

Inspection Report

23 August 2021



Camphill Community Hollywood

Type of service: Residential Care Home

Address: 1 Riverside,
Holywood, BT18 9DB

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www.rqia.org.uk

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 Holywood Responsible Individual Mrs Edeline Le Ferve registration pending	Registered Manager: Mrs Andrea Diesel Date registered: 15 June 2015
Person in charge at the time of inspection: Mrs Andrea Diesel - Manager	Number of registered places: 5
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 4
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to five residents. The home is divided over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 23 August 2021, 9.45 am to 4.00 pm by a care inspector.

The inspection assessed if the home was delivering safe, effective and compassionate care and if the service was well led.

It was evident that staff promoted the dignity and well-being of residents during the provision of care and support. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Staff provided care in a compassionate manner speaking to residents about their preferences and choices of activities and meals.

Areas requiring improvement were identified including; infection prevention and control and fire safety.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Camphill Community Hollywood was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Camphill Community Hollywood.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Four residents told us they were happy living in Camphill Community Hollywood, they liked to go out for walks which they enjoy, they like to paint and they are happy with how their rooms are decorated.

Four questionnaires were received from residents and confirmed that they felt safe, staff were kind, the care was good and the home was well organised. Some comments included, "I meet new friends" and "there are fun and laughs".

No responses were received from the online staff survey.

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 Holywood was undertaken on 20 March 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was progressing as planned and further training was provided on person centred care.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Interactions between staff were professional and friendly.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff said that there was enough staff on duty to meet the needs of the residents. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

It was evident there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, staff assisted residents to complete their chosen activities for the day including art work, crafts and assisting with making lunch.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Residents were assisted to maintain independence as much as possible and assisted in daily tasks in the home which they were seen to enjoy.

Residents said that staff were good to them and they looked after them. Staff knew them well and knew how best to help them.

5.2.2 Care Delivery and Record Keeping

Residents looked well care for and were comfortably dressed in clean clothing and looked at ease in the home.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff used Makaton and "Now and Next" timetables to assist residents with limited verbal skills to effectively communicate.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Staff were attentive during meal times and residents who wanted to assist with the meal preparations were supported to do so.

The dining experience was an opportunity of residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents had a pleasant experience and had a meal that they enjoyed.

It was evident that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

The lunch time meal was a pleasant and unhurried experience for residents. The meal was provided at a time which suited the residents. For example; lunch was served early for a resident who was attending an appointment. The atmosphere in the dining room was cheerful and sociable.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the rooms in the home were clean, tidy and well maintained. For example; residents' bedrooms were personalised with items which were important to them. Bedrooms and communal areas were well decorated, suitably furnished and comfortable; however, one bathroom sink was chipped and a radiator was rusted requiring repair or replacement. An area for improvement was identified.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of 'homely' touches such as snacks and drinks available and access to a kitchen with assistance. There were lovely examples of art work undertaken by residents as part of the activity programme provided.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. One action required to be completed on the fire risk assessment. This was discussed with the manager and an area for improvement was identified.

There was evidence that effective systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Visiting arrangements were managed in line with DoH and IPC guidance. Visitors and staff had their temperature checked on entering the home and a health check was completed.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. There was evidence of seasonal activities and a garden area was available for residents to spend time during the day.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities, menu choices and day to day life in the home.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. As said previously residents had been consulted about their individual choices of daily activities programme. The range of activities included social, community, cultural and creative events.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Andrea Diesel has been the manager in this home since 15 June 2015.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussion with staff provided evidence that they had a good knowledge of safeguarding and whistleblowing policies.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Residents said that they knew who to approach if they had a complaint. Review of the home's record of complaints confirmed that these were well managed.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said they had a good relationship with the manager and she provided good leadership.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Conclusion

The home was welcoming and homely with lovely examples of resident artwork and craftwork displayed in their own rooms and the dining room. Residents said they were happy at Camphill Community Holywood and the staff were good to them.

Residents were encouraged and assisted to take part of the daily activities in the home including assisting with lunch which they loved doing.

Staff interaction with residents were kind and reassuring and they supported residents to have meaning to their day.

Based on the inspection findings two areas for improvement were identified. Both were in relation to safe and effective care and details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Andrea Diesel, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(7) Stated: First time To be completed by: 30 August 2021	The responsible individual shall ensure that the infection prevention and control issues identified on inspection are managed to minimise the risk of infection. This is in relation to a chipped bathroom sink and a rusted radiator which could not be effectively cleaned. Ref: 5.2.3 Response by registered person detailing the actions taken: Contractor has been contacted to fix/replace sink. Radiator has been repainted.

<p>Area for improvement 2</p> <p>Ref: Regulation 27(4)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The responsible individual shall ensure that the means of escape from fire is kept clear and accessible. This is in relation to the recommendations on the fire risk assessment regarding the exit gate at the side of the home.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Replacement of door has been ordered.]</p>

Please ensure this document is completed in full and returned via Web Portal



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