



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Camphill Community - Mourne Grange
Agency ID No: 10982
Date of Inspection: 2 May 2014
Inspector's Name: Audrey Murphy
Inspection No: 17742

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of agency:	Camphill Community - Mourne Grange
Address:	169 Newry Road Kilkeel BT34 4EX
Telephone Number:	028 41760128
E mail Address:	info@mournegrange.org
Registered Organisation / Registered Provider:	Dr Arthur William Mitchell
Registered Manager:	Mr Andrew John Sargent
Person in Charge of the agency at the time of inspection:	Mr Andrew John Sargent
Number of service users:	51
Date and type of previous inspection:	24 June 2013, Primary announced inspection
Date and time of inspection:	2 May 2014 09:30 – 16:30
Name of inspector:	Audrey Murphy

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect supported living type domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	2
Staff	4
Relatives	0
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25	24

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The registered provider and the inspector have rated the service's compliance level against each good practice indicator and also against each quality theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Camphill Community Mourne Grange is a registered domiciliary care agency, based on the Newry Road, Kilkeel, Co.Down. Established in 1971, it is part of the Camphill Movement and a member of the Association of Camphill Communities in the UK and Ireland.

Camphill Community Mourne Grange is the home of around 130 people. At the time of the inspection there were 51 service users, many of whom were having their care commissioned by the Southern Health and Social Care Trust. There were also some service users from outside the Trust area including those from the South Eastern and Northern Trust areas and some from the Republic of Ireland and England.

The domiciliary care service is provided to adults with learning disabilities who reside in 11 properties across the 110 acre site. The services provided include personal care and social support. Many of the service users live and work together with co-workers and their families in a life sharing house community setting.

Staffing is provided by a combination of volunteers and paid staff and at the time of the inspection there were a total of 37 life sharing volunteers and 26 staff employed by Camphill Community Mourne Grange to meet the needs of service users.

Camphill Community Mourne Grange offers volunteering opportunities to individuals from overseas to join the community and around twelve volunteers had joined in the past year. At the time of the inspection the volunteers providing domiciliary care to service users had come from Korea, Germany and from other parts of the UK.

Summary of Inspection

The inspection was undertaken at the agency's registered office, 169 Newry Road, Kilkeel on 2 May 2014, 09:30 – 16:30.

The agency's registered manager was present throughout the inspection.

The agency's progress towards full compliance with the requirements and recommendations made at the previous inspection was assessed. The agency has fully met the five requirements stated previously and fully met one of the previously stated minimum standards. A recommendation has been restated and this refers to the service users' agreements outlining the allocation of care / support in respect of assessed needs.

In advance of the inspection, 24 staff returned a questionnaire to RQIA. The returned questionnaires provided evidence of staff having received training in adult safeguarding and staff indicated that their knowledge of the agency's reporting procedures were good or very good. Staff also reported that their competency in adult safeguarding has been assessed during group work and in completion of written exercises. Staff who returned a questionnaire all indicated that they had completed training in human rights and in the management of service users' finances and several commented positively on the quality of the training provided.

The staff who returned a questionnaire all indicated that each service user has a care plan that adequately reflects their needs and those service users' views are taken into account. Staff also indicated that the care plans have HSC Trust input and that staff have received training in the supported living model.

The inspector would like to thank agency staff and the service users for their full cooperation and participation in the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1.	15 (2)	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>This requirement refers to:</p> <ul style="list-style-type: none"> The agency demonstrating that the service users' transport agreements 	<p>The inspector was advised that since the previous inspection the HSC Trust had undertaken reviews of each service users' needs and care plans. Several service users had been charged by the agency for 'sleep over' costs however these charges had been suspended at the request of the HSC Trust.</p> <p>The inspector was advised the SHSCT had undertaken an audit of the agency's management of service users' finances in 2013 and had made several recommendations in relation to this.</p> <p>The transport agreements in place reflected a charge of £1.51 per mile. The inspector was advised that the transport agreements had been discussed during service users' reviews and that the HSC Trust had declined to sign the agency's transport agreements on behalf of service users. The records of review meetings reflected discussion of the transport needs of service users and there was evidence of transport costs being discussed during the review meetings.</p>	Two	Fully Met

