

# Inspection Report

## 19 December 2022



### Camphill Community - Glencraig

Type of service: Day Care Setting  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Camphill Community – Glenraig SEHSCT  <b>Responsible Individual:</b> Mr Paul Betts	<b>Registered Manager:</b> Ms Anna Picmanova  <b>Date registered:</b> 10/06/2021
<b>Person in charge at the time of inspection:</b> Ms Anna Picmanova.	
<b>Brief description of the accommodation/how the service operates:</b> This is a day care service with 24 service users. The centre plans to provide a person centred service that will provide meaningful activities and opportunities to those individuals with a learning disability.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 19 December 2022 between 09.00 am and 12.15 pm. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

It was positive to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were knowledgeable about their role and responsibilities. The service was well organised and had a range of systems in place to support good communication.

Good practice was identified in relation to service user involvement. Staff we spoke with demonstrated strong caring values and a desire to provide service users with personalised care. Staff were familiar with the choices and preferences of individual service users and expressed a commitment to providing care in keeping with service users' care and support plans.

## 3.0 How we inspect.

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the "We Matter" Adult Learning Disability Model for N.I. (2020), the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community. RQIA reviewed the support individuals were offered to make choices and decisions in their life that focused on enabling them to develop and to live a safe, active and valued life. RQIA also considered how service users were respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop, and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services; this included easy read questionnaires and an electronic staff survey.

#### **4.0 What did people tell us about the service?**

During the inspection we spoke with a service users. We also spoke with staff. The information provided by staff indicated that there were no concerns in relation to the day care setting.

##### **Service user comments:**

- "Great staff."
- "I feel safe and secure here."
- "Good activities."
- "This is the only place and the choice of centre for me."
- "Staff are approachable and helpful."
- "If I had any concerns I know who to speak with."
- "No concerns or complaints."
- "Everyone is easy to communicate with."

##### **Staff comments:**

- "A good comprehensive induction that prepares you for the role whilst shadowing other staff."
- "Currently all my training is up to date."
- "Staff communicate well with each other."
- "A good approachable and helpful manager."
- "We provide a wide range of varied activities."

- “Person centred care is promoted here.”
- “I’m aware of my responsibilities as a NISCC care worker and know the standards and values of NISCC.”
- “I really enjoy working here in the service.”
- “I feel well supported.”
- “The managers have an open door policy to all.”

During the inspection we provided a number of easy read questionnaires for service users to complete and share their views in regard to the following areas of service quality and their lived experiences:

😊 Yes ☹ No

- Do you feel safe when you are at the Centre?
- Does your care protect you from harm?
- Is care effective – does your care work well for you?
- Is care compassionate – is your care given kindly with dignity and respect?
- Is the service well led – does the manager run the Centre in a good way?

No service user questionnaires were received prior to the issue of this report.

No staff questionnaires were received prior to the issue of this report.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken on 7 March 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 7 March 2022		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 28.1. 4.(a)  <b>Stated:</b> First time  <b>To be completed by:</b> From the inspection date.	<p>Where the registered provider is an individual who does not manage the day care setting himself, he shall visit the day care setting in accordance with this regulation. (2) Where the registered provider is an organisation or partnership, the day care setting shall be visited in accordance with this regulation by— (a) the responsible individual or one of the partners, as the case may be; (b) a director or other person responsible for the management of the organisation or partnership; or (c) an employee of the organisation or the partnership who is not directly concerned with the conduct of the day care setting.</p> <p>The person carrying out the visit shall— (a) interview, with their consent and in private, such of the service users and their representatives and persons employed in the day care setting as appears necessary in order to form an opinion of the standard of care provided in the day care setting.</p> <p>This refers to how the agency works in partnership with service users, staff, relatives and health and social care professionals to provide outcomes for service users.</p> <p><b>Action taken as confirmed during the inspection:</b>            A number of quality monitoring reports were reviewed and were satisfactory.</p>	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH's) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff if they needed to report any concerns. The organisation had an identified Adult Safeguarding Champion (ASC) and the annual Adult Safeguarding Report Champion report is currently being compiled.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during their induction and every two years thereafter. Staff who spoke with us had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. Staff could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The manager retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. One referral had been made since the last inspection and is being actioned satisfactorily by the setting and the HSC Trust.

The manager had ensured that service users were provided with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff were provided with training appropriate to the requirements of their roles. Where service users required the use of specialised equipment to assist them with moving and handling, this was included within the day care setting's mandatory training programme. A review of records confirmed that where the day care setting is unable to provide training in the use of specialised equipment, if required training will be requested from the HSC Trust.

