



The Regulation and
Quality Improvement
Authority

Inspector: Kylie Connor
Inspection ID: IN022650

Camphill Community Holywood
RQIA ID: 10566
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**Unannounced Care Inspection
of
Camphill Community Holywood**

5 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 05 June 2015 from 09.45 to 14.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. There were no areas for improvement identified. Following discussion with the registered manager (acting) we confirmed approval of Andrea Diesel as registered manager.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care(2013).

1.1 Actions/ Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/ Enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

	Requirements	Recommendatons
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service details

Registered Organisation/Registered Person: Camphill Community Holywood/ Mr Campbell Morton	Registered Manager: Andrea Diesel
Person in charge of the home at the time of inspection: Andrea Diesel	Date manager registered: June 2015
Categories of care: RC – LD RC – LD(E)	Number of registered places: 4
Number of residents accommodated on day of inspection: 3	Weekly tariff at time of inspection: From: £674.24

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.
Theme: Residents receive individual continence management and support.

4. Methods/ Process

Prior to inspection the following records were analysed: the returned Quality Improvement Plan (QIP) from the previous care inspection; notifications of accidents and incidents.

During the inspection we met with two residents, one staff member and the registered manager (acting).

Records inspected included:

- Two care records
- The homes complaint and compliment records
- The accident and incident records
- Fire safety check records
- Staff training records in regard to fire safety, palliative care and continence management
- The home's Statement of Purpose
- A number of policies and guidelines pertaining to the areas inspected

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 4 August 2014. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (4) (e)	The registered person must make arrangements for remaining staff to received training in fire prevention and review system in place to prevent a lapse occurring.	Met
	Action taken as confirmed during the inspection: Following inspection of staff training records and discussion with the registered manager (acting), we confirmed this had been addressed.	
Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11.1	The registered manager (acting) should contact the identified trust(s) and follow up to progress agreement and implementation.	Met
	Action taken as confirmed during the inspection: The registered manager (acting) confirmed to us that action had been taken and progress made.	
Recommendation 2 Ref: Standard 10.1 10.2	The responsible person should review relevant policies and procedures to ensure that they fully reflect DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager (acting) and review of a policy confirmed to us that this had been addressed.	
Recommendation 3 Ref: Standard 10.7	The responsible person should ensure that care records are improved regarding restrictive practices, as detailed in the report.	Met
	Action taken as confirmed during the inspection: We confirmed that this had been addressed following inspection of one care record.	

Recommendation 4 Ref: Standard 10.7	The responsible person should ensure that the Statement of Purpose details restrictive practices and include the sizes of living and dining rooms in regard to both properties.	Met
	Action taken as confirmed during the inspection: Following an inspection of the Statement of Purpose we confirmed that this had been addressed.	
Recommendation 5 Ref: Standard 23	The responsible person should ensure all staff receives an awareness raising session in regard to the range of different types of restrictive practices.	Met
	Action taken as confirmed during the inspection: Following discussion with the registered manager and inspection of training records we confirmed this had been addressed.	

Areas for improvement

There were no areas of improvement identified.

Number of requirements	0	Number of recommendations	0
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5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager (acting) confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

We inspected one residents' care record and confirmed that the needs assessment, risk assessments and care plan was in place and kept under continual review. Documentation was amended as changes occurred to residents' care or welfare. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were appropriately signed.

The assessment and care plan detailed the residents' or families wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the resident. When there had been discussion with the General Practitioner relating to a care pathway, the registered manager (acting) confirmed that this would be noted within the care records.

Is care effective? (Quality of management)

The home had a policy and procedure in draft regarding dying and death of a resident. The draft policy reflected current good practice guidance. In our discussion with the registered manager (acting) and inspection of staff training schedule, we confirmed that training in death and dying had been scheduled for 17 September 2015 for staff, residents and families. This is commended.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members indicated to us that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff articulated to us the values that underpin care within the home as they related to dying and death of a resident.

The registered manager (acting) gave an example where residents and staff had been supported through the dying and death of an individual. Compassion was evident throughout. Residents and staff were given choices in paying their respects.

