



Unannounced Care Inspection Report 9 February 2021



Camphill

Type of Service: Nursing Home (NH)
Address: 62 Toome Road, Ballymena, BT42 2BU
Tel No: 028 2565 8999
Inspector: Michael Lavelle

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 nursing home registered to provide nursing care for up to 72 persons.

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Mrs Natasha Southall (Registration Pending)</p>	<p>Registered Manager and date registered: Vasco Alves</p> <p>Date Registered: 6 November 2019</p>
<p>Person in charge at the time of inspection: Vasco Alves</p>	<p>Number of registered places: 72 persons</p> <p>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.</p>
<p>Categories of care: Nursing Home (NH) MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. DE – Dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 39</p>

4.0 Inspection summary

An unannounced inspection took place on 9 February 2021 from 09.45 hours to 16.45 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess 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
- care delivery
- care records
- infection prevention and control (IPC) measures
- leadership and governance.

Patients said they were happy living in the home. Examples of comments provided are included in the main body of the 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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	1

This inspection resulted in four areas for improvement being identified. Findings of the inspection were discussed with Vasco Alves, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with nine patients, one patient's relative and eight staff. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards for distribution to residents' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. Seven questionnaires were returned.

The following records were examined during the inspection:

- staff duty rota for the weeks commencing 8 February 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- care records for four patients
- accident and incident reports
- record of complaints and compliments
- one staff recruitment/induction file
- records of audit
- a selection of monthly monitoring reports
- staff supervision and appraisal planner
- nurse in charge competencies
- agency staff induction records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 4 February 2020

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: 4 April 2020	<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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of the environment evidenced the damaged ceiling has been fixed. The manager shared evidence that confirmed finances were available to replace the radiator covers however they have been unable to source this at this time due to Brexit and the coronavirus pandemic. The manager confirmed they will continue to source this. This area for improvement has been met.</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>Met</p>
<p>Action taken as confirmed during the inspection: Review of the environment and discussion with the manager confirmed this area for improvement has been met.</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>Met</p>
<p>Action taken as confirmed during the inspection: Observation of practice evidenced this area for improvement has been met.</p>		

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staffing rotas for the week of the inspection confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

Patients expressed no concerns regarding staffing levels in the home.

We spoke with eight members of staff who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. Staff said that there was good team working and that there was effective communication between staff and management.

Staff also told us the following:

“The teamwork is very good. Everyone is very kind and work hard. They try their best from the domestics to the care assistants. ”

“We get on well and love the patients. ”

“I love taking care of the residents. ”

“The teamwork is brilliant. It gives me joy to be with the patients. ”

6.2.2. Care delivery

We walked around the home mid-morning. The atmosphere in the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing where possible. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

Patients told us:

“Very well looked after. Everyone is very friendly and make me comfortable. ”

“The staff do a great job. I am as happy as I could be in any home. ”

“The food is good and the staff are good. ”

“The harp music nearly put me to sleep. ”

“I am well cared for. I like the friendly people. You can have a chat at night. ”

“They are good to me. The staff and the dinners are great. The girls are civil to me. When I press the buzzer the staff come quick. This is my home now and I feel involved in my care. ”

“Good care from the staff. I am happy here. ”

One relative spoken with told us:

“The staff are very good to my relative. I have no issues with the staff here. It has been very difficult to get visiting. The staff try their best.”

We provided questionnaires in an attempt to gain the views of relatives, patients and staff that were not available during the inspection. Seven were received within the timeframe for inclusion in this report; all seven were completed by patients. All respondents were either very satisfied or satisfied with the care provided across all four domains.

Review of the activity boards and discussions with patients confirmed activities were delivered in the home. We saw a harpist who volunteers in the home was playing music to the patients in both units. Patient activity leads were also doing puzzles with some of the patients.

On the day of the inspection planned visits were taking place in the home with the assistance of staff to facilitate social distancing. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Systems such as video calls and regular telephone calls between the home, patient and their relatives were also in place. The manager confirmed the appointment of two visiting champions within the home who will work to support visiting for relatives over a seven day period.

We saw patients enjoying their lunch in the dining areas of the home. During our walk around the home we saw staff providing patients with fresh drinks and snacks which included fresh fruit and yoghurts.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

“I want to say a personal word of thanks to you all for the excellent care you gave XXX. I have nothing but praise for you all and I was always welcome no matter what time I came as I felt it was my home as well. ”

“I just wanted to say thanks for sending me my relatives birthday photos. It was lovely to see the staff with them on their birthday. It was very much appreciated especially now when I can't get to visit. ”

6.2.3 Care records

A range of assessments, to identify each patient's needs, was completed on admission to the home; from these assessments, care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), opticians, care manager and dieticians also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

We reviewed four patients' care records which evidenced that care plans were person centred and reviewed regularly. However, some of the records contained repetitive nursing entries with some evaluations of care not personalised. This was discussed with the manager who agreed to address this with registered nursing staff and focus on the qualitative element of the care records audit. An area for improvement was made.

Review of care records for one patient with an infection confirmed involvement from the patient's general practitioner. An appropriate care plan was in place to direct care and the care had been implemented in a timely manner.

We reviewed one patient's needs in relation to wound prevention and care. Wound care documentation evidenced that a body map had been completed to identify the location of the wound and photographs were taken to evidence the improvement or deterioration in the wound. It was pleasing to see wound assessments and evaluations were, for the most part, well completed after the wounds were redressed. Records confirmed that the wounds were generally dressed in keeping with the care plan instructions, although we did identify a small number of occasions where this did not happen. This was discussed with the manager for action as required.

We examined the management of patients who had falls. Review of one unwitnessed fall evidenced appropriate actions were consistently taken following the fall in keeping with best practice guidance. Review of daily progress notes confirmed that registered nursing staff did not consistently comment on the clinical and neurological observations taken after a fall. This was discussed with the manager who confirmed clinical supervision regarding this would take place.

Examination of care records for one identified patient evidenced care plans had not been developed to guide the staff in the delivery of daily care needs in a timely manner. Whilst there were records of assessment of patient need and associated risk assessments the care plans need to be completed within five days of admission to the home to guide staff on a daily basis. An area for improvement was made.

Reviews of supplementary care charts such as repositioning records, food/fluid intake and sling decontamination records evidenced these were very well completed. We asked the manager to ensure staff contemporaneously record the times the hourly and half hourly checks on patients are completed.

Review of care plans did not provide assurances that registered nursing staff were implementing and reviewing care plans in keeping with regulations, particularly the activity care plans. In addition, it was not clear that patient care plans were developed in consultation with the patient or patient's representative. Assurances were sought and received from the manager that appropriate actions would be taken to address this. An area for improvement was made.

6.2.4 Infection prevention and control (IPC) measures and environment

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and personal protective equipment (PPE) were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

We identified inconsistencies in staff knowledge regarding the correct use of PPE and when they should take an opportunity for hand hygiene. Most staff wore face masks appropriately although we saw staff applying and removing PPE inappropriately. There was good availability of hand gels throughout the home, although additional availability could be considered closer to PPE stations. Audits, including hand hygiene and use of PPE, were completed monthly and evidenced good compliance with best practice; this was not evidenced during the inspection. In addition, we did identify some deficits in environmental cleaning in two identified toilet areas. These deficits were identified with the manager and an area for improvement was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be generally clean and warm. Fire exits and corridors were observed to be clear of clutter and obstruction.

As we walked around the home we observed food and fluid thickening agent stored in an area accessible to patients. We discussed this with the manager who agreed to review arrangements for its storage.

During review of the environment we identified some walls that required painting and defective door handles. The manager confirmed they would action this as required. We saw a number of bedrooms that did not have a table top facility or bedside lighting. We asked the manager to audit the bedrooms in the home to ensure they were in keeping with standard E20 of the Care Standards for Nursing Homes 2015 and all equipment is fit for purpose. This will be reviewed at a future care inspection.

6.2.5 Leadership and governance

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by the deputy manager. Staff commented positively about the manager stating they were available for guidance and support. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

We looked at the records of accidents and incidents which occurred in the home; we found that these were managed appropriately. Review of records confirmed systems were in place to monitor staffs' registrations with their relevant professional bodies.

The manager confirmed that staff training was actively managed. Review of mandatory training compliance rates evidenced appropriate records were maintained. Discussion with staff and the manager confirmed that supervision and appraisal was well maintained and actively managed.

We reviewed records which confirmed that there was a system of audits which covered areas such as falls, medication, care management reviews, IPC, hand hygiene, care records and accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas. Given the deficits identified during the inspection, we discussed ways the manager could enhance the current governance systems particularly with regards to the care records, hand hygiene and PPE use. The manager agreed to review these.

We examined the reports of the visits by the registered provider for November 2020 and January 2021. All operational areas of the management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action.

Areas of good practice

Areas of good practice were identified in relation to care delivery. There were positive interactions between staff and patients throughout the inspection and patients looked content and well cared for.

Areas for improvement

Four areas for improvement were identified. These related to the planning and evaluation of care and infection prevention and control practices.

	Regulations	Standards
Total number of areas for improvement	3	1

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were friendly and empathetic when responding to patients' individual needs. The home was tidy and fresh smelling throughout.

Observations of care delivery, discussion with staff and a review of records provided assurances that the care in Camphill was safe, effective, compassionate and well led.

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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: A meeting took place with qualified staff. An Assessment Guide for New admissions was implemented and will be completed by the qualified staff for any admission to the Home within the time-frames. The Home Manager will continue to audit new admission care files.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure care plans are implemented and reviewed by registered nurses in consultation with the patient or patient's representative.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: A meeting took place with qualified staff. Care plans are under ongoing review and being completed in consultation with patients and their relatives.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: All staff were given a poster with 5 moments of hand hygiene and Donning and Doffing procedure. Infection Prevention and control Zoom training was also organised for staff and is ongoing. The completion of the infection control E-learning module is being monitored on a weekly basis. The hand hygiene and PPE audit tools were reviewed to include staff knowledge in relation to</p>

	Donning, Doffing and 5 moments of hand hygiene.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4.9 Stated: First time To be completed by: With immediate effect	The registered person shall ensure monthly care plan review and daily evaluation records are meaningful and patient centred. Ref: 6.2.3 Response by registered person detailing the actions taken: A meeting took place with the qualified staff. This will be under ongoing review by management at a minimum of monthly.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)