



Unannounced Care Inspection Report 13 and 14 August 2020



Camphill Community Glencraig

Type of Service: Residential Care Home
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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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 55 residents, many of whom have complex learning disabilities and may present with behaviours which challenge. The residential home is made up of 13 houses of various size and occupancy across a large site. The home is managed by a board of Trustees from Camphill Community and beds are commissioned by a number of trusts on a regional basis.

3.0 Service details

<p>Organisation/Registered Provider: Camphill Community Glencraig</p> <p>Responsible Individual: Elizabeth Mitchell</p>	<p>Registered Manager and date registered: Fiona Robinson 5 February 2020</p>
<p>Person in charge at the time of inspection: Tracey McCoubrey, Deputy Manager, on 13 August 2020 Deborah Rice, Deputy Manager, on 14 August 2020</p>	<p>Number of registered places: 55</p> <p>The maximum number of residents to be accommodated within individual houses is as follows: Bethany (7), Craigowen (6), Comgall (3), Dell O'Grace (4), Emmaus House (7), Hermitage (3), Kintyre (7), Novalis (6), Parsifal (2), Pestalozzi (1), Samaria (4), Ceridwen (1). RQIA should be notified in advance of any changes in the occupancy of Columbanus House (3) and Ceridwen (1). The home is also approved to provide care on a day basis only to 13 persons.</p>
<p>Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.</p>	<p>Number of residents accommodated in the residential home on the day of this inspection: 49</p> <p>The day care service was not operational due to the ongoing Covid-19 pandemic.</p>

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

This inspection was undertaken by care and pharmacist inspectors. The pharmacist inspector focused on medicines management within the service. The care inspector assessed progress with any areas for improvement identified during the last care inspection and sought to establish if the home provided safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) measures
- care delivery
- care records
- environment

- governance and management arrangements
- medicines management

Residents said that they liked living in Camphill Community Glencraig, the food was good, there was lots of staff and they got on well with staff.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5*	4*

*The total number of areas for improvement includes two against the regulations and one against the standards which are carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Tracey McCoubrey and Deborah Rice, Deputy Managers on 13 and 14 August 2020 respectively. There was further discussion with the Fiona Robinson, Manager by telephone on 17 August 2020. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

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 report and the returned QIP from the previous care inspection

During the inspection the inspector met with three residents, two deputy managers, the Head of Adult Services and nine members of care staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards which were distributed to residents' relatives to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff training records
- a selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- complaints
- incident and accident

- three residents' care files
- the care records for one resident requiring a modified diet
- the care records for two residents prescribed medication for administration on a "when required" basis for the treatment of distressed reactions
- the management of nutrition and medicines via the enteral route
- staff medicines management training and competency assessment records
- personal medication records, medicine administration records, medicine receipt and disposal records
- governance and auditing arrangements
- management of medication incidents

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met. Some areas for improvement could not be validated due to the ongoing Covid-19 pandemic and are thus carried forward to the next care inspection.

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 last care inspection 5 February 2020

The most recent inspection of the home was an unannounced care inspection undertaken on 5 February 2020. No further actions were required to be taken following the most recent inspection on 5 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (c)(ii) Stated: Second time	The registered person shall ensure that care staff are supported to maintain their registration with the appropriate regulatory body i.e. NISCC. If there are delays in the registration process this should be recorded.	Met
	Action taken as confirmed during the inspection: Inspection of the regular audit records of staff registrations with the Northern Ireland Social Care Council (NISCC) confirmed that this area was satisfactorily addressed.	

