



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 4 April 2019



## Camphill Community Holywood

**Type of Service: Residential Care Home**

**Address: The Flat, 8a Shore Road, Holywood, BT18 9HX**

**Tel No: 028 9042 3203**

**Inspector: Kylie Connor**

[www.rqia.org.uk](http://www.rqia.org.uk)

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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 registered residential care home which provides care and accommodation for up to four residents. The home has two properties in Holywood, known as The Flat and Riverside.

### 3.0 Service details

|   |   |
|---|---|
| <p>Camphill Community – Holywood</p> <p><b>Responsible Individual:</b><br/>Ms Andrea Diesel – registration pending</p>                    | <p><b>Registered Manager and date registered:</b><br/>Ms Andrea Diesel</p> <p>15 June 2015</p>            |
| <p><b>Person in charge at the time of inspection:</b><br/>Ms Andrea Diesel, Registered Manager</p>  | <p><b>Number of registered places:</b><br/>4</p>  |
| <p><b>Categories of care:</b><br/>Residential Care (RC)<br/>LD - Learning Disability<br/>LD (E) – Learning disability – over 65 years</p> | <p><b>Total number of residents in the residential care home on the day of this inspection:</b><br/>4</p> |

### 4.0 Inspection summary

An unannounced care inspection took place on 4 April 2019 from 10.00 hours to 14.30 hours.

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

Evidence of good practice was found including recruitment and training, the provision of person centred care and support, the culture and ethos of the home, activities and governance arrangements.

The home is commended that there were no areas requiring improvement identified during the inspection.

Residents indicated and/or described living in the home in positive terms. They indicated that they had good relations with staff, participated in meaningful activities and felt listened to.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident 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, registered manager, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent inspection dated 22 November 2018**

The most recent inspection of the home was an unannounced care inspection undertaken on 22 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' 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 electronic questionnaire. A total of twelve questionnaires were received following the inspection, including five from staff.

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training matrix
- one staff personnel file and induction record
- one personnel file of a student on placement
- one resident's care file
- a sample of minutes of team meetings/staff meetings
- a sample of residents' meetings/house meetings
- complaints and compliments files
- a sample of individual and group supervision meetings
- a sample of governance audits/records
- fire risk assessment and most recent fire drill
- a sample of reports of visits by the registered provider
- RQIA registration certificate

An area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 22 November 2018

| Areas for improvement from the last care inspection  |  |                          |
|--|--|--------------------------|
| 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><br><b>Ref:</b> Standard 8.2<br><br><b>Stated:</b> First time             | The registered person shall ensure that there is an entry at least weekly for each resident in regard to their health and well-being.          | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Compliance was confirmed following a review of one resident's daily/weekly records. |                          |

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

### Staffing levels

The registered manager outlined current staffing levels in the home and reported that this is adjusted depending on the needs of residents; review of duty rotas confirmed the arrangements.

On the day of inspection, staffing levels were satisfactory and staff spoken with raised no concerns. There was a warm and friendly rapport between residents, a visitor, staff and the registered manager. Residents spoken with reported feeling safe, happy and settled living in the home. Discussion with a resident confirmed that they always felt there was someone they could go to for support when needed and advised that they felt staff listened to them and responded appropriately.

## **Staff recruitment**

Review of two personnel files confirmed that appropriate pre-employment checks are completed, such as AccessNI and references. Care staff must also be registered with Northern Ireland Social Care Council (NISCC). The registered manager reported that all employed staff are registered with NISCC and that this was audited. These checks help ensure that only those individuals who are suitable to work with vulnerable people are employed in the home.

## **Staff induction, training, supervision, appraisal and competency**

Discussion with the registered manager and review of a training matrix confirmed that attendance at mandatory training was monitored and audited. The home arranges training both in house, through local health and social care trusts and voluntary groups. Staff confirmed that they had received a comprehensive induction and were aware that their mandatory training must be kept up to date to work in the home. Staff said that the induction process helped them to understand their role and responsibilities and to get to know the needs and preferences of residents.

The registered manager advised that staff learning and development is further supported through discussion of any near miss incidents and through the supervision and appraisal process. Discussion with staff confirmed that both individual and group supervision takes place with the registered manager. This contributes to residents' safety, by ensuring only suitably trained and skilled staff are working in the home.

A range of additional training, in regard to epilepsy, diabetes and Makaton were also provided to ensure that staff were equipped to meet the specific needs of residents in the home. Staff who spoke with the inspector confirmed that their training was up to date and that the induction and training had been helpful and informed their practice.

The registered manager described how she made sure that staff in charge in her absence could safely take charge of the home when she was not on duty. There had been no change in these arrangements since the previous inspection and the registered manager reported that these competency and capability assessments are reviewed every year to ensure that they are current.

