



The Regulation and  
Quality Improvement  
Authority

## **Primary Unannounced Care Inspection**

**Name of Establishment:** Camphill Community Holywood  
**Establishment ID No:** 10566  
**Date of Inspection:** 4 August 2014  
**Inspector's Name:** Kylie Connor and Alice McTavish  
**Inspection No:** 16635

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**1.0 General Information**

<b>Name of Home:</b>	Camphill Community Holywood
<b>Address:</b>	The Flat 8a Shore Road Holywood BT18 9HX
<b>Telephone Number:</b>	(028) 9042 3203
<b>E mail Address:</b>	info@camphillhollywood.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mr James Morton
<b>Registered Manager:</b>	Ms Andrea Diesel (Acting)
<b>Person in Charge of the home at the time of Inspection:</b>	Ms Andrea Diesel
<b>Categories of Care:</b>	RC-LD, RC-LD(E)
<b>Number of Registered Places:</b>	4
<b>Number of Residents Accommodated on Day of Inspection:</b>	3
<b>Scale of Charges (per week):</b>	£674.24
<b>Date and type of previous inspection:</b>	18 December 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	4 August 2014 9:45am to 5:25pm
<b>Name of Inspectors:</b>	Kylie Connor and Alice McTavish

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## 3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussions with the registered manager(acting)
- Examination of records
- Discussions with staff
- Consultation with residents individually
- Inspection of the premises

- Evaluation of findings and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	2
Staff	3 plus the registered manager (acting)
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	10	8

## 6.0 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and theme:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

Camphill Community Holywood is located within the South Eastern Health and Social Care Trust geographical area. The residential home is owned by Camphill Community Trust NI and is operated by Camphill Community Holywood. Andrea Diesel has been the registered manager (acting) from July 2011. She has recently completed the qualification Level 5 Diploma in Leadership for Health and Social Care Services and is due to submit a registered manager application to the Authority.

It is comprised of two properties. The first is, The Flat, which is located above a café and shop in the centre of the village of Holywood. It is accessed via a front door beside the entrance to the café/shop. The Flat has accommodation over two floors and consists of a communal sitting/dining room, a kitchen, bathroom and a separate toilet/shower room and three single bedrooms. One bedroom is registered for a resident. There is no outdoor space.

The second property is Riverside, a three storey end of terrace house, situated about half a mile from The Flat, is also located in Holywood within a private cul-de-sac. The accommodation on the ground floor comprises of, a communal sitting room, a dining room, a kitchen, a laundry with a boot area off at the back door and one bedroom occupied by a resident. A shower room is located beside the resident's bedroom and is for resident use only.

On the first floor there are two bedrooms with en-suite shower facilities for residents, three bedrooms for staff and one bathroom for staff and visitor use. On the second floor there are two bedrooms for staff and one shower room. There is a small enclosed yard and a large communal front garden, which is shared with the other properties situated within the cul-de-sac. The home also has a private garden area situated at the far end of the communal garden. A studio building for the purpose of an office is situated at the rear of the property, just outside the small enclosed yard.

The Regulation Quality and Improvement Authority acknowledge that Camphill Community Holywood is an intentional community and given the day-to-day nature and way of life of such services, aspects of the standards would not always be relevant to these care situations.

## 8.0 Summary of Inspection

This primary unannounced care inspection of Camphill Community Holywood was undertaken by Kylie Connor and Alice McTavish on 4 August 2014 between the hours of 9:45am and 5:25pm. Andrea Diesel, Registered Manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that two requirements and six recommendations have been addressed. One recommendation has not been addressed and is stated for the second time. The detail of the actions taken by the registered manager (acting) can be viewed in the section following this summary.

Prior to the inspection, the registered manager (acting) completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA. Questionnaires were also completed and returned by eight staff.

During the inspection the inspectors met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed communications between staff and residents, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

A review of the returned staff questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. Comments received from residents and staff are included in section 11.0 of the main body of the report.

The atmosphere in the home was friendly and welcoming. Observation and discussions with staff and residents evidenced that staff treat the residents with dignity and respect and take into account their views. Good relationships were evident between residents and staff.

The areas of the environment viewed by the inspectors presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be well maintained.

A number of additional returned information was considered including care reviews, vetting and finance and no issues were identified in regard to the latter two. An issue has been stated for the second time in regard to care reviews. Further details can be found in section 11.0 of the main body of the report regarding returned information on the management of complaints, information in relation to resident dependency levels, guardianship and fire safety.

One requirement and five recommendations have been made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors would like to thank the residents, the registered manager (acting) and staff for their assistance and co-operation throughout the inspection process.

