

Unannounced Care Inspection Report 12 March 2018



Camphill Community – Mourne Grange

Type of Service: Domiciliary Care Agency
Address: 169 Newry Road, Kilkeel, BT34 4EX
Tel No: 02841760128
Inspector: Jim McBride

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

Camphill Community – Mourne Grange is a supported living type domiciliary care agency which is provided to individuals who reside in Mourne Grange, Kilkeel, which is a life sharing community. There were 51 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 service users and community members.

The inspector would like to thank the staff and the service users for their warm welcome and full co-operation throughout the inspection process.

3.0 Service details

Organisation/Registered Provider: Camphill Mourne Grange Responsible Individual: Arthur Mitchell	Registered Manager: Elizabeth Dixon
Person in charge at the time of inspection: Elizabeth Dixon	Date manager registered: Elizabeth Dixon - 12/06/2015

4.0 Inspection summary

An unannounced inspection took place on 12 March 2018 from 09.30 to 13.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Evidence of good practice was found in relation to:

- The attitude and empathy demonstrated by management and staff interviewed on the day of inspection.
- The detailed person-centred approach to planning care and support.
- The standard of monthly monitoring reports.
- Leadership and governance arrangements, quality improvement and maintaining good working relationships
- Recruitment
- Induction and training.

A number of areas of good practice were commended by the inspector and are reflected in the main body of the report.

At the request of the people who use Camphill Mourne Grange the community has requested that RQIA refer to these individuals as 'Residents'.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	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 Elizabeth Dixon, 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 care inspection dated 9 January 2017

No actions were required to be taken following the most recent inspection on 9 January 2017.

5.0 How we inspect

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

- discussion with the registered manager and staff
- examination of records
- consultation with staff and residents
- evaluation and feedback

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with five residents and six staff members.

Comments from staff:

- “Training and induction is good.”
- “Staff are very supportive to each other.”
- “Good community involvement.”
- “The manager is very good and open to all staff communications.”

Resident comments:

- “Good activities’ and work.”
- “Good staff who communicate with us all well.”
- “I have no concerns here.”
- “I feel safe and secure here.”
- “People listened to me here.”
- “Good support from staff.”
- “I know how to complain.”

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report no staff views had been returned to RQIA via Survey Monkey.

The manager was also asked to distribute ten questionnaires to service users seeking their views on the quality of the service. Ten questionnaires were returned.

The following records were viewed during the inspection:

- residents' care records
- risk assessments
- monthly quality monitoring reports
- staff induction records
- staff training records
- records relating to staff supervision and appraisal
- complaints records
- incident records
- training records including:
 - safeguarding
 - service users monies
 - MAPA
 - fire safety
 - medication
 - manual handling
- induction policy (2017)
- whistleblowing policy (2017)
- adult protection policy (2017)
- complaints policy (2017)
- statement of purpose (2017)
- service user guide (2017)
- NISCC -staff documentation

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 9 January 2017.

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 January 2017.

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's processes in place to avoid and prevent harm to residents this included a review of staffing arrangements in place within the agency.

The inspector reviewed six staff personnel records. All of the staff members' recruitment records reviewed confirmed that they were or had applied to be registered with The Northern Ireland Social Care Council (NISCC) in line with NISCC timeframes and guidelines. The agency's registered manager confirmed the majority of staff are registered with (NISCC).

The agency recruits volunteers to support residents and the inspector noted that for volunteers from overseas, induction had taken place. The manager stated that all volunteers have appropriate clearance from their country of origin prior to being offered a placement.

The agency has an induction programme lasting in excess of the three day timeframe as required within the regulations; the inspector noted from records viewed and discussions with staff that the organisation's comprehensive induction plan is in line with Northern Ireland Social Care Council Standards (NISCC) Staff who spoke to the inspector confirmed that they are required to complete the full induction programme and said that they are supported to shadow experienced staff until they feel competent and confident in their role. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles.

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the core members. The agency's supervision and appraisal policies outline the timescales and processes to be followed. Staff who spoke to the inspector could describe the benefits of individual supervision and appraisal. The inspector viewed three individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency.

It was noted that during monthly monitoring visits the registered person monitors compliance with the agency's supervision and appraisal timeframes.

The inspector viewed the agency's staff training matrix and noted that the record showed that staff had completed relevant mandatory training or were scheduled to attend sessions in the coming weeks. Staff stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The inspector reviewed the agency's provision for the welfare, care and protection of core members. The staff could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has updated their policy and procedures to reflect information contained within the policy and has identified an Adult Safeguarding Champion (ASC).

Discussions with staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff also had knowledge of the agency’s whistleblowing policy. It was identified from training records viewed that staff are required to complete adult safeguarding training during their induction programme and in addition complete an annual update. Training records viewed by the inspector indicated that staff had received training in relation to adult safeguarding.

The inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to residents health, welfare and safety. It was noted that residents are supported to participate in an annual review involving the HSCT keyworker if appropriate and that care and support plans are reviewed annually or as required. The inspector viewed a range of risk assessments in place relating to individuals; it was identified that governance arrangements include a review of risk assessments and any practices deemed to be restrictive.

The manager confirmed that trust representatives were contactable when required regarding residents matters, and evidence of communication with trust professionals was viewed during inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, supervision, appraisal induction and training.

Ten returned questionnaires from service users indicated that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency’s arrangements for appropriately responding to and meeting the assessed needs of residents were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy.