<p>Area for improvement 2</p> <p>Ref: Regulation 30 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 22 March 2020</p>	<p>The registered person shall ensure that robust arrangements are put in place for all incidents to be reported to RQIA and all other relevant parties without delay of the occurrence of such incidents.</p> <hr/> <p>Action taken as confirmed during the inspection: Examination of records of accidents and incidents cross referenced against notifications submitted to RQIA established that this area was satisfactorily addressed.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall make arrangements for residents unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated; and</p> <p>(2) The registered person shall ensure that the assessment of the resident's needs is –</p> <p>(a) kept under review; and</p> <p>(b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <p>Some reviews for the residents had not taken place on time. The home should ensure that if a trust does not undertake the review this should be recorded in the file.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the deputy manager and examination of care records established that some care reviews were completed for residents who had changing or especially complex needs; the more routine care reviews were not completed due to the ongoing Covid-19 pandemic.</p> <p>It was therefore agreed that this area would be carried forward to the next inspection.</p>	<p>Carried forward to the next care inspection</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27(1)(b)</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2020</p>	<p>The registered person shall having regard to the size of the home and the number and needs of residents provide</p> <p>(b) the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally</p> <p>Specifically but no solely -</p> <ul style="list-style-type: none"> • Nouvalis garden requires some attention by grounds maintenance staff • Bethany floor, wall and ceiling finishes are deteriorating and would benefit from a building condition survey and subsequent refurbishment works project • Ceridwen accommodation finishes, fixtures and fittings are robust and assessed to meet the needs of the service user 	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the deputy manager established that although the garden at Nouvalis was maintained, the planned repair and refurbishment work was not completed due to the ongoing Covid-19 pandemic.</p> <p>It was therefore agreed that this area would be carried forward to the next inspection.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 21 February 2020</p>	<p>The registered person shall not employ a person to work in the residential care home unless they have received two written references including one from the most recent employer.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Examination of two staff recruitment files confirmed that this area was satisfactorily addressed.</p>		
<p>Area for improvement 6</p> <p>Ref: Regulation 19 (1) (a) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: 21 February 2020</p>	<p>The registered person shall ensure that all incidents reported to RQIA include the necessary level of detail to assess the seriousness of the event.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspection of a sample of accident and incident records cross referenced against notifications submitted to RQIA established that these were completed in sufficient detail.</p>		

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 9.3 Stated: Second time To be completed by: 30 March 2020	The registered person shall ensure that the general health and welfare of residents is continually monitored and recorded in regard to the management of residents' weight.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and inspection of care records confirmed that this area was satisfactorily addressed.	
Area for improvement 2 Ref: Standard 4.6 Stated: Second time To be completed by: 15 June 2020	The registered person shall ensure that the resident or their representative is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Discussion with senior management established that some preparatory work had been done in this area, but not completed due to the ongoing Covid-19 pandemic. It was therefore agreed that this area would be carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 17.10 Stated: First time To be completed by: 21 February 2020	The registered person shall ensure a record of complaint is kept of all complaints and includes any record of communication, the results of the investigation and any action taken.	Met
	Action taken as confirmed during the inspection: Inspection of the records of one complaint confirmed that detailed recording was in place for each stage of the complaint. This area will be monitored during inspections for any other complaints which are received in future.	

6.2 Inspection findings

6.2.1 Staffing

The deputy managers explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in each of the houses we visited to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all worked together for the benefit of the residents. Staff told us they felt well supported in their roles and were satisfied with the staffing levels. Staff said there was good team working and effective communication between staff and management.

Staff also confirmed that there were competency and capability assessments completed for staff left in charge of the home in the manager's absence. Staff reported that they got a good induction before starting duties in the home; every effort was made by management to ensure that residents were supported by regular staff who were familiar with residents' needs. Staff also advised that staff meetings were held each month to ensure that all staff were up to date with the latest Covid-19 guidance and any arrangements specific to individual residents.

The manager submitted information after the inspection about mandatory staff training. We saw that there was a system in place to identify when such training was either out of date or was about to become out of date. We saw that fire training was not provided twice annually. This was identified as an area for improvement to comply with the Regulations. The deputy manager advised that additional training was also provided for staff, if required.

Some comments made by staff are as follows:

- "This is the best job I have ever had, and I worked as a nurse before this. I feel the care is excellent, very individual to each resident...the best of food is supplied and the residents enjoy a great life. They have lots of activities, there's something different every day. We get great support from our managers."
- "We have excellent support from (our managers). I love my job and my role here and I feel Camphill provides very good care to our residents and provides a great quality of life. We have recently had care reviews for some of our residents and there has been very good feedback from residents' families. This is good to hear as it helps staff morale. We have no shortage of PPE and now that staff will be Covid tested regularly, we will have more confidence that we can keep our residents safe."

6.2.2 Infection prevention and control measures

Signage had been erected at the entrance to each of the houses to reflect the current guidance on Covid-19. Anyone entering the house has a temperature and symptom check completed. Care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary.

We saw that all staff wore the correct Personal Protection Equipment (PPE) according to the current guidance. There was a plentiful supply of PPE held centrally in the main office and this was distributed daily to each house, where necessary. We saw that PPE was readily available in each house. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak.

There was hand sanitiser in each house and we saw that staff carried out hand hygiene at appropriate times. There was discussion with the deputy manager about how staff ensured that residents had the opportunity to wash their hands before each mealtime in order to further reduce the potential for infection.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in each house was calm, relaxed and friendly.

