

Inspection Report

16 May 2022



Camphill Community Hollywood

Type of Service: Residential Care Home
Address: 1 Riverside, Hollywood, BT18 9DB
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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 - Holywood Responsible Individual: Mrs Edeline Le Fevre	Registered Manager: Mrs Andrea 'Suzi' Diesel Date registered: 15 June 2015
Person in charge at the time of inspection: Mrs Julia Rydzewska 11.25am until 11.45am Mrs Andrea 'Suzi' Diesel from 11.45am until conclusion of the inspection.	Number of registered places: 4
Categories of care: Residential Care (RC) LD – Learning disability LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 4
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to five residents. The home is divided over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 16 May 2022, from 11.25am to 4pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

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. There was clear evidence that residents had a good quality of life in the home, and were supported to engage in activities which were meaningful and important to them. Residents were provided with choice, and treated with dignity and respect by compassionate staff. We received positive feedback from staff and one relative about the care provided in the home and the management arrangements.

Two areas requiring improvement were identified in relation to daily care records and staff's use of Personal Protective Equipment.

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

Addressing the areas for improvement will further enhance the quality of care and services in Camphill Community Holywood.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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

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

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

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

The findings of the inspection were discussed with Mrs Andrea Diesel, registered manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection, we met with all four residents. Two residents told us how much they liked living in the home; they liked the staff, the other residents and how they spend their days. One resident used visual aids to tell us they were happy in the home. Another resident indicated they were content through non-verbal body language such as smiling and 'thumbs up' gestures. Staff and one resident were also able to use sign language to interpret on behalf of this resident and confirm they were comfortable and happy in the home.

Three resident's questionnaires were returned following the inspection. All respondents confirmed that they felt safe, that staff are kind, their care is good and that the home is well organised. Specific comments included, "I love living in Riverside because we get to go on trips" and "I am happy now, things better with new staff in last 1 – 2 years".

No visitors or resident's relatives were present during the inspection.

An email was received post inspection from a resident's relative stating, "I would like to mention that Camphill Riverside is an outstanding placement for my young adult. Their needs are well taken care of and staff and management go above and beyond expectations".

During the inspection, we spoke with the two staff on duty. Staff members were very positive about the care and service delivery in the home. It was evident that staff members were compassionate and committed to providing person centred care and knew their residents well. No concerns were raised by staff, other than hoping that COVID restrictions would ease further to benefit the residents.

Following the inspection, one staff questionnaire was returned. Staff reported they were very satisfied that the care in the home was safe, effective and compassionate; and were satisfied that the home was well led. No specific comments were made.

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 23 August 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(7) Stated: First time	The responsible individual shall ensure that the infection prevention and control issues identified on inspection are managed to minimise the risk of infection. This is in relation to a chipped bathroom sink and a rusted radiator which could not be effectively cleaned. Ref: 5.2.3	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 2 Ref: Regulation 27(4)(c) Stated: First time	The responsible individual shall ensure that the means of escape from fire is kept clear and accessible. This is in relation to the recommendations on the fire risk assessment regarding the exit gate at the side of the home. Ref: 5.2.3	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a 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.

Residents told us that there was always enough staff to provide activities, that staff knew them well and knew how best to help them.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, resident’s attendance at workshops, individual activities and appointments were facilitated on the day.

Staff told us that the residents’ needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Interactions between residents and staff were friendly, relaxed and it was clear residents felt comfortable with staff.

Staff told us that there was enough staff on duty to meet the needs of the residents. Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management; “I feel we make a good life for residents.”

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. The duty rota identified the person in charge when the manager was not on duty. The manager was reminded to ensure staff’s full names are always recorded on the rota.

5.2.2 Care Delivery and Record Keeping

There was a relaxed, homely and calm atmosphere in the home throughout the inspection. Care was delivered in an organised and person centred way, and it was clear that staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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

Staff members 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. Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. A range of visual and alternative communication styles were used to ensure residents could both express their needs clearly, and be understood by staff. It was wonderful to see that residents had also learned sign language to be able to communicate with each other.

At times some residents may be subject to restrictions which require Deprivation of Liberty Safeguards (DOLS). It was established that safe systems were in place to manage this aspect of care. Management agreed to directly liaise with resident's care managers to ensure the home were in receipt of the most up to date DOLS documentation.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Residents had planned the menu with staff on the morning of inspection and had requested 'Pitta Bread Pizza' which was a popular choice.

