

Care service inspection report

Newton Dee Camphill Community Ltd

Housing Support Service

The Office
Newton Dee Village
Bielside
Aberdeen
AB15 9DX

Type of inspection: Unannounced

Inspection completed on: 15 January 2015



HAPPY TO TRANSLATE

Contents

| | Page No |
|----------------------------------|---------|
| Summary | 3 |
| 1 About the service we inspected | 4 |
| 2 How we inspected this service | 6 |
| 3 The inspection | 10 |
| 4 Other information | 18 |
| 5 Summary of grades | 19 |
| 6 Inspection and grading history | 19 |

Service provided by:

Newton Dee Camphill Community Ltd

Service provider number:

SP2012011934

Care service number:

CS2012311598

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

| | | |
|--------------------------------------|---|-----------|
| Quality of Care and Support | 6 | Excellent |
| Quality of Staffing | 6 | Excellent |
| Quality of Management and Leadership | 6 | Excellent |

What the service does well

The service has a very clear ethos and service users, known as villagers, and co-workers are all encouraged to be involved in the day-to-day life of the service. Villagers we spoke with during the inspection were all very happy with their life at Newton Dee and spoke highly of the support they received.

What the service could do better

The service should ensure that all policies and procedures were clearly dated when produced to ensure that readers were aware of the most up to date information.

What the service has done since the last inspection

The service has reviewed the format of personal support plans to make sure that all relevant information is easily accessible. They have worked hard to make sure that all have been brought up to date.

Conclusion

We could see that the service provided an excellent level of support for people using the service, and that they all enjoyed living in Newton Dee.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

Newton Dee Camphill Community Ltd. was registered with the Care Inspectorate in October 2012 to provide a combined Care at Home and Housing Support Service for a maximum of 93 adults with learning difficulties living in the properties within the Newton Dee Camphill Community. Newton Dee village is located on the edge of the west end of Aberdeen city in a 'part urban, part rural' setting.

The central principle at Newton Dee Camphill Community is a 'shared community life' and has the aim of 'building a social therapeutic community inspired by anthroposophy (a spiritual philosophy developed by Rudolf Steiner). Newton Dee Camphill Community Ltd states in its brochure that it 'offers a supported home life, fulfilling work, opportunities for personal growth, friendship, social interaction, education, training and cultural and spiritual inspiration for adults with special and complex needs.'

At the time of the inspection 85 people were being supported at Newton Dee Camphill Community.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve, we may make a recommendation or requirement.

- A **recommendation** is a statement that sets out actions the care service provider should take to improve or develop the quality of the service, but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- A **requirement** is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of Regulations, Orders or Conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 6 - Excellent

Quality of Staffing - Grade 6 - Excellent

Quality of Management and Leadership - Grade 6 - Excellent

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following unannounced inspection visits that took place on between 12 and 15 January 2015, by one Care Inspectorate inspector. We gave feedback to the manager, senior staff members and a member of the board on Thursday 15 January 2015.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents, including:

- *Residents' personal plans/care/support plans
- *Review minutes
- *Summaries
- *The service's self assessment
- *38 service user Care Standards Questionnaires returned to us
- *32 staff questionnaires returned to us
- *Risk assessments
- *Review minutes
- *Accident and incident records
- *Staff records
- *Training records
- *Co-workers induction plan and program
- *Weekly diary sheets
- *Communications/emails
- *Newton Dee meeting minutes
- *Workplace meeting minutes
- *Co-worker meeting minutes
- *House meeting minutes
- *Publications including Newton Dee brochure, guiding vision statement
- *Ways to quality audits and management reports
- *Spontaneous praise records
- *Discussion with various people including people who use the service, co-workers, members of the management team and the chairperson of the Newton Dee committee.

During the inspection we spent time in individual houses, and observed good practice over mealtimes.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any requirements we made at our last inspection

The requirement

The providers must ensure personal plans are fit for purpose. The personal plan must set out how the service user's needs, including their health, welfare and safety needs, are to be met.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 Personal Plans.