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic. The care staff assisted residents to make phone calls with their families in order to reassure relatives. Arrangements were now in place on an appointment basis to facilitate relatives visiting their loved ones and there was a robust system in place to facilitate short or longer term visits home. The manager later advised that such arrangements are kept under constant review.

6.2.4 Care records

We reviewed the care files of three residents which evidenced that detailed, comprehensive care plans were in place to direct the care required. The records were written in a professional manner and used language which was respectful of residents. We saw that a specific communication aid had been developed for each resident to assist the resident to understand precautions against the transmission of Covid-19. Such person centred practice is commendable.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required. It was noted, however, that some records were either not dated or not signed. This was identified as an area for improvement to comply with the Standards.

6.2.5 Environment

An inspection of the internal environment of six of the houses which make up the residential care homes was undertaken; this included examination of bedrooms, bathrooms, lounges, kitchens, dining areas and storage areas.

Residents' bedrooms were found to be personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. Each house was decorated to a good standard, was well ventilated and comfortable. All areas within the houses were odour free and clean. Walkways throughout the houses were kept clear and free from obstruction.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. The deputy managers advised that the manager and deputies now took turns to work a 12 hour shift across the seven days. This was working well and staff had reported to management that they felt better supported and had greater confidence as senior staff were always immediately available.

The manager retained oversight of the home. All staff commented very positively about the manager and deputy managers and described them as supportive, approachable and always available for guidance and support.

The deputy managers described the system of audits used by management to ensure that areas such as accidents and incidents, meals and catering, complaints and compliments, IPC and behaviours were routinely reviewed and how this ensured that the manager had full oversight of all necessary areas. This area will be examined in greater detail during future care inspections.

We discussed with the Head of Adult Services the temporary arrangements, as agreed with RQIA, for a resident to be accommodated in Causeway House in response to the Covid-19 pandemic. We advised that it should be confirmed to RQIA in writing when this arrangement ends. We also advised that any such temporary arrangements were no longer in operation; the organisation should make application for variation to the registered premises if they proposed to use any of the houses on the site to accommodate residents on a temporary basis.

6.2.7 Medicines Management

6.2.7.1 Personal medication records and associated care plans

Residents in care homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This may be done by the GP or the pharmacist.

All residents in the home were registered with local GPs and medicines were reviewed and dispensed by the community pharmacist.

A personal medication record was in place for each resident. These contained a list of all prescribed medicines with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals e.g. medication reviews, transfers to hospital.

Obsolete personal medication records had not been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly to the resident. This had been identified at a previous inspection on 18 June 2019 and had been addressed at the subsequent inspection on 5 February 2020. This improvement has therefore not been sustained.

In line with best practice, a second member of staff should check and sign the personal medication records when they are written and updated to provide a double check that they are accurate. This practice was observed on some but not all records.

Obsolete personal medication records should be cancelled and archived. A second member of staff should check and sign the personal medication records when they are written and updated. An area for improvement, to comply with the Standards, regarding the standard of maintenance of the personal medication records was identified.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available in the medicines file. However, for one resident who could request the medication, staff were unsure if a care plan was in place. It was agreed that a care plan would be written. Records of administration were clearly recorded. The reason for and outcome of administration were recorded in the daily progress notes and on incident report forms.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

We reviewed the management of thickening agents and nutritional supplements for one resident. Staff provided assurances that only identified trained staff assisted the resident with their meals and that all staff were aware of the resident's requirements. A speech and language assessment report and care plan were in place, however details of the recommended consistency level were not clearly recorded and records of administration of the thickening agent and nutritional supplement were not maintained. Staff advised that they had not received

training on the use of thickening agents. The management of thickening agents and nutritional supplements should be reviewed. Up to date speech and language assessment reports and care plans should be in place. Records of administration of thickening agents and nutritional supplements should be accurately maintained. Staff should receive training on the use of thickening agents. This was identified as an area for improvement to comply with the Regulations.

Some residents cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral tube. We reviewed the management of medicines and nutrition via the enteral route for one resident. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Medicines were not routinely administered via the enteral route. Staff advised that the community nursing team visit the home each week to provide additional support. Records of administration of the nutritional supplement and water were maintained. It was agreed that layout of the administration recording sheet would be reviewed to facilitate clearer recording. Staff on duty advised that they had received training and felt confident to manage medicines and nutrition via the enteral route. Records of the training were available for inspection.

6.2.7.2 Medicine storage and record keeping

Medicines must be available to ensure that they are administered to residents as prescribed and when they require them. It is important that medicines are stored safely and securely and disposed of promptly so that there is no unauthorised access.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

In the two houses visited, medicines were observed to be stored securely so that there could be no unauthorised access. Storage was tidy and organised so that medicines belonging to each resident could be easily located. Controlled drugs which required safe custody were not prescribed for any residents.

