

Inspection Report

7 November 2022



Camphill Community – Mourne Grange

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Camphill Community – Mourne Grange	Registered Manager: Miss Elizabeth Angela Dixon
Responsible Individual: Mr. Peter Dewdney	Date registered: 12 June 2015
Person in charge at the time of inspection: Miss Elizabeth Angela 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 54 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.	

2.0 Inspection summary

An unannounced inspection took place on 7 November 2022 between 09.15 a.m. and 11.45 a.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation care planning, training and record keeping. There were good governance and management arrangements in place. The outcomes for people using the service reflected the principles and values of promoting choice and control, independence and inclusion.

It was good to note some of the compliments received by the service from various sources we have noted some examples:

- “Words are not enough for the kindness and support you gave to my family.”
- “Thanks for the companionship, patience and support.”

Mourne Grange uses the term ‘villagers’ to describe the people to whom they provide care and support. For the purposes of the inspection report, the term ‘service user’ is used, in keeping with the relevant regulations.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'. RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with service users and staff members.

The information provided indicated that there were no concerns in relation to the agency. Comments received included:

Service user's comments:

- "No complaints."
- "We have good activities."
- "Staff are easy to talk to."
- "The manager is good and she is nice."

- “It’s good to be here with all my friends.”
- “My house is good and we get on well together.”

Staff comments:

- “I’m aware of my responsibilities to NISCC as a care worker and adhere to their values and standards and guidance.”
- “All my training is up to date.”
- “Good comprehensive staff induction that prepares you for the role.”
- “We provide person centred care and support.”
- “I have one to one supervision regularly.”
- “Staff communicate well with each other.”
- “The manager is approachable and has an open door policy.”
- “We promote activities and community participation.”
- “Independence, choice and dignity all promoted always.”
- “A nice family atmosphere here.”
- “No issues or concerns.”

During 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:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “I am very happy.”
- “I like my room.”
- “I’m glad Covid has gone.”
- “I had a big birthday this year and saw my family.”

No staff responded to the electronic survey.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 16 December 2021 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The Adult safeguarding champion report was available for review and was satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of any referrals made in relation to adult safeguarding. Records reviewed and discussion with the manager indicated that no safeguarding referral had been made since last inspection.

Staff were provided with training appropriate to the requirements of their role.

There was also evidence of regular contact with service users and their representatives.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves.

The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training relevant to their job roles. The manager reported that no current service users were subject to DoLS arrangements.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users and families had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Care plans promoted people's independence as far as possible. Staff were encouraged to prompt people to be independent to help them maintain control. Service users and families are involved in providing their feedback through regular reviews. This helped to ensure service users preferences and views were known and respected.

We noted some of the comments received during recent reviews:

- "I'm happy with everything that is on offer to my relative."
- "I'm happy with the care and support."
- "This is like a second family."
- "I have no issues or concerns."

It was good to note that the agency had completed an annual quality report, seeking feedback on the current quality of care from service users and other stakeholders. The documents reviewed showed positive outcomes. Feedback received included comments from both service users and carers. We have noted some of the comments received:

Service users:

- "I love being able to make the apple juice."
- "Being able to go for walks."
- "It's my space and I love being able to put up pictures."
- We all work together at the house meeting, I get to decide my plan for the week
- "I like my support worker."
- "They keep my medication in a cupboard and I get it at the right time in the morning."
- "I'm able to plan my money for the month and how much to take into town."
- "I used to worry but I don't now".

Family/Carers:

- “Family day was really lovely and a great chance to hear about the work in Mourne Grange. The Village News really helps with that as well. It was also really lovely to be able to meet with other families.”
- “I have no concerns and it really is a home from home. I know that house coordinators really care.’
- “The house is beautiful and there is a real attention to detail. They are always busy making sure that anything in the main house that needs fixed is sorted out they are very safety conscious.’
- ‘The review meeting is always very relaxed and it’s been lovely to have them in person again.”
- “It’s good to take time to sit down and share with each other.”

It was also positive to note that the agency had service user house meetings on a regular basis which supported the service users to discuss what they wanted to achieve from the service and any activities they would like to become involved in, menu planning wellness money, health and safety and things about the last meeting.

Some service users comments included:

- “We are all feeling alright.”
- “Everyone feels well and happy.”
- “A new villager has joined us and is very welcome.”
- “We all need to help each other with tasks.”
- “We like going for walks and playing in the swings.”

The service delivered had also been regularly reviewed through a range of internal and external audits. The provider regularly sought a good range of feedback from individuals and their relatives, which was consistently positive.

It was important that service users with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet/easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

5.2.3 What are the systems in place for identifying service users’ Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT and documents in place were satisfactory. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records identified no shortfalls in the recruitment process. Confirmation including criminal record checks (Access NI) were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The agency had a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager confirmed that volunteers did not undertake any personal care duties and that Access NI checks had been completed. Records reviewed verified this.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; the records included the names of those attending the training event, the dates of the training.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

Comments received during quality monitoring:

Service users:

- "We get to decide things at the village assembly."
- "I'm happy with the way I'm cared for."
- "My review was much better in person."
- "I like the outcomes star."

Staff:

- “We are really like one big family.”
- “I can talk anything through with my house coordinator.”
- “Training is good and important.”
- “It’s important that care reviews are a positive experience.”

Relatives:

- “Family day was fabulous.”
- “I enjoy being able to contribute.”
- “Mourne Grange are very flexible.”
- “We like coming to reviews they are quite relaxed.”

HSC Trust representatives:

- “We never have any issues with Mourne Grange.”
- “Attendance at training is always good.”
- “I have no concerns with the process of recording and reporting.”
- “They offer such great opportunities.”

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency’s registration certificate was up to date, as was their insurance details as required.

There was an open culture, led by the manager and described by staff as being approachable and supportive to all.

There was a system in place to ensure that complaints were managed in accordance with the agency’s policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since last inspection.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

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



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