

# Unannounced Care Inspection Report 20 March 2021



## Camphill Community Hollywood

**Type of Service: Residential Care Home**  
**Address: 1 Riverside, Hollywood, BT18 9DB**  
**Tel No: 028 9042 3203**  
**Inspector: Alice McTavish**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home registered to provide care for up to five residents.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Camphill Community – Holywood<br><br><b>Responsible Individual:</b><br>Ms Andrea Diesel | <b>Registered Manager and date registered:</b><br>Ms Andrea Diesel, 15 June 2015                 |
| <b>Person in charge at the time of inspection:</b><br>Tessa Fisher, House Co-ordinator  | <b>Number of registered places:</b><br>5   |
| <b>Categories of care:</b><br>Residential Care (RC)<br>LD - Learning Disability<br>LD (E) – Learning disability – over 65 years     | <b>Number of residents accommodated in the residential home on the day of this inspection:</b> 3 |

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 20 March 2021 between 11.05 and 15.00 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan and to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents indicated that they were happy and comfortable in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Andrea Diesel, Manager, who was present during the latter part of the inspection. The findings can be found in the main body of the report.

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with two residents and two care staff. Three questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- recruitment record of a recently appointed staff member
- staff training
- staff supervision and appraisal
- staff competency and capability assessments
- staff registrations with professional body
- daily task log
- a selection of quality assurance audits
- complaints
- incidents and accidents
- two residents' care records
- programme of activities
- reports of visits by the registered provider
- fire risk assessment and fire safety records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 09 December 2019.

| Areas for improvement from the last care inspection  |   |                          |
|--|---|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005   |   | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 13 (7)<br><b>Stated:</b> First time                | The registered person shall ensure that arrangements are in place to minimise the risk of infection and toxic conditions. This is in relation to the daily cleaning of the home.<br><br><b>Ref:</b> 6.3   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b> Inspection of the home confirmed that it was maintained to a very high level of cleanliness.  |                          |
| <b>Area for improvement 2</b><br><b>Ref:</b> Regulation 14 (2)(a)<br><b>Stated:</b> First time             | The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety. This is in reference to the safe storage of substances hazardous to health.<br><br><b>Ref:</b> 6.3 | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b> Inspection of the home confirmed that hazardous substances were stored safely.  |                          |
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 |   | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 19.2   | The registered person shall ensure that before making an offer of employment all reasons for gaps in employment and qualifications are  | <b>Met</b>               |

|  |   |                   |
|--|---|-------------------|
| <p><b>Stated:</b> First time</p>   | <p>checked.<br/>Ref: 6.3</p>  |                   |
| <p><b>Area for improvement 2</b><br/><b>Ref:</b> Standard 13.4<br/><b>Stated:</b> First time</p>   | <p>The registered person shall ensure that a programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.<br/><br/>Ref: 6.5</p> | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b> Inspection of the records of a member of staff recently recruited confirmed that all reasons for gaps in employment and qualifications are now checked.</p> | <p><b>Action taken as confirmed during the inspection:</b> Inspection of the home confirmed that a programme of activities for each resident was displayed in a suitable format and in an appropriate location.</p>             |                   |
| <p><b>Area for improvement 3</b><br/><b>Ref:</b> Standard 12.4<br/><b>Stated:</b> First time</p>   | <p>The registered person shall ensure a menu board is displayed in an appropriate format for residents to see.<br/><br/>Ref: 6.5</p>  | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b> Inspection of the home confirmed that a menu board was displayed in an appropriate format for residents to see.</p>   |   |                   |

## 6.2 Inspection findings

### 6.2.1 Infection prevention and control practices including the use of personal protective equipment

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks.

Care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for staff.

PPE was readily available for staff and there was a good supply of PPE in the home. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic. We saw that staff used PPE according to the current guidance.

Staff had access to hand sanitiser and we observed that staff carried out hand hygiene at appropriate times.

### 6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the lounge, kitchen and the dining room.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were found to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

We noted that there was a variety of kitchen knives stored on a magnetic holder and in blocks in the kitchen. The potential for residents to have access to such sharp knives was discussed with the manager who immediately had these removed and stored in a more secure place.

The home had a current fire risk assessment and all recommendations had been actioned. Regular fire checks were completed and records maintained.

### 6.2.3 Staffing arrangements

The manager and care staff reported that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We examined the system in place to ensure that staff were safe to work with residents in the home. We saw that all necessary pre-employment checks were completed.

We saw that the manager had a system in place to provide staff with regular supervision and that staff received an annual appraisal. More frequent supervisory support was provided for recently recruited staff. We found that staff competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty. We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date. We saw that additional training was also provided for staff, if required.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

#### **6.2.4 Care delivery**

We observed that residents looked well cared for; they were well presented and nicely dressed. The residents moved freely around the home and were engaged in activities of their choice; residents were relaxing in the lounge and listening to music, whilst others were resting in their bedrooms.

It was evident that staff knew the residents well. For residents with a hearing impairment, staff used a system of visual signs and there were warm and supportive interactions. Staff spoke to residents and were attentive to residents' needs. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. Care staff assisted residents to make phone calls or use video calls with their families. Arrangements were now in place to facilitate relatives visiting their loved ones at the home. Visiting was by appointment and there was a designated area for visits which was sanitised before and after visits. Visitors had temperature checked and wore masks and had their hands sanitised.

We saw that residents were consulted each week on what they wished to eat each day and this was prepared by staff. Residents listed any items they wanted onto a weekly shopping board and this was purchased for them.

Three questionnaires were completed by residents and two were completed by staff. All respondents indicated that they were satisfied or very satisfied with the care and services provided in Camphill Community Holywood.



### **6.2.5 Care records**

We reviewed the care records of two residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

We saw that a social history was in place regarding how individuals would be supported to isolate on returning to Camphill Community Holywood after visiting family. This was provided in easy read format, as was the information for residents regarding the process for routine Covid-19 testing. This represents good practice and is commended.

Review of the progress notes confirmed that staff maintained a record of the care provided in the home. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

### **6.2.6 Governance and management arrangements**

There was a clear management structure within the home. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. We saw that staff meetings were held to support good communication between staff and management and that there was good daily communication between staff at each shift handover.

There was a system of audits which covered a range of areas such as IPC, hand hygiene and the home's environment. The audits were completed regularly and this helped to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately.

We examined the system in place to manage any complaints received; discussion with the manager provided assurance that complaints were managed appropriately and that complaints were viewed as an opportunity to learn and improve.

We looked at the records of the visits by the registered provider and saw that these were completed in detail; where action plans were put in place, these were followed up to ensure that the actions were correctly addressed.

### **Areas of good practice**

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, the cleanliness of the home, staff adherence to the current PPE guidance and to the systems to ensure good management and governance.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of areas for improvement</b> | 0                  | 0                |

**6.3 Conclusion**

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the guidance. We were assured that the care provided in Camphill Community Holywood was safe, effective, compassionate and well led.

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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