

Unannounced Care Inspection

Name of Establishment:	Camphill
Establishment ID No:	1455
Date of Inspection:	24 February 2015
Inspectors Names:	Norma Munn and Sharon McKnight
Inspection ID	21132

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Home:	Camphill
Address:	62 Toome Road Ballymena BT42 2BU
Telephone Number:	(028) 2565 8999
E mail Address:	camphill@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Maureen Claire Royston, Responsible Person
Registered Manager:	Mrs Joy McKay (registration applied for with RQIA)
Person in Charge of the Home at the Time of Inspection:	Mrs Joy McKay
Categories of Care:	NH-I, NH-PH, NH-PH(E), NH--DE
Number of Registered Places:	72
Number of Patients Accommodated on Day of Inspection:	56
Scale of Charges (per week):	£581
Date and Type of Previous Inspection:	16 December 2014 Secondary Unannounced Care Inspection
Date and Time of Inspection:	24 February 2015 10:00 – 16:30
Name of Inspectors:	Norma Munn and Sharon McKnight

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The previous care inspection on 16 December 2014 identified shortfalls in the delivery of care and supervision of patients, management of falls, management of meals and mealtimes, the environment, management of medications and the leadership and governance arrangements of the home. As a result a serious concerns meeting was held with Mr JP Watson, Director of Operations and representatives of Four Seasons Health Care Ltd on 23 December 2014. At that meeting assurances were given that the concerns would be addressed and a robust action was submitted.

The purpose of this inspection was to evidence the progress being made since the previous inspection on 16 December 2014 and to examine the outstanding requirements and recommendations carried forward from a previous inspection on 3 October 2014.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with Ms Patricia Greatbanks, regional manager
- Discussion with Ms Anne Oliver, support manager
- Discussion with Mrs Joy McKay, home manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Discussion with one relative
- Review of a sample of staff training records
- Review of accidents and incidents records

- Review of a sample of patient care records
- Review of a sample of policies and procedures
- Evaluation and feedback
- Observation during a tour of the premises

5.0 Inspection Focus

The inspection sought to follow up on issues identified during the previous unannounced inspection on 16 December 2014 and to examine the outstanding requirements and recommendations from a previous inspection on 3 October 2014. The action plan submitted to RQIA on 23 December 2014 was also reviewed.

6.0 Profile of Service

Camphill is situated in a quiet residential area on Toome Road in the town of Ballymena. The home is located close to the main transport routes.

The nursing home is owned and run by Four Seasons Health Care Limited. The current manager is Ms Joy McKay.

Accommodation is provided in three separate units. The Glenariff unit has 30 beds and provides general nursing care. The Glenshesk unit has 12 beds and the Glendun unit has 30 beds. Both of these units accommodate patients with dementia.

Sanitary facilities, bedrooms, communal lounges and dining facilities are available in each suite. Laundry and catering facilities are also provided. A large car park is available with an entrance to each suite.

The home is registered to provide care for a maximum of 72 persons under the following categories of care:

- I Old age not falling into any other category
- PH Physical disability other than sensory impairment
- PH (E) Physical disability other than sensory impairment – over 65 years
- DE Dementia
- MP(E) Mental Disorder excluding learning disability or dementia - over 65 years
(one identified person only)

7.0 Summary

This summary provides an overview of the services examined during an unannounced care inspection of Camphill. The inspection was undertaken by Norma Munn and Sharon McKnight on 24 February 2015 between the hours of 10.00 and 16.30.

The inspectors were welcomed into the home by Mrs Joy McKay, home manager and later joined by Ms Patricia Greatbanks, regional manager and Ms Anne Oliver, support manager who were available throughout the remainder of the inspection. Verbal feedback of the issues identified was given to Mrs Joy McKay, Ms Patricia Greatbanks and Ms Anne Oliver at the conclusion of the inspection.

The focus of the inspection was to follow up on issues identified during the previous unannounced inspection on 16 December 2014, focusing on the Glendun Suite of the home. The outstanding requirements and recommendations made from a previous inspection on 3 October 2014 were also examined.

The inspectors also reviewed the action plan created by Four Seasons Health Care in response to the outcome of the inspection on 16 December 2014. It was good to note that the plan was progressing and that a number of actions were fully addressed. Confirmation was received from the regional manager that they would continue to progress the actions.

During the course of the inspection, the inspectors met with patients, staff and relatives. Care practices were observed, a selection of records examined, and a general inspection of the nursing home environment was carried out as part of the inspection process.

Four requirements and five recommendations made as a result of the previous inspection on 16 December 2014 were examined. Three requirements and four recommendations were complied with. One requirement was assessed as substantially compliant and one element of the requirement has been stated for a second time. One recommendation stated for the second time was evidenced as not compliant and the issue has now been stated as a requirement. Two requirements and two recommendations made as a result of a previous inspection on 3 October 2014 were examined and evidenced as compliant. Details can be viewed in the section following this summary.

