Inspection Report

30 August 2024

Camphill Community – Clanabogan

Type of service: Domiciliary Care Agency
Address: 15 Drudgeon Road, Omagh, BT78 1TJ
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Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Camphill Community - Clanabogan **Responsible Individual:** Mrs Evelyn Diane Stevenson – registration pending	**Registered Manager:** Ms Peggy Faulhaber **Date registered:** 2 October 2009
Person in charge at the time of inspection: Ms 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.	

2.0 Inspection summary

An unannounced inspection took place on 30 August 2024 between 9.20 a.m. and 6.15 p.m. The inspection was conducted by a care inspector.

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 and dysphagia management were also reviewed.

Areas for improvement identified related to restrictive practices and policies and procedures.

Good practice was identified in relation to service user involvement and service users' activities and outings. There were good governance and management arrangements in place.

Camphill Community – Clanabogan uses the term villagers to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 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 survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, staff members and a relative.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "Great place to live. I like going to the Bakery and making pizza."
- "Everyone is really nice here."

- "The co-workers are so so very good to me. I am very happy living in Camphill. I never have had more independence than I do have here."
- "I go swimming, to the cinema, shopping and out for meals. I also enjoy working in the Weavery."

Service user's relative's comments:

- "I cannot speak highly enough of Camphill. My daughter's needs, wishes and preferences are always respected by staff. Staff encourage choice and independence. My daughter is very happy in the shared living community. I have no suggestions for improvement to the service."

Staff comments:

- "I am very well supported in my role and got a very detailed induction in to the role. Good training provided and detailed training."
- "The service users are very well supported here and everything they do is person centred. We promote independence and choice at all times."
- "I feel there is a high standard of care and support provided. We consider all the service users likes and preferences in planning their day."
- "The service users' artwork has been recently displayed in a local Arts Theatre."

One service user returned a questionnaire and indicated that they were very satisfied with the care and support provided.

There were no responses from staff to the electronic survey.

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 1 June 2023 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 safeguarding champion was known to the staff team.

The agency's annual Adult Safeguarding Position report was reviewed and found to be 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.

The agency retained records of any referrals made to the relevant Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff had been provided with moving and handling training appropriate to the requirements of their role. The manager reported none of the service users currently required the use of specialist equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

The Mental Capacity Act (Northern Ireland) 2016 (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 DoLS training appropriate to their job roles. Review of a sample of care records and discussion with the manager evidenced that a number of service users who required high levels of supervision or monitoring and restrictions had their capacity considered and, where appropriate, assessed.

We discussed with the manager practices that may be deemed as restrictive which included the use of cameras within the agency. It was identified that the agency needed to review practices that may be deemed as restrictive. They should ensure that any restrictive practice should be included in the service users care plans. In addition, the agency should ensure the restrictive

practice register is maintained on an up to date basis. This was identified as an area for improvement.

A policy and procedure for the use of cameras within the agency was not available. This was identified as an area for improvement.

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 and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their 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.

It was also positive to note that the agency had facilitated regular service users' meetings. This supported service users to discuss the provisions of their care and support. Some matters discussed included cultural and recreational activities, outings, menu planning and health and safety.

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 with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), 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 NISCC; there was a system in place for professional registrations, to be monitored by the manager and a record of checks retained. A spot check completed during the inspection indicated that staff were registered appropriately. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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 structured induction programme which also included shadowing of a more experienced staff member.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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, service users' relatives and staff. The reports included details of a review of service user care records; accident/incidents; finance; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality

monitoring process. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Our discussion with staff revealed they had a clear view about their role and responsibility to meet service user's individual needs and promote their rights, choices, independence and future outcomes. They identified staff training, policies and procedures, staff support mechanisms and the management team supported them to provide safe, effective and compassionate care in this setting.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the QIP were discussed with Ms Peggy Faulhaber, Registered Manager and the Social Care Management Facilitator, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 15 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that there is a review of any practices that may be deemed restrictive. Any practices deemed to be restrictive should be agreed with the service user and/or their representative and included within their individual care plan. In addition, the agency should maintain a register, on an up to date basis, for any practices that are deemed restrictive. Ref: 5.2.1
	Response by registered person detailing the actions taken: All practices that may be deemed restrictive have been reviewed by the registered manager. Practices deemed to be restrictive have been agreed with the service user and/or their representative and the multi-disciplinary team and have been included within the service user's individual care plan. The Restrictive Practice register has been updated. This action was completed by 18/09/2024.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 9 **Stated:** First time **To be completed by:** 31 October 2024	The registered person shall develop a policy and procedure in relation to the use of cameras within the agency. Ref: 5.2.1
	Response by registered person detailing the actions taken: A policy and procedure in relation to the use of cameras within the organisation has been developed. This action was completed by 18/09/2024.

Please ensure this document is completed in full and returned via Web Portal

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