Unannounced Care Inspection Report
6 September 2016

Camphill Community Glencraig

Type of service: Residential Care Home
Address: 4 Seahill Road, Craigavad, Holywood, BT18 0DB
Tel No: 02890423396
Inspector: Patricia Galbraith

1.0 Summary

An unannounced inspection of Camphill Community Glencraig took place on September 2016 from 10.30 to 18.00hrs.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, infection prevention and control, and risk management.

One requirement and one recommendation were made in relation to the replacement of a stair carpet, and the updating of the homes safeguarding policy and procedure.

Is care effective?

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

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

One requirement was made in relation to monthly monitoring reports not being completed.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Tyrone Best acting 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 19 November 2015.

2.0 Service details

Acting organisation/acting person: South Eastern Health and Social Care Trust	**Acting manager:** Acting manager Tyrone Best
Person in charge of the home at the time of inspection: Tyrone Best acting manager	**Date manager acting:** 7 December 2012
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	**Number of acting places:** 48

3.0 Methods/processes

Prior to inspection we analysed the following records: the incidents register and the previous inspection report and returned quality improvement plan.

During the inspection the inspector met with four residents, five care staff, and one visiting professional.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments

- Staff training schedule/records
- Staff recruitment file(s)
- Four resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings / representatives' / other
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

A total of 25 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 November 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 19 November 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 14 (6) **Stated:** First time **To be completed by:** 1 January 2016	The acting manager must ensure that RQIA is informed of the circumstances and nature of restraint when used.	**Met**
	Action taken as confirmed during the inspection: The acting manager confirmed, when restraint had been required RQIA had been informed.	

Requirement 2 **Ref:** Regulation 24 (3) **Stated:** First time **To be completed by:** 1 February 2016	The acting manager must ensure that the complaint records are improved to detail the investigation, findings and action taken.	**Met**
	Action taken as confirmed during the inspection: The complaints register was reviewed and complaints had been recorded and dealt with appropriately.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 23.4 **Stated:** First time **To be completed by:** 31 March 2016	The acting manager should ensure that all staff are trained in the area of end of life care and support.	**Met**
	Action taken as confirmed during the inspection: The acting manager confirmed staff had completed training in end of life care.	
Recommendation 2 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** 28 February 2016	The acting provider should ensure that a policy and procedure is developed in continence management and promotion which reflects current best practice guidance.	**Not met**
	Action taken as confirmed during the inspection: The continence policy was reviewed it had not been up dated. This will be stated for a second time and appended to the quality improvement plan at the back of this report.	

4.3 Is care safe?

The acting 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, residents' representatives and staff.

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

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

The acting manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments were reviewed and found to satisfactory.

The acting manager confirmed that there are plans in place to implement the new adult safeguarding procedures (relating to the establishment of a safeguarding champion) within the home. The safe guarding policy and procedure was not in date. A recommendation was made in this regard.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the acting manager, review 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 acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The acting manager confirmed there were restrictive practices employed within the home. Discussion with the acting manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of four care records confirmed there was a system of referral to the multi-disciplinary 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.

The acting manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons / bodies were informed.

The acting manager confirmed there were risk management policy and procedures in place. Discussion with the acting manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable

towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The individual home's rooms were fresh smelling, clean and appropriately heated. One identified stair carpet was not fit for purpose. A requirement was made in this regard.

Inspection of the internal and external environment identified that the home and grounds 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 acting manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months. Records were retained of staff who participated and any learning outcomes. Fire safety records identified 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.

Areas for improvement

Two areas for improvement were identified in relation to the replacement of a stair carpet, and the updating of the homes safeguarding policy and procedure.

Number of requirements:	**1**	**Number of recommendations:**	**1**

4.4 Is care effective?

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

A review of four care records confirmed that these were 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. 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 resident. 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.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The acting 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, residents' meetings, staff meetings and staff shift handovers. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Staff confirmed that they had received training in communication/customer care. Minutes of resident and/or their representative meetings were available for inspection.

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.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0

4.5 Is care compassionate?

The acting manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The acting manager, confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. They would ensure they went to a room and spoke to senior member of staff in private to pass on information.

Discussion with staff and, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents take part in archery and music nights. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example menus and activities plan had been provided in pictorial form.

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

Residents are consulted with, weekly through in house meetings, about the quality of care and environment. This means that everyone has been involved in decision making progress.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Five completed questionnaires were returned to RQIA from service users, staff and relative. One comment received from a relative was as follows:

- " the staff are so good they can not do enough"

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	**0**	**Number of recommendations:**	**0**

4.6 Is the service well led?

The acting manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster / leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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.

Monthly monitoring visits were reviewed they had not been completed as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.
A requirement was made in this regard.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered provider identified that he had understanding of his role and responsibilities under the legislation. The acting manager confirmed that the acting provider was kept informed regarding the day to day running of the home.

The acting manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the acting provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the acting manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff.

Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Staff had brought attention to the management to insufficient access to computers to enable a clear communication system. The acting manger confirmed that a request for computers had been sent to the finance committee and they were to send a response in the near future.

Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

One area for improvement was identified in relation to monthly monitoring visits not being completed.

Number of requirements:	1	Number of recommendations:	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tyrone Best acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The acting provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the acting provider to ensure that all requirements and recommendations contained 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the acting provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the acting provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The acting provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 27.-(2)(b) **Stated:** First time **To be completed by:** **30 December 2016**	The registered provider shall ensure the identified stair carpet is replaced.
	Response by acting provider detailing the actions taken: The carpet is being replaced.
Requirement 2 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** **30 September 2016**	The registered provider shall ensure monthly monitoring visits are completed in keeping with legislation.
	Response by acting provider detailing the actions taken: On 28th September the members of the Management Council received training regarding carrying out monthly monitoring visits. A schedule was agreed where one person was assigned to visit a house on a monthly basis.
Recommendations	
Recommendation 1 **Ref**: Standard 21.1 **Stated:** Second time **To be completed by:** **30 October 2016**	The acting provider should ensure that a policy and procedure is developed in continence management and promotion which reflects current best practice guidance.
	Response by acting provider detailing the actions taken: There is a draft continence management policy and procedure which will be taken to the next Management Council on the 23rd November 2016 for approval.
Recommendation 2 **Ref**: Standard 16.1 **Stated:** First time **To be completed by:** **30 September 2016**	The registered provider shall ensure the adult safe guarding policy and procedure is up dated.
	Response by acting provider detailing the actions taken: The safeguarding policy and procedure is being updated in line with the new Adult Safeguarding Operational Procedures from the Northern Ireland Safeguarding Partnership

Please ensure this document is completed in full and returned to** care.team@rqia.org.*uk* **from the authorised email address

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