

Inspection Report

19 September 2023



Camphill Community Hollywood

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

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1.0 Service information

Organisation/Registered Provider: Camphill Community – Hollywood	Registered Manager: Ms Andrea Diesel
Responsible Individual: Mrs Edeline Le Fevre	Date registered: 15 June 2015
Person in charge at the time of inspection: Ms Andrea Diesel	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: 5
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 lounge and dining room are located on the ground floor and residents' bedrooms are located on the ground and first floors. There is a large garden at the front of the property.	

2.0 Inspection summary

An unannounced inspection took place on 19 September 2023 from 9.50 am to 3.30 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents said that living in the home was a good experience. Residents looked very well, they were content and settled and were seen to enjoy positive interactions with the staff.

Staff were observed to provide care in a caring and compassionate manner and to promote the dignity and well-being of residents in the home.

An area for improvement regarding medicines management was not reviewed during this inspection. No new areas for improvement were identified.

RQIA were assured that the delivery of care and service provided in the home was safe, effective, compassionate and that the home was well led.

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 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

Residents said that they felt well looked after and found the staff to be helpful and friendly. Residents spoke in positive terms about all aspects of life in the home, comments included that "I can go to bed whenever I want", "I like cooking and dancing", "staff are very friendly" and "I like all the food".

Staff said that staffing levels were good and that the manager was approachable and very supportive. Comments made by staff included that "training is excellent", "excellent teamwork, good consistency in staffing", "Susi (Andrea Diesel) is a very supportive manager", "I love working here" and "we feel valued".

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Comments made by resident and staff were brought to the attention of the manager for information.

Following the inspection RQIA received completed questionnaires from all five residents. The responses indicated that the residents felt safe and well cared for by kind staff in a well organised home.

One relative response was also returned. The relative indicated that they were satisfied with all aspects of care provided.

5.0 The inspection

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

Areas for improvement from the last inspection on 11 May 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 8.5 Stated: First time	All daily care records are accurate and up-to-date, to include any actions taken or not taken by staff and reports made to others.	Met
	Action taken as confirmed during the inspection: Review of care records provided evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 28.3 Stated: First time	The registered person promotes safe and healthy work practices through the monitoring of staff's adherence to Infection Prevention and Control (IPC) measures. This is specifically in relation to ensuring fluid resistant surgical face masks are secure and that staff are bare below the elbow when providing direct care.	Met
	Action taken as confirmed during the inspection: Review of relevant audits provided evidence that the manager monitored staffs' adherence to IPC measures. Face masks were not required but staff were observed to be bare below the elbow at appropriate times. This area for improvement was met.	

Area for improvement 3 Ref: Standard 31 Stated: First time	The registered person shall ensure that two members of staff verify the personal medication records and medicines administration records when they are written and updated to confirm that they are accurate.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

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.

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 surnames were not included on the duty rota; this was brought to the attention of the manager to be rectified.

Staff told us that there was enough staff on duty to meet the needs of the residents. The manager said that the home was fully staffed which was beneficial for the residents who responded well to the consistency this provided.

There was a system in place to monitor that staff were registered, or in the process of registering, with the Northern Ireland Social Care Council (NISCC).

Staff who take charge in the home in the absence of the manager had completed competency and capability assessments.

There was evidence that staff were provided with regular supervision sessions and a schedule was maintained for these.

Residents were satisfied that there were enough staff on duty to assist them.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable regarding the residents' needs, daily routines and preferences. Residents' care records were held safely and confidentially.

Staff treated the residents with respect, they asked permission before entering residents' bedrooms and offered them assistance in a discrete manner.

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 the residents' needs. Advice or recommendations made by other healthcare professionals were included in the records. 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.

Care was delivered in a relaxed and person centred way, staff offered the residents choices about what to do and when, independence was promoted and encouragement provided as and when required.

At times some residents may be subject to restrictions that require Deprivation of Liberty Safeguards (DoLS). It was established that safe systems were in place to manage this aspect of care.

