



The Regulation and  
Quality Improvement  
Authority

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Inspection ID: IN021461

Camphill Care Home  
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**Announced Estates Inspection  
of  
Camphill Care Home**

**21 July 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An announced estates inspection took place on 21 July 2015 from 10.35 to 14.45. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

The details of the QIP within this report were discussed with Ms Joy McKay (Manager) and Mr Gerry Hegarty (Maintenance Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons Health Care Dr Maureen Royston	<b>Registered Manager:</b> Ms Joy McKay
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Joy McJay	<b>Date Manager Registered:</b> 04 June 2015
<b>Categories of Care:</b> NH-I, NH-MP(E), NH-PH, NH-PH(E), NH-DE	<b>Number of Registered Places:</b> 72
<b>Number of Patients Accommodated on Day of Inspection:</b> 56	<b>Weekly Tariff at Time of Inspection:</b> £593 - £637

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 44: Premises**

**Standard 47: Safe and Healthy working Practices**

**Standard 48: Fire safety**

## 4. Methods/Process

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

Prior to inspection the following records were analysed: Previous estates inspection report, and previous care inspection report.

During the inspection the inspector met with Ms Joy McKay (Manager), Mr Gerry Hegarty (Maintenance Manager) and Mr Brian McCluney (Maintenance Officer)

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 15 May 2015. The completed QIP was returned and the responses were approved by the specialist inspector.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulations 14.-(2)(c) 13.-(7)</p>	<p>The registered persons must ensure that there is a current legionella risk assessment. The outcome of the assessment should be a suitable and adequate scheme for the control of legionella bacteria in all water systems. The registered persons must ensure that the scheme is fully implemented. The scheme of control must be in line with HSE document L8 - <i>The control of legionella bacteria in water systems</i> and Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i>.</p> <p><b>Action taken as confirmed during the inspection:</b> Legionella risk assessments were carried out following the last Estates inspection and on 23 February 2015. Since the last legionella risk assessment a revised log book system has been introduced for managing the measures and monitoring actions for controlling legionella and the provider has a program for addressing remedial work identified in the risk assessment.</p>	<b>Met</b>
<p><b>Requirement 1</b></p> <p>Ref: Regulation 27.-(2)(b)</p>	<p>The registered persons should ensure that the plans for repairing and refurbishing the bathrooms are followed through to completion.</p> <p><b>Action taken as confirmed during the inspection:</b> Addressed.</p>	<b>Met</b>
<p><b>Requirement 1</b></p> <p>Ref: Regulation 27.-(2)(b)</p>	<p>The laundry walls require to be restored to a sound washable surface.</p> <p><b>Action taken as confirmed during the inspection:</b> Addressed.</p>	<b>Met</b>
<p><b>Requirement 1</b></p> <p>Ref: Regulation 27.-(2)(d)</p>	<p>The frequency of cleaning the kitchen extract filters grills should be reviewed.</p> <p><b>Action taken as confirmed during the inspection:</b> Addressed</p>	<b>Met</b>

<p><b>Requirement 1</b></p> <p>Ref: Regulations 27.-(4)(e) 27.-(4)(f)</p>	<p>The registered persons must ensure that all staff participate in fire training and drills. The content and frequency of training and drills must be in accordance with NIHTM84.</p> <p>All attendances should be recorded and issues identified during drills must be addressed.</p>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager informed the inspector that fire safety training is currently 72% up to date.</p> <p>Although some practice fire drills have been carried out it could not be confirmed that all staff have participated.</p> <p>The emergency fire procedure requires to be updated.</p>		
<p><b>Requirement 1</b></p> <p>Ref: Regulation 27.-(4)(c)</p>	<p>The registered persons must ensure that the home has an emergency lighting system which is maintained in full working order.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Addressed.</p>		
<p><b>Requirement 1</b></p> <p>Ref: Regulation 27.-(4)(d)(i)</p>	<p>Overhead closers should be fitted to the treatment room doors.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Addressed. The treatment rooms were securely locked on the day of inspection.</p>		
<p><b>Requirement 1</b></p> <p>Ref: Regulation 27.-(4)(d)(i)</p>	<p>The necessary adjustments must be made which will ensure that the laundry door closes to form an effective fire seal.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Addressed.</p>		

