

Unannounced Care Inspection Report 28 February 2018



Camphill Community - Clanabogan

Type of Service: Domiciliary Care Agency
Address: 15 Drudgeon Road, Omagh, BT78 1TJ
Tel No: 028 8225 6100
Inspector: Jim McBride

www.rqia.org.uk

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 provides a service to individuals who reside in Clanabogan, which is a life sharing community.

There were 28 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/Registered Provider: Camphill Community – Clanabogan Responsible Individual: Martin Sturm	Registered Manager: Peggy Faulhaber
Person in charge at the time of inspection: Peggy Faulhaber	Date manager registered: 2 October 2009

4.0 Inspection summary

An unannounced inspection took place on 28 February 2019 from 09.15 to 13.45.

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.
- Leadership and governance arrangements, quality improvement and maintaining good working relationships
- Recruitment processes
- Induction and training systems
- Quality audits
- The provision of safe, compassionate, effective and well led care.

A number of areas of good practice were commended by the inspector and are reflected in the main body of the report.

Community resident's comments:

- "People who help are all good."
- "Any complaints are handled well."
- "I feel safe and secure here."
- "There is lots of co working."
- "My personal care is good; I'm always treated with dignity and respect."
- "Staff always listen to you."
- "We are all equal and get well treated."

Staff comments:

- "People are central to the process."
- "Supervision and appraisal is one to one and confidential."

- “Training is discussed with managers and we have a say in topics.”
- “We create a good sense of community and community involvement.”
- “Choice and being proactive for residents is important.”
- “Choice over lifestyle is encouraged by all staff.”

At the request of the people who use Clanabogan 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 the community resident’s 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 and Anna Mc Gurn Social Care and General Management Facilitator as part of the inspection process.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 7 March 2018

No further actions were required to be taken following the most recent inspection on 7 March 2018.

5.0 How we inspect

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.

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

- discussion with the registered manager
- discussion with staff
- discussion with community residents
- examination of records.

The following records were viewed during the inspection:

- six care records relating to community residents
- monthly quality monitoring reports since July 2018
- annual quality review

- staff meeting minutes
- house meeting records
- staff induction records
- staff training records pertaining to:
 - safeguarding
 - medication
 - General Data Protection Regulation (GDPR)
 - record keeping
 - moving and handling
 - community residents monies
 - infection control
 - MAPA
 - diabetes awareness
 - consent and capacity
- six records relating to staff supervision/appraisal
- Safeguarding policy (2018)
- Whistleblowing policy (2018)
- Complaints policy (2018)
- Statement of purpose (2018)
- Service user guide (2018)

During the inspection the inspector met with the manager and four community workers, who all gave a comprehensive overview of the service. The inspector also had the opportunity to meet with four community residents. Comments received have been included in this report.

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 seventeen staff responses had been returned to RQIA via Survey Monkey.

Staff survey results show that staff members were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

Survey Comments:

- “Very friendly and well informed staff, homely environment”
- “A very people focused and forward thinking organisation”
- “Wonderful place”

The inspector also asked the manager to distribute ten questionnaires to tenant’s. Eight service user questionnaires were returned.

Questionnaire comments:

- “I’m happy with my care and have no concerns.”
- “My care is good and well looked after.”
- “I feel safe and secure here and I’m happy.”

The inspector requested that the registered manager place a 'Have we missed you...?' card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. At the time of writing this report the inspector had spoken with four relatives and has included their responses:

Comments:

- "I could not say enough positive things about the service."
- "My ***** has settled so well she's part of great community."
- "A great supportive community."
- "The staff are second to none and all care so much."
- "My ***** has really blossomed."
- "A great sense of community both giving and taking."
- "I just want to take this opportunity to contribute my view, which is the view of my whole family, that Camphill Community Clanabogan is exceptional in every way."
- "My **** has lived there for more than 20 years with amazing continuity of care in an environment that is basically a loving secure home. Nothing is ever too much trouble and all needs are anticipated and met with astonishing commitment and care."
- "Communication with the family has always been exceptional. Everything about Camphill Community Clanabogan in our long experience is absolutely excellent."
- "Increasing needs are taken into account and wonderfully provided for."
- "My son receives an excellent service."
- "We as a family are delighted with the progress our son has made."
- "I have no problems with staff communication."
- "We feel blessed."
- "Nothing concerns me my ***** is so well looked after."
- "Concerns raised are dealt with positively."
- "Possessions are respected and well looked after."

The inspector would like to thank the staff and community residents for their warm welcome and full 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 Review of areas for improvement from the most recent inspection dated 7 March 2018.

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 7 March 2018

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.

Staff recruitment is co-ordinated and processed by a recruitment group. Documentation viewed and discussions with the manager indicated that the agency has in place robust recruitment systems to ensure that staffs are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified.

