

Pennine Camphill Community Limited(The) Pennine Camphill Community

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Pennine Camphill Community provides accommodation and personal care for up to 28 students with learning disabilities, some of whom are living with autism. It is a specialist residential college of further education. Accommodation is provided in four individually staffed houses. At the time of our inspection, seven students were using the service accommodated in two houses.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found

Students and their relatives felt the service was safe. A relative told us, "It's a fabulous set up." Another relative said, "From [Person's] point of view they really enjoy being at Camphill [referring to Pennine Camphill Community]. They look forward to going back when they've been away or been home." Risk assessments were in place and showed what action had been taken to mitigate identified risks. The management of medicines was safe and administered by staff who were assessed as competent. Feedback about the meals was positive. Students were protected from the risk of infection.

Care plans were up to date and detailed what care and support students wanted and needed. New staff received an induction. Staff training and supervision was up to date. Staff received the input of other healthcare professionals where needed. Students were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. A relative told us, "They enable the students to grow their confidence and they treat them with such respect. It's a beacon and a good example of best practice."

Care planning was extremely person-centred and students were encouraged to retain their independence. Relatives felt involved in making decisions regarding the student's care needs. Students were encouraged and supported to become more independent by learning life skills.

Students were supported by a regular staff team who knew them well. Social activities met student's individual needs and enabled students to live as full a life as possible.

The provider had a complaints procedure in place. Students and relatives knew how to make a complaint should the need arise. Relatives were regularly consulted and asked for feedback about the quality of the service. The principal was clear in their desire to provide person-centred and high-quality care to everyone

who used the service. Most relatives told us they had regular contact and felt very supported by the frontline staff who directly supported the students. Relatives and staff felt the service was well-managed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 29 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Pennine Camphill Community

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On day one, the inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was carried out by an inspector.

Service and service type

Pennine Camphill Community is a specialist college service and a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Day one of the inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three students who used the service and seven relatives. We spoke with the principal, the registered manager and seven members of staff including a house manager, care manager, two support workers, finance manager, HR manager and HR administrator. We also spoke with a volunteer.

We carried out observations in the communal areas of the service. We reviewed a range of records. This included two student's care plans in detail, one student's care plan in a specific area and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Students told us and indicated they felt safe. Relatives told us they had no concerns for student's safety. A relative said, "The college [referring to Pennine Camphill Community] has been excellent for [Person]. It has helped [person] to make decisions in a safe environment."
- Staff were aware of the different types of abuse and understood their responsibilities in reporting any concerns they may have.
- Concerns were managed and reported in accordance with requirements.

Assessing risk, safety monitoring and management

- Students had a number of individual risk assessments which were relevant to their specific physical and psychological needs. These covered areas such as epilepsy, choking, road sense and stranger danger. We found one student's health risk assessment was generic rather than person specific however, following feedback we saw this had been updated on day two of inspection.
- Risks were reviewed regularly to ensure students were supported to have as much control and independence as possible.
- Fire evacuation simulation drills were routinely carried out. Personal emergency evacuation plans (PEEPs) were in place to support students in the event of a fire.
- Fire risk assessments were in place however these were carried out by a member of staff rather than an assessed competent person. We brought this to the attention of the principal. On day two of the inspection, we saw the same staff member had undertaken appropriate training to allow them to safely assess fire risks

Staffing and recruitment

- Sufficient numbers of staff were available to support students with their care, support and social needs. Each house had a manager, supported by staff and volunteer co-workers who lived in the houses to provide care and support to students on a 24-hour basis. A member of staff told us if students required help during the night, they used an electronic bell to alert staff.
- Students were supported by staff who were familiar to them. Staff said they covered extra shifts for colleagues if needed but were never under pressure to do so.
- Recruitment practices were of good quality and suitable people were employed.

Using medicines safely

- Medicines were safely managed. Relatives told us they were confident medicines were managed correctly. A relative told us, "They provide all [Person's] health support including medication which I have no concerns about."

- Students had individual medication administration records (MARs). MARs included photographs to help staff identify the correct person and details of any allergies. Body maps were in place for external medicines such as creams and ointments.
- Where students were prescribed medicines to take 'as and when required' (PRN) detailed information was available to guide staff on when to administer them.
- Training records confirmed that staff had received training on the administration of medicines and had their competency regularly assessed.

Preventing and controlling infection

- Appropriate measures were in place to protect students from infection. Staff confirmed they had access to personal protective equipment for example, gloves and aprons.
- Food was stored and prepared safely.

Learning lessons when things go wrong

- The principal was keen to develop and learn from events. We saw accidents and incidents were appropriately recorded. These were reviewed and monitored for any themes or patterns in order for the service to improve safety.
- Lessons learnt were shared with staff to ensure best practice was maintained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our previous inspection we found the provider was in breach of regulation 11, need for consent. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans were developed with students and where appropriate, their authorised representative.
- Consent was sought for students to receive care and treatment. Staff showed understanding about the legislation and guidance around consent and they supported students to make choices and decisions about their care.
- Care plans recorded which students had a DoLS in place. None of the authorised DoLS were subject to any conditions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed students who were thinking of making Pennine Camphill Community their home during term time, before offering them a place. This was to make sure staff could meet their needs.
- Care plans were person-centred. Care was planned and delivered in line with student's individual assessments.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction. Staff who were in their induction period wore a different coloured lanyard to enable students and colleagues to easily identify them.