## 5.3 Standard 44: Premises

### **Is Care Safe? (Quality of Life)**

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### **Is Care Effective? (Quality of Management)**

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### **Is Care Compassionate? (Quality of Care)**

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### **Areas for Improvement**

The report on the last LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination of the hoists and slings records that a significant number of slings could not be found during that and previous examinations and therefore could not be verified as safe to use. The manager informed the inspector that the hoisting equipment not found during the thorough examinations had been taken out of use and is secured in a location not accessible to staff. The manager also confirmed that the LOLER documentation will be corrected for the next thorough examination of the lifting equipment.

The last Gas Safe certificate for the catering equipment recommended that the natural ventilation in the kitchen should be improved. The maintenance manager confirmed that this had been addressed.

The inspector drew attention to a gap in the in-house estates records and the manager and maintenance manager confirmed that arrangements were now in place to ensure that fire installation function tests, the flushing of little used water outlets, etc were carried out when the maintenance officer was unavailable.

Service records from a maintenance contractor indicated that the fail safe arrangement on some bath and shower thermostatically controlled outlets was not working. Subsequent to the inspection the maintenance manager confirmed to the inspector that these outlets had been checked and were working correctly.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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#### 5.4 Standard 47: Safe and Healthy Working Practices

##### **Is Care Safe? (Quality of Life)**

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

##### **Is Care Effective? (Quality of Management)**

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

##### **Is Care Compassionate? (Quality of Care)**

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

##### **Areas for Improvement**

Not applicable.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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#### 5.5 Standard 48: Fire Safety

##### **Is Care Safe? (Quality of Life)**

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

##### **Is Care Effective? (Quality of Management)**

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

## Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### Areas for Improvement

The emergency fire procedure should be reviewed and updated to ensure it is in line with current good practice. This was also identified in the fire risk assessment carried out in June 2015.

The inspector was informed that fire safety training was 72% up to date on the day of inspection. Although practice fire drills have been carried out it could not be confirmed that all staff are participating. Notes on the record of a recent drill indicate that some staff require further guidance on the emergency procedure.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.6 Additional Areas Examined

Not applicable.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Joy McKay (Manager) and Mr Gerry Hegarty (Maintenance Manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.



## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulations 27.-(4)(a) 27.-(4)(e) 27.-(4)(f)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 04 August 2015 and ongoing</p>	<p>The emergency fire procedure should be reviewed to ensure that it is in line with current good practice incorporating, for example, the recommendations arising from the Rosepark Inquiry.</p> <p>It should be ensured that all staff receive fire safety information, instruction and training twice a year.</p> <p>It should be ensured that all staff participate in practice fire drills which confirm that, using the updated emergency procedure, an effective evacuation can be carried out at any time including when the minimum number of staff are on duty. Records should be kept of all drills including the outcome of post drill debriefs. The learning points gained during drills and debriefs should be included in subsequent training and team meetings.</p> <p>Records of staff participation in drills should be monitored and managed.</p> <p>Reference should be made to Firecode document NIHTM84.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The emergency fire procedure has been reviewed by the Health and Safety manager and any fire alarm notices altered as required. Fire safety training for all staff is on-going via the e-learning system. A fire drill matrix has been developed to record staff participation, the details of all fire drills and learning outcomes for the staff.</p>

<b>Registered Manager Completing QIP</b>	Joy McKay	<b>Date Completed</b>	07/08/15
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	07.08.15
<b>RQIA Inspector Assessing Response</b>	<b>Colin Muldoon</b>	<b>Date Approved</b>	<b>25/09/2015</b>

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**