The agency's training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with the manager and staff indicated how staff are required to attend induction training and are required to complete an induction competency workbook. Staff are required to shadow other experienced staff employed by the agency for approximately three weeks during induction. This was confirmed by the staff who met with the inspector. The staff are provided with a handbook and had access to the agency's policies and procedures.

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The manager is required to sign all records to confirm that the staff member has been deemed competent at the end of the probationary period.

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 individual community residents.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC).

The agency has an electronic system in place for managing staff training; the manager could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete mandatory training and in addition a range of training specific to the needs of individual service users. Training provided to staff is a combination of classroom based and E Learning. A system is in place to review staff mandatory training and update training as required.

It was good to note that staff have attended a range of training additional to that stated in the Minimum Standards e.g. managing service user monies, GDPR, consent and capacity and diabetes awareness.

The inspector reviewed the agency's provision for the welfare, care and protection of community residents. The manager could describe the agency's response to the DoH regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the staff could describe their key areas of responsibility. The agency's policy and procedures clearly detail the process for staff on reporting concerns.

Staff demonstrated a clear understanding of adult protection issues; and could clearly describe the procedure to be followed which was in accordance with the agency's policy and procedures and good practice guidelines.

Training records viewed by the inspector indicated that staff had received training in relation to adult protection. From training records viewed staff are required to complete adult protection training during their induction programme, update annually and a classroom based update two yearly.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to community residents health, welfare and safety. The agency's risk management policy outlines the procedure for assessing and reviewing risk; it details that comprehensive risk assessment and safety management plans are required to be completed in conjunction with community residents. Community residents are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required.

A number of individuals have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs. The inspector viewed a range of risk assessments in place relating to individual community residents; it was identified that the monthly review arrangements include an audit of risk assessments and any practices deemed to be restrictive.

Areas of good practice:

There were examples of good practice identified throughout the inspection in relation to: Staff Recruitment, induction, training, supervision, appraisal and adult protection.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

Regulations	Standards
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Total number of areas for improvement	0	0
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6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. Staff records indicated that they had received training relating to record keeping, confidentiality, data protection and GDPR. On the day of inspection the agency's staff personnel and community resident's records were retained securely and in an organised manner.

The manager and staff could describe how community residents are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans. During the inspection the inspector viewed a number of care records; staff record daily the care and support provided and that the views and choices of community residents are reflected.

Discussions with the manager indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered. The inspector identified that monthly quality monitoring visits and an action plan is developed if required.

The monitoring officer has ensured that each quality monthly monitoring report includes an effective level of detail of their findings during the visit. The inspector noted some of the comments from community residents, staff, relatives and HSC Trust staff:

Community resident's comments:

- "I am really excited about my new home."
- "I'm very happy here, this is my home."
- "I'm happy with the house and how it's run."

Staff comments:

- "Our team is solid."
- "There is good team working."
- "We have open and honest communication."
- "***** is a good leader with a fair and balanced approach."
- "I was given more responsibility and I was ready for it."

Relatives' comments:

- "We are delighted that **** life is so full."
- "I have no concerns but, could freely voice them if needed to."
- "***** is relaxed and happy in the house."

HSC Trust staff comments:

- “I could not praise the staff enough.”
- “I have no concerns, both **** and the family are happy.”
- “We are building up good relationships.”
- “I am happy with the communications.”

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is effective. The records includes details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and training. It was good to note that individual human rights considerations are monitored as well as any restrictive practices.

The manager could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSC Trust representatives and other stakeholders.

Discussions with the manager and staff and observations made during the inspection indicated that the agency has systems to promote effective communication between community residents, staff and other key stakeholders.

Individual house and staff meetings are facilitated within the agency 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 community residents and staff meetings:

Staff meetings:

- individual reviews
- policies and procedures
- human rights and restrictive practice
- concerns
- health and safety
- co-working
- suggestions and improvements.

House meetings:

- wellbeing
- activities
- environment
- menus
- health and safety
- concerns
- events past and present.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between community residents, staff and other relevant stakeholders.

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.

Areas for improvement

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.

Discussions with the manager and staff and observations made by the inspector indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. The manager could describe examples of how staff support community residents to take positive risks to enable them to live a more fulfilling life. The inspector noted that care and support plans are audited regularly to ensure continuity of records and care support.

Staff have been provided with training and information in relation to human rights and confidentiality during their induction programme. The agency has provided community residents with information relating to human rights, advocacy and adult safeguarding.

Processes to effectively engage and respond to the comments and views of community residents and were appropriate their representatives, are maintained through the agency’s complaints process, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and community residents meetings.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of community residents.

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.

Areas for improvement

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.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The agency's complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with the manager and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received.

It was identified from records viewed that the agency had no complaints since the previous inspection. There are management and governance systems in place within the agency to promote and drive quality improvement.

Discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA.

During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction, training, supervision and appraisal.

The manager could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

The inspector discussed arrangements in place that relate to the equality of opportunity for community residents and the importance of the staff being aware of equality legislation, whilst recognising and responding to the diverse range of needs.

The inspector noted that the agency collects equality information in relation to community residents, during the referral process. The data is used effectively with an individual's involvement when a person centred care and support plan is developed. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of community residents.

Discussions with the manager highlighted evidence that supports community residents' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication

- user involvement
- safeguarding
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended.

Positive feedback was received from the annual customer satisfaction survey completed by the agency. The inspector has highlighted some of areas that community residents had the opportunity to comment on:

- Do you have good relationships with others?
- Do you get support to solve any problems you have with others?
- Do you get the support you need when you don't feel well? For example to visit a doctor, dentist or psychiatrist.
- Do you feel safe in the Community?
- Do you like the way co-workers help you?
- Do they listen to what you say?
- Do you get support to communicate?
- Who can you talk to if you have a problem?
- Is there anything stopping you from asking for help?
- Do you enjoy the work and day opportunities in the Community?
- Do you like the way your PCP meeting happens?
- Do you feel you have a say about changes that happen in the Community?
- Do you feel you are supported to arrange transport when you need it?

A selection of community resident's comments received during the survey:

- "I get good support from x and x, I talk to them if I get upset and when I do this they listen to me and then I don't have to get angry. I can relax myself instead. I sometimes go to my parents in ***** but Columba House is my real home."
- "I like Riverstown House, I like going out. I am very happy; my friends are in the house. I have no problems."
- "I love my room, I always talk to staff if I have problem, I like the way I am supported I am very happy living here."
- "This is my home, I am happy in this house. I like the people I live with but some people have different feelings than me. We have to be kind and understand one and other."
- "I like being in the Bakery, we make a lot of nice things and we learn a lot. There is a lot to do. I have a lot of favourite jobs. We all help to keep the bakery clean and tidy. I would talk to 'S' if I ever had a problem. I have no problems."
- "I enjoy coming here, I working with x. I get on well with everyone in the wood workshop. I completed my QCF; I did a lot of work for it and have tried out many new things. I am happy with my how my final piece turned out. I am happy with my work placement. I have no problems here."

The agency also asked for the views of relatives and other stakeholders. The inspector noted some of areas they were asked to comment on and has highlighted some of their feedback:

- Home Life
- Assessments and Support/Care Planning
- Work Life/Day Opportunities
- Social Integration and Personal Fulfilment
- Administration/Finance
- Quality Assurance

Comments:

- “We as a family are very happy with the service we receive. x is well looked after, her possessions and her health needs. She receives an excellent standard of care and support to meet her complex needs. She is supported but also encouraged to do things for herself.”
- “We continue to be amazed and so grateful to all involved on x care. The reverence with which he is treated is exemplary. The Community has brought ‘Q’ to a place of peace and contentment that we could not have dreamed of.”
- “X is very happy in both his work activities; he loves his woodwork and his farming. He has the freedom to come and go as independently as his ability allows.”
- “X responsibilities and work opportunities reflect his vision of himself as a capable man. He checks to see someone will replace him on bin day and on the farm when he will be absent from the Community. He enjoys all of his work and is proud of his woodwork achievements.”

Board Members comments:

- “Staff are responsive to the needs of the residents and the culture of the Community supports quality care.”

Professionals’ feedback:

- “In my professional opinion the services provided to my client is of excellent quality. The environment, level of service, opportunities provided etc. have been very positive in promoting my clients mental health and general wellbeing.”
- “Any experience I have had of the Camphill Clanabogan service has been very positive. Staff are friendly, approachable and share information about any changes in a prompt manner. “

Staff comments:

- “We work closely as a team and feel we have the one common objective to provide supportive empowering care for all our community residents.”
- I am getting to know everyone and things are going well so far. I have undergone my induction process and that was at the right pace and well managed. I feel as though I have settled into the team and am growing in confidence in what I do. If I am not sure I just ask, it’s open and easy to do so here. There is no one here looking at their phones ignoring the community residents; everyone works hard to ensure the needs of the community residents come first and what we have are happy engaged people. I am very happy here.”

- “I am fully satisfied that the culture of the organisation ensures that delivery of care and support is safe, compassionate and effective.”

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The Statement of Purpose and Service User Guide for the agency were reviewed and revised by the provider in 2018. The documents clearly describe the nature and range of the services provided and addresses all of the matters required by Regulation 5 (1) Schedule (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The manager stated that all staff are required to be registered with (NISCC) or other regulatory bodies as appropriate; it was noted that the agency’s policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates. Records viewed by the inspector indicate that all staff are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s management and governance arrangements and incidents.

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.

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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