



**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	IN020630
Establishment ID No:	1608
Name of Establishment:	Camphill Community, Glencraig
Date of Inspection:	04 September 2014
Inspector's Name:	K. Monaghan

1.0 GENERAL INFORMATION

Name of Home:	Camphill Community, Glencraig
Address:	4 Seahill Road Craigavad Holywood BT18 0DB
Telephone Number:	028 90 423 396
Registered Responsible Person:	Mrs. Gillian Denise Weir, Chairman Management Council, Camphill Community Glencraig
Registered Manager:	Mrs. Catherine Price
Person in Charge of the Home at the time of Inspection:	Mrs. Catherine Price, Registered Manager
Other person(s) present during inspection:	Mr. Stephen Todd, Health and Safety Manager, Camphill Community
Type of establishment:	Residential Care Home
Categories of Care:	RC-LD ,RC-LD(E)
Conditions of Registration:	The maximum number of residents to be accommodated within individual houses is as follows: Bethany (7), Brendan (3), Comgal (3), Dell O'Grace (4), Emmaus House (7), Hermitage (3), Kintyre (7), Novalis (6), Parsifal (2), Pestalozzi (1), Samaria (4)
Number of Residents:	47
Date and time of inspection:	04 September 2014 (10:30am – 1:00pm.)
Date of previous Estates inspection:	03 September 2013
Name of Inspector:	K. Monaghan

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 residential care homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

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.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- Residential Care Homes Minimum Standards (DHSSPS, 2011)

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:

- Discussions with Mrs. Catherine Price, Registered Manager and Mr. Stephen Todd, Health and Safety Manager, Camphill Community
- Examination of records
- Inspection of the Dell O Grace house. Residents' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing this inspection report.

5.0 CONSULTATION PROCESS

During the course of the inspection the Inspector spoke to Mrs. Catherine Price, Registered Manager and Mr. Stephen Todd, Health and Safety Manager, Camphill Community.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous Estates inspection:

Standards inspected:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This Estates inspection focused on Dell O Grace house.

7.0 PROFILE OF SERVICE

Camphill Community Glenraig was founded in 1954 in order to live and work with children and adults in need of special care. The community is located in a beautiful estate of 100 acres sloping down to the shores of Belfast Lough.

Within the Camphill Community there is a regulated residential care home for adults with a learning disability and associated physical disabilities. At the time of this Estates Inspection ten houses in the community as listed below were being used for the purposes of the residential care home. These included modern and older style houses.

The community also has a farm, workshops, gardens, laundry facilities, training school, a chapel building which is used for drama and musical events, and a hall which is used for health care and therapies, drama and musical events. These facilities were not included in this Estates inspection. The Camphill Community Trust owns the communal areas. The individual houses are owned by Craigowen Housing Association. These are leased to the community to be used for the purposes of the residential care home.

Each resident has his / her own bedroom within the houses and share their life space with a house co-ordinator and co-workers who are from many countries and diverse ethnic and cultural backgrounds. The approach to care is holistic and based on Christian principles ensuring the residents' spiritual wellbeing is nurtured as well as their physical and intellectual needs being met.

7.0 PROFILE OF SERVICE CONTINUED

At the time of this Estates Inspection, ten houses were being used for the purposes of the residential care home as follows:

Bethany
Comgall
Emmaus
Hermitage
Kintyre
Novalis
Parsifal Flat
Pestalozzi
Samaria
Dell 'O Grace

Note

Brendan house was not being used for the purposes of the residential care home at the time of this Estates Inspection.

This Estates inspection focused on Dell O Grace house. This house is managed on the basis of an outside staffing model rather than the traditional house co-ordinator and co-workers model generally used by the Camphill Community.

