

Unannounced Care Inspection Report 25 July 2017



Camphill Community Glencraig

Type of Service: Residential Care Home
Address: 4 Seahill Road, Craigavad, Holywood, BT18 0DB
Tel No: 028 9042 3396
Inspector: Kylie Connor

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 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 residential care home, comprising of 12 registered dwellings, with a total of 48 beds that provides care for adults with a learning disability. The home is also registered for 13 day service places for adults with a learning disability.

3.0 Service details

Organisation/Registered Provider: Camphill Community - Glencraig Responsible Individual: Vincent Reynolds	Registered Manager: See below
Person in charge at the time of inspection: Tyrone Best	Date manager registered: Tyrone Best - (acting)
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 48 beds 13 day service places

4.0 Inspection summary

An unannounced care inspection took place on 25 July 2017 from 09:00 to 16:40.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to recruitment, induction, communication between residents, staff and other key stakeholders and governance arrangements.

Areas requiring improvement were identified in regard to the Statement of Purpose, care plans and the annual Quality Review Report.

Residents said that they were happy with their lifestyle within the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Tyrone Best, 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 care inspection

No further actions were required to be taken following the most recent inspection on 24 January 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report; notifiable events; a variation application submitted to RQIA and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, four residents, two care staff and two ancillary staff. A number of other residents and staff were observed during the inspection.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Induction programme and template for new staff
- Two staff induction records
- Managers staff supervision schedule
- Annual appraisal guidance, procedure and template
- Two staff recruitment files
- Three resident's care records
- Minute of one adult forum meeting
- The home's Statement of Purpose
- Complaints and compliments records
- Accident/incident/notifiable events register
- One manager's quarterly report
- Operational requirements for social care governance and audit template
- Report from Camphill Community Glencraig From February 2016 to February 2017
- Values report following world café event in November 2016
- Monthly monitoring reports
- Fire safety risk assessments for seven houses
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- A number of policies and procedures

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 23 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. There were no areas for improvements made as a result of the last medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 24 January 2017

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents or staff.

Review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. The manager confirmed that schedules for mandatory training, annual staff appraisals and staff supervision were maintained. The manager's schedule for staff supervision was reviewed during the inspection. The home's supervision policy was dated March 2014. The manager confirmed that it had been reviewed on 21 March 2017.

Discussion with the manager and review of two staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the 2016 procedures and a copy was available for staff within the home. A safeguarding champion and a deputy had been identified. This is good practice. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Staff confirmed that mandatory adult safeguarding (ASG) training was provided for all staff. The safeguarding champion and the deputy had completed safeguarding adults at risk of harm training in November 2016; in January 2017 they had both completed the ASG champion training.

Discussion with the manager, review of a sample of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Discussion with the manager and review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. The home does not facilitate emergency admissions.

The manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts, bed rails, pressure alarm mats, physical techniques via MAPA and management of smoking materials. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The Statement of Purpose largely met the legislation and standards. A number of areas were identified to be included or revised. These areas included: ensuring that it is clear that the manager is not a registered manager at present; state the relevant qualifications and experience of the manager and responsible person; state the number, relevant qualifications and experience of staff and the range of identified restrictive practices employed in the home. An area for improvement was made. The inspector suggested to the manager that information in the Statement of Purpose is made clearer regarding, which of the facilities on the site are registered under the residential care home registration and which facilities encompass the broader Camphill Community GlenCraig site.

The manager stated that a restrictive practice policy had been updated. This was provided following the inspection. A review of this policy and procedure confirmed that it was in keeping with the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). It did not reflect the DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005); the manager confirmed that the policy was being updated to reflect this guidance and forwarded a copy to the inspector on 14 August 2017 which referenced same.

Discussion with the manager, staff and inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Discussion with the manager and examination of a sample of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

The manager confirmed there were risk management policy and procedures in place. Discussion with the manager relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH) and fire safety.

The manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels or individual personal towels where in place wherever care was delivered.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of two houses was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The houses were fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the houses and front entrances were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible. The manager reported that each house has a computer and whilst currently in development, all staff in individual houses will be able to access policies and procedures, documents and communicate with one another. The manager confirmed that to aid communication across the Camphill Community Glencraig site, all group leaders have mobile telephones and other staff have access to walkie-talkies.

The manager confirmed that all 12 houses had an up to date fire risk assessment in place. Records for seven houses were inspected and the manager confirmed that all recommendations had been addressed.

Discussion with the manager and staff confirmed that staff completed fire safety training and unannounced fire drills were completed regularly. Fire safety risk assessments for seven individual houses were reviewed and the manager verified that all recommendations had been addressed. Staff confirmed that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken to commented:

- "We have good support from (the clinical psychologist) and the behaviour support team"
- "For supervision we have a sheet to check all mandatory training is up to date"

Two completed questionnaires were returned to RQIA from resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

A comment included:

- 'Safety and protection especially a priority'

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision and appraisal, adult safeguarding, risk management and the home's environment.

Areas for improvement

One area for improvement was identified during the inspection in regard to reviewing the Statement of Purpose.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. One care record did not have a care plan for the management of diabetes and one did not have a care plan for the identification and management of pain. An area for improvement was identified. Following the inspection, the inspector provided the manager with a copy of the PHA Safety and Quality Reminder of Best Practice Guidance Management of diabetes in Nursing and Residential Homes (2017).

