

# Unannounced Care Inspection Report 08 August 2016



## Camphill Community – Clanabogan

**Type of Service: Domiciliary Care Agency – Supported Living**

**Address: 15 Drudgeon Road, Omagh, BT78 1TJ**

**Tel No: 02882256100**

**Inspector: Audrey Murphy**

## 1.0 Summary

An unannounced inspection of Camphill Community – Clanabogan took place on 8 August 2016 from 10:00 to 16:15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Competent delivery of safe care was evident on inspection. The agency has in place robust recruitment systems and ensures there is the appropriate number of suitably skilled and experienced staff at all times to meet the needs of service users.

There are satisfactory arrangements for ensuring that service users' needs are met and that any risks identified are managed appropriately.

No areas for quality improvement were identified.

### **Is care effective?**

Competent delivery of effective care was evident on inspection. The agency consistently responds appropriately to the needs of service users through the development and review of individualised care and support plans. The agency has implemented robust systems for quality monitoring, providing ongoing assurance of continuous improvement of services in conjunction with service users and their representatives.

No areas for quality improvement were identified.

### **Is care compassionate?**

Competent delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care and support.

The inspector identified evidence of positive outcomes for service users and it was evident that the views of service users are valued by staff.

No areas for quality improvement were identified.

### **Is the service well led?**

Competent delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are robust management and governance systems in place to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability.

The registered manager and senior staff fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery.

No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. 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.

### 1.2 Actions/enforcement taken following the most recent inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation / registered provider:</b> Camphill Community – Clanabogan/Mr Martin Sturm	<b>Registered manager:</b> Ms Peggy Faulhaber
<b>Person in charge of the agency at the time of inspection:</b> Ms Peggy Faulhaber	<b>Date manager registered:</b> 02/10/2009

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Records of notifiable events.

During the inspection the inspector met with five service users and five staff.

The following records were examined during the inspection:

- The Statement of Purpose and Service User Guide
- Reports of quality monitoring undertaken
- Care records
- Service improvement plan
- Staff handbook
- Staff allocation records
- Team meeting records

A range of policies and procedures relating to:

- Staff induction
- Staff appraisal and supervision
- Recruitment
- Adult safeguarding
- Reporting serious concerns / whistleblowing
- Records management
- Risk taking and risk management
- Consent and capacity
- Equal opportunities and diversity
- Complaints
- Accidents, Incidents and Near Misses

## 4.0 The inspection

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.

At the request of the inspector, the registered manager was requested to distribute some questionnaires to staff and service users for return to RQIA. Ten questionnaires were returned by staff and ten were returned by service users. Further details of feedback received from staff and service users can be found throughout this report.

The inspector would like to thank the staff and the service users for their warm welcome and full co-operation throughout the inspection process.

## 4.1 Review of requirements and recommendations from the last care inspection dated 21 August 2015

There were no requirements or recommendations from the last inspection.

## 4.2 Is care safe?

The agency's registered premises are located within the Camphill Community at Clanabogan and are suitable for the purposes of the agency, as set out in the agency's Statement of Purpose.

The agency's recruitment processes were examined during the inspection and this included a review of the agency's Recruitment and Selection procedures. The inspector was advised that a number of volunteers had recently been recruited from overseas and the inspector met with one overseas volunteer during the inspection. The agency's recruitment practices were in accordance with the regulations.

At the time of the inspection the agency was in the process of inducting a number of overseas volunteers. The agency's Induction Policy is based on the Northern Ireland Social Care Council's (NISCC) Induction Standards and new workers complete an 'introductory course' which includes training in the mandatory areas. New workers complete a work book and this is signed off by the staff member providing the induction.

The agency has in place arrangements for ensuring there are at all times adequate numbers of suitably qualified and experienced members of staff. The inspector met with staff members including support workers, a volunteer co-worker and vocational co-workers, all of whom reported adequate numbers of staff available to meet the needs of service users. The inspector was also advised that the life sharing model within Camphill Clanabogan provides service users with constant access to staff.

A staff member who returned a questionnaire commented:

- "The high level of staff gives great possibilities for the service users to work on personal development".

Staff who participated in the inspection confirmed they have regular supervision in accordance with the agency's Appraisal and Supervision Policy. Staff also confirmed they have an annual appraisal during which they develop a personal development plan.

The agency's staff training records were examined and provided evidence of uptake in training in a range of areas including adult safeguarding, fire safety, first aid, challenging behaviour, Down's syndrome, embracing dying. It was also noted that a number of staff were undertaking NVQ training.

A staff member who returned a questionnaire to RQIA commented:

- "The training and induction is excellent. Any questions raised are always answered fully".

Staff who participated in the inspection demonstrated their understanding of the agency's Reporting Serious Concerns / Whistle blowing policy. Staff advised the inspector that they would not hesitate to raise concerns within Camphill Community and that they were aware of external organisations including RQIA and the NISCC to whom they could report concerns.

