

# Unannounced Care Inspection Report 13 December 2016



## Camphill

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**Inspector: Sharon McKnight**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Camphill took place on 13 December 2016 from 10:30 hours to 15:35 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

On the day of the inspection patients, relatives and staff commented positively in regard to the care in the home. A review of records and discussion with the manager evidenced that the two recommendations made as a result of the previous inspection had been complied with.

We arrived in the home at 11 00 hours. There was a calm atmosphere and staff were quietly attending to the patients' needs. Patients were observed to be sitting in the lounge, or in their bedroom, as was their personal preference. An area for improvement was identified with staff awareness of restrictive practice; a recommendation was made.

We observed the serving of lunch in the dementia unit. The majority of patients had their lunch served in the dining room which was nicely decorated and clearly defined by the décor and visual prompts as a dining room. Patients were complimentary regarding the food. An area for improvement was identified with regard to observation and encourage of a patient in accordance with their care plan. A recommendation was made.

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.

## 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | <b>0</b>     | <b>2</b>        |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Joy McKay, 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.

## 1.2 Actions/enforcement taken following the most recent inspection.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 September 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

|  |  |
|--|--|
| <b>Registered organisation/registered person:</b><br>Four Seasons Healthcare<br>Maureen Claire Royston | <b>Registered manager:</b><br>The registration process is ongoing for Mrs Joy McKay.   |
| <b>Person in charge of the home at the time of inspection:</b><br>Joy McKay                            | <b>Date manager registered:</b><br>An application for registered manager had been received by RQIA and is pending.   |
| <b>Categories of care:</b><br>NH-MP(E), NH-I, NH-PH, NH-PH(E), NH-DE                                   | <b>Number of registered places:</b><br>72<br>A maximum of 42 persons in category NH-DE accommodated within the Dementia Wing. One named person in category NH-MP(E). |

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection we met with eight patients individually and with the others in small groups, the deputy manager and two registered nurses, six care staff and two patient's visitors/representative.

The following information was examined during the inspection:

- three patient care records
- accident and incident reports
- record of complaints
- records of staff induction.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 20 September 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 19 May 2016

| Last care inspection recommendations  |   | Validation of compliance |
|---|---|--------------------------|
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 39.1<br><b>Stated:</b> First time | It is recommended that staff who transfer from other FSHC homes should have a record retained of their structured orientation and induction to their new place of work  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>A review of an induction programme for a staff member who transferred from another Four Seasons Health Care Home evidenced that they had completed a structured orientation and induction to the home. This recommendation has been met. |                          |
| <b>Recommendation 2</b><br><b>Ref:</b> Standard 35.6<br><b>Stated:</b> First time | It is recommended that patient information displayed in the nursing offices is reviewed and adjusted as required, to ensure that patient confidentiality and dignity is not compromised.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>There was no patient information observed on display during this inspection that compromised patient confidentiality or patient dignity. This recommendation has been met.   |                          |

## 4.3 Inspection findings

### 4.3.1 Staffing

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing roster for week commencing 12 December 2016 evidenced that the planned staffing levels were adhered to. There were no concerns regarding staffing provision within the home raised during discussion with patients, relatives and staff.

### 4.3.2 Management of incidents

Since the previous inspection the three units within the home have been reduced to two. We reviewed the management and recording of incidents in the dementia unit. Those patients who experienced distressed behaviour had care plans in place. The care plans provided good detail of how the patient presented when they were distressed, any triggers to the behaviour and approaches which staff had found to be effective in supporting the patient. There were also protection measures in place to minimise potential risk to the other patients. There were supplementary care records in place which evidenced that interventions, for example close supervision, were implemented and adhered to in accordance with the frequency prescribed.

### 4.3.3 Care practices

We arrived in the home at 11 00 hours. There was a calm atmosphere and staff were quietly attending to the patients' needs. Patients were observed to be sitting in the lounge, or in their bedroom, as was their personal preference. The staff confirmed that whilst socialisation between patients was promoted, each had a choice as to how they spent their day and where they preferred to sit throughout the day. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients' likes and dislikes and individual preferences.