What the service did to meet the requirement

The service has reviewed the format and content of personal plans, and information relating to this can be read in the body of the report.

The requirement is: Met - Within Timescales

What the service has done to meet any recommendations we made at our last inspection

Two recommendations were made as a result of a complaint made since the last inspection. These related to the management of service user finances and the assessment of service user need when identifying staffing numbers. The service had taken action on both these issues and were reviewing them on an ongoing basis.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received an updated self assessment document from the service provider. In the self assessment the provider identified what they thought they did well and some areas for development. The service told us ways that people who use the service have been involved in the self assessment process.

Taking the views of people using the care service into account

During the inspection we spoke with people who used the service and they told us about life at Newton Dee. They made comments such as:

"I think it's perfect, I wouldn't like it to change."

"I get on well with the staff..... they give me a diary sheet and that tells us what's happening"

"I go to the Newton Dee meeting, the whole village comes together and we talk about what's happening."

"I'm very happy here, I wouldn't want to move, it's my home."

"I'm part of the group that run the Newton Dee meetings. I go to a preparation group the week before, we produce the agenda for the meeting"

"I know I could speak to someone if I was unhappy."

"I go to the monthly meeting, and if there's anything I want put on the agenda I go to the rep and ask for it to be added."

"If I had a problem I would go to someone on the welfare group."

Taking carers' views into account

We did not speak with any carers during this inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 6 - Excellent

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The service was able to provide excellent evidence in support of this statement.

We could see from residents' files that there had been regular reviews of the support provided to villagers, and that the service had ensured that they had involved both villagers and people who were important to them, such as family members, social workers and other professionals. Records had been kept of these reviews.

Villagers were encouraged to take part in regular weekly house meetings, which were held in all houses on the campus. They were able to discuss a variety of issues which were important to them, such as activities and events, menus, and how they would celebrate important dates such as birthdays. All villagers and staff took part in a combined weekly diary meeting, where they discussed any events and social activities which may be planned for the coming week. This also highlighted staff responsibilities. A weekly diary sheet was created following this meeting and we could see that this was displayed throughout the campus, houses and workshops.

Everyone at Newton Dee was encouraged to attend the monthly meeting where current issues were discussed. This could relate to important celebrations, but was also an opportunity to pass on information on changes to staffing, holiday plans and developments within the service. For example, we could see that everyone was kept up to date with the progress of the building of the new house in the grounds which had recently opened. Minutes were kept of these meetings and displayed on communal noticeboards, and we could see that issues brought up for discussion were followed up at the next meeting. Villagers were also able to tell us about things they had discussed such as community events and celebrations.

The service had recently reviewed the format of personal support plans, and these better recorded individual villagers' personal goals and wishes for the future, and how the service could support them to achieve them. Villagers told us that they knew about their personal support plans and had been involved in their development. We spoke with villagers during the inspection and they told us that they felt they had many opportunities to comment on the service they received, and that they felt the service always listened to them if they had any comments or complaints to make.

The service has a variety of management groups made up of senior staff of the community, and this included the welfare group. Villagers were clear that they would go to a member of the welfare group if they felt they had any concerns about any aspect of the service.

Areas for improvement

The service should continue to encourage villagers to take part in the life of the community, and be aware of any issues where villagers may find it difficult to communicate verbally.

Grade awarded for this statement: 6 – Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

The service was able to provide continuing excellent evidence in support of this statement.

