

# Inspection Report

<b>Name of Service:</b>	<b>Camphill Care Home</b>
<b>Provider:</b>	<b>Beaumont Care Homes Limited</b>
<b>Date of Inspection:</b>	<b>4 &amp; 5 December 2024</b>

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Beaumont Care Homes Limited
<b>Responsible Individual:</b>	Mrs Ruth Burrows
<b>Registered Manager:</b>	Mr Vasco Alves
<p><b>Service Profile –</b> This home is a registered nursing home which provides nursing care for up to 72 patients. The home is divided into three units; the Glendun and Glenshesk Units where care is provided for people living with dementia and the Glenariff Unit where general nursing care is provided.</p> <p>There is a communal dining room and lounges in all the units and individual patient bedrooms. There are garden areas for patients to use when desired.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 4 December 2024 from 9.30am to 5.00pm and 5 December from 9.30am to 4.30pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 15 June 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection three of the previous areas for improvement were assessed as having been addressed by the provider. Two are stated for a second time and two are carried forward for review at the next inspection. Details can be found in the main body and in Section 4 of this report.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Staff are good" and "Food is good".

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. A review of recruitment records evidenced that not all pre-employment checks were completed including full employment history and evidence of staff registration with the Nursing and Midwifery Council (NMC). This was discussed with the manager and area for improvement was identified.

Staff had been trained on the moving and handling of patients, however, observation of two manual handling manoeuvres evidenced this training had not been embedded into practice.

This was brought to the attention of the manager and an area for improvement was stated for a second time.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

### 3.3.2 Quality of Life and Care Delivery

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

A number of patients were observed not have their hair brushed in the morning and a small number of male patients were not shaved. This was brought to the attention of the deputy manager who agreed to address this. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented. Review a patient's care records, following a fall, evidenced that the post fall's observations and updating of risk assessments were not consistently recorded in keeping with the homes own post falls policy. This was discussed with the manager and an area for improvement was identified.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals and the mealtimes were well supervised. Menus were displayed, however, the format and location of the menus was discussed with the manager and an area for improvement in this regard was partially met and stated for a second time.

Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs. However, the meals served for those patients who required a modified diet did not appear appetising. This was discussed with the manager and an area for improvement was identified.

On two occasions medicine trolleys were left locked and unattended in the corridors of the home. However, medicines were left accessible on the top of the trolleys on both occasions. This was brought to the attention of nursing staff at the time and addressed. An area for improvement was identified.

Patients confirmed that activities took place in the home. An activities planner was available for review. Activities included games, arts and crafts, life story and movies. In the Glendun unit there was a lack of stimulation for patients in the lounge and limited communication and interaction by staff. This was brought to the attention of the regional manager to address. An area for improvement was identified.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. One patient told us, "I am well looked after".

### **3.3.3 Management of Care Records**

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Nursing staff recorded regular evaluations about the delivery of care on both a monthly and daily basis. However, these evaluations lacked detail about how the patient spent their day and did not consistently evidence oversight by the nursing staff of the supplementary care records such as food and fluid intakes, bowel records or repositioning records. This was discussed with the manager and an area for improvement was identified.

### **3.3.4 Quality and Management of Patients' Environment**

The home was mostly clean and tidy and patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Some pieces of equipment such as crash mats were not effectively cleaned. This was discussed with the manager and an area for improvement was identified.

Fire safety measures were in place to protect patients, visitors and staff in the home. Actions required from the most recent fire risk assessment had been completed in a timely manner.

Some staff were observed wearing watches and another was observed with nail varnish/ false nails not in keeping with Infection Prevention and Control (IPC) guidance. This was discussed with the manager and an area for improvement was identified.

### **3.3.5 Quality of Management Systems**

There has been no change in the management of the home since the last inspection. Mr Vasco Alves has been registered manager in this home since 16 November 2019. Staff commented

positively about the manager and described them as supportive, approachable and always available to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. Enhancement of the care record audit was discussed with the manager who agreed to review this to include the evaluations of care and supplementary care records. Progress will be reviewed at the next inspection.