Medicines disposal was discussed with one of the deputy managers and a team leader who advised that they were returned to the community pharmacy regularly and were not allowed to accumulate in the home. Records of disposal were maintained.

6.2.7.3 Administration of medicines

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of medicine administration records was reviewed. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the deputy manager for ongoing close monitoring. The records were filed once completed.

Management and staff audited medicine administration on a regular basis within the home. A range of biweekly and weekly audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

The audits completed during this inspection showed that medicines had been given as prescribed.

Several residents have their medicines administered in food/drinks to assist administration. Care plans detailing how the residents like to take their medicines were in place. Some of the practices followed by staff to assist administration mean that medicines are being administered outside the terms of their product licence. This means that the way the medicine is given has been changed to meet the need to the resident. While this is appropriate for most residents, this practice should be checked to ensure that the resident's GP agrees. Staff and management were unable to confirm that the prescribers had provided written authorisation for each resident. This was identified as an area for improvement to comply with the Standards.

6.2.7.4 Management of medicines on admission/re-admission to the home

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

We reviewed the management of medicines for three residents who had a recent hospital stay and were discharged back to this home. Hospital discharge letters had been received and a copy had been forwarded to the residents' GPs. The residents' personal medication records had been updated to reflect medication changes which had been initiated during the hospital stay. Medicines had been accurately received into the home and administered in accordance with the most recent directions. As detailed above, not all updates on the personal medication records had been verified and signed by two members of staff.

6.2.7.5 Medicine related incidents

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The audit system in place helps staff to identify medicine related incidents. The deputy managers were familiar with the type of incidents that should be reported.

There had been several medication related incidents identified since the last medicines management inspection. The majority of these related to medicine doses being omitted. There was evidence that the incidents had been investigated and that action plans had been developed to drive improvement and prevent a recurrence. A review of the action plans indicated that not all of the actions had been implemented or followed up. The management team were requested to review the medication administration process to identify why medicine doses are being omitted and to implement any necessary changes in the medication administration process to facilitate the accurate administration of medicines. A copy of the investigation and action plan should be forwarded to RQIA. This was identified as an area for improvement to comply with the Regulations.

One medication incident was identified at the inspection. The deputy manager contacted the prescriber for guidance on the day of the inspection. It was agreed that the incident would be investigated to identify why it had occurred and what action would be taken to prevent a recurrence.

6.2.7.6 Medicines management training

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Records of staff training in relation to medicines management, epilepsy awareness, buccal midazolam and the administration of nutrition and medicines via the enteral route were available for inspection. As detailed above, staff should receive training on the management of thickening agents.

6.2.8 Consultation with residents' relatives

We left 'Tell Us' cards to be distributed to residents' relatives inviting them to give feedback to RQIA regarding the quality of service. Two relatives responded and the feedback was overwhelmingly positive with regard to the care and attention provided by staff, the opportunities for social inclusion, and the arrangements made for relatives to visit residents. Some of the comments received were as follows:

- "Our (relative) is very happy living at Camphill...(which) is so good...mentally, physically and socially...and (our relative) is normally fully involved in the many social activities in the community. We were unable to see our (relative) for several weeks, but we had weekly phone calls and staff arranged for some "video calls" as well. Throughout we have felt very happy that our (relative) is in very good hands. Any time we have phoned and spoken to the (staff) we have been so impressed that everyone is so positive and in good spirits. Our (relative) has managed to be in good spirits throughout which is a great relief to us - the pandemic is difficult for all of us to understand and live with, but particularly so for those with special needs. The space and location of the Camphill site has more than ever proved a real asset in recent times in helping to keep all those who live and work in the community safe, and allowing for walks and recreation. Throughout we have been very happy with the regular communication in letters, e-mails and phone calls from the Camphill management team and staff in the house, and we feel that the management of the community has continued to go from strength to strength. We feel very strongly that the care provided for our (relative) is safe, effective and compassionate."
- "My (relative)...receives magnificent care from staff...the facilities are wonderful and ...I can think of no other facility which could offer such a wonderful service. (My relative) is extremely happy there and is clearly loved by all the staff. (My relative) has the freedom to walk and run with supervision in 100 acres of the Camphill Community... (my relative) receives love, care and stimulation. I cannot praise the staff highly enough. The lockdown was extremely hard for us but (my relative) coped well ...as the staff carried on as normal."

