

Unannounced Care Inspection Report 7 March 2018



Camphill Community - Clanabogan

Type of Service: Domiciliary Care Agency
Address: 15 Drudgeon Road, Omagh, BT78 1TJ
Tel No: 02882256100
Inspector: Jim McBride

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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 – Clanabogan is a supported living type domiciliary care agency which is provided 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. The inspector would like to thank the staff, co-workers and the community residents for their warm welcome and full co-operation throughout the inspection process.

3.0 Service details

Organisation/Provider Camphill Community Clanabogan Responsible Individual: Martin Strum	Registered Manager: Peggy Faulhaber
Person in charge at the time of inspection: Peggy Faulhaber	Date manager registered: Peggy Faulhaber - 02/10/2009

4.0 Inspection summary

An unannounced inspection took place on 7 March 2018 from 09.15 to 13.50.

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 quality 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 Clanabogan Community; the community has requested that RQIA refer to these individuals as 'community 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 Peggy Faulhaber, 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 8 August 2016

No further actions were required to be taken following the most recent inspection on 8 August 2016.

5.0 How we inspect

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

- discussion with the registered manager, deputy, staff and volunteers
- examination of records
- consultation with staff and community 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 four community residents and six staff members and two volunteers. The inspector would like to thank all the above for their warm welcome and their full cooperation through the inspection process.

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. Eight questionnaires were returned.

Comments:

“I enjoy living in the community.”

“Very good staff they take us out.”

“I have no concerns about my care and support.”

”I have no worries in Sunrise.”

“I’m happy.”

“I’m happy with all the support I get.”

Staff /volunteers comments made to the inspector during the inspection:

- “Training is excellent.”
- “My induction was comprehensive and support by other staff.”
- “We have good staff commitment.”
- “Good staff communication.”
- “Staff support each other well.”

Community resident’s comments made to the inspector during the inspection:

- “I really do love everyone here.”
- “No place like here it’s the last move I make.”
- “Staff sit with you and discuss your worries.”
- “Staff listen and help if you have any concerns.”
- “I’m safe and secure here.”
- “People are very caring it peaceful here.”

The following records were viewed during the inspection:

- Community 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 8 August 2016

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 8 August 2016

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 community 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 community residents and the inspector noted that for volunteers from overseas, induction had taken place. The two volunteers interviewed verified that they had shadowed staff as part of induction procedures in people's homes. The manager stated that all volunteers have appropriate clearance from their country of origin prior to being offered a placement and evidence of this was in files examined.

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 endeavour to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the community residents. 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 community residents health, welfare and safety. It was noted that community 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.

Eight 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. Community 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 community residents, staff, relatives and the HSC trust staff.

- **Community residents:**
- "I would tell if I had a problem."
- "I have the best life here it's my life."
- "I like who I live with."
- "I'm safe and happy here."
- "I just moved and get on with everyone."

- **Staff:**
- "I'm happy with the staffing levels."
- "We work well as a team and have good co-workers."
- "I'm happy that this lives up to my expectations."
- "*** is a good role model for other staff."

- **Relatives:**
- "I have only praise and gratitude to express."
- "I'm fully satisfied with the service given to *****."
- "I'm happy that *****s choices and wishes are being promoted."
- "I have never seen **** so happy and positive,"

- “I could not be happier with the house and the team.”
- **HSC Trust:**
- “I am happy with the care and support provided.”
- “I have no concerns, communication is good.”
- “I am very happy and impressed with support for my client.”
- “My client is free to express wants and needs I have no concerns.”

Records of quality monitoring visits viewed provide evidence of a robust system; they include comments made by community 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 community resident meetings. The agency maintains a record of items discussed; they also include the views of community residents. The inspector noted some of the areas discussed during meetings:

- activities
- environment
- wellbeing
- concerns
- health and safety
- meals and menus
- reflections on events

Staff meetings are also 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:

- reviews of community residents
- planning
- policies and procedures
- health and safety
- suggestions
- concerns
- co-working

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.

Eight 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 community 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 and volunteers 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 community’s residents. Staff /volunteers could describe examples of how they support community residents to enable them to live a more fulfilling life. The staff team includes co-workers and volunteers from other countries. These arrangements endeavour to enrich the life experience of community residents and allow them to engage in varied and diverse activities. These experiences also incorporate a variety of day opportunities.

Staff and community 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 community residents’ files. Staff described how they have made efforts to develop knowledge of each community 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 community 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.

Eight 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 community 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 people supported, 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 community residents within the community in 2017. Some of the questions listed below allowed the community residents to comment on the quality of the service:

- Do you have good relationships with others?
- Do you get support to solve any problems you have with others?
- Do you feel that your money and valuables are safe?
- Do you get the support you need when you don't feel well?
- Do you feel safe in the Community?
- Do you like the way co-workers support you?
- Do they listen to what you say?
- Do you get support to communicate?
- Who can you talk to if you have a problem?
- Do you feel you can visit your family and friends when you want to?
- Do you like the way your PCP meeting happens?
- Do you feel you have a say about any changes that happen in the Community?

Comments:

- "I like my room, it is a lovely colour, and I like purple. I get on well with everyone here. I like the outings we go on, and I like going to the plays as well. I am happy here."
- "I love talking at my PCP."
- "I am happy living here, I enjoy it, it is a peaceful house and I have what I need. I go to Mass every Sunday and as well as the farm I have lessons with 'J' and I enjoy them. I can use a computer and have a lot of interests I can study. I would like to go further with this and maybe do to do an evening course in the South West College. I get on fine well with everyone in the house, I have no problems."
- "I am grand, I have a nice big room, and two big doors to go outside, so I can just easily go out and enjoy my pipe. I like to listen to my music in my room and I still do lessons with 'K' and go to the Dromore Day centre on a Friday. I have no problems here, why would I?"
- "People make time to talk and listen."
- "I am happy working here. I enjoy working outside, I like the farm work, I like feeding the animals, and I am happy with what I am doing and want to stay working here. I have no problems."

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

- Home Life,
- Assessments and Support Planning,
- Work / Day Opportunities,
- Social Integration and Personal Fulfilment,

- Administration and Finance
- Quality assurance.

Some of the Comments received from carers:

- “I am very happy with the level of support that ‘Z’ gets, I think the structure of the house suits him well. He is supported to be involved in all those things that interest him and is encouraged to be an active part of the wider community.”
- “I am very happy with all the work done to support my brother.”
- “We are very grateful for all ‘G’ and her team do for our *****. Everything is done with her best interest at heart, she has a rich and varied life and enjoys a broad range of activities and interests, and this is something that we couldn’t offer her. We are thankful for the kindness, the grace, the patience and the love that is given to her. We also are more than happy with the excellent communication with the house. We are able to feel fully involved and informed and this gives us great confidence in the care and support she receives and this is so reassuring for us.”
- ‘Y’ has a rich and fulfilling life here in Clanabogan, he does the work he loves, he has always enjoyed being outdoors and loves that using water is part of his working life. We are grateful for this big life he has and knowing he is happy and fulfilled enriches our lives. We are grateful for the support he and we receive.”
- “There is considerable flexibility in the pattern of ‘Y’s work in the Bakery. This accommodates the fact that he tires more easily now in his xxxxx but also offers a structure that helps him maintain a useful role in the Community.”

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.

Eight 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.



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