



Announced Variation to Registration Care Inspection Report 12 October 2018



Camphill Community Glencraig

Type of Service: Residential Care Home
Address: 4 Seahill Road, Craigavad, Holywood, BT18 0DE
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 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 fifty places that provides care and accommodation for adults with a learning disability. The residential care home registration is comprised of 12 different houses or parts thereof, each with a specific number of registered places; these are detailed in section 3.0 of this report.

3.0 Service details

<p>Registered Provider: Camphill Community – Glenraig</p> <p>Responsible Individual: Vincent Reynolds</p>	<p>Registered Manager: Deborah Rice</p>
<p>Person in charge at the time of inspection: Deborah Rice, Manager</p>	<p>Date manager registered: Deborah Rice – application not required</p>
<p>Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years</p>	<p>Number of registered places: 50 places comprising: Bethany – 7 places Ceridwin – 1 place Craigowen – 5 places 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</p> <p>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.</p>

4.0 Inspection summary

An announced variation to registration inspection took place on 12 October 2018 from 14.00 to 15.50. The inspector was accompanied by Gavin Doherty, Estates Inspector and a separate premises inspection report was issued.

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 for an addition of one place in the house known as Craigowen. The inspection also assessed progress with any areas for improvement identified carried forward from a previous care inspection.

Areas requiring improvement were identified in regard to the completion of an annual appraisal with all staff and the completion of a competency and capability assessment with staff who may be in charge of the residential care home in the absence of the manager.

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
Total number of areas for improvement	2	

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Deborah Rice, 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 dated 26 June 2018

Other than those actions detailed in the QIP one further action was required to be taken following the most recent inspection in regard to the position of responsible person. The manager reported that the recruitment of a permanent Chief Executive was taking place; when the position is filled an application will be made to RQIA for the position of responsible individual.

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 and supporting documentation.

During the inspection the inspector met with the manager, the team leader, one support staff, one human resource staff and with Gordon Goodfellow, 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 weeks of 8 and 15 October 2018
- Menu for October 2018
- Fire Drill record dated 4 October 2018
- The Statement of Purpose, October 2018

Following the inspection an updated Resident's Guide was submitted.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially met.

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 26 June 2018

The most recent inspection of the home was an announced variation to registration care inspection.

6.2 Review of areas for improvement from the care inspection dated 6 & 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
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: 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. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following an inspection of Craigowen and discussion with the manager.	
Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time	The registered person shall ensure that all staff receive an annual appraisal. Ref: 6.4	Partially met
	Action taken as confirmed during the inspection: Discussion with the manager and human resource staff and review of one staff appraisal confirmed that a new annual appraisal framework had been introduced and associated training was being delivered to staff; annual appraisals were being undertaken but had not been completed with all staff. This is stated for a second time.	

Area for improvement 3 Ref: Regulation 20 (3) Stated: First time	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	Partially met
	Action taken as confirmed during the inspection: Discussion with the manager and human resource staff confirmed that progress had been made but compliance had not been achieved to date. This is stated for a second time.	

6.3 Inspection findings

Environment

The inspector undertook an inspection of the apartment style accommodation, located upstairs in Craigowen House, accompanied by Gavin Doherty, RQIA premises inspector, Deborah Rice Manager and Gordon Goodfellow, Perdix Consulting.

The inspection report of the premise’s inspector details the environment in more detail.

An apartment type accommodation had been provided with personal bathroom facilities along with additional personal communal space. The one bedroom to be registered had been refurbished and redecorated. The manager reported that the resident to be accommodated in this room was bringing their own furniture and furnishings to support continuity and familiarity of surroundings. The staff sleep-in accommodation was furnished with a bed and had a built in wardrobe.

Inspection of the communal kitchen and dining room and entrance hall identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. The communal wooden dining room tables had been sanded and sealed, seats had been thoroughly cleaned and seat covers had been removed. Gordon Goodfellow reported that new dining chairs had been ordered to replace those currently in use. No malodours were detected in the home.

In discussion it was reported that safety clips had been fitted to all looped cords of new window blinds. Assurances were provided that safety clips would be fitted on the looped cords of blinds fitted to windows situated at the top of the stairs. Gordon Goodfellow reported that this omission had been an oversight.

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

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.

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.

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

Management Arrangements

The manager reported that recruitment has been ongoing for Craigowen and that new staff have gradually commenced employment; a second team-leader position had been advertised. The manager advised that the responsibility for staff supervision, annual appraisal, mandatory training and attendance at staff meetings for staff in Craigowen had been transferred from the boarding school to the residential care home. Staff spoken to reported that they received mandatory training, supervision and that annual appraisals were being undertaken. The manager advised that annual appraisals and competency and capability assessments had not been completed and an area of improvement was stated for the second time in regard to each of these.

The manager reported that fire safety checks are completed on a weekly basis; the team leader reported that the most recent fire drill had been undertaken on 4 October 2018; the record was made available for inspection.

The manager reported that Craigowen had been 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

Two areas for improvement were stated for the second time in regard to annual appraisals and competency and capability assessment for being in charge of the residential care home in the absence of the registered manager.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Deborah Rice, 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that all staff receive an annual appraisal.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All senior staff have now been appraised Acting Adult Registered Manager, with the exception of 3 staff whose appraisal appointments are scheduled for this week (due to annual leave and staff shift patterns) Group Leaders have completed, or are currently completing, any outstanding appraisals for their staff also.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2018</p>	<p>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.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All completed and in order.</p>

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



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