Staff were seen to be skilled in communicating with the residents, they were understanding and sensitive to individual resident's needs. A range of alternative communication was used where necessary, for example, Makaton, to help ensure that that residents could express their needs clearly and be understood by staff.

Care records were well maintained and regularly reviewed and updated to ensure they continued to meet the residents' needs. Care records were updated when required, or on at least a weekly basis, where appropriate. Actions taken by staff and referrals to, or consultation, with the multidisciplinary team were contemporaneously recorded. A monthly summary report was compiled for each resident.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Mealtimes were observed to be flexible and unhurried in order to meet the needs of the residents, for example, if a resident chose to have a lie-in there was no problem having a later breakfast or an early lunch if a resident was going out.

Residents were very involved in menu planning for the week ahead and staff confirmed that other options were always available if a resident changed their mind. The residents said they enjoyed the food provided which was prepared by the staff on duty.

Drinks and snacks were widely available; the fruit bowl on the dining room table was well stocked and residents were encouraged to help themselves to this.

Staff told us how they were made aware of residents' nutritional needs and what action they would take if a resident's needs changed in order to ensure that the correct consistency of diet was provided. If required, records were kept of what residents had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy, warm and comfortably furnished. Residents' bedrooms were well decorated and very attractively personalised with items that were important to each individual resident.

There were lots of homely touches throughout the home, for example, house plants, ornaments and residents' artwork on display. Board games, musical instruments, books, DVD's and CD's were available in the communal areas for residents to use and enjoy.

Corridors and fire exits were seen to be free from clutter and obstruction.

The manager said there was a plan in place to redecorate several areas of the home and to replace the carpet on the stairs and landings; upcoming dates for the works to be carried out were confirmed.

High level dusting was required in identified areas; this was brought to the attention of the manager for information and appropriate action.

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 personal protective equipment (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.

Staff said that residents were fully involved in choosing how their rooms were decorated, furnished and individualised.

Residents said they were satisfied that the home was kept clean and tidy.

5.2.4 Quality of Life for Residents

The atmosphere in the home was warm, welcoming, friendly and inclusive.

Discussion with residents confirmed that they were able to choose how they spent their day, for example, when to get up and go to bed, whether to go out or stay at home and when to have drinks, snacks and meals.

Discussion with staff and residents and review of the records of activity participation evidenced that the residents were offered a wide range of meaningful activities and lots of opportunities for socialising. Activities were provided and arranged individually and/or as a group where this was appropriate.

Staff accompanied residents on outings; recent trips had been arranged to enjoy picnics in the park, visits to local beauty spots, a vintage festival, crazy golf and a seaside festival.

Some of the residents enjoyed taking part in regular planned activities outside the home, for example, art classes, choir practice, volunteering in the Camphill Café and going to a weekly disco. Outings were also arranged for shopping trips and a lunch club at a local church.

Some residents attended day centres and staff assisted them to be up and ready in time for their transport.

There was evidence of regular monthly consultation with residents regarding planning activities and outings.

Residents said they enjoyed the activities and outings and looked forward to attending their day centres and/or work in the café.

Staff demonstrated their knowledge of residents' likes, dislikes and preferences and were seen to treat them with great respect and kindness.

5.2.5 Management and Governance Arrangements

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

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

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 adults at risk of harm.

There was a system in place to manage complaints. The manager said that the outcome of complaints was shared with the staff for learning.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. However, review of accidents and incidents identified that RQIA had not been notified regarding a recent incident, although, it was confirmed that the next of kin and the Trust keyworker had been appropriately notified. This was brought to the attention of the manager and the types of accidents and incidents which should be notified to RQIA was discussed. A retrospective notification was submitted as requested and new notifications have been appropriately submitted to RQIA since the inspection.

Staff commented positively about the manager and described her as very supportive. Staff meetings were held on a monthly basis and a record of these was maintained.

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 available for review. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

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' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	0	1*

* The total number of areas for improvement includes one that has been carried forward for review at the next inspection.

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 Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: Immediate and ongoing (from 05 July 2022)	The registered person shall ensure that two members of staff verify the personal medication records and medicines administration records when they are written and updated to confirm that they are accurate. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.



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