There was a system in place to manage any complaints received. A compliment's log was maintained and any compliments received were shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	9*

\* the total number of areas for improvement includes two under the standards that have been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Vasco Alves, Registered Manager, 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 Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2023	The registered person shall ensure that personal medication records and medication administration records correlate and reflect the prescriber's most recent instructions. The Registered Person shall  Ref: 2.0
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 February 2025	The registered person shall ensure that the recruitment system in place makes sure that all pre-employment checks are evidenced prior to the newly appointed staff member commencing their role. This is stated in reference but not limited to employment history, gaps in employment and the staff member's registration status with the professional body.  Ref: 3.3.1
	<b>Response by registered person detailing the actions taken:</b> The identified staff file was addressed on the day of inspection. The Registered Manager will ensure that all relevant pre-employment documentation will be reviewed prior to an offer of employment being made. Compliance will be monitored as part of the Regulation 29 visits.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 February 2025	The registered person shall ensure that the nursing staff consistently follow the homes fall's protocol in relation to the updating of fall's risk assessments following all falls and ensure the consistent recording of post fall's observations.  Ref:3.3.2
	<b>Response by registered person detailing the actions taken:</b> Staff supervision has been completed in relation to the falls protocol and also discussed at the staff meeting held on 12th December 24. The Registered Manager will monitor as part of the incident investigation process and compliance will be monitored by the Operations Manager during the Regulation 29 visits.



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection 4 and 5 December 2024</p>	<p>The registered person shall ensure that nursing staff do not leave medicines accessible to patients on top of the medicine trolleys.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Supervision has taken place with all staff who administer medication and discussed again at the staff meeting held on 12th December 24 and on 29th January 2025. This will be monitored as part of the walkaround and during the Regulation 29 visits. Any continued non-compliance will be addressed through the appropriate HR process.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (24 October 2023)</p>	<p>The registered person shall ensure that handwritten medicine administration records include the start/full date of administration to facilitate a clear audit trail.</p> <p>Ref:2.0</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From the date of inspection 4 and 5 December 2024</p>	<p>The responsible individual shall ensure that training in moving and handling of patients is embedded into practice and monitored on a regular basis.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> Staff moving and handling training is up to date and is kept under review. Further moving and handling observations are being completed to ensure training is embedded into practice. This will be monitored as part of the walkaround and during the course of the Regulation 29 visits to the home.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 March 2025</p>	<p>The responsible individual shall ensure that the menu is displayed in suitable format and displays the correct meals to be served each day.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> The menu is on display in all dining rooms in a suitable format for residents to view. Menus will be checked during the walkabout audit and compliance reviewed as part of the Regulation 29 visit by the Operations Manager.</p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection 4 and 5 December 2024</p>	<p>The registered person shall ensure staff pay attention to detail when delivering personal care.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff's attention to detail was discussed at the staff meeting held on the 12th December. This has also been discussed at flash meetings and will be kept under review. The resident's presentation will be monitored as part of the walkaround and the Regulation 29 visits to the home.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 February 2025</p>	<p>The registered person shall ensure staff complete further training in respect of the principals of care, communicating and engaging with a person living with dementia.</p> <p>Ref:3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have received training in relation to dementia care and further training is planned to support communication and fundamentals of care. The level of communication will be monitored as part of the walkaround and during the Regulation 29 visits.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection 4 and 5 December 2024</p>	<p>The registered person shall review the provision of meals for those patients who require a modified diet to ensure there is a choice of meal and meals are presented in an appetising manner.</p> <p>Ref:3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> The new menu has been introduced to ensure there is a choice of modified options and that these are suitably presented. The manager will monitor satisfaction and compliance with this, as part of the dining experience audit and the walkaround.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 March 2025</p>	<p>The registered person shall ensure that the monthly care plan reviews and daily evaluations of care are meaningful, patient centred and contain oversight of the supplementary care records.</p> <p>Ref:3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> The requirement for meaningful evaluations has been discussed at the staff meeting held on the 12th December and on the 29th January 25. The compliance will be monitored as part of the care plan audit process and review of records during the Regulation 29 visits.</p>

<b>Area for improvement 8</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered person shall ensure there is a robust system in place for the cleaning of patient equipment. This is stated in reference but not limited to the cleaning of crash mats  Ref:3.3.4
<b>Area for improvement 9</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 4 February 2025  <b>To be completed by:</b> From the date of inspection 4 and 5 December 2024	<b>Response by registered person detailing the actions taken:</b> An audit of crash mats has taken place and new items purchased as identified. Decontamination records are in place. Cleanliness of equipment and crash mats specifically, will be monitored as part of the walkaround and the Regulation 29 visits. The need for improvement was discussed as part of recent staff meetings.
	The registered person shall ensure that the wearing of jewellery and nail polish/ false nails ceases with immediate effect in accordance with best practice guidance and infection prevention and control.  Ref:3.3.4
	<b>Response by registered person detailing the actions taken:</b> Hand hygiene and PPE audits will continue to be conducted to identify any non -compliance issues. Appropriate action will be taken if continued non-compliance occurs. This was discussed at the staff meeting and will be monitored on the walkaround and as part of the Regulation 29 visits.

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



The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

---



**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews