

# Inspection Report

15 June 2023



## Camphill Care Home

**Type of Service: Nursing Home**  
**Address: 62 Toome Road, Ballymena, BT42 2BU**  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Beaumont Care Homes Limited</p> <p><b>Registered Person/s OR Responsible Individual</b> Mrs Ruth Burrows</p>	<p><b>Registered Manager:</b> Mr Vasco Alves</p> <p><b>Date registered:</b> 6 November 2019</p>
<p><b>Person in charge at the time of inspection:</b> Mr Vasco Alves</p>	<p><b>Number of registered places:</b> 72</p> <p>A maximum of 42 persons in category NH-DE accommodated within the Dementia Wing.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 54</p>
<p><b>Brief description of the accommodation/how the service operates:</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 Unit which provides care for people living with dementia, the Glenariff Unit which provides general nursing care and the Glenshesk Unit which is currently not in use.</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 15 June 2023, from 9.00am to 4.30pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was warm and tidy. Patients were complimentary about the care provided by staff in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their interactions with staff.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

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

We spoke with patients and staff individually and in small groups about living and working in Camphill Care Home.

Patients told us about life in the home; "we play games sometimes and I planted the sunflower", "they are very good to me" and "the food is very good".

Staff comments included; "I had two weeks of induction", "staff are very supportive of each other" and "there are enough staff here".

There were no completed patient or visitor questionnaires received.

There were not responses received from the online survey.

A record of compliments received about the home was kept and shared with the staff team.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 20 June 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The responsible individual shall ensure the deficits in infection prevention and control practices identified in the report are addressed.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been partially met and is discussed further in section 5.2.3.  This area for improvement has been stated for a second time.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The responsible individual shall ensure the hours worked by the manager and the full name and designation of staff is included on the staff duty rota.	<b>Partially met</b>
	This area for improvement has been partially met and is discussed further in section 5.2.1.  This area for improvement has been stated for a second time.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

Mandatory training was progressing and included adult safeguarding, fire safety and wound care. Additionally, training was completed in dementia awareness, dignity in care and end of life care.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota did not include the full name of the staff working in the home on a daily basis. This area for improvement has been stated for a second time. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

A record was kept to evidence that the nurse in charge of the home in the absence of the manager was both competent and capable in this role.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

There was evidence that staff were registered with their professional body including the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that 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.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. A record was kept of any position changes required by the patients however the record was not always clear on which position the patient was moved to. This was discussed with the manager and will be reviewed at the next inspection.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, bed rails and alarm mats.

Moving and handling practices were observed and were generally completed safely, however, staff were observed to use inappropriate practices when moving a patient. This was discussed with the manager for his action and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. A weekly menu was available in each dining room, however, it was difficult for patients to see and did not reflect the meal served for lunch. An area for improvement was identified.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed 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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was generally, tidy and well furnished. Patients' bedrooms were personalised with items important to the patient. It was noted that a number of areas in the home required maintenance or repair. An area for improvement was identified.

Bedrooms and communal areas were comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. There was evidence throughout the home of 'homely' touches such as snacks and drinks available.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Review of the environment identified a number of infection prevention and control and cleanliness issues which required to be addressed. This was discussed with the manager and this area for improvement has been stated for a second time.

It was noted that in one patients room their prescribed medication had been left by staff without ensuring administration. This was brought to the attention of the manager for his review. An area for improvement was identified.

### 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Could have birthday parties with family/friends in their room or one of the lounges, could go out to local shops, clubs, pubs or other activities in the community.

It was observed 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.

Patients' needs were met through a range of individual and group activities, such as gardening, games, puzzles, pamper sessions, sensory therapy and music therapy.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Vasco Alves has been the manager in this home since 6 November 2019.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients spoken with said that they knew how to report any concerns and said they were confident that the person in charge would address this. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and described him as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

### 6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	4*

\*the total number of areas for improvement includes two that have been stated for a second time.



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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The responsible individual shall ensure the deficits in infection prevention and control practices identified in the report are addressed.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The deficits in infection prevention and control practices were discussed with the domestic team and addressed. This will continue to be reviewed as part of the IPC audits and daily walkabout audit in the Home. Compliance will be monitored during the visit by the Operations Manager on a monthly basis.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The responsible individual shall ensure that medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A meeting was held with qualified staff to reiterate the safe management of medicines. Any non-compliance matters are to be addressed through a GP review. Monitoring to be completed as part of the Managers daily walkaround and through the Managers Monthly Medication Audit. Compliance will be reviewed as part of the governance oversight during the Reg 29 visit carried out by the Operations Manager.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> Second time</p>	<p>The responsible individual shall ensure the hours worked by the manager and the full name and designation of staff is included on the staff duty rota.</p> <p>Ref: 5.1 and 5.2.1</p>

**To be completed by:**  
With immediate effect

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

The Home Manager's hours are included in the Qualified staff off duty. All entries for staff include their full name and designation. This will be confirmed on the Managers oversight when issuing the Duty Rosters and will be spot checked by the Operations Manager during the Regulation 29 visit.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The responsible individual shall ensure training in moving and handling of patients is embedded into practice and monitored on a regular basis.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2023</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff have up to date moving and handling training. Moving and handling observations are being completed to ensure moving and handling procedures are being embedded into practice.</p> <p>An audit is being completed to ensure that all Resident moving and handling information is accurate and up to date. Any deficits highlighted as a result of this audit will be addressed. Compliance will be monitored during the completion of the Reg 29 audit by the Operations Manager.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2023</p>	<p>The responsible individual shall ensure the areas in the home which were identified as requiring maintenance or repair are addressed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The environment is under regular review by the Home Manager and the Operations Team. The areas identified during the inspection were addressed. This will continue to be monitored through the Home Manager walkabout audit and during the completion of the Regulation 29 visit carried out by the Operations Manager.</p>

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



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