

Inspection Report

16 December 2021



Camphill Community – Mourne Grange

Type of service: DCA/Supported Living
Address: 169 Newry Road, Kilkeel, BT34 4EX
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www.rqia.org.uk

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 – Mourne Grange	Registered Manager: Miss Elizabeth Dixon
Responsible Individual: Mr Peter Dewdney	Date registered: 12/06/2015
Person in charge at the time of inspection: Miss Elizabeth Dixon	
Brief description of the accommodation/how the service operates: Camphill Community – Mourne Grange is a supported living type domiciliary care agency which provides a service to individuals who reside in Mourne Grange, Kilkeel, which is a life sharing community. There were 53 individuals receiving care and support at the time of the inspection, all of whom were living at Mourne Grange and most of whom were sharing their homes with other villagers and community members. <i>At the request of the people who use Camphill Mourne Grange the community has requested that RQIA refer to these individuals as ‘Villagers’.</i>	

2.0 Inspection summary

An announced inspection was undertaken on 16 December 2021 between 09.50 a.m. and 12.00 a.m. by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphasia and Covid-19 guidance.

There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and villagers’ experience.

It was good to note some of the compliments received by the agency during 2021:

- “Thank you for everything you do you are amazing.”
- “The work you do is tremendous and the impact big.”
- “We are blessed to have ***** there having the support and lifestyle ***** likes.”

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.

The inspection focused on:

- contacting the service users and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

4.0 What people told us about the service?

We spoke with one villager the manager and one staff member.

Comments from villagers during inspection:

- "I feel safe and secure here."
- "I get in with others."
- "Good activities."
- "Staff help me with what I need."
- "The staff are good."
- "They help me keep in touch with family."
- "Any issues I would talk to staff."

Comments from staff during inspection:

- "My induction was comprehensive and helped me with the role."
- "My supervision is one to one and confidential."
- "I have completed all my training."
- "Staff communicate well with each other."
- "A very supportive manager."
- "The managers have an open door policy."
- "I really enjoy my role here."

We also supplied an electronic survey for staff to return comments to RQIA. We have included some of the comments received from staff:

- "Working with people with learning disabilities is very rewarding. They are very happy and their needs are met".
- "We get a lot of training on regular basis"
- "Residents care and needs come first and we are given lots of training".
- "It's a pleasure to work in community where put the care of the service users first."

- “This is a really positive place to work and I feel like I am making a difference to people’s lives.”

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



What you said in your questionnaire:

- “I like the outcome star.”
- “We are a team.”
- “I want Covid to be over.”
- “I like to assess Mourne Grange.”

You also sent a letter to us saying:

“Thank you for sending us the new questionnaires, we were part of working with TiLLI to make a new form that is better for us all. It’s good to see that this has changed. Some of the people in Mourne Grange took time to complete the form. We like the new form and that it can come to us in different ways. It was good there was more parts to the form for us to think about. We are lucky to live in Mourne Grange, but it’s good that people can say if they are not happy.”

“Sent on behalf of the voices group and everyone else in Mourne Grange.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Camphill Community – Mourne Grange was undertaken on 21 December 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of villagers was reviewed. The agency’s policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The agency has an identified Adult Safeguarding Champion (ASC). The (ASC) annual report was available for review and was satisfactory.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff are aware of the ASC and the procedure to follow if they have any concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter.

The agency has a system for retaining a record of referrals made to the relevant trust in relation to adult safeguarding. Records viewed and discussions with the manager indicated that a number of adult safeguarding referral had been made since the last inspection. Referrals were managed in accordance with the agency's policy and procedure.

The agency has provided villagers with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No reportable incidents had been received since that last inspection.

Staff have undertaken DoLS training appropriate to their job roles. The manager demonstrated that they had an understanding that villagers who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

Where a service user is experiencing a restrictive practice, examination of these care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate individual trust representatives.

The Manager confirmed the agency managed individual villagers' monies or valuables in excess of twenty thousand pounds. There was evidence that the agency had submitted appropriate documentation to RQIA.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. It was noted that staff were complying with PPE guidance during the inspection. The manager had in place a comprehensive Covid-19 risk assessment.

5.2.2 Question with regards care- Dysphagia.

The manager confirmed that the agency had received specific recommendations from Speech and Language Therapy (SALT) in relation to villagers' dysphagia needs to ensure the care received in the setting was safe and effective. Documents reviewed were satisfactory.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with villagers. Records viewed evidenced that criminal record checks had been completed for staff.

A review of the records confirmed that all staff are appropriately registered with NISCC. Information regarding registration details and renewal dates is monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with villagers, villagers' relatives, staff and HSCT representatives. The reports included details of the review of villagers care records, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned. We noted some of the comments made during the monthly quality monitoring:

Villagers:

- "It's good to say what you want."
- "I go to Killeel and wear a mask."
- "I like living in Mourne Grange and we all get in well together."
- "We can have our own ideas, but we need to listen to each other."

Staff:

- "I enjoy working in Mourne Grange and i think we offer a positive life to villagers."
- "We have such a positive relationship with families."
- "I encourage them to try something new."
- "I appreciate their flexibility at difficult times."

Relatives:

- "We can't thank Mourne Grange enough for keeping everyone safe."
- "My ***** has really flourished in Mourne Grange."
- "I think it's really great that they have worked as a team to support*****."
- "A unique and wonderful service."

HSC Staff:

- "***** is really happy with the new room and routine."
- "Villagers enjoy review meetings."
- "I'm impressed at how they have managed to keep everyone safe during Covid."
- "They have encouraged people to engage with me via Zoom."

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection.

The manager confirmed that the agency had received any specific recommendations from Speech and Language Therapy (SALT) in relation to villagers' dysphagia needs to ensure the care received in the setting was safe and effective. Dysphagia training records show that training is ongoing for all staff.

The manager described staffs role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the manager that the agency had not been involved in any Significant Event Analysis (SEAs) or Early Alerts (EAs).

It was positive to note that a number of care reviews had been completed in line with Covid restricted services and the agency must be commended for their actions. We noted some of the comments from villagers and others during this review:

- “I’m happy in Mourne Grange.”
- “I enjoy being able to see my family.”
- “I’m always willing to contribute to the community.”
- “I enjoy going to the workshops.”
- “I’m happy with ***** placement.”

6.0 Conclusion

Based on the inspection findings and discussions held RQIA is satisfied that this service is providing safe and effective care in a caring and compassionate manner and that the service is well led by the management team.

7.0 Quality Improvement Plan/Areas for Improvement

No areas for improvement have been identified where action is required.

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Elizabeth Dixon registered manager as part of the inspection process and can be found in the main body of the report.



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