

Inspection Report

17 August 2021



Camphill

Type of service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual Mrs Natasha Southall</p>	<p>Registered Manager: Mr Vasco Alves</p> <p>Date registered: 6 November 2019</p>
<p>Person in charge at the time of inspection: Vasco Alves - manager</p>	<p>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.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 41</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 72 patients. The home is on one floor and is divided in three units call the Glenariff Unit, the Glendun Unit and the Glenshesk Unit. The Glenshesk Unit is currently closed. The home provides general nursing care and dementia nursing care.</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 August 2021 9.30 am to 6.00 pm 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 welcoming and patients were well presented and settled in their rooms or the communal lounge areas of the home.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Staff provided care in a compassionate and effective manner and patients responded well to staff throughout the inspection.

Areas requiring improvement were identified including; care records, infection prevention and control (IPC), assistance with meals and maintenance of the homes environment.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Addressing the areas for improvement will further assure RQIA that the delivery of care and service provided in Camphill are safe, effective, compassionate and that the home is well led.

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 and 'Tell Us' cards 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 Vasco Alves, manager, at the conclusion of the inspection.

4.0 What people told us about the service

Five patients and four staff were spoken with during the inspection. Patients said "they are very good to me her and get me into bed when I want", "the place is spotless and also described the food as "beautiful". Staff said they were supported by the manager and received training regularly, they had no concerns about the care and there were enough staff in place.

Five patients and two relative's questionnaires were received following the inspection and confirmed that they were either satisfied or very satisfied that the care in Camphill was safe, effective, compassionate and well led. Families said "we are provided with timely and detailed feedback" and "we are confident about the level of care provided to our relative".

No responses were received from the on-line staff survey.

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 9 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time	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. The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient	Met

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 2 Ref: Regulation 16 (1) (2) (b) Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. A sample of care records examined found that patients and their representatives had not been consulted.</p>	Not met
<p>Area for improvement 3 Ref: Regulation 13 (7) Stated: First time</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. A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. Staff did not always carry out hand hygiene nor change PPE between contacts with patients at meal times.</p>	Not met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 4.9 Stated: First time</p>	<p>The registered person shall ensure monthly care plan review and daily evaluation records are meaningful and patient centred.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

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.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was progressing well with modified diet training being completed on the day of inspection. Further training was also available on dignity and respect, fluids and nutrition and dementia 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. Staff told us that the manager was available for support when needed.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager's hours were not on the care staff rota, and in which capacity they were worked. This was discussed with the manager and an area for improvement was made.

Staff told us that there was enough staff on duty to meet the needs of the patients. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota and observation of the staff on duty on the day of inspection confirmed this.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients did not raise any concerns about staffing levels in the home and said "they (staff) couldn't be better to me".

It was evident there was always staff around and available to respond promptly to requests for help. Staff knew patients well and how best to help them.

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. Staff were observed to respond quickly to a patient who had become anxious and were able to settle the patient in a compassionate manner.

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 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. However, pressure relieving mattress settings were not recorded in patient care plans to direct individual care and wound dressings were not always completed as stated in the patients care records. An area for improvement was identified.

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

Examination of records and discussion with staff and the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the Trust's Specialist Falls Service or their GP if required.

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. Staff were visible throughout the lunch time meal to assist those patients who required help with their meal. Observation found that staff did not always sit at patient's level when assisting with meals to prevent the risk of choking. This was brought to their attention for immediate action and 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 patient's care records were important to ensure patients received the right diet. Training was being completed by the Trust speech and language team regarding meeting the needs of patients at risk of choking.

There was choice of meals offered, the food was attractively presented, smelled appetising, and portions were generous. Music was playing in the background. There was a variety of drinks available. Lunch was an unhurried experience for the patients.

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.

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.

Patients said “it’s perfect here” and the food is beautiful”. Staff said that patients’ needs were met daily and they had no concerns about patient care.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home’s environment evidenced that the home was generally clean, tidy and well maintained. For example; patients’ bedrooms were personalised with items important to the patient. It was noted that some areas of the home showed signs of wear and tear, such as a bathroom which was out of order and the hot water was not working in another bathroom

A chair was torn in a patient’s bedroom, a number of radiator covers and door frames were chipped, a sink surround and chest of drawers were damaged and the assisted bath was chipped. An area for improvement was identified.

