

Inspection Report

20 June 2022



Camphill

Type of service: Nursing Home
Address: 62 Toome Road, Ballymena, BT42 2BU
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www.rqia.org.uk

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: Joe Mendes – Deputy Manager until 10.00 am Mr Vasco Alves – Registered Manager from 10.00 am</p>	<p>Number of registered places: 72</p> <p>A maximum of 42 persons in category NH-DE accommodated within the Dementia Wing. 1 named person in category RC-I to be accommodated in the Glenariff Unit. Include conditions of registration – copy directly from iconnect service details.</p>
<p>Categories of care: 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>Number of patients accommodated in the nursing home on the day of this inspection: 49</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Nursing Home which provides nursing care for up to 72 patients. The home is divided in 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 are communal dining and lounge areas in all units and individual bedrooms for patients. There is a mature garden and seating area for residents use.</p>	

2.0 Inspection summary

An unannounced inspection took place on 20 June 2022, from 9.30 am to 5.00 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.

Staff members were observed to provide care in a compassionate manner and it was evident that staff promoted the dignity and well-being of patients and was knowledgeable and well trained to deliver safe and effective care.

Areas requiring improvement were identified are included in the Quality Improvement Plan (QIP) in section 7.0.

Patients said that living in the home was a good experience and the staff members were very attentive. Patients unable to express their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Camphill was safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services provided.

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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Six patients told us staff were looking after them well, the food was very good and there was occasional staff sick leave. Patients said staff come if I press the buzzer” and the home is “nice and clean”. During feedback discussion with the manager confirmed that shifts were covered for sick leave by the homes own staff and agency staff.

Four relatives spoke positively about the home and said they had no issues with staffing and that they were kept well informed of their relatives’ condition especially during the COVID-19 outbreak.

Six staff said at times there was short notice sick leave, however, the manager or agency staff would cover shifts. Staff spoke positively about the care in the home and the support from the manager.

Two questionnaires were received following the inspection. One questionnaire was from a relative and the other questionnaire did not specify. Both returned questionnaires confirmed that they were very satisfied that care in Camphill was safe, effective, compassionate and well-led.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 17 August 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) (2) (b)	The registered person shall ensure care plans are implemented and reviewed by registered nurses in consultation with the patient or patient’s representative.	Met

Stated: Second time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
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<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second 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> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that the infection prevention and control issues identified during the previous inspection have been addressed. This area for improvement has been met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an accurate record of pressure mattress settings and wound care is recorded in patients care records.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure nurses have the skills and knowledge in managing feeding techniques for residents who have swallowing difficulties.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

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. Good levels of attainment were seen for mandatory training. Additional training was provided for dementia awareness and pressure area 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. One staff member said that occasional staff cover was required if sick leave occurred at short notice. Staff confirmed that they were happy to cover shifts and agency was used if required.

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 confirmed this.

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, however, the manager's hours were not included on the off duty and the full name and designation of all staff was not recorded. This has been identified as an area for improvement.

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.

Records reviewed confirmed that a competency and capability assessment had been completed for those staff taking charge of the home in the absence of the manager.

A record was kept of staff registration 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 members 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 members 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 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 members 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. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

Examination of records and discussion with staff 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.

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 members were observed sitting to assist resident who required help with their meals where this was necessary.

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. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

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

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

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 clean, tidy and well maintained. For example; patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

It was noted that some equipment was inappropriately stored in bathrooms or unclean and required maintenance or replacement. This has been identified as an area for improvement.

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 records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

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 family or friends in their room and could visit local shops if desired.

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, planning 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. As said previously patients had been consulted about their activity programme. The range of activities included the use of the sensory room, watering plants, tea parties and memory therapy. Patients were observed enjoying tea and a chat in the courtyard with staff.

Staff recognised the importance of maintaining good communication with families. Staff assisted patients to make phone calls. Visiting and care partner 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. 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 the safeguarding and protection of vulnerable adults.

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.

There was a system in place to manage complaints. Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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.

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	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Vasco Alves, Registered Manager, and Joe Mendes, Deputy 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 13 (7) Stated: First time To be completed by: With immediate effect	The responsible individual shall ensure the deficits in infection prevention and control practices identified in the report are addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: The provision of use of commodes was reviewed and individual use equipment will be obtained and stored in the service user's own bedroom.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Home Manager's hours will be included in the Qualified staff duty. Any hand-written entry in the rota will include staff's full name and designation.

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



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