- Staff received regular supervision and annual appraisals supported them to develop in their roles.
- Staff were positive about the training provided. Training records showed staff completed a range of training the provider considered mandatory.
- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. A relative said, "The teachers are so skilled. They really work so hard at improving all aspects of the learning."

Supporting students to eat and drink enough to maintain a balanced diet

- Student's nutritional needs were met. Food was stored and prepared safely.
- Students told us the meals were good. We saw the food looked appetising and smelt nice. A person told us, "The food is nice."

Staff working with other agencies to provide consistent, effective, timely care Supporting people to live healthier lives, access healthcare services and support

- Information was shared with other agencies if students needed to access other services such as hospitals. For example, the service used a 'hospital resident transfer form' to provide hospital staff with up-to-date information about student's health and medicine needs.
- Records showed students had access to external health professionals. For example, doctors and pharmacists.
- Students were supported by staff to maintain their oral health.

Adapting service, design, decoration to meet people's needs

- Students bedrooms were personalised and contained pictures and photographs of things that were important to them.
- The design and layout of the building was appropriate for the needs of the students who lived there and the communal areas had a homely feel.
- Outdoor space was accessible for students to use if they so wished and included gardens, farm land and college facilities.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Students appeared comfortable and relaxed with staff. A person said, "I like all the staff. I like everyone."
- Staff spoke with students respectfully, using appropriate language and gestures. There was a friendly atmosphere throughout the service. A relative told us, "We are very pleased with the college." Another relative said, "[Person] absolutely loves them [staff]. They have a great relationship with all the staff. They are doing a great job."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured students were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the principal, staff and relatives, demonstrated that discrimination was not a feature of the service. The service had a positive approach to supporting students as individuals.
- The service predominantly followed the Christian faith. The principal told us students of other faiths were welcomed into the college and would be supported to follow their beliefs.

Supporting people to express their views and be involved in making decisions about their care

- Student's relatives were involved in decisions about students care, where this was appropriate. Relatives mainly told us the service kept them well informed. However, one relative said they would like a little more feedback and better communication. We fed this concern back to the principal to address.
- Staff told us they always gave student choices around their care and support delivery. We observed students being offered choices.
- Students views about their preferences and how they wished to be supported were appropriately recorded and respected by staff.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining student's privacy and dignity. Staff told us they would explain what was happening at each stage of the process to students when delivering personal care.
- Student's private and confidential information was securely stored.
- Students were supported to remain independent. A person said, "I go and cut the grass. I use the lawn mower." A relative told us, "They encourage a lot of the social skills and how to look after yourself." Another relative said, "[Person] enjoys having the opportunity to be more independent."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their individual needs. Care plans contained information about student's daily routines and specific care and support needs to guide staff how to care for a person. Information regarding student's behaviours and support needs were recorded in detail. For example, one student's care plan used social stories to help prepare the student for new environments.
- Student's family unit, their interests and hobbies were included in their care plans. Relatives were satisfied with the care provided and that staff had a good understanding of student's needs and the support they required. A relative said, "They are so flexible and they fit around us."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Student's communication needs were assessed. Care plans identified how their communication needs should be met. For example, one student had an easy read personalised visual story showing what they would be doing during the holidays after the term time finished.
- The service provided personalised visual timetables to support students with their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activity provision was based on a student's individual needs. For example, one student was supported to attend a weekly dance class. A relative told us, "They have adapted and changed some of the contents of [Person's] day to incorporate more meaningful activities." Another relative said, "[Person] has good activities and social life outside of the college day."
- Cultural and religious preferences were appropriately recorded which ensured the service was aware of how student's cultural and religious needs should be met.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Students were provided with an easy read 'Compliments, comments and complaints' pamphlet. The pamphlet included a photograph of the principal to help students to know who to go to. It also included telephone numbers of other staff they could contact.
- Relatives told us they would have no hesitation in raising a complaint or concern. Comments included,

"You can always ring up and discuss any concerns with the house parent", "I feel they are very contactable on a day to day basis" and "The service manage things proactively."

End of life care and support

- The service was not supporting anyone at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our previous inspection we found the provider was in breach of regulation 17, good governance. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The principal understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- Providers are required by law to notify us of certain events in the service. Required notifications were submitted in a timely manner.
- Staff demonstrated a passion for their roles and worked well as a team. A staff member said, "It's a really good team here, really welcoming and supportive. Everybody helped me fit in straight away and are always willing to give me help and answer my questions."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was flexible in the way they supported students and their families. For example, offering respite for families during none term time or at weekends and occasions where more family support was needed.
- Students transition into the college was well managed and taken at each student's individual pace. For example, one student had needed eight months support to fully integrate into the college as the student was very sensitive to change.
- Staff were very positive about working for the provider. They said managers were approachable and supportive.
- Systems were in place to support students to move on after completing their college education. The service worked with students' families and involved professionals during this process. A 'student destination survey' was carried out six months after a student had left the service to review their progress.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The principal understood the requirements and their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The provider sought the views of students and their relatives. This feedback was used to continuously improve the service.
- Staff were not formally asked for confidential feedback. There was no system in place to ensure staff were offered the opportunity to provide confidential feedback. We discuss this with the HR manager who told us they would review and discuss with the principal.

Continuous learning and improving care; Working in partnership with others

- The principal was responsive to our findings throughout the inspection and quick to respond to areas of improvement.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to students.
- The service had a system in place to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where improvements needed to be made.
- Staff worked closely with relevant health and social care professionals to help improve student's health and wellbeing.