

Inspection Report

11 May 2023



Camphill Community Holywood

Type of service: Residential (RC)
Address: 1 Riverside, Holywood, BT18 9DB
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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Camphill Community Holywood Responsible Individual: Mrs Edeline Le Fevre	Registered Manager: Ms Andrea Diesel Date registered: 15 June 2015
Person in charge/Person met at the time of inspection: Ms Andrea Diesel	Number of registered places: 4
Categories of care: LD – learning disability LD(E) – learning disability – over 65 years	Number of residents accommodated in the home on the day of this inspection: 4
Brief description of the accommodation/how the service operates: This is a residential care home which is registered to provide care for four residents with a learning disability.	

2.0 Inspection summary

An announced joint estates & care inspection took place on 11 May 2023, from 10:00am to 11:30am in connection with variation application ref VA011984.

This inspection focused on the newly adapted sections of the premises associated with the variation application to provide one additional en-suite bedroom.

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.

4.0 The inspection findings

4.1 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 5 June 2022		
Action required to ensure compliance with Residential Care Homes Minimum Standards 2021		Validation of compliance
Area for improvement 1 Ref: Standard 8.5 Stated: First time	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.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 28.3 Stated: First time	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.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 31 Stated: First time	The registered person shall ensure that two members of staff verify the personal medication records and medicines administration records when they are written and updated to confirm that they are accurate. Ref: 5.2.1	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

4.2 The inspection findings

4.2.1 Is the newly adapted section of the home compliant with the Department of Health's (DoH) Residential Care Homes Minimum Standards and with other relevant legislative requirements and Approved Codes of Practice (ACOPs)?

Alterations were made to the existing premises to provide an additional bedroom with en-suite facilities providing an accessible shower, toilet and wash hand basin. The bedroom and the associated en-suite exceed the current DoH Minimum Standards with regards to area and critical dimensions, and were found to have been constructed and decorated to a high standard. The en-suite facilities also have suitable controls in place to ensure safe hot water is provided. At the time of the inspection it was noted that a thermostatic mixing valve (TMV) was required at the wash hand basin, the bedroom furniture was not suitably secured in place and the bedroom door required adjustment to ensure it fully self-closed. These issues were confirmed by the manager as completed with photographs provided, in an email received on 15 May 2023.

Documentation presented prior to the inspection and forwarded following the inspection indicated that the premises and the engineering services and equipment are installed and commissioned in line with relevant legislation, ACOPs and best practice guidance. Local Authority Building Control approval was obtained in respect of the internal alterations. All relevant risk assessments, including for fire and water safety, had been updated to take account of the alterations and additions made to the home.

4.2.2 Care Inspector findings.

We spoke with the manager during the inspection who described the changes made within the home, the systems being used to manage this and the intended increase of the residential beds.

The manager confirmed that all staff had been recruited and all the required checks had been completed in keeping with regulation. Staffing levels, structure and the deployment of staff was discussed with the manager in relation to the increase to 5 beds. The staffing levels will be reviewed and monitored at subsequent care inspections.

There were systems in place to ensure staff were trained and supported to do their job. Discussion with the manager confirmed that they possessed a sound understanding of their role, responsibilities and accountability under the legislation.

We discussed with the manager the governance and schedule of audits to monitor and report on the quality of care and services provided in the home.

There were systems in place to manage, for example, complaints, reporting notifiable events to RQIA and other relevant bodies and completion of a monthly monitoring report.

A copy of the Statement of Purpose and Patients' Guide was submitted to the RQIA prior to the pre-registration visit. This was reviewed and found to be satisfactory.

We discussed the plan in place for admissions to the home. The manager stated that admissions will be completed on a phased basis following a pre-admission assessment.

5.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	3*

* the total number of areas for improvement includes two that have been stated for a second time and are carried forward for review at the next inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with Residential Care Homes Minimum Standards 2021	
Area for improvement 1 Ref: Standard 8.5 Stated: First time	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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 28.3 Stated: First time	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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered person shall ensure that two members of staff verify the personal medication records and medicines administration records when they are written and updated to confirm that they are accurate.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>



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