



# Unannounced Care Inspection Report 22 November 2018



## 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)

---

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care and accommodation for four persons with a learning disability. The home is comprised of two properties in Hollywood; 'the flat' is registered for one place and 'Riverside' is registered for three places.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Camphill Community – Holywood  <b>Responsible Individual:</b> Ms Andrea Diesel – registration pending	<b>Registered Manager:</b> Ms Andrea Diesel
<b>Person in charge at the time of inspection:</b> Lauren Kendal, Assistant Manager until 12.00 Andrea Diesel, Registered Manager thereafter	<b>Date manager registered:</b> 15 June 2015
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 4

### 4.0 Inspection summary

An unannounced care inspection took place on 22 November 2018 from 10.30 to 15.40.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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, staff training, the home's environment, activities, meals, taking account of the views of residents, governance arrangements and quality improvement.

One area requiring improvement was identified in regard to ensuring that at least a weekly record of the health and well-being of residents are completed.

Residents said and indicated to the inspector that they were happy living in the home and enjoyed their lifestyle.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Andrea Diesel, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 January 2018.

#### 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 previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, assistant manager, four residents and one staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Four questionnaires were returned from four residents' representatives and from seven staff within the agreed timescale.

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

- Staff duty rota for week commencing 19 November 2018
- Induction programme for new staff
- One staff supervision and annual appraisal record
- Two staff competency and capability assessments
- Staff training schedule and training records
- One staff file
- One residents' care file
- Complaints and compliments records
- A sample of audits
- Accident, incident, notifiable event records
- Annual Quality Review report for 2017/18
- Evaluation report from annual quality assurance survey 2017/18
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records – advised to use a separate template to record information
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 19 July 2018**

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

**6.2 Review of areas for improvement from the last care inspection dated 30 January 2018**

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> <b>Ref:</b> Regulation 20. – (3) <b>Stated:</b> Second time	The registered person shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in the absence of the registered manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of two competency and capability assessments.	

**6.3 Inspection findings**

**6.4 Is care safe?**

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were not used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff questionnaires confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager and review of records confirmed that competency and capability assessments were undertaken for any person who was given the responsibility of being in charge of the home for any period in the absence of the manager.

Discussion with the registered manager and review of one staff file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

The registered manager verified that arrangements were in place to monitor the registration status of staff with their professional body. The registered manager and assistant manager spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The registered manager advised there were no restrictive practices within the home and on the day of the inspection none were observed.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the Trust and noted to be regularly updated and reviewed as necessary.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal protective equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. The inspector provided details of IPC environmental and hand hygiene audit template which the registered manager reported would be implemented.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the Trust and RQIA with appropriate records retained.

“The Falls Prevention Toolkit” was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit.

A general inspection of the house at Riverside was undertaken and the residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Discussion took place with the resident who lives in ‘the flat’ and it was agreed that the inspector would visit the flat during the next inspection.

Inspection of the internal and external environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager advised that the home’s policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety and hot surfaces etc.

The registered manager verified that the home’s most recent Legionella risk assessment had been undertaken during April 2016 and all recommendations had been actioned or were being addressed. The registered manager verified that an updated assessment had been requested and efforts were ongoing to confirm a date. The registered manager agreed to confirm by email to the estates inspector when the updated legionella risk assessment had been completed.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 7 February 2018 and all recommendations had been actioned or were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

A resident spoken with during the inspection made the following comment:

- “I feel safe here. It feels just like home. They (staff) know me well.”

Eleven completed questionnaires were returned to RQIA from residents’ visitors/representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied, satisfied or undecided.

One respondent raised a concern regarding the safety of their relative in the promotion of independence. This was shared with the registered manager following the inspection who reported that the goal of independence had been discussed at the latest care review and continues to be monitored.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with the General Data Protection Regulation (GDPR).

A review of one care record confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans. Care needs assessment and risk assessments (e.g. finance, medication and travelling) were reviewed and updated on a regular basis or as changes occurred. A daily/regular statement of health and well-being of the resident had not been completed; one area for improvement was identified. The inspector advised that resident’s records should detail: all personal care and support provided; changes in the resident’s needs,



usual behaviour or routine and any action taken by staff; unusual or changed circumstances that affect the resident and any action taken by staff; contact with the resident's representative about matters or concerns regarding the health and welfare of the resident; contact between the staff and primary health and social care services regarding the resident; incidents, accidents or near misses occurring and action taken.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of medication, mandatory training, personnel records and care reviews were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, house meetings involving residents' and staff meetings.

Observation of practice evidenced that staff were able to communicate effectively with residents. One relative commented in a returned questionnaire that they were 'very impressed by the staff and management' regarding their use of Makaton. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, RQIA inspection reports and annual quality review reports were available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

One resident and staff member, spoken with during the inspection made the following comments:

- “I’m independent, I do things for myself.” (resident)
- “It (teamwork) is good; we are good together.” (staff)

Seven completed questionnaires were returned to RQIA from residents’ visitors/representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied, satisfied and undecided.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other interested parties.

**Areas for improvement**

One area for improvement was identified in regard to the completion of a daily/weekly statement of health and well-being of the resident.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.6 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.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager, staff and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence, dignity and confidentiality were protected.

Discussion with staff confirmed that residents’ spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care and participate in monthly house meetings.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and an action plan was made available for residents and other interested parties to read. Improvements made as a direct result of the resident consultation included providing assistance for a resident to enrol on a new course.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in individual meaningful activities. Upon arrival, the inspector observed two residents making Christmas cards with a member of staff. A resident spoke about how they enjoyed the food, a range of activities including working in the bakery, arts and craft activities and had recently visited a twilight market. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, staff had supported a resident to identify and enrol in a course of interest; plans were in place to support the resident to attend.

One resident commented:

- They (staff) are very kind, very easy to talk to. I like living here.”

Seven completed questionnaires were returned to RQIA from residents' visitors/representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied, satisfied or undecided.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, activities, meals and taking account of the views of residents.

### **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

## 6.7 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**

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

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

A review of accident and incident records confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There was evidence of managerial staff being provided with additional training in governance and leadership. For example, the registered manager was scheduled to attend training on mental health and learning disability and on supporting medication in social care. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion took place with the registered manager in respect of the application made as responsible individual. The registered manager reported that the Regulation 29 visits would continue as she valued the independence governance.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The home collected equality data on residents and the registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Five of the seven completed questionnaires that were returned to RQIA from residents' visitors/representatives and staff answered this question. Residents' representatives described their level of satisfaction with this aspect of care as very satisfied or satisfied. A staff member indicated that they were very dissatisfied and commented that there was 'a lack of budget for further qualifications.' The staff member's concern was passed to the registered manager for their review and action as appropriate.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements and quality improvement.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrea Diesel, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>	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>Ref:</b> Standard 8.2	<b>Ref:</b> 6.5
<b>Stated:</b> First time	
<b>To be completed by:</b> 1 December 2018	<b>Response by registered person detailing the actions taken:</b> -weekly records are now maintained

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care