

Inspection Report

27 October 2022



Camphill Community - Clanabogan

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

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Organisation/Registered Provider: Camphill Community - Clanabogan	Registered Manager: Miss Peggy Faulhaber
Responsible Individual: Mr. Martin Strum	Date registered: 02/10/2009
Person in charge at the time of inspection: Miss Peggy Faulhaber	
Brief description of the accommodation/how the service operates: 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. Individuals receiving care and support at the time of the inspection were living in the Clanabogan community and sharing their homes with other service users and community members. Community residents are supported by staff which includes the manager.	

2.0 Inspection summary

An unannounced inspection took place on 27 October 2022 between 10.00 a.m. and 13.30 p.m. The inspection was conducted by two care inspectors.

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:

- “Thanks for all the help and support in recent years, it’s greatly appreciated.”
- “It’s good for my relative, an excellent place.”
- “We can never repay you for the job you do.”
- “A huge thank you for your leadership and the steering of the community.”

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:

- "I like having my own space."
- "I feel happy and safe."
- "If I had a problem or was unhappy I would speak with staff."
- "I like living here and enjoy the food."
- "I love the weaving and I'm involved every day."
- "I'm happy living in Clanabogan."

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 staff induction that prepares you for the role.”
- “We provide individual choice to service users.”
- “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 daily.”

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?

No service user questionnaires were returned prior to the issue of this report.

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

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 13 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 two of the current service users were subject to DoLS arrangements. All documentation reviewed was satisfactory.

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 living here.”
- “I’m happy the way my relative is supported.”
- “I’m happy working with others.”
- “Very appreciative of the care offered to my relative.”
- “I’m happy living in the service and do not want to move.”
- “The placement meets my relative’s needs and has helped them develop and grow as a person.”

It was good to note that the agency had completed an annual quality report, seeking feedback on the current quality of care from service and other stakeholders. The documents reviewed showed positive outcomes. The agency states that quality assurance processes are integral to ensuring an ongoing high quality service provision. Throughout the year the processes that drive service improvement are both formal and informal.

The information obtained in this annual report comes from monitoring, reviewing and auditing processes as well as from the input and feedback of the range of people engaged with or in our service. The information collated has informed the Service Improvement Plan for the upcoming year of 2022. Feedback received included comments from:

- The service users
- The families / representatives
- The staff
- The Board
- The HSCT representatives

We noted some of the comments received:

Service users:

- “I like everyone I live with, they are my friends.”
- “COVID was difficult, I couldn’t get out as much, it was hard not meeting other people.”
- “If I have a problem there is always someone I can talk to.”

Families:

- “My relative lives as full a life as it is possible for her to do, thanks to the opportunities and encouragement provided by all those looking after her.”
- “Management at Camphill throughout COVID kept us informed and updated in line with changes to government guidelines. A huge amount of work and effort was dedicated by management and staff to minimise the stress and inevitable changes that COVID brought to the community.”
- “Annual reviews are thoroughly prepared and the amount of time and immense input is greatly appreciated.”

Staff:

- “A happy place to work and a great place for the residents.”
- “The management team are very approachable. I still love it after 8 years and consider myself very lucky to have a great workplace where I feel a part of the team and community.”
- “There have been efforts to provide more activities for older, retired residents, which is very good to see.”

HSC Trust:

- “I am very happy with how the annual review was organised. Getting the information beforehand really helped. I think the annual review demonstrated how involved residents are and how individualised care and support is. I have no concerns.”
- “I also feel staff are very proactive when it comes to the physical health needs of the residents, any concerns are always followed up.”

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.

Some service users comments included:

- “I like here.”
- “I am well and enjoyed my birthday.”
- “All my family are well.”
- “It’s good to be back.”
- “I have no worries.”
- “I love the speech sessions.”

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.

The agency used the services of another outside registered care agency, records reviewed verified all the required records in place including a comprehensive induction document.

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:

- "I'm happy living here."
- "I'm happy with the support I get in the house."
- "I get help to keep my room tidy."
- "I like the chat and have no complaints."

Staff:

- “Day to day communication is good.”
- “I feel very well supported.”
- “I’m happy with my induction.”
- “The teamwork here is good we talk and discuss things.”

Relatives:

- “The staff communicate well with my relative.”
- “I cannot think of a better place for my relative.”
- “My relative is a happy fulfilled person living a meaningful life.”
- “I’m more than happy with the individual attention my relative receives.”

HSC Trust representatives:

- “Staff are very committed to service users.”
- “I’m kept informed and we work well together.”
- “I’m very happy with the care and support my client receives.”
- “There is so much to offer that benefits people.”

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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