Areas of good practice

Good practice was present in relation to the communication aid for each resident to assist residents to understand precautions against the transmission of Covid-19.

Areas for improvement

Areas for improvement in relation to medicines management include the management of thickening agents, the standard of maintenance of the personal medication records, obtaining authorisation for administering medicines outside the terms of their product licence and the a review of the medication administration process to ensure that medicine doses are not omitted.

	Regulations	Standards
Total number of areas for improvement	3	3

6.3 Conclusion

Good practice was found throughout the inspection in relation to the cleanliness and comfort of each house, the quality of care records, the kindness and compassion of all staff and the arrangements in place to ensure that there was management oversight of the running of the home.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP relating to medicines management were discussed with Tracey McCoubrey, Deputy Manager on 13 August 2020. There was further discussion with the Fiona Robinson, Manager by telephone on 17 August 2020 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 residential 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall make arrangements for residents unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated; and</p> <p>(2) The registered person shall ensure that the assessment of the resident's needs is –</p> <p>(a) kept under review; and</p> <p>(b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <p>Some reviews for the residents had not taken place on time. The home should ensure that if a trust does not undertake the review this should be recorded in the file.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27(1)(b)</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2020</p>	<p>The registered person shall having regard to the size of the home and the number and needs of residents provide</p> <p>(b) the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally</p> <p>Specifically but no solely -</p> <ul style="list-style-type: none"> • Nouvalis garden requires some attention by grounds maintenance staff • Bethany floor, wall and ceiling finishes are deteriorating and would benefit from a building condition survey and subsequent refurbishment works project • Ceridwen accommodation finishes, fixtures and fittings are robust and assessed to meet the needs of the service user
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 27 November 2020</p>	<p>The registered person shall ensure that all mandatory staff training is kept up to date. This is in reference, but not limited, to fire training which is to be provided twice annually.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>Glencraig has audited staff training and has implemented a schedule to address any current gaps in training compliance for face to face training. Namely, health and safety, including manual handling, fire safety training and emergency first aid practical training. This schedule will operate until the end of December 2020 when a new 12 month plan for 2021 will be implemented. Individuals will be allocated their training in advance to ensure no lapse in validity.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall review the management of thickening agents and nutritional supplements to ensure that:</p> <ul style="list-style-type: none"> • records of staff training are available • up to date speech and language recommendations and care plans which detail the recommended consistency level are available • records of administration are maintained <p>Ref: 6.2.7.1</p> <p>Response by registered person detailing the actions taken:</p> <p>Glencraig has put in place nutritional supplement and thickener administration charts as required and updated care plans .Further training for staff has been requested from SLT team and in the interim NHS guidelines for thickening liquids has been issued.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 13 September 2020</p>	<p>The registered person shall review the medication administration process to identify the reasons why medication doses may be omitted. A copy of the investigation and resultant action plan should be forwarded to RQIA.</p> <p>Ref: 6.2.7.5</p> <p>Response by registered person detailing the actions taken:</p> <p>A review of all medication errors during a 12 month period has been undertaken and a root cause analysis has been undertaken. Action plans based on the outcome of this are being agreed and implemented and the final report will be forwarded by 23rd October 2020.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.4 Stated: Second time To be completed by: 15 June 2020	<p>The registered person shall ensure that the resident or their representative is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: 17 August 2020	<p>The registered person shall ensure that all records of care are appropriately signed and dated.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff have been instructed to ensure that all documents are signed and dated and Group leaders/ managers will undertake regular audits of files to ensure this is being complied with.</p>
Area for improvement 3 Ref: Standard 31 Stated: First time To be completed by: From the date of inspection onwards	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • entries on the personal medication records are verified and signed by two trained members of staff • obsolete personal medication records are cancelled and archived <p>Ref: 6.2.7.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Glenraig's medication policy and medication training requires that all new medications are signed onto the medication records by 2 trained staff.</p> <p>This will be checked during weekly audits and the archiving of obsolete medication records will also be checked during weekly medication audits. This has been included on the medication audit sheet</p>

<p>Area for improvement 4</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that written authorisation from the prescriber is available when medicines are administered outside the terms of their product licence.</p> <p>Ref: 6.2.7.3</p>
<p>To be completed by: 13 October 2020</p>	<p>Response by registered person detailing the actions taken:</p> <p>We have discussed this with our community pharmacist and identified all medications which are delivered outside of their product license. The pharmacist has liaised with the GP practice and they have agreed to provide written authorisation regarding this. We will continue to follow this up with the GP surgery until this is obtained.</p>

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



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