Villagers were encouraged to register with a local GP. Although all had registered with the local Camphill GP they were free to register with another practice if they preferred. The service had built a separate unit which included consulting and therapy spaces, which were used by GPs from the Camphill practice who visited regularly for those who found it difficult to access the main surgery. We saw from villagers records that regular medical reviews took place, including medication, and where alternative therapies were used these were monitored to ensure that they were not contraindicated when considered with more traditional medications. Records showed that the service ensured that villagers had access to associated professionals such as speech and language therapy, physiotherapy, and dietitian services. Staff had had training to allow them to appropriately support villagers who had specific needs, such as epilepsy or autism. **(See Quality Theme 3 Quality Statement 3)**

Villagers were encouraged to eat healthily, and much of the food came from the farm and gardens which were part of the community. Villagers helped to prepare food, and we were invited to join staff and villagers for meals during the inspection. We could see that they were healthy, hearty meals, which everyone enjoyed, and individual houses took the specific dietary needs of villagers into account. For example, we saw that alternatives were available for villagers who had food allergies. Staff supported villagers with aspects of their care, such as with medication, and prompted them to carry out household tasks.

The service had developed excellent opportunities for villagers and co-workers to be involved in the social life of the community, and this included opportunities for the local community to make use of the facilities. These ranged from art and photography exhibitions and drama productions to regular folk nights. The service had developed a thriving cafe and shop, and both local residents and people who lived in the community made good use of this. Villagers told us that they enjoyed their regular work patterns at workshops and in the farm and gardens. They said that within reason they could choose where they preferred to work; one villager told us he loved doing woodwork, while others were keen to tell us about their work on the farm. For those villagers who were getting older and less able to take a physical part in workshops, the service had developed art and craft sessions where they could still have a valuable role in creating items for sale in the shop and for use in the houses.

The service had received feedback from relatives and friends of people who used the service, and had recorded these. They made comments such as:

"There is good communication between the house and the family, and E's sister said there has been a change in E since she came to Newton Dee. She seems very happy and contented in Newton Dee."

"The family are thrilled that J is in Newton Dee. The programme is fantastic, and the support from everybody at Newton Dee is superb. J is progressing very well and it is thanks to all the good work that people are doing here. When J was with the family on holiday, he said that he thinks Newton Dee is 'the best'."

These comments reflect other comments made by relatives and friends.

Areas for improvement

Following a requirement made as a result of a complaint, the service has reviewed the format of personal support plans to provide excellent information to allow staff to appropriately support villagers. At the time of the inspection almost all of the support plans had been transferred to this new format, and the service should ensure that the remaining few plans are transferred as soon as possible.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 - Excellent

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

Evidence in support of this statement can be seen in Quality Theme 1 Quality Statement 1.

Areas for improvement

See Quality Theme 1 Quality Statement 1.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

The service was able to provide excellent evidence in support of this statement.

Because of the nature of the service, co-workers live with villagers and they have the opportunity to build up good relationships with each other. Co-workers were frequently recruited from overseas, and members of the human resources group were able to describe how they ensured that applicants had a clear idea of the ethos of the service, as well as carrying out appropriate recruitment processes. All co-workers and staff were members of the Protection of Vulnerable Groups Scheme (PVG). This involved inviting, where possible, applicants to visit the service for a few days to meet villagers and find out about the role of a co-worker. Other methods such as Skype were available. This allowed the service to identify any potential training or development issues, and whether the co-workers English language skills allowed them to communicate with others living in the community.

The service had developed processes to ensure that relevant staff were appropriately trained and qualified to meet the registration requirements of the Scottish Social Services Council (SSSC). Co-workers described the induction process they went through when they first arrived at the community. This involved a few days to get to know the people they would be living with and deal with any paperwork issues. They were then able to shadow more experienced staff, and get to know villagers, particularly those in the house they were living in or working with in workshops. All co-workers took part in a year-long foundation course, and this allowed them to learn more about aspects of care and good practice issues. Where co-workers stayed longer than a year, they had the opportunity to complete a further education course, and if they stayed for longer than 18 months they were then required to complete an SVQ or go on to do the BA in social pedagogy.

Long term co-workers ('householders') took part in a programme of development which allowed them to look at issues which affect their work, such as Scottish legislation or specific conditions. The community had a well stocked library which was open to all, and which gave people the opportunity for personal and professional development.