We observed a number of bedrooms in the dementia unit which were locked. The nurse in charge of the unit was unaware that the rooms were locked. Staff spoken with explained that some bedrooms were locked to prevent patients interfering with other patients' property. Following discussion with staff and observation of the patients we were assured that, due to the reduced mobility of the identified patients' they could not independently access their bedroom, therefore the restrictive practice of locking bedroom doors had not impacted on the patients. Before any bedroom is locked the rationale for doing so should be discussed and the outcome of these discussions fully documented in the patients' care records to ensure that restrictive practice does not impact on patients' ability to freely access their bedroom. Staff should receive awareness training on restrictive practice and the procedure to follow if they feel restrictive practice is necessary. A recommendation was made.

### 4.3.4 Mealtimes

We observed the serving of lunch in the dementia unit. The majority of patients had their lunch served in the dining room which was nicely decorated and clearly defined by the décor and visual prompts as a dining room. The tables were presented with cutlery and napkins and a range of condiments was available. Those patients who chose to have their lunch outside the

dining room had their meal served on a tray. There was a choice of three dishes on the menu. Patients were complimentary regarding the food.

We observed one patient who was served their meal in their bedroom; we noted that the patient did not eat any of their lunch and that staff did not return to the patient to offer encouragement or check if the patient was happy with their choice of meal. We discussed this with staff who explained that this was the normal pattern for this patient; they ate a good breakfast, very little at lunchtime and then ate a good evening tea. A review of completed food and fluid charts confirmed this pattern. Staff reported that the patient preferred to stay in their room for all meals. The care records indicated that the patient required encouragement with his meals. Staff spoken with were knowledgeable regarding the patients' care plan and stated that the patient could become agitated with staff if they intervened too often. Observation and encourage of patients at mealtimes should be provided in accordance with the patient's assessed need. A recommendation was made. We observed a further seven patients who were not in the dining room for lunch; these patients were appropriately supervised and assisted with their meal.

#### **4.3.5 Patient, relative and staff comments**

Patients spoken with commented positively with regard to the care they received. Examples of comments included:

"I am very happy here."

"I get my breakfast, lunch and dinner and everything in between."

"I enjoy the church service, they're all great here."

We spoke with three relatives all of whom were very satisfied with the standard of care and communication with staff. We also sought relative's opinion via questionnaires; ten questionnaires were issue and three were returned in time for inclusion in this report. The relatives indicated that they were either very satisfied or satisfied that the care in the home was safe, effective and compassionate and that the service was well led. Comments included:

"We could not be happier with the way my father is being cared for. The staff in Camphill are exceptionally caring and conscientious."

"My wife ...is unable to make any decisions – I am kept fully informed at all times."

One relative commented on staffing at mealtimes and the general use of agency staff in the dementia unit. These comments were shared with the manager.

Staff spoken with were knowledgeable regarding patients' likes, dislikes and individual preferences. Staff stated they were satisfied that they were well supported in their role; there were good training opportunities and that management were approachable. Ten questionnaires were issued to staff; two were returned. The staff members were very satisfied or satisfied that the care in the home was safe, effective and compassionate and that the service was well led.

#### **4.3.6 General environment**

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

## Areas for improvement

Staff should receive awareness training on restrictive practice and the procedure to follow if they feel restrictive practice is necessary.

Observation and encourage of patients at mealtimes should be provided in accordance with the patient's assessed need.

|                               |          |                                  |          |
|-------------------------------|----------|----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations</b> | <b>2</b> |
|-------------------------------|----------|----------------------------------|----------|

### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Joy McKay, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

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

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [web portal](#) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



## Quality Improvement Plan

**Statutory requirements: There were no requirements made as a result of this inspection**

### Recommendations

**Recommendation 1**

**Ref:** Standard 18.1

**Stated:** First time

**To be completed by:**  
10 January 2017

It is recommended that staff should receive awareness training on restrictive practice and the procedure to follow if they feel restrictive practice is necessary.

**Ref section 4.3.3**

**Response by registered provider detailing the actions taken:**

Training date sought from the Resident Experience Team . In the interim the manager will cascade the policy and documentaion to staff under supervision

**Recommendation 2**

**Ref:** Standard 12

**Stated:** First time

**To be completed by:**  
10 January 2017

It is recommended that observation and encourage of patients at mealtimes should be provided in accordance with the patient's assessed need.

**Ref section 4.3.4**

**Response by registered provider detailing the actions taken:**

This will be reviewed as part of the daily walkaround by the manager.It will also be monitored by the trained staff at meal times . Staff have been advised of the need for this at staff meetings and will be monitored by the Quality dining audit .



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