During the inspection a staff member commented, "We were told about the important things so we can support them (the residents) in the best way possible."

## **The home's environment**

Observation of the property at Riverside including communal areas and two resident's bedrooms confirmed that the home was clean, fresh-smelling and the décor and furniture were well maintained. Resident's bedrooms were individualised and reflected residents' needs and preferences. For example, in one bedroom pictures chosen by a resident were used to decorate the walls and to personalise the bedroom door.

All fire exits were free from obstruction and no doors were observed to be wedged open. A bell/buzzer had recently been fitted to exit doors in Riverside as a safety measure to alert staff when they were opened.

One resident spoke about how she enjoys helping out with the cleaning and tidying in the home at the weekend and commented, "I've also been helping to tidy up the garden and I planted some flowers."

A hand sanitiser was available at the entrance of the home. The registered manager reported that there had been no outbreaks of infection in the home within the last year; she was aware that any outbreak should be reported to the Public Health Agency, the trust and RQIA and that appropriate records should be retained; hand hygiene audits were commencing to make sure that staff used good hand hygiene practice.

### **Fire safety**

The registered manager advised that the home holds fire safety training, including practice evacuations, twice a year. The last unannounced practice fire drill was completed on 16 November 2018 and the registered manager advised that another is scheduled to take place soon.

The home's annual fire risk assessment was completed on 27 February 2019; recommendations had been shared with the landlord and a plan was in place to address these within three months. The registered manager advised that checks of fire alarms, means of escape and firefighting equipment were completed weekly/monthly.

Staff advised they had completed fire training, including attending drills and taking part in practice evacuations. Fire safety was also reviewed during the induction of new members of staff. Personal Emergency Evacuation Plans (PEEPs) were included in residents' care records.

### **Safeguarding and risk management**

The home has an adult safeguarding policy and procedure in place, which was in line with regional guidelines. Staff receive training on this, and were knowledgeable about the types of abuse, indicators, responding and reporting arrangements. The registered manager was able to describe how residents in the home were protected from abuse or harm. The home had a safeguarding champion and the registered manager was knowledgeable about the need to complete an annual safeguarding position report.

Additional safeguards are in place depending on the individual needs of residents. The home also works with the trust Positive Behaviour Support team to ensure the safety of residents. A range of options is utilised and considered to best support residents and consideration of human rights was evident in discussion with the registered manager. Any restrictions to ensure residents safety are discussed and agreed in conjunction with residents, relatives and multi-agency professionals, with a corresponding risk assessment and care plan contained in care records.

The registered manager reported that there had been no falls since the previous inspection.

### **Views received following the inspection through returned questionnaires**

Those persons completing questionnaires indicated that they were either very satisfied or satisfied with the safety of care in the home. One relative commented, "My (relative).....is well and happy and can sign her needs which are always followed up well."



**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing levels, staff recruitment, induction, training, supervision, risk management and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.4 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

**Admission, assessment and care planning**

Review of one care file and discussion with the registered manager confirmed that a pre-admission assessment and correspondence with families and multi-agency professionals are obtained. In addition, potential residents and their family are encouraged to visit the home as part of the admission process and these processes together ensure the suitability of residents’ being admitted to the home.

Person centred care plans outlined residents’ support needs and preferences including areas such as communication, personal care and nutrition. There were arrangements in place to refer residents to dieticians and speech and language therapists as required; guidance and recommendations provided were reflected within the individual resident’s care plans and associated risk assessments.

Care plans were regularly updated to ensure they accurately reflected the needs of residents. Care plans were signed with residents and/or their relatives to confirm consent. Annual care reviews were completed and the homes’ report and minutes retained within care records. Where minutes had not been received the in a timely manner, the registered manager advised that the home requests them.

Staff were able to provide examples of how they use their knowledge and understanding of individual residents’ needs and preferences to ensure they received appropriate care and support in a timely manner. For instance, when residents with sensory needs were going out on an outing, care is taken to ensure the chosen venue is not too noisy and staff were aware of residents’ favourite places to visit and places to go for walks. On another occasion, staff had responded promptly in regard to an issue pertaining to skin care.

**Communication**

Information was communicated to staff through a range of means, such as regular supervision, house meetings and staff meetings; the home also uses technology through mobile phones to communicate with staff.



There is a broad range of communication styles used with residents including face to face conversation, observation of non-verbal cues and behaviours, texting and also Makaton signs. Discussion with staff confirmed that their knowledge of each residents' life story, preferences, needs and lifestyle was important.

Observation of staff and the registered manager's interaction with residents and a family member and discussion with all those concerned confirmed that there is effective communication. A family member commented, "They (staff) have always been extremely welcoming (when visiting)... and (the registered manager) keeps in touch if anything is needed." Staff reported that there is good team-work.