It was positive to note that a number of care reviews were undertaken in keeping with the day care setting's policies and procedures. The outcomes for people using the service reflected the principles and values of promoting choice and control, independence and community inclusion.

The Mental Capacity Act (MCA) 2016 provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users 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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

It was positive to note that service users were supported to exercise choice and control in regard to decision making and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice. Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

A number of staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles and others have planned training in place. The manager reported that a number of current service users were subject to DoLS arrangements. The documentation in place was reviewed and was satisfactory.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full fire evacuation drill was undertaken on 12 October 2022. Reviewed Fire risk assessment for the centre was completed on the 31 March 2022. Staff fire training has been completed on the 16 December 2022. During the inspection fire exits were observed to be clear of clutter and obstructions.

### 5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and in discussion with staff, it was good to note that service users and families had an input into devising individual activities. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Care records were written in a respectful way, supporting people to express their views and be involved in making decisions about their care, respecting and promoting people's privacy, dignity and independence. The quality of service provision had also been regularly reviewed through a range of internal and external audits.

The purpose of the Learning Disability NI Model is to outline what individuals with learning disabilities expect of services, how services will achieve this and how they will be measured to ensure high quality, cost effective care. Learning Disability Services have a duty to each and every individual that they serve and must respect and protect their human rights. At the same time, Learning Disability Services also have a wide social duty to promote equality through the care it provides and in the way it provides care. This includes addressing the needs of those groups or sections of society who may be experiencing inequalities in health and wellbeing outcomes.

From reviewing service users' care records and in discussions with staff, it was good to note that service users had an input into devising their own plan of care. Care and support plans were kept under regular review and service users and /or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes occurred.

It is important that individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet/easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

### 5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT and the documentation in place was satisfactory. A review of training records confirmed that staff were going to access training in Dysphagia and in relation to how to respond to choking incidents. Swallowing awareness training is completed by staff during First-Aid training.

### 5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered relevant professional regulatory bodies such as NISCC or The Nursing and Midwifery Council (NMC).

There was a robust system in place for staff professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their professional registrations up to date.

The Day care setting currently avail of the services of both a recruitment agency and a registered care agency. Documentation reviewed was satisfactory and included a comprehensive induction process.

#### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures.

The induction programme also included shadowing of a more experienced staff member. Written records were retained by the manager of the person's capability and competency in relation to their job role.

A review of the governance records Identified that staff had been recruited, inducted and trained in line with the regulations.

The manager had maintained a record for each member of staff in respect of their training, including induction and professional development activities. The training records included the names and signatures of those attending the training event, the date(s) of the training and the content of the training programme. Staff were supported by a system of induction, training and supervision to ensure they were effective in their role.

#### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monthly quality monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment, training and staffing arrangements. Feedback from service users can at times be limited due to communication difficulties however the reports reviewed show monthly contact with those supported by staff during individual activities.

Comments noted within monthly monitoring reports included:

#### **Service users:**

- "I'm happy and like lunches."
- "I enjoy being at Glencraig."

- “I’m happy and settled in my placement.”

**Staff:**

- “The service is a good place and lots of positive changes.”
- “I feel safe and supported and I’m happy to come to work.”
- “I’m well supported and the manager is always available.”

**Relatives:**

- “My relative can’t wait to get there every morning.”
- “Very attentive and communication is excellent.”
- “The staff are very good.”

**HSC Staff:**

- “Staff are contactable at all times.”
- “Good standards of person centred care.”
- “A good relationship with keyworkers and practitioners.”

The day care setting had completed an annual review in relation to their practice which will incorporate service users’ and their representatives’ feedback in keeping with regulations. This report was comprehensive and was in line with the regulations. We noted some of the comments received from various sources:

- “I always enjoy coming to Day Care and I am glad to be back. I would like to be able to attend 5 days per week again and have outings again on a Friday.”
- “My relative has always been very happy attending Glencraig and looks forward to the attendances at the centre and enjoys the experiences there. The service is very caring and respectful towards my relative.”
- “The continuity of care within day care has enabled clients to develop and mature. The leadership and stability which registration has brought has greatly supported this.”

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

There was a system in place to ensure that complaints were managed in accordance with the agency’s policy and procedures. No complaints had been received since the last inspection.

The day care setting’s registration certificate was up to date and displayed appropriately as was their required insurance document.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Anna Picmanova Registered manager as part of the inspection process and can be found in the main body of the report.



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