8.0 SUMMARY

Following this Estates Inspection of Camphill Community Residential Care Home, Glencraig on 04 September 2014, improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in ten requirements and one recommendation. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would acknowledge the assistance of Mrs. Catherine Price, Registered Manager and Mr. Stephen Todd, Health and Safety Manager, Camphill Community, throughout the inspection.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements for the previous Estates inspection on 03 September 2013:

- 9.1.1 The previous Estates inspection to this home was carried out on 03 September 2013. This Estates inspection focused specifically on Dell O'Grace house. The issues included in the Quality Improvement Plan for the previous Estates inspection on 03 September 2014 were not therefore reviewed during this inspection. These issues are being followed up separately.

9.2 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 It is good to report that the house had recently been repainted. Other improvement works such as the installation of new lighting had also been completed. This is to be commended.
- 9.2.2 There was an interconnecting door to an adjacent room in the villager's bedroom on the first floor. This bedroom was not being used at the time of this Estates inspection. This interconnecting door should be permanently closed up before this bedroom is occupied by a villager. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.2.3 The door to the ground floor bathroom was fitted with a translucent glass panel. This panel should be replaced with solid fully opaque panel. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.2.4 The paving to the path at the rear of the house was uneven in some areas. The paths should be checked and made good as required. Reference should be made to item 2 in the Quality Improvement Plan.
- 9.2.5 The door to the bathroom on the ground floor was fitted with a lock which was key operated from the inside. There was also a secondary fastening on the corridor door on the ground floor. Mr. Todd however confirmed that these issues had been addressed.

9.0 INSPECTION FINDINGS CONTINUED

9.2 Standard 27 - Premises and grounds continued

9.2.6 The current premises support information was not reviewed during this Estates inspection. It was agreed that Mr. Todd would forward this information to RQIA by email following the inspection. Subsequent to this Estates inspection the following information was received by RQIA:

1. Fire Risk Assessment Reports
2. Legionella Risk Assessment Report
3. Asbestos Management Survey Report
4. Food Hygiene Inspection Report
5. Fire Drill Report
6. Service Report for the first aid fire-fighting equipment
7. Certificate of Chlorination for the shower heads
8. Fire Alarm Service Reports
9. Emergency Lighting Periodic Inspection and Test Certificate

The above documents were reviewed by RQIA and a number of issues were identified for attention by the Registered Persons. These included the need to address the issues identified for attention in the fire risk assessment reports and reviewing and revising the legionella risk assessment.

In addition to above, the following premises support documentation should also be forwarded to RQIA:

1. Periodic Inspection and Test Report for the fixed wiring installation
2. Service Report for the thermostatic mixers
3. The most recent Housing Stock Condition Survey Report

Reference should be made to items 1, 3, 4 & 11 in the Quality Improvement Plan.

9.2.7 The above issues where appropriate are detailed in the section of the Quality Improvement Plan entitled 'Standard 27 – Premises and Grounds.

9.0 INSPECTION FINDINGS CONTINUED

9.3 **Standard 28 – Safe and healthy working practices – *The home is maintained in a safe manner***

- 9.3.1 The risks associated with hot surfaces had been considered. Guards had been fitted to a number of the radiators where the outcome of the risk evaluation had identified the need for this type of control. Arrangements were also made during this Estates inspection to fit further guards to ensure that this hazard is fully controlled throughout the house. Completion of the installation of these further guards should be confirmed to RQIA. In the meantime as an interim control measure, the radiators in the communal areas were turned off to further mitigate the risks. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.3.2 At the time of this Estates inspection a new shower unit was installed in the ground floor shower room. This was set to deliver hot water at a maximum temperature of 41.7° C. It was not clear however from the information available on this new shower unit if it incorporated a DO8 Type 3 fail-safe thermostatic mixer. This should be checked and confirmed to RQIA. If this new shower unit does not incorporate a DO8 Type 3 fail-safe thermostatic mixer, it should be changed to ensure compliance with this standard. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.3.3 A lockable cupboard for cleaning chemicals should be provided in the laundry. The laundry should also be tidied and any items of storage not required should be removed. Reference should be made to item 6 in the Quality Improvement Plan.
- 9.3.4 The National Health Service colour code for cleaning equipment was not being used in the house. It is recommended that this cleaning code should be implemented in the house. Reference should be made to item 10 in the Quality Improvement Plan.
- 9.3.5 The window opening in the kitchen was not controlled to a maximum clear opening of 100mm. The window openings should be checked and additional controls should be installed as required. Reference should be made to the information available on the RQIA website in relation to this issue via the following link:

http://www.rqia.org.uk/cms_resources/window%20restrictors.pdf

Reference should be made to item 7 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.3 Standard 28 – Safe and healthy working practices continued

- 9.3.6 A flexible pipe had been used for one of the final connections to the sanitary ware in the ground floor bathroom. A check should be carried out to ensure that this flexible pipe is WRAS approved and that it has the correct lining to prevent the buildup of a biofilm which would favour legionella bacteria proliferation. The outcome of this check should be confirmed to RQIA. Reference should be made to item 8 in the Quality Improvement Plan.
- 9.3.7 Although this Estates inspection focused on Dell O'Grace house, a brief review of the new decking was carried out to Bethany house. It is good to report that the construction of the new decking had been completed. The decking however required to be washed down to remove fouling. A review of how the geese are managed should be carried out to ensure that they remain within the enclosure provided. Reference should be made to item 9 in the Quality Improvement Plan.
- 9.3.8 The above issues are detailed as appropriate in the section of the attached Quality Improvement Plan entitled 'Standard 28 - Safe and healthy working practices'.

9.4 Standard 29: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

- 9.4.1 Two issues were identified for attention during this Estates inspection in relation to this standard as follows:
- 9.4.2 Some of the fire doors were not fitted with smoke seals. The fire doors throughout the house should be inspected and any additional smoke seals required should be installed. Reference should be made to item 11 in the Quality Improvement Plan.
- 9.4.3 A sample check to one of the bed mattresses indicated that it did not have the ignition sources 0 & 5 fire retardant standard label attached. The mattresses should be checked and replaced as required to ensure compliance with ignition sources 0 & 5 standard. Reference should be made to item 11 in the Quality Improvement Plan.
- 9.4.4 The above issues are detailed as appropriate in the section of the attached Quality Improvement Plan entitled 'Standard 29: Fire safety'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs. Catherine Price, Registered Manager and Mr. Stephen Todd, Health and Safety Manager, Camphill Community, as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 ENQUIRIES

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**

Quality Improvement Plan

Announced Estates Inspection

Camphill Community Residential Care Home, Glenraig RQIA ID 1608

04 September 2014

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	√	–	√	K. Monaghan	10 November 2014

NOTES:

The details of the quality improvement plan were discussed with Mrs. Catherine Price, Registered Manager and Mr. Stephen Todd, Health and Safety Manager, Camphill Community, as part of the inspection process.

The timescales commence from the date of inspection. Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be signed below by the registered provider and registered manager and returned to:

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	Catherine Price
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Vincent Reynolds

Standard 27 – Premises and grounds

The following requirements should be noted for action in relation to Standard 27 – Premises and Grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 27(1) 27(2)(a)	The interconnecting door to an adjacent room in the villager's bedroom on the first floor should be permanently closed up before this bedroom is occupied by a villager. The translucent glass panel to the door to the ground floor bathroom should be replaced with solid fully opaque panel. A copy of the most recent Housing Stock Condition Survey Report should be forwarded to RQIA. Reference should be made to paragraphs 9.2.2, 9.2.3 and 9.2.6 in the Report	Ongoing & 1 Month	It has been identified of change of purpose to adjacent room as ensuite to meet individual needs of new resident. Craigowen Housing Association have been informed of same. Craigowen Housing Association will forward stock condition survey.
2.	Regulations 14(2)(a) 14(2)(c) 27(2)(b)	The paving to the path at the rear of the house should be checked and made good as required. Reference should be made to paragraph 9.2.4 in the Report.	3 Months	Craigowen Housing Association have been informed and will complete same within time stated.

Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The legionella risk assessment should be reviewed and revised. Reference should be made to the APPROVED CODE OF PRACTICE AND GUIDANCE L8 Legionella bacteria in water systems available from the Health and Safety Executive. A copy of the most recent service report for the thermostatic mixers should also be forwarded to RQIA. Reference should be made to paragraph 9.2.6 in the Report.	2 Months	Craigowen Housing Association have been informed and will complete same in time stated.
4.	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	A copy of the most recent Periodic Inspection and Test Report for the fixed wiring installation should be forwarded to RQIA. Reference should be made to paragraph 9.2.6 in the Report.	1 Month	Craigowen Housing Association have been informed and will complete same in time stated.

Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5.	Regulations 14(2)(a) 14(2)(c)	Completion of the installation of the further guards to the radiators should be confirmed to RQIA. The support documentation for the new shower unit should be checked to ensure that it complies with the DO8 Type 3 fail-safe standard. If this new shower unit does not incorporate a DO8 Type 3 fail-safe thermostatic mixer, it should be changed to ensure compliance with this standard. Reference should be made to paragraphs 9.3.1 and 9.3.2 in the Report.	1 Month	Craigowen Housing Association have been informed and will ensure radiator covers, guards and thermostatic valves in place, shower unit will comply with fail safe standard and thermostatic mixer.
6.	Regulations 13(7) 14(2)(a) 14(2)(c)	A lockable cupboard for cleaning chemicals should be provided in the laundry. The laundry should also be tidied and any items of storage not required should be removed. Reference should be made to paragraph 9.3.3 in the Report.	1 Month	Actioned and Completed.

Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
7.	Regulations 14(2)(a) 14(2)(c)	<p>The window openings should be checked and additional controls should be installed as required. Reference should be made to the information available on the RQIA website in relation to this issue via the following link:</p> <p>http://www.rqia.org.uk/cms_resources/window%20restrictors.pdf</p> <p>Reference should be made to paragraph 9.3.5 in the Report.</p>	1 Month	Window restrictors have been installed in Kitchen and Dining Room, (Dell 'o' Grace House)
8.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	<p>A check should be carried out to ensure that the flexible pipe final connection to the sanitary ware in the ground floor bathroom is WRAS approved and that it has the correct lining to prevent the buildup of a biofilm which would favour legionella bacteria proliferation. The outcome of this check should be confirmed to RQIA. Reference should be made to paragraph 9.3.6 in the Report.</p>	1 Month	Craigowen Housing Association to ensure compliance with same in time scale given

Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
9.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(d)	The decking at Bethany house should be washed down to remove fouling. A review of how the geese are managed should also be carried out to ensure that they remain within the enclosure provided. The outcome of this review should be confirmed to RQIA. Reference should be made to paragraph 9.3.7 in the Report.	1 Month	Actioned and completed.
Item	Regulation Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
10.	Standard 28.1	It is recommended that the National Health Service colour code for cleaning equipment should be implemented in the house. Reference should be made to paragraph 9.3.4 in the Report.	Ongoing	Actioned and completed.

Standard 29 – Fire safety

The following requirement s should be noted for action in relation to Standard 29 – Fire Safety:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
11.	Regulations 27(4)(a) 27(4)(b) 27(4)(c) 27(4)(d)(i)	The issues identified for attention in the reports for the most recent fire risk assessments should be addressed and the action plans should be signed off by the Registered Manager. The fire doors throughout the house should be inspected and any additional smoke seals required should be installed. The mattresses should be checked and replaced as required to ensure compliance with ignition sources 0 & 5. Reference should be made to paragraphs 9.2.6, 9.4.2 and 9.4.3 in the Report.	2 Months	Craigowen Housing Association will complete same in time stated regarding smoke seals. Mattress will be checked by Health & Safety Officer and new if any issued.