Three unused bedrooms in the home were being used for storage. The rooms were full and not being used for their stated purpose. This was discussed with the manager for his attention and will be reviewed at the next inspection.

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, access to a kitchen and art work undertaken by patients as part of the activity programme provided.

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 COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. However, observation of practice showed that not all staff were compliant with best practice in infection prevention and control (IPC) measures and the use of PPE. For example’ false nails and nail polish was worn and sanitising of hands between contacts with patients was not always completed. This area for improvement has been stated for a second time.

Visiting arrangements were managed in line with DoH and IPC guidance. On entering the home visitors and staff completed and recorded a health declaration and temperature check.

Patients said their rooms were cleaned regularly and clean clothing was provided daily. Staff also said the home had increased its cleaning schedule at the onset of the COVID-19 pandemic.

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 if preferred. Patients could choose to take part in activities or stay in their rooms.

The outside area of the home was well presented with colourful painted areas and flower beds in bloom. Bird tables were in place and a courtyard area was available for patients to spend time if they choose to.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example; the planning of activities and menu choices.

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.

There was a range of activities provided for patients by staff including pamper sessions, music therapy, balloon badminton, baking, movies, word search, sensory sessions and one to one activities. As said previously patients had been consulted to plan their activity programme.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients said they enjoyed the activities in the home and those who preferred to spend time in their rooms confirmed staff supported them to do this.

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. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage safeguarding and protection of vulnerable adults and training was completed on a yearly basis.

A poster displaying information on how to make a complaint was displayed in the entrance hall of the home. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve 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 incidents 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 direction.

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 Conclusion

Patients were seen to be relaxed and content in the home on the day of inspection and described living in Camphill in a positive way. Patient choice was important to staff who asked patients about choices of food and drink, what to wear and how they wished to spend their time.

Patients were encouraged with their independence, where they were able, and assisted to have contact with loved ones.

The manager supported staff with care decisions and training to assist them to safely fulfil their roles in the home.

Based on the inspection findings five areas for improvement were identified. All five were in relation to safe and effective care – details can be found in the Quality Improvement Plan included.

7.0 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
Total number of Areas for Improvement	2*	3

* 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16 (1) (2) (b) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure care plans are implemented and reviewed by registered nurses in consultation with the patient or patient's representative. Ref: 5.1
	Response by registered person detailing the actions taken: All service users and/or their representative were contacted to discuss and agree the care plans to be implemented. This will continue during yearly documentation reviews or following implementation of new care plans.
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system should be in place to ensure compliance with best practice on infection prevention and control. Ref: 5.1
	Response by registered person detailing the actions taken: All staff attended infection control training provided by CEC in March and April 2021 and are required to complete yearly updates on E-Learning. PPE compliance and hand hygiene audits continue to be carried out at least on a monthly basis. A supervision was also carried out with the identified member of staff. The infection control practice in the Home is under ongoing review from the Home Manager and Regional Team.
Action required to ensure compliance with the 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 that an accurate record of pressure mattress settings and wound care is recorded in patients care records. Ref: 5.2.2
	Response by registered person detailing the actions taken: A monthly audit is being completed regarding the accurate record of pressure mattress settings and wound care management. A mattress check document is also completed by the Registered Nurse at the end of each shift. A label was placed on the mattress pumps for staff to refer to. This will

	remain under ongoing review during the daily walkabouts.
Area for improvement 2 Ref: Standard 12.9 Stated: First time To be completed by: With immediate effect	The registered person shall ensure nurses have the skills and knowledge in managing feeding techniques for residents who have swallowing difficulties. Ref: 5.2.2 Response by registered person detailing the actions taken: Staff attended practical training facilitated by the Speech and Language Therapist, including the staff mentioned in the report. The training covered feeding techniques for residents with swallowing difficulties. This will remain under review.
Area for improvement 3 Ref: Standard 44 Stated: First time To be completed by: 30 September 2021	The registered person shall ensure that the premises and equipment are well maintained and fit for purpose including a bathroom which was out of order, hot water provision, a torn chair, a number of chipped radiator covers and door frames, a damaged sink surround and chest of drawers and the chipped assisted bath. Ref: 5.2.3 Response by registered person detailing the actions taken: The bathroom repairs have been approved and are pending due to contractors availability. All other items have been repaired or replaced as required. An environmental audit is completed monthly in order to identify areas requiring attention. The environment will be kept under ongoing review. This review will be supported by the representative of the registered provider.

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