



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 4 February 2020



Camphill

Type of Service: Nursing Home
Address: 62 Toome Road, Ballymena, BT42 2BU
Tel no: 028 2565 8999
Inspector: Joanne Faulkner

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 72 patients. The home is managed in three units; two 30 bedded units and a 12 bedded unit. The 12 bedded unit was unoccupied at the time of this inspection.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Vasco Alves 6 November 2019
Person in charge at the time of inspection: Vasco Alves	Number of registered places: 72 A maximum of 42 persons in category NH-DE accommodated within the Dementia Wing. One named person in category NH-MP(E). There shall be a maximum of 1 named resident receiving residential care in category RC-I.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 58

4.0 Inspection summary

An unannounced inspection took place on 4 February 2020 from 09.30 hours to 14.30 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Camphill which provides nursing care.

The inspection determined if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- dining experience
- complaints
- adult safeguarding

- incidents
- consultation
- governance arrangements.

Evidence of good practice was found in relation to the delivery of care to patients. Staff demonstrated that they had a good understanding of the individual needs of the patients. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

Three areas requiring improvement were identified during this inspection in relation to infection prevention and control (IPC) and the maintenance of the premises and equipment.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

We would like to thank the patients, relatives and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Vasco Alves, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 17 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 17 October 2019. No further actions were required to be taken following the inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are retained

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. No patient/relative's questionnaires were returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

The following records were reviewed during the inspection:

- duty rota information for all staff from 27 January 2020 to 9 February 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for October and November 2019
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing arrangements

We reviewed staffing arrangements within the home; the manager was registered in November 2019. There was evidence of a clear organisational structure within the home. The manager is supported by a deputy manager and a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes an administrator, housekeeping, laundry, maintenance and kitchen staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager and staff, and a sample of the home's rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. The manager stated that they are currently accessing staff from an agency to support patients who require one to one supervision.

The manager stated that staffing levels were subject to ongoing review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels as discussed with the manager during inspection. Observation of the delivery of care provided evidenced that patients' needs were met by the levels and skill mix of the staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Discussions with a number of patients and relatives during the inspection identified that they had no concerns regarding the care and support provided. Patients and relatives consulted spoke positively in relation to the care provided.

The staff rota information viewed indicated that the care is provided by a core staff team which included regular agency staff as required; staff felt that this supports them in ensuring continuity of care to patients. The manager and staff described how continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect.

Staff who spoke with the inspector had a clear understanding of their roles and responsibilities. Discussions with a number of patients and relatives evidenced that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. They indicated that the manager and staff are approachable.

Discussions with patients, staff and relatives, and observations made indicated that staff had a good understanding of the individual needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices. Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful and caring manner. Interactions between staff and patients were observed to be compassionate and appropriate; we observed that patients were offered choice. Staff were observed taking time to chat to patients and provided care in a manner that promoted privacy, dignity and respect.

6.2.2 Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Fire doors were noted to be alarmed as appropriate.

The entrance area to the home was welcoming and well decorated; there was information available relating to IPC, hand hygiene and making a complaint. No malodours were detected in the home.

We observed a number of the shared areas and noted that they were well decorated, clean and uncluttered. The majority of the sample of patients' bedrooms viewed were found to be clean, warm and well decorated and had been personalised to the individual interests, preferences of patients. However, we noted a crack in the ceiling in one of the bedrooms and observed that a number of radiator covers throughout the home were damaged; these matters were discussed with the manager and an area for improvement identified.

Bathrooms/toilets were clean and fresh; a supply of gloves and aprons was readily available to staff throughout the home. Staff were observed to use appropriate protective equipment while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised by staff. Information leaflets with regard to IPC issues such as hand hygiene were available for staff, patients and their visitors. Sluice doors were locked and chemicals stored safely.

We identified two commode chairs that were rusted and two fall mats which were damaged and needed replaced. These matters were discussed with the manager and an area for improvement was identified.

During the inspection we observed a staff member transporting a soiled commode which was noted to be uncovered; we discussed this with the manager and an area for improvement was identified.

6.2.3 Care records

The review of care records for two patients identified that they were individualised to the needs of the person; they included details of patient's assessed needs, risks and preferences. Records viewed included referral information and in addition included risk assessments and care plans.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Care plans viewed provided details of the care required by individual patients; staff record daily the care provided to patients and care plans are reviewed monthly. Care plans were noted to have been updated following recommendations from professionals such as Speech and Language Therapists (SALT) and Tissue Viability Nurses (TVN).

There was evidence that patients weight is monitored monthly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) utilised to determine the risk of weight loss or weight gain. There was evidence of SALT and dietetic input into the assessment and care planning of patients as required.

Discussions with staff, patients and relatives, and observations made provided assurances that care is provided in a person centred manner.

6.2.4 Dining experience

We noted that mid-morning and mid-afternoon patients were offered a range of hot and cold beverages and a selection of biscuits, fresh fruit and yogurt. We observed the serving of the mid-

day meal; the atmosphere the dining rooms was calm and relaxed. Both dining rooms were observed to be clean and table settings were noted to be appropriate, napkins and cutlery were provided; the menu was displayed.