		<p>are implemented in accordance with the relevant HSC Trust or other body commissioning services.</p> <ul style="list-style-type: none"> • The agency demonstrating that the service users' financial agreements are implemented in accordance with the HSC Trust or other body commissioning services and reflect all charges made to service users including 'sleep over' charges. 			
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2.	15 (6) (d)	<p>The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall -</p> <p>(d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>This requirement refers to specifying within the procedures the arrangements for ensuring that service users are not charged for goods or services which they do not avail of, for example meals, cultural events.</p>	<p>The inspector was assured that the practice of charging service users for good or services they do not avail of had ceased.</p> <p>The calculations undertaken for services including cultural events were examined and took into account the periods when service users are absent. There was a system in place to ensure that charges for services were reviewed weekly and monthly to ensure overcharges were not made.</p>	One	Fully Met
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3.	16 (2) (a)	<p>The registered person shall ensure that each employee of the agency— (a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>This requirement refers to mandatory training requirements for all staff.</p>	<p>The mandatory training requirements were discussed and the agency's training records were examined. It was evident that some staff had received aspects of their mandatory training while undertaking NVQ qualifications.</p> <p>The inspector was advised that 'house coordinators' coordinate the induction and training of new workers and that all staff supplied to work with service users complete an induction booklet and avail of shadowing opportunities during their induction period.</p> <p>The provision of training in challenging behaviour was discussed and the inspector was advised the HSC Trust had provided some bespoke training to agency staff in relation to individual service users.</p> <p>The agency's registered manager provides training in adult safeguarding.</p>	One	Fully Met
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4.	15 (5)	<p>The registered person shall, for the purpose of providing prescribed services to service users, so far as is practicable—</p> <p>(a) ascertain and take into account the service user's, and where appropriate their carer's, wishes and feelings;</p> <p>(b) provide the service user, and where appropriate their carer, with comprehensive information and suitable choices as to the prescribed services that may be provided to them; and</p> <p>(c) encourage and enable the service user, and where appropriate their carer, to make informed decisions with respect to such prescribed services.</p> <p>This requirement is in relation to the service users who are experiencing restrictive practices.</p>	<p>There were a number of service users experiencing restrictive practices including the use of a listening device and restricted access to personal items.</p> <p>There was evidence of HSC Trust involvement in the ongoing assessment of needs / risks in relation to these care practices and of the views of service users being reflected in the care records. There was also evidence of the use of restrictive practices being reduced following their review by the HSC Trust and through the implementation of alternative interventions.</p>	One	Fully Met
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5.	23 (1) (2) (3) (4) (5)	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in</p>	<p>At the request of RQIA, the reports of monthly quality monitoring visits were being forwarded to RQIA. The reports submitted to RQIA included the views of service users, their representatives and agency staff in relation to the quality of service provision.</p>	One	Fully Met
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		<p>relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p>			
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	4.2	<p>It is recommended that the service user agreements specify the matters outlined in Minimum Standard 4.2 and in particular:</p> <ul style="list-style-type: none"> • the care and support hours allocated to individuals • any charges that are applicable for additional services • the arrangements in place to allow service users to 'opt out' of additional services 	<p>A range of care and support plans were examined and itemise the areas of care and support provided to the individual.</p> <p>The inspector was advised by the registered manager that the HSC Trust have a 'block contract' with Camphill Community Mourne Grange and pay the same amount in respect of each individual. The inspector was advised that the life sharing model of service provision means that in reality service users receive a service provision that far exceeds the amount funded by the HSC Trust.</p> <p>However, it was not clear from the agency's records what each service user was receiving in relation to their individual assessed needs and this recommendation has been restated.</p> <p>The inspector was advised that service users can opt out of the agency's transport scheme.</p>	One	Partially Met

2.	1.1	<p>It is recommended that the values underpinning the standards inform the philosophy of care and staff of the agency consistently demonstrate the integration of these values within their practice.</p> <p>This recommendation refers to the inclusion of human rights considerations within the care records of service users and in particular where service users experience restrictive practices.</p>	<p>Human rights considerations have been included within the care records of those service users who experience restrictive practices.</p>	One	Fully Met
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Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Andrew John Sargent, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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


Audrey Murphy
Senior Inspector

4th February 2015.
Date



The Regulation and
Quality Improvement
Authority

REGULATION AND QUALITY

26 FEB 2015

IMPROVEMENT AUTHORITY

Quality Improvement Plan
Announced Primary Inspection
Camphill Community - Mourne Grange
2 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Andrew John Sargent during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	4.2	It is recommended that the service user agreements specify the matters outlined in Minimum Standard 4.2 and in particular the care and support hours allocated to individuals.	Two	<i>Service user agreements will be amended to comply with Standard 4.2 and will detail the care and support hours allocated to individuals. This will be completed within the identified timeframe</i>	31 March 2015

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: 


NAME: DR. ARTHUR W. MITCHELL
 Registered Provider

DATE 21/02/2015

SIGNED: 

NAME: ANDREW SARGENT
 Registered Manager

DATE 17/2/15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓		4/3/15
Further information requested from provider			