The review of six care files identified there was robust assessment information in place. Current person-centred care plans are detailed and specific, outlining individual methods of communication and interpretation of behaviours. Care records were updated regularly to reflect changing needs. Residents' representatives were encouraged and enabled to be involved in the assessment, care planning and review process. The care records reflected multi-professional input into the residents' health and social care needs at annual review. Staff could describe a range of ways in which the agency seeks to maintain effective working relationships with the HSCT representatives and other stakeholders.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents. The inspector identified that monthly quality monitoring visits are completed comprehensively by the registered person or nominated deputy and a detailed action plan is developed. This is good practice and is commended. The inspector noted some of the comments made by residents, staff, relatives and the HSC trust staff.

Residents:

- "I feel well supported."
- "All the support needed is available."
- "The quality of the care is good."
- "I would approach staff if I had any concerns."

Staff:

- "Good working relationships."
- "A high level of care and support is offered."
- "Staff have a comprehensive knowledge of individual care plans."
- "Staffing levels are adequate at all times."

Relatives:

- "Communication is good."
- "I have no concerns about the quality of care."
- "I'm free to come and go at any time."

HSC Trust:

- "Residents are happy in their environment."
- "Care provided is very supportive and encouraging."
- "Excellent care is given both in physical and mental health needs."
- "Care supports independence, whilst reducing and managing risks effectively."

Records of quality monitoring visits viewed provide evidence of a robust system; they include comments made by residents and their relatives. The records include details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation and supervision and appraisal records.

The agency facilitates resident meetings. The agency maintains a record of items discussed; they also include the views of residents. The inspector noted some of the areas discussed during meetings:

- health and safety
- activities/holidays
- menus/food

The community also produces an information newsletter “Village Newspaper” the following areas are included:

- new staff
- activities
- birthdays
- what’s on
- pictures/articles

Staff meetings are facilitated; staff are required to sign the minutes of meetings to indicate that they have read and understood the matters discussed and the information provided.

The inspector noted some of the areas discussed during meetings:

- NISCC
- access Ni
- residents
- training
- activities

Staff stated that there was good teamwork and those who were interviewed or observed during the inspection clearly demonstrated the empathy, knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with senior staff if necessary.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the detailed person- centred care records and quality monitoring.

Ten returned questionnaires from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

During the inspection the inspector sought to assess the agency's ability to treat residents with dignity, respect and equality and to involve them and their relatives in decisions affecting their care and support.

Observations made during the inspection and discussions with agency staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the community. The manager and staff team were inspiring with their evident enthusiasm, empathy and willingness to do their very best for the residents. Staff could describe examples of how they support residents to enable them to live a more fulfilling life. The staff team includes co-workers volunteers from other countries. These arrangements endeavour to enrich the life experience of residents and allow them to engage in varied and diverse activities. These also incorporate a variety of day opportunities.

Staff and residents indicated that the care and support is provided in a person centred manner. This was very evident in the detailed person focused descriptions in residents' files. Staff described how they have made efforts to develop knowledge of each resident's individual needs and aspirations.

The inspector viewed a range of documentation that indicated that the agency has systems to record comments made by residents and/or their representatives. Systems for effectively obtaining the comments and views of are maintained through the agency's complaints process; quality monitoring visits and care review meetings.

Areas of good practice

There were many examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of residents in a range of meaningful activities.

Ten returned questionnaires from service users indicated that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 inspector reviewed management and governance systems in place within the agency to meet the needs of the residents; it was identified that the agency has effective systems of management and governance in place.

Staff and volunteers who met with the inspector advised that the manager is very supportive and approachable; staff were also able to describe the process for obtaining support and guidance including the arrangements for out of hours.

A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales details within the minimum standards.

The agency's complaints policy details the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It should be noted that the agency has received no complaints since 2016.

It was identified from a range of information reviewed that that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints. During the inspection process the inspector viewed evidence of appropriate induction, training, supervision and appraisal. A selection of the agency's monthly quality monitoring reports was examined and evidenced robust monitoring of the quality of the services provided and engagement with the residents, their representatives, agency staff and HSC Trust professionals.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose (2018) is kept under review, and has been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSC Trust representatives.

The inspector noted a survey was carried out amongst the residents within the community in 2017. The inspector highlighted some of the questions asked of the residents to comment on the quality of the service.

- What do you like best about Mourne Grange?
- What do you like least about Mourne Grange?
- Do you feel you are treated equally?
- Do you get to do the things you enjoy?
- Are you happy with the help and support you get in Mourne Grange?

- Are you happy with the help and support you get in Mourne Grange?
- Do you know about your care plan?
- Are you happy with your review meetings?
- Do you know how to ask for help if you have a problem?
- Do you know how to make a complaint?

Some of the comments received:

- “I get to go to the coffee shop every week”
- “Going to weavery“
- “Workshops”
- “Walks around the community”
- “Living with all my friends”
- “It’s just like being at home”
- “The support staff”
- “I spent my money on DVDs”
- “I spent my money in the Coffee Shop”.

The inspector also noted the survey completed by carers who had an opportunity to comment on the following:

- Are you happy with the care and support provided to your family member?
- Are you happy with the systems in place to manage your family member’s finances?
- Are you happy with the annual review meetings?
- Do you think that in Mourne Grange we respect equality and diversity?
- Do you know how to make a complaint if you have any concerns or issues?

A range of positive responses were provided about the service offered by Mourne Grange, no negative comments were received that required any further follow up.

Areas of good practice

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

Ten returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)