

Inspection Report

Name of Service:	Camphill Community Holywood
Provider:	Camphill Community - Holywood
Date of Inspection:	14 November 2024

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 Fevre
Registered Manager:	Ms Andrea Diesel
<p>This is a registered residential care home which provides health and social care for five residents under and over 65 years of age, with a learning disability.</p> <p>The lounge and dining room are located on the ground floor and residents' bedrooms are on the ground and first floor. There is a large garden at the front of the property.</p>	

2.0 Inspection summary

An unannounced inspection took place on 14 November 2024 from 09.45 am to 4.40 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing, the provision of activities and the resident dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and maintaining good working relationships.

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. Refer to Section 3.2 for more details.

This inspection resulted in no areas for improvement being identified. One area for improvement in relation to medicines management was not reviewed during this inspection and has been carried forward for review at a future inspection. Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents commented positively about staff and said they were nice. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend time in their room and staff were observed supporting residents to make these choices.

Residents spoken with said, "I'm very happy here and I love my room and the home. I like how it's decorated. I enjoy the food and staff are kind to me. I can go to them if I have a problem and they help me" and "I love living here. Staff are very good to me and I'm well looked after. I like to listen to music and watch DVD's in the evening".

Following the inspection, we received five completed resident questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led.

A questionnaire returned by a member of staff contained the following comment: 'Absolutely amazing place to work. Residents have their needs met by a great team. Training and support is fantastic'.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents told us that they felt safe and well cared for; they enjoyed the food and that staff were kind. They said that Camphill Community Holywood is a good place to live; the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory in order to meet residents' needs.

A staff member said, "It's like a big family home. We really care about our residents".

Staff told us they were aware of individual resident's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Residents were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

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

Staff met at the beginning of each shift to discuss residents' care, to ensure good communication across the team about any changes in residents' needs. Staff were knowledgeable about individual residents' needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

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

Staff were observed to be skilled in communicating with residents. A range of alternative communication was used, for example, Makaton, to ensure that residents could express their needs clearly to staff.

It was observed that staff respected residents' privacy and dignity by offering personal care to residents discreetly and discussing residents' care in a confidential manner. Staff were also observed offering residents choice on how and where they spent their day or how they wanted to engage socially with others.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Birthdays and annual holidays were celebrated and on occasions residents, families and staff attended larger events such as concerts.

Some residents enjoyed taking part in regular planned activities outside the home such as choir practice, a walking group, volunteering at the Camphill Cafe and shopping trips.

Activities for residents were provided which involved both group and one to one activities such as going bowling and arts and crafts. Residents spoken with said they enjoyed the activities that were provided.

Residents attended regular meetings with staff to enable them to discuss their views and opinions about the home, their care and forthcoming events such as Christmas outings, concerts and preparations. This helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day. Minutes of these meetings were available.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise. Mealtimes were observed to be flexible and unhurried to meet the needs of the residents, especially if they were going out. Staff demonstrated their knowledge of residents' individual needs, likes and dislikes regarding food and drinks. It was noted that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

A variety of drinks, snacks and fruit was available for residents.

3.3.3 Management of Care Records

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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

We observed that hallways and residents' bedrooms had been newly decorated. The manager said that all the residents had been involved in choosing colour schemes for their bedrooms. New carpet had been fitted on the stairs and landings.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

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

Review of a selection of competency and capability assessments evidenced they were completed for staff left in charge of the home when the manager was not on duty.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to residents. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to RQIA when required.

Staff meetings were held on a regular basis. Minutes of these meetings were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1*

* the total number of areas for improvement includes one in relation to medicines management which is carried forward for review at a future inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Ms Andrea Diesel, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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)	<p>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.</p> <p>Ref: 2.0</p> <p>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.</p>



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