## **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which partly reflected best practice guidance in relation to restraint, seclusion and human rights and a recommendation has been made. through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that physical restraint is not used and that least restrictive practices are implemented and reviewed.

Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspectors demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager (acting) was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. Improvements were also identified in regard to the statement of purpose, care records and staff training. The evidence gathered through the inspection process concluded that Camphill Community Holywood was substantially compliant with this standard.

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events.

Residents were given opportunities to make suggestions regarding the programme of activities. Activities are provided by designated staff and are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity and records were maintained. The evidence gathered through the inspection process concluded that Camphill Community Holywood is compliant with this standard.



### 9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 18 December 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27 (4) (a)	The responsible person should action the outstanding recommendations made in the annual fire risk assessment, update the record with actions taken, complete outstanding PAT testing and confirm all to the RQIA estates inspector in writing.	This was confirmed as being addressed.	Compliant
2	(3) (1) Schedule 1	The homes statement of purpose should be reviewed and improved as detailed in the report.	This was confirmed as being addressed.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11.1	The home participates in review meetings organised by the referring Trust responsible for the resident's placement in the home. Where this is not taking place, the registered manager (acting) should contact the identified trust(s).	Evidence confirmed that the home has written to the host trust in regard to an identified issue. However, this issue has not been resolved and the registered manager (acting) confirmed that she will follow this up. This has not been addressed.	Moving towards compliance
2	11.3	The registered manager (acting) should ensure that the comprehensiveness of pre-review reports are improved.	A review of the new template demonstrated that this has been addressed.	Compliant
3	11.4	The registered manager (acting) should ensure that a system is put in place to ensure that minutes of care reviews are received in a timely manner and obtain minutes not yet received.	A review of evidence confirmed that this has been addressed.	Compliant
4	11.4	The registered manager (acting) should write to the identified trust in regard to the use of a recognised trust care review template.	A review of evidence confirmed that this is addressed.	Compliant
5	16.1	The registered manager (acting) should review the vulnerable adult Safeguarding Policy and Procedure.	A review of evidence confirmed that this has been addressed.	Compliant

6	6.2	<p>The registered manager should review and improve all care plans. An individual comprehensive care plan is drawn up as the assessment of the resident's needs is carried out, and includes details of: -</p> <ul style="list-style-type: none"> <li>• Any personal outcomes sought by the resident</li> <li>• The daily care, support, opportunities and services provided by the home and others</li> <li>• <input type="checkbox"/> How specific needs and preferences are to be met if the resident is from a specific minority group</li> <li>• How information about the resident's lifestyle is used to inform practice</li> <li>• The resident's agreed daily routine and weekly programme</li> <li>• The management of any identified risks</li> <li>• Strategies or programmes to manage specified behaviours</li> <li>• Directions for the use of any equipment used to assist the delivery of care.</li> </ul>	<p>A review of evidence confirmed that this has been addressed.</p>	<p>Compliant</p>
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		Care plans should detail how staff should provide care and support and how they should respond to identified behaviours which challenge.		
7	27	The registered manager (acting) should complete resident PEEPs.	A review of evidence confirmed this has been addressed.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
Camphill Holywood is a Life Sharing organisation. Due to life sharing aspect staff and residents quickly get to know each other and form good relationships and understanding. This also means that communication is good and it is quickly seen if there is any unusual behaviour.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy on challenging behaviour dealing with aggression and physical intervention (2012) in place. A review of the policy and procedure identified that it partly reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure need improvement including; to clearly reflect the need for Trust, resident and representative involvement in managing behaviours which challenge; that RQIA must be notified on each occasion restraint is used and that the least restrictive intervention is implemented with timely review. A recommendation has been made.</p> <p>Observation of staff interactions, with residents, identified that informed values were evident and following discussion with staff evidenced that least restrictive strategies would be implemented. A review of staff training records identified that all care staff had received training in behaviours which challenge during induction and thereafter which included a human rights approach. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, and from the staff team.</p> <p>A review of two residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments</p>	Substantially compliant

<p>were appropriately completed. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents. A review of the returned staff questionnaires supported what was found during the inspection.</p>	
<p><b>Criterion Assessed:</b>          10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Staff are trained in dealing with challenging behaviour. In their induction course they are given the information on who to contact in case of any causes for concern or uncharacteristic behaviour. They are told to inform the Registered Manager or the Assistant Manager. When necessary all relevant parties are informed.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The policy and procedure, referred to in 10.1 needs to include the following:</p> <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff, the trust, relatives and RQIA.</li> <li>. Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff spoken with were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>One care record was reviewed and identified that it contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records evidenced that relevant persons had been informed appropriately.</p>	Substantially compliant

