

Inspection Report

7 March 2022



Camphill Community - Glencraig

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

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Camphill Community - Glencraig	Registered Manager: Miss Anna Picmanova
Responsible Individual: Mr Paul Betts	Date registered: 10/06/2021
Person in charge at the time of inspection: Deputy manager.	
Brief description of the accommodation/how the service operates: This is a day care service with proposed numbers of 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 announced inspection was undertaken on 7 March 2022 between 09.45 a.m. and 11.45 a.m. by the care inspector. This inspection focused on the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with NISCC. Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

One area for improvement relating to regulation 28 was identified and discussed with the manager and deputy manager during the inspection.

The findings of this report will provide the registered individual and the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

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.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included any written and verbal communication received since the previous care inspection.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes, to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster.

A number of service users/relatives responses were received within the timescale requested; they indicated that they were very satisfied with the care and support provided. Comments received included:

- “Great communication with daily diary and phone calls.”
- “Staff always working on schedules for a happy interesting week.”
- “Camphill is exceptional, our **** gets a life changing experience every day.”
- “Grand team led by ***** exceptional.”
- “***** is very happy in Glenraig. The staff are brilliant with ***.

There was no responses to the staff electronic survey prior to the issue of this report.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service?

We spoke with the manager and a member of staff. Service users were not met during this inspection. The information provided by staff during the inspection indicated that they had no concerns in relation to the day care setting. Those spoke with gave a comprehensive overview of the setting.

Comments received during inspection process included:

Staff comments:

- “Supervision is one to one and an opportunity to discuss anything.”
- “My induction was comprehensive and prepared me for the role.”
- “I had the opportunity to shadow other staff.”
- “We provide a person centred service.”
- “All my training is up to date.”
- “I’m well supported by senior staff.”
- “Management have an open door policy to all.”
- “The staff communicate well with each other.”

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 inspection to Camphill Community – Glenraig- pre - registration was undertaken on 6 April 2021 by a care inspector; no areas for improvement were identified.

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) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns effectively. The ASC annual report was available for review and was satisfactory.

It was confirmed by the manager that care staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff spoken with indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 day care setting has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no adult safeguarding referral had been made since the last inspection. We noted that adult safeguarding matters are reviewed as part of the quality monitoring process.

The day care setting has provided service users and their relatives with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Incidents and accidents were recorded on an electronic system which is reviewed and audited by the manager. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their roles. This included DoLS training. Staff demonstrated that they had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

It was identified that a number of service users were subject to a DoLS. Discussions with the manager evidenced that DoLS arrangements are in place and discussed with the individual service users keyworkers and when required care plans are updated.

There are arrangements in place to ensure that service users who require high levels of supervision or monitoring have had their capacity considered and where appropriate assessed.

The environment was observed during the inspection and there was evidence of infection Prevention and Control (IPC) measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included seven step hand hygiene guidance notices being positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and relevant disposal bins.

There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

There was a good supply of PPE throughout the service. Staff discussed how they had adapted activities during the pandemic to reduce the risk of transmission of the virus.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

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

There was evidence that day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the (SALT) to ensure the care received in the setting was safe and effective.

It was noted that a number of service users have been assessed by (SALT) in relation to assessed needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed during and following the inspection evidenced that criminal record checks (Access NI) had been completed for staff including ancillary staff.

A review of records confirmed all staff working in the day care setting were currently registered with NISCC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards.

The manager confirmed that all staff are aware that they are not permitted to work if their

professional registration lapses. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Quality monitoring visits had been undertaken. A sample of reports viewed for September, October, November, December 2021 and January 2022 provided evidence that the monitoring process included engagement with service users, relatives and care staff. One area for improvement was identified as to how the agency works in partnership with service users, staff, relatives and health and social care professionals to provide outcomes for service users.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. We noted some of the comments received during the monthly quality monitoring:

Staff:

- “Personally rewarding work.”
- “Good job satisfaction.”
- “Good quality of care.”
- “My training is up to date.”
- “I have no issues with the standard of care.”

Relatives:

- “Good support and care in Glenraig.”
- “Communication is excellent.”
- “Very happy with care.”
- “Best place for my *****.”
- “Glenraig is amazing.”

There is a process for recording complaints in accordance with the day care setting’s policy and procedures. It was identified that no complaints had been received since the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and the process for ensuring the information was forwarded to the manager.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures.

It was established during discussions with the manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

5.2.5 Conclusion

Based on the inspection findings and discussions held with the manager and staff. RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Anna Picmanova registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007

Area for improvement 1

Ref: Regulation 28.1. 4.(a)

Stated: First time

To be completed by:
From the inspection date.

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.

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.

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.

Response by registered person detailing the actions taken:

I can confirm that the monthly monitoring report template has been amended to reflect this recommendation in line with the Regulation 28.

The monthly monitoring report template now includes a section on feedback from health care professionals to promote a good partnership working supporting positive outcomes for service users.

The monthly monitoring officer has been advised of the changes and new amended template has been shared with them.

The new template has already been implemented during monthly monitoring visit in March and we will continue to do so going forward. (Anna Picmanova 01/04/22).



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