



# **Announced Variation to Registration Care Inspection Report 25 June 2018**



## **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**

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

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with forty eight places that provides care and accommodation for adults with a learning disability. There are several different houses or parts thereof registered and numbers of places registered within each are detailed in section 3.0 of this report.

### 3.0 Service details

<b>Registered Provider:</b> Camphill Community – Glenraig  <b>Responsible Individual:</b> Vincent Reynolds	<b>Registered Manager:</b> Tyrone Best
<b>Person in charge at the time of inspection:</b> Tyrone Best, manager	<b>Date manager registered:</b> Acting – No Application Required
<b>Categories of care:</b> LD – Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 48 places comprising: Bethany – 7 places Brendan – 3 places Ceridwin – 1 place Comgall – 3 places Dell O’Grace – 4 places Emmaus House – 7 places Hermitage – 3 places Kintyre – 7 places Novalis – 6 places Parsifal – 2 places Pestalozzi – 1 place Samaria – 4 places  RQIA is to be notified if there are plans for a change in the occupancy at Ceridwin. The home is also approved to provide care on a day basis only to 13 persons.

### 4.0 Inspection summary

An announced variation to registration inspection of Camphill Community Glenraig took place on 25 June 2018 from 09.45 to 12.30.

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 sought to assess an application submitted to RQIA for a variation to the registration of Camphill Community Glenraig residential care home. The Variation Application reference VA010647 and an updated variation received are in regard to the registration of five places in premises at Craigowen and de-registration of premises at Brendan that comprises of three places; these changes would increase the total number of places from 48 to 50.

As agreed with the manager, the proposed re-design of the existing en-suite in Ceridwin will be considered as part of the variation received in March 2018, following receipt of a written rationale for the proposed modifications.

The variation to registration was granted from a care perspective following this inspection.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Tyrone Best, manager as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 6 and 7 March 2018

Other than those actions detailed in the QIP one further action was required to be taken following the most recent inspection on 6 and 7 March 2018. Following the inspection, Bill Osbourne, Chief Executive advised the inspector that he was completing the responsible person application.

#### 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 variation application.

During the inspection the inspector met with the manager, four care staff, one volunteer and with Gordon Goodfellow and Sam Clarke, Perdix Consulting. Gavin Doherty, RQIA premises inspector was also present throughout the inspection and a separate premises inspection report was completed.

The following records were examined during the inspection:

- Staff rota for week of 11 July 2018
- Training records for two staff
- Menu for the month of June 2018
- Two residents' care records

Following the inspection two submitted records were inspected: an updated variation application and the home's updated statement of purpose.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to a future 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 the most recent inspection dated 6 and 7 March 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 6 and 7 March 2018

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First time	The registered person shall ensure that no fire doors are wedged open and review the need for a suitable hold open device to be fitted.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> 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.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (1) (c) (i) <b>Stated:</b> First time	The registered person shall ensure that all staff receive an annual appraisal.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> 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.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 20 (3) <b>Stated:</b> First time	The registered person shall ensure that a competency and capability assessment is carried out for any person who is given the responsibility of being in charge of the home for any period in the manager's absence.	<b>Carried forward to the next care inspection</b>

	<b>Action taken as confirmed during the inspection:</b> 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.	
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This inspection focused solely on the variation to registration application made by the registered provider to RQIA. The areas for improvement from the last care inspection on 6 and 7 March 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection.

### 6.3 Inspection findings

#### Environment

The inspector undertook an inspection of five bedrooms and communal areas within Craigowen House accompanied by Gavin Doherty, RQIA premises inspector, Tyrone Best, manager and Gordon Goodfellow and Sam Clarke, Perdix Consulting.

The inspection report of the premise's inspector details the environment in more detail and identifies areas for improvement.

The five bedrooms to be registered had been refurbished as required and redecorated. A mix of either new en-suite accommodation had been provided to bedrooms or bedrooms had been re-furnished as apartment type accommodation with personal bathrooms along with additional personal communal space.

Some residents' bedrooms and staff sleeping accommodation were furnished. Rooms occupied by residents were found to be individualised in accordance with their individual needs.

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. No malodours were detected in the home. Where free standing furniture was in place, it was observed to be secured to the wall.

The inspector was advised that the following tasks would be completed during July 2018: fitting new flooring in identified areas; fitting clips to all looped blinds; installation of a call system and completion of internal painting.

Assurances were provided by the manager and representatives from perdix consulting that the communal wooden dining room table and chairs would be sanded and sealed and seat covers repaired or replaced to ensure effective infection prevention and control.

Following the inspection the manager confirmed that: work in regard to new flooring and the table and chairs would be completed by 30 July 2018; clips had been fitted to all looped cords on 16 July 2018; internal re-painting would be completed by 23 July 2018 and the call system would be fitted by 20 July 2018.



The manager also reported following the inspection that receipt of a Qualifications and Credit Framework (QCF) Level 5 certificate was imminent and that he would complete the registered manager application.

The use of keypads were discussed and the manager confirmed that this restriction would be included in relevant care plans.

The bedrooms, individual apartment style areas and communal spaces were found to clean, appropriately decorated and fresh-smelling. There was evidence that some design and decoration measures had been put in place to protect the privacy and dignity of residents.

It was not necessary to inspect the accommodation at Brendan because the variation application is to de-register this accommodation.

## **Staffing**

The manager advised that Craigowen House would be staffed by employed staff. The manager advised that the staffing levels for Craigowen would be subject to regular review to ensure the assessed needs of the residents were met.

No concerns were raised regarding staffing levels during discussion with staff. A review of the duty rota confirmed that the format reflected the staff working within the home and with which resident. No concerns were expressed in regard to staffing levels. The inspector advised the manager and staff that the duty rota should detail the full name of each staff member and the capacity in which they work.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The inspector spoke to three staff who confirmed that they were registered with the Northern Ireland Social Care Council (NISCC).

Review of training records and discussion with staff confirmed that mandatory training was largely up to date and arrangements were in place to address any gaps.

Staff reported that the meals were varied, the quality of food was 'good' and that residents' dietary needs were met in accordance with their preferences. Inspection of the menu on display evidenced a varied menu was in place.

Staff spoken with reported that the staff team work well together and that the deputy manager and manager were approachable and supportive.

## **Care Records**

Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

Two resident's care records were reviewed. Need assessments, risk assessments, day and night records and a care plan were in place and reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs. Discussion with the manager confirmed that the care records will be reviewed to reflect the format currently used in the residential care home.

### Management Arrangements

The manager reported that upon registration of Craigowen arrangements would be put in place to ensure that identified staff transferred from the management of Glenraig School to the management of Camphill Community Glenraig residential care home. The manager advised that this would include for example, staff supervision, annual appraisal, mandatory training and attendance at staff meetings. Staff spoken to reported that they received supervision, annual appraisal and mandatory training including adult safeguarding, fire safety and medicine management.

The manager reported that fire safety checks are completed on a weekly basis and that fire drills had been undertaken on 17 April 2018 and 28 February 2018.

The manager advised that upon registration Craigowen would be included in the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals including the monthly monitoring reports by the registered provider and notification of accidents and incidents.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report



## Carried forward regulations

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2018	The registered person shall ensure that no fire doors are wedged open and review the need for a suitable hold open device to be fitted.  Ref: 6.4
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2018	The registered person shall ensure that all staff receive an annual appraisal.  Ref: 6.4
	<b>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.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 May 2018	The registered manager shall ensure that a competency and capability assessment is carried out for any person who is given the responsibility of being in charge of the home for any period of time in the manager's absence.  Ref: 6.4
	<b>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.</b>



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