<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>When a resident needs a consistent approach it is detailed in their care plan and a risk assessment is written if needed. Where appropriate all representatives are informed with the Resident's consent.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of one care plan identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Specific behaviour Management Programmes are part of their care plan. Decisions pertaining to a Resident's behaviour are made in partnership with parents, care managers and any other relevant professionals and with the resident.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The registered manager (acting) informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable

<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> All staff receive Dealing with Challenging Behaviour training within the first 6 weeks of arrival . Refresher courses are scheduled if required.</p>	Provider to complete
<p><b>Inspection Findings:</b> The registered manager (acting) informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time. Staff training is referred to in section 10.1.</p>	Not applicable
<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> Incidents are recorded and reported. Resident Representatives and relevant professionals or services are included when a review of the resident's Care Plan is needed.</p>	Compliant
<p><b>Inspection Findings:</b> A review of the accident and incident records from the last inspection and discussions with staff identified that where an incident had occurred outside of the scope of a resident's care plan the residents' representatives, Trust personnel and RQIA had been appropriately notified.  A review of one care plan identified that it had been updated and reviewed and included involvement of the Trust personnel and relevant others. Discussion with staff confirmed that where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant



<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b> Camphill Holywood has a No Restraint Policy. (If restraint was to be used staff would receive training and records would be kept of all instances)</p>	<p>Not applicable</p>
<p><b>Inspection Findings:</b> Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that physical restraint is not used in this home which is in keeping with the needs of the residents.  A review of the accident and incident records and residents' care records identified that RQIA, Trust personnel and the resident's representative are notified on occasions when any restrictive practice has been used. Improvements are needed to record the impact of the Human Rights Act (1998) and good practice of Deprivation of Liberty records in risk assessments and care plans. A recommendation has been made.  A review of the home's Statement of Purpose (August 2014) refers to the possibility of restrictive practices being used in the home but these are not described to include: physical, environmental, mechanical, technological, chemical or psychological and the size of communal rooms need to be included. A recommendation has been made. Discussions with staff evidenced that they would benefit from update training in the different types of restrictive practices and a recommendation has been made.</p>	<p>Substantially compliant</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Camphill Holywood provides a clear programme of activities and events in the weekly schedules. Residents are encouraged to attend them. However, they are free to choose whether or not they wish to attend. Residents are part of the community and have the possibility to voice their wishes in the weekly house meetings. Individual activities are recorded in the Activity file kept in the house. Camphill Holywood activities are designed to create a sense of worth and dignity for everyone.	Compliant
<b>Inspection Findings:</b>	
The home had an activities policy and procedure (June 2014) and an outings policy (September 2013) on the provision of activities. A review of two care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose provided information pertaining to activity provision within the home.	Compliant
<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Camphill Holywood's programme includes purposeful, enjoyable, and age and culture appropriate activities. Residents have the opportunity to attend church, however, they choose not to go. The activities are flexible and responsive to the resident's needs and they facilitate social inclusion both within the community and within the wider community of Holywood.	Compliant

<b>Inspection Findings:</b>	
<p>Examination of the records of activities identified that social activities are organised each week, they were age and culturally appropriate and reflected residents' needs and preferences. There was evidence that activities took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p> <p>Residents described the activities that they enjoyed including, playing musical instruments, song-writing, walking, going to the beach, watching movies, bread-making and making hard biscuits.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Residents are encouraged to join the weekly House Meetings where they have the opportunity to contribute suggestions and be involved in developing their personal programme of activities. Annual reviews and extra reviews, if necessary, are also a forum for the residents to contribute to their personal programmes.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities provided and discussions with residents' identified that they were given opportunities to put forward suggestions for inclusion in the schedule of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, registered provider visits, one to one discussions with staff and care management review meetings.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>There is a weekly schedule which is presented at the weekly House Meetings. Extra activities can be added to it. It hangs in the house larder and is available at all times to be referred to. One resident has a pictorial weekly schedule which hangs in her room.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>On the day of the inspection the weekly schedule(s) referred to above were observed. These locations were considered appropriate as the area was easily accessible to residents and their representatives. They were presented in an appropriate format to meet the residents' needs. Discussions with residents confirmed that they were aware of what activities were planned.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Residents are enabled to participate in their personal programmes. All equipment, aids and support from staff is provided.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Activities are provided each week by staff who confirmed that there was an acceptable supply of activity equipment available. This equipment available included residents own personal equipment, arts and craft, board games, CDs and DVDs. There was confirmation from the registered manager that a designated budget for the provision of activities was in place. Residents also arranged to engage in activities using their own financial resources.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>The resident's needs are taken into account when developing the activities and weekly schedules.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Staff and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Persons contracted to deliver activities go through an assessment process where qualifications and references as well as evidence of their skills are obtained. Access NI disclosures are also required before the activities can start.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The registered manager (acting) confirmed that persons are employed to provide activities including, music lessons and arts and craft activities. The registered manager (acting) confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity and that there were monitoring processes in place.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Where there are any changes needed for the residents the contracted person is informed by the staff. A feedback form is provided in the Activities file and the contracted person is required to fill it in at the end of each session.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager (acting) confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>A record of the activities, the person leading it and the names of the participants is kept in the Activities file.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>Individual set programmes are reviewed annually. Any other activities requested by the residents are assessed individually with the resident, key worker and registered manager when appropriate.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the schedule of activities identified that it is reviewed on a monthly basis or more frequently.</p> <p>The registered manager (acting), staff and residents confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