Co-workers we spoke with during the inspection told us that they felt they had had a good induction, and that the service had made efforts to ensure that they had ongoing support. The service made use of a peer support system, where small groups of staff were able to meet regularly and discuss practice and development issues. Staff spoke positively of the peer support programme, which they felt allowed them safe space to discuss practice issues with identified colleagues. Where issues were picked up through the peer support system which staff felt required additional action, the service had a wellbeing group which could provide advice and support and take action to ensure good practice.

The staff group could also discuss issues relating to specific residents and more general good practice issues at regular meetings. We saw from records that actions decided on at these meetings were followed up and resolved.

Areas for improvement

As an area for improvement, at the last inspection it was noted that the service should ensure that information discussed in emails should concern only one villager. We saw this was much improved, although we did find one example of where two villagers were discussed within the same email. The manager confirmed that they would discuss this with staff and ensure that this did not happen.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 6 – Excellent

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

Evidence in support of this statement can be seen in Quality Theme 1 Quality Statement 1.

Areas for improvement

See Quality Theme 1 Quality Statement 1.

Grade awarded for this statement: 6 – Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

The service was able to provide excellent service in support of this statement.

Evidence considered as part of Quality Theme 1 Quality Statement 1 is also relevant to this statement.

The service encourages villagers and staff to regularly review and audit personal plans and associated records. All villagers we spoke with knew about their personal support plans, and told us that they would be happy to discuss them with co-workers or householders. All villagers also told us they knew who they could complain to, and were clear about the work of, for example, the welfare group.

Newton Dee makes use of Ways to Quality, a quality assurance system for organisations with a human and ethical task, based on the work and philosophy of Rudolf Steiner and with a close affinity to the ideals and practice of the Camphill Movement. Villagers and co-workers are involved in the self assessment process, and

many have attended the Ways to Quality training course. This process allows the community to look at a range of aspects of the service and compare ideals and goals with achievements.

Newton Dee has been certified by a quality assurance organisation 'Confidentia', which audits the organisation and reports on their findings. As part of the process Confidentia will make recommendations based on their findings. It is an ongoing process, and the service was last certified by Confidentia in May 2014.

The Care Inspectorate fully supports the principles of the Scottish Government's 'Learning Disability national strategy - Keys to Life'. A copy of the strategy has been provided to the service and the inspector has discussed with staff the importance of implementing the recommendations in order to support continuous service improvements and better outcomes for people using the service. We will be assessing progress during our inspections in 2015/16

Areas for improvement

The members of the management team were aware of the need to continue to review, update, implement and plan the next review of the policies and procedures to ensure they remained accurate and relevant.

Following discussion with staff, we identified, as an area for improvement, that the provider should develop and implement an action plan which takes account of the 'Keys to Life' and Winterbourne View recommendations a report on cases of abuse recorded at a care establishment in England).

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

The Care Inspectorate had received one complaint about this service since the last inspection. As a result one requirement and two recommendations had been made, and the service had taken action on them. These were regarded as having been met. Details of complaints that the Care Inspectorate has upheld or partially upheld can be found on our website, www.careinspectorate.com.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

| | |
|---|---------------|
| Quality of Care and Support - 6 - Excellent | |
| Statement 1 | 6 - Excellent |
| Statement 3 | 6 - Excellent |
| Quality of Staffing - 6 - Excellent | |
| Statement 1 | 6 - Excellent |
| Statement 3 | 6 - Excellent |
| Quality of Management and Leadership - 6 - Excellent | |
| Statement 1 | 6 - Excellent |
| Statement 4 | 6 - Excellent |

6 Inspection and grading history

| Date | Type | Gradings |
|-------------|-------------|--|
| 30 Sep 2014 | Re-grade | Care and support Not Assessed Staffing Not Assessed Management and Leadership Not Assessed |
| 29 Aug 2013 | Unannounced | Care and support 6 - Excellent Staffing 6 - Excellent Management and Leadership 6 - Excellent |

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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