Food served was noted to be appetising and well-presented and appropriate portion sizes were provided. Food was covered when being transferred from the dining room to patients who were eating in the bedrooms. A number of patients spoken with indicated that the food was good.

A number of patients required staff support with eating their meal; staff were observed taking time to chat to the patients and in ensuring they were satisfied with their choice. We observed staff offering and providing assistance in a discreet and sensitive manner when necessary; they were wearing appropriate protective clothing with regards to food hygiene good practice. Patients were provided with appropriate clothing protection as required. We observed that some relatives were supporting their family member with their meal.

6.2.5 Complaints

Discussions with the manager and the review of records indicated that complaints received by the home since the previous inspection had been managed appropriately. Discussions with the manager indicated that they were knowledgeable in relation to managing complaints received. Complaints are audited monthly as part of the quality monitoring audit.

6.2.6 Adult safeguarding

A review of adult safeguarding information and discussions with the manager provided evidence that referrals made in relation to adult safeguarding since the last inspection had been managed in accordance with the homes policy and procedures. A record is retained of actions taken in relation to adult safeguarding matters; this information is reviewed as part of the monthly quality monitoring process.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Patients and relatives who spoke to the inspector could describe the process for reporting concerns; they indicated that the manager and staff were approachable.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

6.2.7 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. There was evidence that incidents/accidents are audited monthly; the manager stated that this assists them in highlighting trends and risks, and identifying areas for improvement.

6.2.8 Consultation

During the inspection we spoke with five patients, small groups of patients in the dining room and lounge areas, three relatives and eight staff members. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients

unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Patient's comments

- "All good, I have no issues. The food is good."
- "I have no complaints."
- "Staff are good, they maybe need more. Food is good."
- "Staff are very kind."
- "I am happy, I have no concerns and I am well cared for."
- "Happy, all staff very good."
- "Staff are very good to us, this is a good place."

Staff comments

- "Very good place, I have no issues. I love it here."
- "The patients are well looked after."
- "We have enough staff; just some new staff started."
- "I am here years and I love it."
- "I am very happy; I have no problems with the manager and I can raise concerns."
- "We are kept busy, not much free minutes."
- "Patients are well cared for and have choice."
- "I am very happy, I love my job. This is a great place to work."
- "I go to the nurse or the manager if I am not happy."
- "I am happy enough, I have no issues."

Comments made by a staff member in relation to changes in working arrangements were discussed with the manager; assurances were provided that this matter would be discussed with staff.

Relatives' comments

- "Staff are very good to him (patient), from the youngest one. The nurses are great."
- "I am very happy; my mum is looked after well. I have no issues or concerns."
- "I can call at any time."
- "Staff look after her (patient) well."
- "I come in every day, I am happy with things."

Patients and relatives stated that staff were friendly and approachable; they indicated that they had no concerns in relation to the care provided.

We observed a number of staff supporting patients in the dining room and lounge areas; the interactions indicated that staff were respectful of patients by asking them their choices in relation to a range of matters such as food and participation in activities. There was a relaxed and welcoming atmosphere in all areas within the home.

Discussion with the patients, relatives and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; no responses were received prior to the issuing of this report

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.9 Governance arrangements

The manager provided evidence that systems were in place to monitor and report on the quality of care provided. The home has implemented a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. The monthly quality monitoring visits are completed by a senior manager from the organization.

We reviewed a number of the audit reports that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. It was identified that an action plan is generated to address any identified areas for improvement. Reports viewed were noted to include details of the review of the previous action plan; review of staffing arrangements including staff training and registration with the relevant regulatory bodies; accidents/incidents; adult safeguarding matters; wound care; nutrition; dependency levels; care records; environmental matters and complaints.

The records indicated engagement with staff, patients, and where appropriate their representatives. Comments included: "Staff are great, staff are helpful."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and safeguarding matters. We noted that care was provided in a compassionate manner.

Areas for improvement

Three areas for improvement were identified during the inspection in relation to the maintenance of equipment and the premises, and IPC practices.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Vasco Alves, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 4 April 2020</p>	<p>The registered person shall ensure that the premises are safe, well maintained and remain suitable for their stated purpose.</p> <p>This relates specifically to the damaged ceiling in an identified bedroom and a number of radiator covers within the home.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: The damaged ceiling has been fixed. There is a work scheduled in place for replacement of all damaged radiator covers, which will be completed by June 2020.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the following actions are taken to promote patient safety:</p> <ul style="list-style-type: none"> • Replacement of damaged commode chairs. • Replacement of damaged fall mats. <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: All commodes in the home are being audited on a monthly basis and replaced as required if any damage. The identified falls mats were replaced and monitoring of the fall mats integrity continues. A supervision was completed with all staff to remind about reporting any damage noted with commodes and fall mats within the home.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that commode chairs are covered when transporting them throughout the home to ensure compliance with best practice in infection prevention and control.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: A formal supervision was completed with the identified member of staff using the commode without cover. A general infection control supervision was completed with all the staff in the home to remind everyone about the best practice in infection prevention and control. This will continue to be monitored through the daily walkabout.</p>

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



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