The inspectors met with two residents individually during their lunch-time break. Residents had been participating in activities in a café/shop in Holywood. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One issue was raised in regard to the use of a bathroom. This was discussed with the registered manager (acting) who later confirmed that following discussion the identified bathroom has been designated for the use of a resident only. A request was made for designated 1:1 time with a staff member which the registered manager (acting) confirmed would be formally scheduled as arrangements have been informal to date.

Comments received included:

- "It's a nice place, you have your own privacy."
- "They (the staff) have been very helpful. We've had very good co-workers last year."

### **11.2 Relatives/representative consultation**

There were no relatives visiting the home at the time of the inspection.

### **11.3 Staff consultation/Questionnaires**

The inspector spoke with three staff of different grades, the registered manager (acting) and eight staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

Comments received included:

- "I really enjoy (the life and work in the home), it's been rewarding to see how he (a resident) has grown in the bakery."
- "Each resident likes to do different things."
- "(The resident) loves art. The whole day is laid out to fulfil (the residents) need there."
- "I love living there. Everything is quite efficient and well run. We can talk about everything."

### **11.4 Visiting professionals' consultation**

There were no professionals visiting the home at the time of the inspection.

### **11.5 Observation of Care practices**

The atmosphere was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful,



polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

### **11.6 Care Reviews**

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire did not indicate that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014. The home is currently addressing this issue.

### **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager (acting) confirmed that lessons learnt from investigations were acted upon.

### **11.8 Environment**

The inspector's viewed the home together and one resident showed the inspectors' their bedroom. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be well maintained.

### **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

### **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The home had had an estates inspection on 8 May 2014 and a follow up estates inspection on 8 August 2014. Therefore, fire safety records were not examined. Staff training records

examined evidenced that fire safety training was overdue and a requirement has been made. All fire exits were unobstructed and fire doors were closed.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed which confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Andrea Diesel, Registered Manager (Acting), as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Kylie Connor**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



**Quality Improvement Plan**

**Primary Unannounced Care Inspection**

**Camphill Community Holywood**

**4 August 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Andrea Diesel, Registered Manager (Acting) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27 (4) (e)	<p>The registered person shall make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention</p> <ul style="list-style-type: none"> <li>Confirm that all staff who are overdue training, have received training in fire prevention and review system in place to prevent a lapse occurring again.</li> </ul>	One	Fire prevention training done 21/09/2014. 6 monthly reminder has been added to electronic calender. Course has been added to Training Master Schedule.	By return of QIP

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	11.1 (section 9.0 refers)	<p>The home participates in review meetings organised by the referring Trust responsible for the resident's placement in the home.</p> <ul style="list-style-type: none"> <li>Where this is not taking place, the registered manager (acting) should contact the identified trust(s) and follow up to progress agreement and implementation.</li> </ul>	Two	Letter has been sent to the Trust asking for progress on this matter.	By return of QIP
2	10.1 10.2	The responsible person should review relevant policies and procedures to ensure that they fully reflect guidance in the report, DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).	One	New policy and procedure to with regards to restraint and seclusion has been compiled. Information also added to Statement of Purpose.	1 November 2014
3	10.7	The responsible person should ensure that care records are improved regarding restrictive practices, as detailed in the report.	One	Care Plans have been updated to include restrictive practices.	By return of QIP

4	10.7	Provide further detail in the statement of purpose of restrictive practices which may be used in the home. Include the sizes of living and dining rooms in regard to both properties.	One	Statement of purpose has been amended.	By return of QIP
5	23 (10.7 refers)	The responsible person should ensure all staff receive an awareness raising session in regard to the range of different types of restrictive practices.	One	Restrictive practice training done on 21 September 2014	1 November 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Andrea Diesel
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Campbell Morton

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	X	K.Connor	1/10/14
Further information requested from provider			