In our discussion with the registered manager (acting) she confirmed that arrangements would be made to provide spiritual care for residents who are dying, if they so wish. The registered manager (acting) was knowledgeable in regard to creating a suitable environment for a resident who was dying which included, appropriate equipment and environment.

The registered manager (acting) confirmed to us that a deceased resident's belongings would be handled with care and his or her representative would be consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings of the deceased resident.

Areas for improvement

There were no areas of improvement identified within this standard. Overall, this standard was assessed to be safe, effective and compassionate.

Number of requirements	0	Number of recommendations	0
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5.4 Theme: Residents receive Individual continence management and support

Is care safe? (Quality of life)

Following an inspection of an induction template and discussion with the registered manager (acting) we confirmed that continence training is included during induction. In our discussion with the registered manager (acting) it was reported to us that incontinence has never been an identified need. The registered manager (acting) confirmed to us that if a need is identified, further training will be provided.

We inspected two residents' care records which confirmed that a person centred assessment and care plan reflected personal care needs. The registered manager (acting) was able to describe to us the system of referral for specialist continence assessment.

The registered manager (acting) and staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels.

Is care effective? (Quality of management)

The registered manager (acting) confirmed to us that guidance on continence management is being developed. The registered manager (acting) was aware of the current best practice guidelines and confirmed that these would be referenced in the induction training.

Is care compassionate? (Quality of care)

Residents confirmed to us that they are treated with care, dignity and respect and confirmed that no personal care is required from staff.

Areas for improvement

There were no areas of improvement identified within this theme. Overall, this theme was assessed to be safe, effective and compassionate.

Number of requirements	0	Number of recommendations	0
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5.5 Additional areas examined

5.5.1 Residents' views

We met with two residents individually. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care. One resident discussed a wish to display some artwork in the living room. The registered manager (acting) confirmed to us that this would be arranged.

Comments made included:

- "I'm happy living in the house."
- "We went to the cinema."
- "They (the staff) are listening and if I have a concern they action it."

- "I tidy my room and do my own washing."
- "There is good communication."

i.5.2 Staff views/ returned questionnaires

We met with one care staff member and one activity staff member who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. There were no questionnaires returned from staff during the timescale for reporting.

Comments made included:

- "(A resident) enjoys religious festivals but doesn't go to church."
- "We are a good team. We encourage the residents to work with us."

i.5.3 Environment

Following an inspection of the environment, the home was found to be clean, tidy and decorated to a good standard. Residents' bedrooms were personalised. We noted that a number of improvements had been made, including some new furniture. In our discussion with the registered manager (acting), she confirmed that there had been repairs made including: to a ceiling following a water leak; to a light and a fireplace.

i.5.4 Accidents/ incidents

Following an inspection of accident and incident notifications and discussion with the registered manager (acting) we confirmed that these had been managed appropriately.

i.5.8 Complaints / compliments

Following an inspection of complaint records and in our discussion with the registered manager (acting) we confirmed that complaints had been managed appropriately.

i.5.9 Fire safety

An inspection of the annual fire risk assessment completed on 4 December 2014 confirmed to us that actions were being taken to address the recommendations made.

We reviewed staff training records and noted that staff had received two fire safety training per year. Fire safety check records were up to date. There were no obvious fire risks observed.

i.5.10 Absence of the registered manager (acting)

The registered manager (acting) informed us of a period of leave she is planning to take place during September 2015. The registered manager (acting) reported to us that she will reduce her working hours. The registered manager (acting) confirmed to us that cover will be provided from within the organisation.

The registered manager (acting) confirmed to us that she will retain overall management responsibility and will oversee the operation of the home on a daily basis.

Areas for improvement

There were no areas of improvement identified within the additional areas examined.

Number of Requirements	0	Number of Recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	A. Dyer	Date completed	29.7.15
Registered Person	Hampshire Maton	Date approved	29.7.15
RQIA Inspector assessing response	Laura O'Hara	Date approved	3.8.15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rgia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.