

Announced Care Inspection Report 17 December 2020



Camphill Community - Clanabogan

Type of Service: Domiciliary Care Agency
Address: 15 Drudgeon Road Omagh BT78 1TJ
Tel No: 028 82256100
Inspector: Jim McBride

www.rqia.org.uk

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 provider 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 – 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 30 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 32 staff which includes the manager.

3.0 Service details

Organisation/Registered Provider: Camphill Community Responsible Individual: Mr Martin Strum	Registered Manager: Ms Peggy Faulhaber
Person in charge at the time of inspection: Ms Peggy Faulhaber	Date manager registered: 02 October 2009

4.0 Inspection summary

An announced inspection took place on the 17 December from 09.45 to 12.45. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the last inspection on 9 March 2020 RQIA were not notified of any notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within the service, a decision was made to undertake an on-site inspection. To reduce any risk this inspection was carried out adhering to all Covid-19 socially distanced guidance.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines. Covid-19 education and management including: infection prevention and control were found to be in line with latest guideline measures.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

The findings of this report will provide the manager 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 Ms P Faulhaber 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 March 2020

No actions were required to be taken following the most recent inspection on 9 March 2020.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and any written or verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 16 June 2020

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell us' cards, service user's questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. The information received shows that people using the service were satisfied with the current care and support. Comments received are included below.

Questionnaire comments from service users:

- "I'm happy and content living in Clanabogan."
- "I have no concerns or worries about an aspect of my care."
- "Life is good on Camphill."
- "My care is good and I appreciate the support from staff."
- "My ***** care has never been compromised."
- "***** has been cared for holistically and completely in every aspect of life."

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately.

During the inspection we communicated with the manager and staff and had the opportunity to meet service users.

Service user comments during inspection:

- "Staff are good."
- "Good manager."
- "I have no complaints."
- "My house is friendly."
- "I do miss getting out at this time."
- "I feel safe and secure."
- "I have got used to the PPE."

- “I keep in touch with my family.”
- “Staff listen to me if I have complaints.”
- “I’m happy here.”

Staff comments during inspection:

- “Good team support.”
- “Good management.”
- “Supervision is regular.”
- “Training is good and the Covid guidance is good.”
- “I feel safe and secure.”
- “Induction is comprehensive and prepares you for the role.”
- “We always offer choice.”
- “I’m satisfied that any complains would be listened to.”

We would like to thank the service users and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Inspection findings

Recruitment:

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

Staff spoken with said that training was valuable and gave them the skills to undertake their role. New staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff. This was confirmed by the staff spoken with.

Staff were supported by supervisions and appraisals. It was noted that these had been consistent with the agency’s policy and procedure and helped to enable them to review their practice. From review of records, we could see the formats gave staff the opportunity to raise any concerns and discuss their own personal development.

The agency’s provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015.

On the day of the inspection it was noted that no incidents had taken place since the previous inspection 9 March 2020.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received one complaint since their previous inspection 9 March 2020.

A review of records confirmed that all staff are currently registered with The Northern Ireland Social Care Council (NISCC). We noted that the manager had a system in place each month for monitoring registration status of all staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Service quality:

The agency had completed an annual quality review and the service users had the opportunity to feedback on the quality of the service it was good to note the positive feedback.

We reviewed a number of monthly quality monitoring reports that show good satisfaction levels in place for service users, staff and other stakeholders. We noted some of the comments received from service users, staff, relatives and HSC staff:

Service users:

- “I like living here my friends are here.”
- “I’m happy with the support I get.”
- “I can talk about any problem and know I will be listened to.”

Staff:

- “A good staff mix and well balanced team.”
- “Good leadership and am listened to.”
- “I enjoy working here and I’m well supported.”

Relatives:

- “I’m happy with the way my ***** is cared for and supported.”
- “I’m appreciative of the ingoing support.”
- “I’m grateful for the care and support.”

HSC Staff:

- “I’m pleased with the standard of care.”
- “The team are good and have a high understanding of needs.”
- “I’m satisfied and have no concerns.”

Care planning and review:

The ‘About Me’ section of individual care plans provides succinct ‘needs to know’ information about the service user. This information enables staff to adopt a consistent, user led approach, to support the service user effectively.

We reviewed care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan

- Individual action plans
- Risk assessments
- Reviews

The agency must be commended for their ongoing work with annual reviews for individuals.

We noted some of the comments provided during annual reviews:

- “Close communication with family.”
- “***** has benefited from the close family environment.”
- “The last year has been fine.”
- “I do enjoy it here.” “I’m well supported here.”

Staff we spoke with demonstrated good caring values and a desire to provide service users with high quality personalised care. They knew service users well including their choices and preferences. This was evidenced when speaking with service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Covid-19:

We spoke with the manager and staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily in line with guidance
- Used PPE storage and disposal
- Staff training and guidance on: a. infection prevention and control and b. the use of PPE, in line with the current guidance.

We reviewed records relating to infection prevention and control policies which were in-line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office.

We reviewed records indicating that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance.

Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the agency for service users, staff and visitors to use to ensure and promote good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and staff spot check the use of PPE during shifts. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a sensitive manner, whilst being caring and compassionate.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring tenants for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

Areas of good practice

Compliance with the Covid-19 guidance relating to IPC and PPE

Areas for improvement

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.



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