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. The outcome of visits from any healthcare professional was recorded.

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

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

Daily records were kept of how each resident spent their day and the care and support provided by staff.

One daily record entry regarding comments made by one resident did not include adequate information on how this was addressed by staff. Discussion with management established that appropriate actions had been taken and advice was provided on the need to ensure fully accurate records are maintained. An area for improvement was identified.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. It was positive to note how residents were included and encouraged to develop and maintain life skills, by contributing to simple household chores, such as setting the table for meals, and helping to keep their bedrooms clean.

Residents were keen to show us their bedrooms, which were highly personalised depending on their hobbies and interests. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence throughout the home of 'homely' touches such as magazines, snacks and drinks available, access to the kitchen and art work undertaken by residents as part of the activity programme provided.

The home was maintained to an acceptable standard however; there were some signs of wear and tear in communal areas such as the hallways. For instance, some skirting boards were chipped and required repainting, and the carpet on the stairs was worn. Discussion with the manager and review of governance records confirmed there was robust oversight of the home's environment, including planned maintenance and refurbishment work. This included plans for repainting and new flooring over the summer months. These works will be planned in conjunction with the proposed change of use of one staff office to an additional resident's bedroom. This change will require submission of a variation application to RQIA and management agreed to consult with RQIA Estates Inspectors regarding this proposal. Therefore an area for improvement was not identified on this occasion and the home's overall environment will be reviewed as part of the variation and refurbishment process.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks.

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

Review of records and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff members were observed to carry out hand hygiene at appropriate times. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. However; observation on the day of inspection identified occasional deficits in staff's full adherence to IPC regional guidance. Staff members were reminded to ensure fluid resistant surgical face masks are adequately secured and to remove any long sleeve tops or cardigans before providing any direct care to residents. This was highlighted to the manager and an area for improvement identified.

Visiting arrangements were managed in line with DOH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents and observation of practice confirmed that residents were offered choice and encouraged to be independent where possible. Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. This was flexible in response to resident need and preference.

There was an extensive range of individual and group activities provided for residents including social, community, cultural, religious, spiritual and creative events. Residents told us about how they liked to spend their time and that staff supported them with their hobbies and interests. This included collecting maps, fishing, cycling, online choir, work placements, baking, painting by numbers, arts and crafts and gardening.

Residents had recently worked with staff to develop a 'Secret Garden' which they were looking forward to using in the warmer weather. A piano was in the dining room and residents told us they enjoyed staff playing this and leading them in song at the weekend. One resident told us how pleased they were that with changes in COVID restrictions, they were able to return to groups and events in the community, such as the monthly 'Black Moon' club night at the Black Box. Another resident told us how much they had enjoyed their recent birthday, which they had celebrated with cake, lots of cards and a meal out with friends.

Care records were highly personalised and detailed regarding residents preferred daily and weekly routines. These reflected the activities and routines we observed on the day.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Andrea Diesel has been the 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.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said "Suzi (the manager) is really receptive and is always offering extra training. I feel safe working here".

There was a system in place to manage complaints. Residents said that they knew who to talk to if they had any concerns or complaints.

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

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

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. There had been a reduction in notifications to RQIA compared to previous years. Discussion with management and review of governance records confirmed that there had been a reduction in incidents in the home, which the manager related to the stability of the residents, consistency of staff, and effective MDT working with the behaviour support team. It was established that a recent outbreak of COVID in the home had not been formally notified to RQIA; this was submitted retroactively following the inspection. The manager was also signposted to the most recent guidance from RQIA on 'Statutory Notification of Incidents and Deaths: Guidance for Registered Providers and Managers of Regulated Services' (25 March 2022).

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA. These visits are required to be unannounced and it was noted that they had been occurring on the same date each month for three months. This was highlighted to the manager who confirmed she was not made aware of the visits beforehand however she agreed to share this feedback to the management team.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2021)**

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs 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 (August 2021)	
<p>Area for improvement 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (from 16 May 2022)</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Record keeping and the need to record all actions taken or not taken discussed with Care team in Team Meeting.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (from 16 May 2022)</p>	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Discussed with care team at team meeting. Group supervision on PPE took place to review/ refresh PPE Guidance.</p>

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



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