### **Meals and meal-times**

Discussion with residents and staff confirmed that the quality and variety of the meals provided was very good. There was evidence that residents were encouraged to make their own breakfast and lunch and that residents and staff had the choice to eat a meal together in the evening.

A new menu had been developed and a staff member commented, "We have all different kinds of food, meat and vegetarian and we cater for gluten free. We have a lot of good cooks, it's always delicious." The registered manager commented, "They really like the fish and burgers at present and we have put more local food (on the menu) which they love." To support choice, the registered manager reported that given the size of the home, if a resident chooses to make their meal choices on a daily basis, this is accommodated.

### **Views received following the inspection through returned questionnaires**

All but one of those persons completing questionnaires indicated that they were either very satisfied or satisfied with the effectiveness of care in the home. One returned questionnaire indicated that the person was unsatisfied with the effectiveness of care; the questionnaire did not indicate if it had been completed by a resident or a relative and no comments by way of explanation were included.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping and communication between residents, staff, family members and members of the multi-professional team.

### **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                |

## 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

### Culture and Ethos of the home

Interactions between staff, residents and a visitor were relaxed and friendly and there was a pleasant atmosphere within the home. Residents appeared relaxed, happy and at ease with staff; staff listened to residents and a visitor attentively. A resident reported that she now felt settled in the home and that her lifestyle had improved since moving into the home. There was evidence through discussion with staff, a resident and a visitor that residents are treated with dignity and respect and that staff are kind, caring and approachable. Discussion with staff and the registered manager evidenced that there was a focus of recognising residents' abilities and supporting their independence.

Residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily and weekly routines were recorded. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible and person-centred approach.

### Activities

The two properties that are registered as the residential home are situated in Holywood town centre and efforts are made by staff to utilise the community resources available, including easy access to shops, cafes, the coastal path, a nearby forest and public transport. Staff and residents spoke about the wide range of individualised activities available for residents; these included activities in the bakery and café in Holywood, engaging in hobbies, crafts, attending courses and outings with staff or with friends and family.

One resident talked about how she had recently enjoyed attending the St Patrick's Day Parade with staff in Belfast and had especially enjoyed travelling into Belfast by train. A resident commented, "I like colouring in and sometimes I do arts and craft and watch DVDs. I've a lot of friends who come down to see me and take me out. There is something going on all the time."

### Resident involvement

Discussion with staff and a resident confirmed that residents were encouraged to participate in the annual review of their care with their trust keyworker.

Residents choose to attend monthly house meetings which gave them the opportunity to discuss any issues and to make suggestions and plans. This was a relaxed forum and was used by staff to gather feedback about the quality of care and services provided in the home. Plan activities and also to share information with residents. In addition, staff, residents and a visitor reported that the registered manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was also a satisfaction survey completed annually by residents, their family members and staff. The registered manager reported that questionnaires had been distributed and findings would be included in the 2018- 2019 report.

## Views received following the inspection through returned questionnaires

All of those persons completing questionnaires indicated that they were either very satisfied or satisfied that care is compassionate in the home.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and listening to and valuing residents and their families.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

## Management and governance arrangements

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager advised that the homes Statement of Purpose was under review.

The home's registered manager has applied to RQIA as the responsible individual and this application is being processed. Camphill Community Holywood is recognised as an intentional community and the home is staffed by paid staff and volunteers; the latter are referred to as co-workers in the home. The term 'staff' in this report refers to both. The registered manager reported that she is always the person in charge unless alternative arrangements have been made in her absence i.e. when she is on holiday.

Staff, residents and a visitor were observed to be comfortable and familiar with the registered manager. Discussion with staff confirmed they felt that the registered manager and assistant manager were available, approachable and responsive to any issues raised in the home.

A range of policies and procedures was in place to guide and inform staff. Policy and procedures in the home were reviewed and updated as required or on three yearly basis. Inspection of the home's policies including adult safeguarding, health and safety and resident admissions had been updated within the last year.

The registered manager outlined the audit arrangements in the home. A range of audits are undertaken every month and these are repeated at different intervals for example, monthly, quarterly, six monthly or annually. Audits for medication, the environment, fire safety, accident and incidents staff training and staff files were sampled.

Monthly monitoring visits and reports are carried out which includes review of audit and governance arrangements, as well as the quality of care provided in the home. The registered manager reported that she values these visits as an independent quality assurance process. Review of these reports confirmed that there were action plans in place to address identified issues and these were followed up during the subsequent monitoring visit.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Review of complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. RQIA's complaint poster was available and displayed in the home.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

### **Views received following the inspection through returned questionnaires**

Ten of the twelve persons completing questionnaires indicated that they were either very satisfied or satisfied with how the care and/or home is well-led/managed. One staff and one other person indicated that they were undecided and no comments were provided.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

### **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                |

## **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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