection process. These staff were based at the main office which was situated in the grounds of The Hatch and separate from the houses. They provided advice and support for staff in relation to human resources, finance, training, health and safety, quality, service user involvement. Weekly management meetings were held which looked at all areas of the business and welfare of the people in the care of The Hatch.

The registered provider had a comprehensive quality assurance framework in place. This was linked to each domain of the CQC's regulations. The registered manager and the staff had taken the time to collate evidence for each domain or provided signposts to where the information could be found. This was very informative and demonstrated the service fully understood what was expected of them in respect of providing a good quality service to people. The information showed people were involved. People were asked what was outstanding, what was good and what required improvement in relation to the service they were providing. Where people had made suggestions for improvement these were already in hand such as developing a butterfly garden or owning a pet. This was creative and innovative in respect of the level of

involvement of people and showed their views were listened too. There was an emphasis on continual improvement as evidenced in the quality checks with action plans being developed and also listening to the views of people who used the service. This was also demonstrated in the provider information return with the registered manager telling us about the improvements they were making over the next twelve months. Many of these had already been actioned.

Checks were completed on people's care plans and risk assessments, medicine support, staff files and training and ensuring suitable and appropriate safeguards were in place in each area. People were asked about the quality of the service and whether there were any concerns during care reviews, weekly meetings and via an annual survey. The results of the 2016 survey were positive in all areas. There was a section where people could make suggestions for improvement such as activities or purchasing new equipment. Staff had a 360 degree appraisal which included seeking the views of their colleagues and the people they supported. It was evident where feedback was received this was fed back to the member of staff to aid improvement.

The registered manager had developed a 'brag book'. This was a record of people's achievements and what the service had done well. This included photographs of social events such as a special birthday celebrations, pictures of people involved in the interviews of staff and pictures of how the service was integrated in to the local community. This was comprehensive and acted as an aid to remember what may have been forgotten over a period of a year.

The provider worked in partnership with other organisations to make sure they were following current best practice, promoted joined up working and enabled them to share new initiatives and ideas. The registered manager told us they were a regional co-ordinator for Camphill Communities England and Wales. As part of this role they met with registered managers from other Camphill Communities every two months. They told us this was valuable as it enabled them to learn from other services. An example was given on how other services had been inspected by the Care Quality Commission which had helped in making improvements at The Hatch and to ensure ongoing compliance with the regulations. The registered manager also attended the local authority Home Care provider forum. Whilst they said this was useful the focus was on home care and supporting people in their own homes rather than a supporting living model of care. They told us the local authority was now setting up a specific learning disability forum which they said would be more pertinent to the service that was provided at the Hatch.

The registered manager told us they subscribed to various organisations to ensure they were keeping up to date with current practice such as British Institute for Learning Disabilities (BILD) Social Care Institute for Excellence (SCIE) and the National Autistic Society. There were various publications available to staff in the main office in respect of supporting people with a learning disability. They were also members of the association of Camphill Communities. Both staff and people who used the service attended national Camphill conferences. Some people took part in a recent national conference telling people about their experiences of living at The Hatch

There was good links with the local community who also used the facility of the large hall that was in the grounds of The Hatch. In addition, veggie boxes were sold to the local community. The general public were also invited to social events such as the recent Christmas Fayre. The service also worked closely with a local business in Thornbury where a small team assisted and worked alongside people once a month. Some of the volunteers were supporting people on the day of the inspection to erect a poly tunnel.

An open and transparent culture was promoted. Complaints and the suggestion box showed that where things had gone wrong, this was acknowledged and put right. For example, making sure people or their

relatives had feedback including an apology. The registered manager said there had been very few complaints so in response had developed a suggestions box. It was evident people were again listened to and where suggestions had been made these had been acted upon.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.