The inspectors acknowledged that significant work has been undertaken since the last inspection in relation to improving the delivery of care, supervision of patients, management of falls, management of meals and mealtimes, the environment, management of medications and the leadership and governance arrangements of the home. However, shortfalls were identified in regards to the supervision of patients during the lunch time meal, choice of snacks for patients on therapeutic diets and the management of fluid intake.

One requirement and one recommendation has been made and one requirement has been stated for the second time as a result of this inspection; details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors would like to thank the patients, relatives, home manager, support manager, regional manager and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on Previous Issues from 3 October 2014 and 16 December 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (2)	The registered person ensures that persons working in the home are appropriately supervised	Discussion with the regional manager and a review of a revised staff supervision matrix evidenced that staff have been supervised appropriately.	Compliant
2	20(1) (c) (1)	<p>The registered person shall ensure that persons employed to work at the nursing home receive mandatory training and other training appropriate to their work they are to perform.</p> <p>This includes part time, relief, temporary, agency and occasional staff.</p>	Review of training records evidenced that mandatory training had been arranged and attended by staff. There was an established system to ensure that there were ongoing opportunities for staff to receive mandatory training.	Compliant
3	13(1) (a) and (b)	<p>The registered person must review the delivery of care in the Glendun unit to ensure that:</p> <ul style="list-style-type: none"> the needs of patients in the Glendun Unit are being met in a timely manner those patients assessed as at high risk of falls are being appropriately supervised recommendations made by health care professionals are adhered to and records maintained to evidence implementation all areas of the home where patients have access are adequately heated nurse call unit in the hairdressing salon must be repaired to ensure staff can summon help as required 	<p>Discussion with staff and observation of care practices in the Glendun Unit confirmed that patients' needs were being met in a timely manner.</p> <p>Observations confirmed that those patients identified as at high risk of falling were appropriately supervised.</p> <p>Review of care records evidenced that recommendations made by health care professionals were being carried out.</p> <p>Observation during a tour of the home confirmed that bedrooms and communal areas were adequately heated.</p>	Compliant

		This review must include the deployment and working practices of staff.	The nurse call unit in the hairdressing salon had been repaired and was in good working order.	
4	12 (4) (a) (b) and (d)	<p>The registered person must review the serving of meals to ensure that:</p> <ul style="list-style-type: none"> • meals are served in a timely manner to meet patients' needs • meals are served at a temperature which is in accordance with nutritional guidelines • staff provide appropriate supervision to patients during mealtimes • there is a choice of meals available to patients, including those who require a pureed meal <p>The deployment of staff at mealtimes must be included in this review.</p>	<p>Observation of the serving of the lunch time meal in the Glendun Unit evidenced that meals were being served in a timely manner and served at the correct temperature. However, the inspectors observed two patients who required assistance were not being adequately supervised and encouragement was not being offered. This element of the requirement has been stated for a second time.</p> <p>Discussion with staff and a review of the menu confirmed that a choice was available for all patients during the lunch time meal.</p>	Substantially compliant
5	13 (8) (a)	<p>The registered person must ensure that a review of the dining experience is undertaken to ensure that:</p> <ul style="list-style-type: none"> • meals are served in accordance with best practice for persons with dementia • meals are served in a dignified manner • that mealtimes are a positive experience for patients. 	<p>Discussion with staff and observation of the serving of the lunch time meal in the Glendun Unit confirmed that the dining experience had significantly improved.</p> <p>The dining room tables were appropriately set with table cloths, napkins, cutlery, crockery and condiments and the menu was clearly displayed. Staff were observed serving the lunch in a dignified and calm manner.</p>	Compliant

6	13(2) (a)	<p>The registered person must ensure that:</p> <ul style="list-style-type: none"> the identified damaged area of flooring in the corridor of the Glendun Unit is replaced the identified damaged electronic self closing device in the bedroom in the Glendun Unit is repaired or replaced cleaning products are stored in accordance with Control of Substances Hazardous to Health Regulations (COSHH) 	<p>Observation during a tour of the Glendun Unit evidenced the flooring had been repaired, the self closure device had been replaced and cleaning products were stored in accordance with COSHH regulations.</p>	Compliant
---	-----------	---	--	-----------

