

# Inspection Report

13 December 2021



## Camphill Community

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

<b>Organisation/Registered Provider:</b> Camphill Community - Clanabogan	<b>Registered Manager:</b> Ms Peggy Faulhaber
<b>Responsible Individual:</b> Mr Martin Sturm	<b>Date registered:</b> 02 October 2009
<b>Person in charge at the time of inspection:</b> Ms Peggy Faulhaber	
<b>Brief description of the accommodation/how the service operates:</b> Camphill Community – Clanabogan is a supported living type domiciliary care agency which provides a service to individuals who reside in Clanabogan which is a life sharing community.  There were 29 individuals receiving care and support at the time of the inspection, all of whom were living in the Clanabogan community and sharing their homes with other service users and community members. Community residents are supported by 40 staff which includes the manager.	

## 2.0 Inspection summary

An announced inspection was undertaken on 13 December 2021 between 09.50 a.m. and 11.50 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 service users' experience.

It was good to note some of the compliments received by the agency during 2020/21:

- “Just to say thank you for your support to \*\*\*\*\* and us all throughout the past year.”
- “Thank you all so much for trying to maintain normality in difficult times.”

- “Lovely memories over the years my \*\*\*\*\* has been in Clanabogan. So good still maintaining this despite the problems.”

### 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 manager during this inspection, however due to a local outbreak of Covid.19, no service users or staff were available for comment.

We did provide staff with an electronic survey for return to RQIA.

No staff comments were received prior to the issue of this report.

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:



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:

- “My care is very well.”

- “The staff are good support.”
- “Everything is good, I get on with the staff.”
- “Tell others your ideas.”
- “Good questionnaires”
- “Prefers if someone would come and talk to xxx about the questionnaire”

## 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 - Clanabogan was undertaken on 17 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 service users 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 one 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 service users 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 service users 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 service users' 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 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The manager confirmed that the agency had received specific recommendations from Speech and Language Therapy (SALT) in relation to service users' 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 service users. 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 service users, service users' relatives, staff and HSCT representatives. The reports included details of the review of service user 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:

#### **Service users:**

- "I like being supported here."
- "I like the support workers I can talk to them."

- "I enjoy talking to the new family."
- "I'm happy here I get all I need."

**Staff:**

- "I have no concerns about any of our residents."
- "I love going to my work."
- "All residents are fine and in good form."
- "A challenging year but we pulled together."

**Relatives:**

- "I'm happy to be kept informed."
- "My \*\*\* is happy in the house and is understood by all staff."
- "They have my \*\*\*\*\* best interest at heart."
- "I'm happy with \*\*\*\*\* care and support."

**HSC Staff:**

- "I have no concerns and the family speak highly of the support."
- "I think Camphill has so much to offer."
- "This is very much my client's home."
- "Reviews are well prepared and person centred."

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 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).

The agency had completed an annual quality service review and we noted some of the comments from service users, staff, relatives and HSC Trust staff:

**Comments:**

- "The management of Covid has been exemplary."
- "I feel safe and secure."
- "I was supported to maintain family contact."
- "I am grateful for the hard work and dedication."
- "They have gone beyond their remit."
- "I'm extremely happy with the care \*\*\*\* receives."
- "Good person centred care provided."

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 service users and others during this review:

- "I have no worries or concerns."

- “Clanabogan is my home.”
- “Life is good.”
- “I’m well cared for here.”
- “I would speak with support workers if I had any worries.”
- “Good close communication by staff is apparent.”

## 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
<b>Total number of Areas for Improvement</b>	0	0

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



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