



Unannounced Follow Up Care Inspection Report 28 February 2019



Camphill

Type of Service: Nursing Home (NH)
Address: 62 Toome Road, Ballymena, BT42 2BU
Tel No: 028 2565 8999
Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 72 persons and residential care for one named patient. The home is managed in three units; two 30 bedded units and a 12 bedded unit. The 12 bedded unit was unoccupied at the time of this inspection.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): Dr. Maureen Claire Royston	Registered Manager: Anne O’Kane
Person in charge at the time of inspection: Anne O’Kane	Date manager registered: 24 January 2019
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.	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.

4.0 Inspection summary

An unannounced inspection took place on 28 February 2019 from 09:45 to 15:15.

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.

The inspection assessed progress with any areas for improvement identified 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.

There were examples of good practice found throughout the inspection in relation to the caring attitude of staff, care delivery, the provision of lunch in the dementia unit, accident/incident reporting, and management of falls.

An area for improvement was identified in relation to the skill mix of staff in the dementia unit.

Patients said they were happy in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

The term 'patients' is used to describe those living in Camphill which provides nursing care and residential care for one named patient.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Anne O'Kane, registered 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.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 5 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- 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 QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with seven patients individually and with others in small groups over lunch, two patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA online.

The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for nursing and care staff for week commencing 25 February 2019
- incident and accident records
- six patients' care records
- complaints record
- compliments received
- a sample of monthly monitoring reports completed on behalf of the registered provider

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 July 2018.

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 July 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43.5 Stated: First time	The registered person shall review the alarm on the entrance door into the general nursing unit in accordance with a noise management policy for the home.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that the alarm had been removed following the previous inspection. Control measures have been reintroduced to the entrance door into the general nursing unit with the code being readily available to ensure that patients and relatives can freely enter and exit the home as they wish. This area for improvement has been met.	

Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that the care plans for the identified patient are reviewed to ensure their holistic needs are appropriately met.	Met
	Action taken as confirmed during the inspection: We reviewed the care plans for the identified patient. The care plans accurately reflected the patient's needs and planned a holistic approach to their care. This area for improvement has been met.	

6.3 Inspection findings

6.3.1.Staffing:

The registered manager confirmed the planned daily staffing levels for the home and that she completed a monthly dependency assessment of patients' needs in order to help determine staffing levels.

Review of the staff rota for week commencing 25 January 2019 evidenced that the planned staffing levels within the general nursing unit were adhered to. The planned staffing levels for the dementia unit during the day consisted of two nurses and five care staff each morning which then reduced to two nurses and four care staff following lunch. However, review of the staff rotas evidenced that a 'Care Home Assistant Practitioner' (CHAP) was regularly rostered in the dementia unit in the absence of a second nurse. This is a care assistant who has received enhanced training and has been deemed competent to support nursing staff in a number of areas. While the positive contribution of CHAP staff in regard to patient care was recognised the use of a CHAP in place of a second nurse resulted in the required skill mix of staff not being met. This was identified as an area for improvement.

Observation of the delivery of care evidenced that staff attended to patients' needs in a timely and caring manner. Staff advised that there were sufficient staff to meet the needs of the patients.

We spoke with seven patients individually who all commented positively on the care they received and the caring attitude of staff. These are some of the comments received:

"I am very comfortable and have no complaints."

"I am being well looked after and am very happy here."

"I'm happy in the home and the food is good."

We spoke with the relatives of two patients; no issues were raised with regard to staffing arrangements within the home. Questionnaires were provided for patients and patients' relatives; none were received within the timescale for inclusion in this report. All questionnaire comments received after specified timescales will be shared with the registered manager for information and action, as necessary.

6.3.2. Serving of lunch

We observed the serving of lunch in the dementia unit. Lunch was served in the dining room or brought to patients in locations throughout the unit according to personal preference. The dining room tables were nicely attractively set with a range of cutlery, condiments and a choice of drinks. The atmosphere was relaxed with staff encouraging patients in conversations around lunch and the meal being served. Those patients who chose to have their lunch away from the dining room had their meals covered and brought to them on trays. The serving of lunch was well organised and those patients spoken with all said that they had enjoyed their meal.

6.3.3. The management and reporting of accidents/incidents

We reviewed accidents/incidents records completed in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted as required. Records also evidenced that healthcare professionals in the relevant health and social care trust were informed of accidents at the time they occurred.

The registered manager completes a monthly analysis of accidents to identify any trends with the patients involved, time of the accident and the location.

6.3.4. Restrictive practice & falls management

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of alarm mats. There was also evidence of consultation with relevant persons in making best interest decisions regarding the use of such equipment, on behalf of patients. Care plans were in place for the management of alarm mats and outlined how they should be used for the benefit of those patients identified. Restrictive practices were also monitored by the registered manager on a monthly basis in the home.

A post falls evaluation was completed for each patient following a fall and care records amended accordingly. The home were proactive in the monitoring of patients for suspected and/or actual head injuries sustained following an actual or suspected fall.

6.3.5. Complaints and compliments

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"...would like to thank you for all the love and care you gave to my She was very happy with you for 8 years."

"Thank you so much for the compassionate and professional care you gave We really appreciate your care and kindness."

6.3.6. Environment

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, lounges and the dining room. The home was found to be warm, fresh smelling and clean throughout. The registered manager explained that a refurbishment plan was in place for the lounges in the dementia unit and a number of bedrooms. At the time of the inspection no time scale had been confirmed for this work to commence. Progress with this improvement work will be reviewed at the next inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the caring attitude of staff, care delivery, the provision of lunch in the dementia unit, accident/incident reporting and management of falls.

Areas for improvement

An area for improvement was identified in relation to the skill mix of staff in the dementia unit.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne O'Kane, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 41.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</p>	<p>The registered person shall ensure that the required skill mix of 35% registered nurses to 65% care staff is achieved over a 24 hour period in the dementia unit.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: FSHC have a researched based needs based dependency tool, which is used to assess staffing requirements based on the outcome of individual resident assessed need. This is current and up to date.</p>
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**Please ensure this document is completed in full and returned via Web Portal*



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