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. Staff, for example spoke of the importance of continuing to plan and facilitate a range of activities for residents whose behaviours may challenge. Staff and the manager gave an example where an issue during an incident was subsequently addressed to ensure that there is an effective and appropriate response from all relevant bodies should it be necessary in the future.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The manager confirmed that any actions identified for improvement were incorporated into practice. The manager discussed arrangements that were in place for a range of audits to be completed through the social care governance processes.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, parents' support group for day service attendees, house meetings, adults (residents) forum meetings, staff meetings and staff shift handovers. The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Staff confirmed that individual house meetings took place on a regular basis including all who lived in the house.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Staff spoken with during the inspection made the following comments:

- "We have what we need, (resident) is doing very well"
- "A specific behavioural team are involved and they will try and give us ideas about how to progress"

Two completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments made:

- 'Communication is good. Care reviews are thorough. Parents views are noted and considered'
- 'We are very happy with and fully included in all aspects'

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews and communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified in regard to care plans.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

The manager, staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with a review of two returned residents' representative questionnaires and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. They were able to demonstrate how residents' confidentiality was protected. Staff, for example, spoke of the importance of having signed consent documentation in regard to taking photographs of residents.

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents, confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included, for example, house meetings, annual reviews, annual world café event and monthly monitoring visits.

Residents and their representatives are consulted with, at least annually. This was carried out via a world café event. The value findings which encompassed the whole Camphill Community Glenraig site were collated into a summary report which was made available for residents and other interested parties to read. The inspector advised the manager to ensure that a report is produced following consultation with residents and their representatives to include the quality of care and environment relating to the residential care home.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. These include, working on the farm, in a number of workshops including pottery, the laundry and in the greenhouses. A range of other activities include, going shopping, to the cinema, swimming and out for meals. Arrangements were in place for residents to maintain links with their friends, families and wider community, for example regular craft fairs have taken place at the Camphill Community Glenraig site.

Staff and residents spoken with during the inspection made the following comments:

- “Everything is fine” (resident)
- “Tyrone is taking me to see lighthouse at Copelands” (resident)
- “The food is good. The menu for this week was revised and it’s satisfactory” (staff)
- “It’s (the standard of care delivered) above and beyond. You couldn’t get much better. They (residents and parents) see you as part of their family” (staff)
- “We are trying to teach (resident) some life-skills.....(resident) has come a long way”

Two completed questionnaires were returned to RQIA from resident’s representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

A comment included:

- ‘Compassionate care is outstanding. As a parent this is particularly reassuring’

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified following the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. The manager confirmed that policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred. The manager stated that: a number of new policies and procedures had been developed including the rapid response emergency protocol (July 2017) and social care lone working policy (April 2017); a number of policies and procedures were being reviewed and that this work was ongoing.

Review of the complaints records and discussion with the manager confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. An audit of complaints was used to identify trends and to enhance service provision; the manager stated that no complaints had been received since 30 July 2016.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The manager confirmed that a regular audit of accidents and incidents was undertaken and actions followed up with through emails and/or by telephone to relevant persons. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and a range of consultation methods. The manager outlined the eight areas identified for the operational requirements for the role of the social care governance professional. The manager currently completes quarterly reports and discussion took place regarding the suitability of using the content of these reports, with a few additions to write an annual quality review report; an area for improvement was identified.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. The manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. The manager stated that first aid training is now delivered by an in-house trainer who will also deliver training in positive behaviour support to all staff this year.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. It was evident from discussions with the manager and a review of records for five houses that every month a number of houses received a monthly monitoring visit. This practice is commended.

There was evidence of managerial staff being provided with additional training in governance and leadership. The manager is currently completing Level 5 of the Qualification Credit Framework (QCF) and a Masters in Leadership and Management of Health and social Care. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home through monthly council management meetings, quarterly manager's report and regular communication.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework.

Review of governance arrangements within the home confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The manager confirmed that there were effective working relationships with internal and external stakeholders.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Staff spoken with during the inspection made the following comment:

- “Tyrone sends us down a list of external optional training”

Two completed questionnaires were returned to RQIA from resident’s representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments included:

- ‘Kept fully informed of changes and developments and how these changes impact on my son. All aspects of this area are well covered’
- ‘We are always kept informed and consulted by very efficient, empathetic, knowledgeable staff/manager. Any queries are welcomed and promptly managed’

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in regard to the completion of an annual quality review report for 2017.

	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 Tyrone Best, 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 residential care 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 to via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.6 Stated: First time To be completed by: 31 October 2017	<p>The registered person shall review the Statement of Purpose (SOP) in accordance with RQIA guidance on developing a SOP and information specified within this inspection report.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The acting Registered Manager is currently reviewing the Statement of Purpose to take into account the recommendations identified in section 6.4. This will be completed by the end of October 2017.</p>
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 30 September 2017	<p>The registered person shall develop care plans according to identified need for the management of diabetes and the identification and management of pain.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The care plan identified in section 6.5 for the management of pain has been reviewed with professional assistance from the South Eastern Health and Social Care Trust. Professional assistance has been requested from the above trust regarding the review of the other care plan to incorporate management of diabetes</p>

<p>Area for improvement 3</p> <p>Ref: Standard 20.12</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall complete an annual quality review report pertaining to the residential care home.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The acting Registered Manager will complete an annual quality review report for the year end 31 January 2018. This report will be incorporated into the Statutory Annual report for the Camphill Community Glenraig which is required by the Charities Commission.</p>
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