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	28.4	The registered person must ensure that care assistants receive a training update on the prevention of pressure ulcers.	Review of training records evidenced that recent training on pressure ulcer prevention had been attended by care staff.	Compliant
2	29.4	It is recommended that management establish a template to record the details of formal supervision meetings providing a timetable of scheduled formal individual supervision meetings in accordance with the arrangements specified in the home's staff supervision policy and procedure.	Discussion with the regional manager and a review of a revised staff supervision matrix evidenced that staff have been supervised appropriately and at regular intervals. A template to record individual supervision was in place.	Compliant
3	5.3	Patients' daily progress records should reflect the action taken, if any, where a patient does not meet their daily target.	Review of three patient's care records evidenced that the total fluid intake over the 24 hour period was recorded in the patient's daily progress notes. However, there was no record to evidence if any action had been taken when the patients did not meet their daily fluid target. This recommendation has not been complied with and is now stated as a requirement.	Not Compliant
4	25.11	The registered person should ensure that a system to re-evaluate any shortfalls noted during audits undertaken in the home is introduced. Any shortfalls must be addressed in a timely manner.	Discussion with staff and a review of the daily check on emergency equipment evidenced any deficits identified were followed up and actioned in a timely manner.	Compliant
5	25.11	A monthly analysis of falls should be completed for each unit within the home to identify specific trends and issues within each care setting.	Review of the monthly accident analysis evidenced that falls are recorded and audited monthly on a unit by unit to identify specific trends.	Compliant

6	5.3	Patients should be comprehensively assessed for pain and should have care plans in place for all identified assessed needs.	Review of seven patients' care records evidenced that pain assessments had been completed. However there were two patients who did not have care plan developed for pain management. This was discussed with the home manager who has agreed to address issues identified through regular care plan audits.	Substantially Compliant
7	39.1	The storage arrangement for medicines should be reviewed to ensure they are securely stored at all times.	Observation and discussion with staff confirmed that the damaged medicine trolley had been replaced and storage in the treatment room had been reviewed to ensure that medicines are securely stored.	Compliant

9.0 Additional Areas Examined

9.1 Meals and Mealtimes

The serving of the lunch time meal in the Glendun unit was observed. The majority of patients had their meals served in the main dining room of the unit. A small number of patients had their meals served in alternative areas of the unit as was their choice. The mealtime was a calm, well organised event. Generally patients who required assistance with their meal were attended to in a timely manner. However, two patients, one of whom was not in the dining room, were not being adequately supervised and encouragement was not being offered. The issue of meaningful supervision had been identified during the previous inspection and a requirement had been made. Whilst significant improvements in relation to the serving of meals, deployment of staff and the overall dining experience are acknowledged the supervision of patients requires further improvement. This element of the requirement has been stated for a second time.

9.2 Food and Fluids

The serving of the morning and afternoon tea was observed. Discussion with care staff indicated that patients who required a therapeutic diet were not always being offered a choice of snacks. This was discussed at length with the cook, home manager and regional manager who all confirmed that a variety of snack choices were prepared each day for those patients who required a soft or pureed diet. It is recommended that the availability of snacks for patients should be discussed with staff to ensure that they are aware of the range available; snacks should be offered to all patients, including those who require a soft or pureed diet, during the serving of morning and afternoon tea.

10.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Patricia Greatbanks, regional manager, Ms Anne Oliver, support manager and Mrs Joy McKay, home manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Norma Munn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Unannounced Care Inspection

Camphill

24 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Patricia Greatbanks, regional manager, Anne Oliver, support manager and Joy McKay, home manager during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Actions Taken By Registered Person(S)	Timescale
1	12(4)(a)(b) & (c)	<p>The registered person must review the serving of meals to ensure that staff provide appropriate supervision to patients during mealtimes</p> <p>The deployment of staff at mealtimes must be included in this review.</p> <p>Ref : Follow up section 8.0 and 9.1</p>	Two	Staff deployment at meal times remains under review to include the deployment of staff in the dining room, directed by a nurse or senior carer alongside the catering team and the usage of a tray trolley.	From the date of the inspection
2	13 (1) (b)	<p>The registered person must ensure that when a patient does not meet their daily target of fluid intake appropriate action is taken and recorded in the patients' daily progress records</p> <p>Ref: Follow up section 8.0</p>	One	<p>The daily fluid intake targets in the Glendun unit have been reviewed in line with the RCN document Water for Health and the Nutritional Guidelines and Menu checklist for Residential and Nursing Homes.</p> <p>Registered staff have been advised under supervision what action to take when a patient does not meet their revised daily target and how to record the appropriate action taken in</p>	By 24 February 2015



				their daily progress notes	
--	--	--	--	----------------------------	--

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	12.3	<p>The availability of snacks for patients should be discussed with staff to ensure that they are aware of the range available; snacks should be offered to all patients, including those who require a soft or pureed diet, during the serving of morning and afternoon tea.</p> <p>Ref: Section 9.2</p>	One	the range of available snacks for patients including those who require specialised diets has been discussed through staff supervision with Catering manager.	By 24 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person/identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Joy McKay
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall  MANAGING DIRECTOR 13/4/15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Sharon McKnight	26-04-15
Further information requested from provider			