The agency had made three adult safeguarding referrals to the HSC Trust since the previous inspection; records of the outcome of these referrals were available for inspection and evidenced that each referral had been screened out by the Trust.

All of the service users who returned a questionnaire to RQIA indicated that staff are trained to meet their needs and that the care received helps them to feel safe and protected from harm.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3 Is care effective?

The agency's Statement of Purpose was examined and appropriately reflected the range and nature of services provided.

The agency's Management of records policy was viewed by the inspector and details arrangements for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the agency's policy.

The inspector examined several care records and these were detailed and comprehensive. The service users' consent had been documented and records included detailed needs and risk assessments and care plans which evidenced involvement of the service user and their representatives. The care records were presented in a manner that promoted their accessibility to service users.

A staff member who returned a questionnaire commented:

- "We use our care plans and risks assessments as a live document and adjust accordingly".

The inspector was advised of a range of measures in place to promote the involvement of service users in their annual review meetings and service users who met with the inspector confirmed their involvement in care planning and reviews.

A service user who returned a questionnaire to RQIA commented:

"I like my annual PCP meeting with photographs of my life and work being shown".

The agency has in place comprehensive and robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring visits are completed by a member of the Camphill Community on behalf of the registered person. Records of monitoring visits examined included the views of service users, their relatives and where appropriate relevant professionals.

Staff who met with the inspector advised that the views of service users are sought daily and that service users' preferences are documented and communicated to all staff. Discussions with service users and observation of staff interaction during the inspection indicated that service users can access staff at any time. Several service users who met with the inspector described the process for reporting any issues or complaints to staff and service users made positive comments about their working relationships with staff.

All of the service users who returned a questionnaire indicated that they are involved in the development of their care plans and in the review of their care needs.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care compassionate?

Discussions with staff and service users and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation. It was also evident from the care records that service users are fully involved in their care planning and consulted regularly regarding the effectiveness of their care and support.

The agency has in place has systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives. The views of service users are documented during monthly management council meetings, in monthly house meetings and annual reviews. Service users' views have also been sought through questionnaires issued by the agency.

All of the service users who returned a questionnaire indicated that their views and opinions are sought about the quality of the service provided and that they are treated with dignity and respect.

The agency has a range of policies in place to promote the delivery of compassionate care; these include the Consent and Capacity Policy and the Equal Opportunities and Diversity Policy. The agency has an equality action plan which including promoting awareness of equality of opportunity and non-discriminatory practice in the community.

Service users who met with the inspector provided a range of examples relating to how staff promote their dignity, privacy and provide care and support that is respectful of their choices and preferences. It was evident from speaking with service users that they were receiving individualised and person centred care and support from the agency.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account the views and feelings of service users and supported them to make informed choices and decisions. The inspector was advised of the use of Makaton in the community and the provision of weekly classes for all community members to promote this form of communication.



## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is the service well led?

The agency's policies and procedures were available for examination and were indexed and presented in a comprehensive manner. The inspector noted that several policies had been updated since the previous inspection and there were arrangements in place to ensure the policies and procedures are reviewed at least every three years, in accordance with the minimum standards.

The agency's complaints policy was examined and was in accordance with the regulations and standards. The inspector was advised that there had been no complaints received since the previous inspection. Staff who participated in the inspection demonstrated their awareness of the complaints process and service users also indicated how they would make a complaint. All of the service users who returned a questionnaire indicated that they were satisfied that any concerns or complaints would be listened to and responded to.

Discussions with the registered manager and staff provided assurances that there were effective working relationships maintained by the registered person with staff. Staff stated that they can access support from the registered manager at any time and described the process for receiving support in the absence of the manager. Staff also referred to the strong peer support available within Camphill Community – Clanabogan.

The agency's incident records evidenced a range of incidents occurring in the homes of service users including medication and behavioural incidents. Discussion with staff and examination of the records provided evidence of appropriate management of each incident including referral to the HSC Trust. There was evidence of learning from incidents being disseminated throughout the staff team through discussion at 'home group' meetings.

Staff could describe lines of accountability and knew when and who to discuss concerns with. The inspector was informed that staff were confident that the manager and senior staff listen to and appropriately address any concerns or issues raised. Staff could describe the detail of the agency's whistleblowing policy and their responsibility to report any concerns or issues.

The agency's quality monitoring arrangements were examined and these include monthly visits to service users' homes and documenting the views of service users, their representatives, agency staff and professionals. The monitoring records examined were detailed and included action plans, updates on progress made towards improvements to be made and timescales. It was good to note the quality monitoring included reference to any restrictive practices being implemented, staffing arrangements and incidents and near misses.

The agency's Annual Quality Report was examined and the agency has developed a service improvement plan on the basis of feedback received from service users. Service improvements identified include training in diabetes, advocacy and empowerment and increasing the numbers of staff undertaking QCF training.



A member of staff who returned a questionnaire to RQIA commented:

“I feel that as an employee at Camphill that the management team go over and above their duties to ensure that Camphill Community Clanabogan is led to the highest of standards. I am very happy to be part of the working team here.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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