



Unannounced Care Inspection Report 18 and 19 June 2019



Camphill Community Glencraig

Type of Service: Residential Care Home
Address: 4 Seahill Road, Craigavad, Holywood, BT180DB
Tel no: 028 9042 3396
Inspector: Kate Maguire

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 50 residents all of whom have complex learning disabilities and many who present with behaviours which may challenge. The residential home is actually 12 houses of various size and occupancy spread over a sprawling area on the coast of Belfast lough. The home is managed by a board of Trustees from Camphill Community and beds are commissioned by a number of trusts on a regional basis.

3.0 Service details

<p>Organisation/Registered Provider: Camphill Community – Glenraig</p> <p>Responsible Individual(s): Elizabeth Mitchell</p>	<p>Registered Manager and date registered: Tyrone Best Registration Pending</p>
<p>Person in charge at the time of inspection: Tyrone Best</p>	<p>Number of registered places: 51</p> <p>The maximum number of residents to be accommodated within individual houses is as follows: Bethany (7), Craigowen (6), Comgall (3), Dell O'Grace (4), Emmaus House (7), Hermitage (3), Kintyre (7), Novalis (6), Parsifal (2), Pestalozzi (1), Samaria (4), Ceridwen (1. - Notify RQIA before any change in occupancy). The home is also approved to provide care on a day basis only to 13 persons.</p>
<p>Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years</p>	<p>Total number of residents in the residential care home on the day of this inspection: 49</p>

4.0 Inspection summary

An unannounced inspection took place on 18 and 19 June 2019 from 08.30hours to 18.00 hours on the 18 June and 08.30 to 13.00 on the 19 June.

This combined inspection was led by Kate Maguire, Senior Inspector, Care Homes Team who was joined by

Suzanne Cunningham, Senior Inspector Children's Team

Linda Thompson, Senior Inspector Care Homes Team

Alice McTavish, Inspector Care homes Team

Gemma Murray, Service Development Officer

Gavin Doherty, Estates Officer

Raymond Sayers, Estates Officer

Briege Ferris, Finance Officer

Wendy Mc Gregor, Mental Health and Learning Disability Inspector

Cathy Glover, Medicines Management Inspector

Helen Daly, Medicines, Management Inspector

Julie Livingstone, Admin Support

The purpose of the inspection was to seek assurance that residents living in Glencraig were well cared for, lived in a safe environment and were treated with compassion by a staff team who understood their needs. Throughout the inspection we spoke to staff, managers and residents and were pleased to report that we saw residents living fulfilling lives with some reaching levels of independence that had never been considered as possible.

We reviewed a number of records and found them in the main to be well maintained. This was especially the case for finance, estates and medicines management.

We were aware of a number of restrictive practices in use throughout some of the houses and with individual residents but we were able to be assured that any of the practices in use had been properly assessed and implemented by a multi-disciplinary team and were kept under regular review.

Staff knew the residents very well including their personality traits. For even those residents who could not verbalise their views, staff understood them through nonverbal cues, sounds or expressions.

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	11	2

Details of the Quality Improvement Plan (QIP) were discussed with the management team for Camphill Community Glencraig, as part of the inspection process. The timescales for completion commence from the date of inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings from estates, pharmacy and finance, registration information, and any other written or verbal information received. We reviewed incidents which we receive as notifications. Given the complexity of challenging behaviours there were a significant number of notifications to review and analyse. We reviewed evidence gathered from the RQIA children's team's recent inspection of the children's service and various strategic reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule and training records
- staff recruitment and induction records
- residents' records of care
- complaint records
- a sample of governance audits/records
- a sample of reports of visits by the registered were reviewed
- RQIA registration certificate

Finance selected the following records for review

- individual written agreements
- transport agreements
- financial capacity assessments
- (residents') banking records
- (residents') income and expenditure records
- personal property records
- correspondence to the HSC trust regarding significant future purchases for residents

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the registered manager, the CEO for Camphill Community and the responsible person for Glenraig who all attended for the inspection feedback from the team.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

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

The safety protection and wellbeing of the residents of Camphill Community Glenraig is paramount for all who are involved in the delivery of care. The vast majority of houses on the site were visited by a range of inspectors and all of them agreed that the care was delivered safely.

There are two models of care with Camphill, one a traditional models of volunteers known as co-workers and the other a completely professional models were all staff are employed and managed by a team leader.

We looked at a range of risk assessments and found them to be current and comprehensive. This is vital where the residents may not be aware of the harm or danger posed in various situations. Despite their assessed vulnerability the residents do get to participate in a range of experiences due to robust risk assessments and a strong cultural ethos of achieving their full potential. In order to ensure residents are kept safe, the residents have been assessed by multi-disciplinary teams and these are reviewed regularly. Staffing levels are agreed based on assessed need and like other strategies are in place to ensure that residents are kept safe from harm and unnecessary risk. In one house each of the residents has their own self-contained space which includes living room, bedroom, staff sleepover room, bathroom etc. Some of these self-contained spaces may also have a kitchen, craft room or sensory room dependent on assessed need. Most of these spaces are or can be locked depending on a risk assessment. Decisions on the locking of spaces is based solely on risk assessments and what is required to keep the resident safe. These are compiled by a multidisciplinary team and are explicit in the careplan.

In another house the levels of risk in managing challenging behaviours was less and it was reflected in staffing levels and less restrictive practices. This was in keeping with the assessed needs of the residents and inspectors saw this throughout each of the houses that staff numbers and restrictive practice varied dependent on the residents' individual needs.

We met with a house mother who has responsibility along with some volunteers/co workers for the care of six residents. She has been living in Camphill Community Glencraig for years. The house mother was very knowledgeable about each of the residents and spoke of each of them on an individual basis. That said we recognised that the record keeping within this house could be improved in the event of the house mother being on holiday or absent from the house. Several houses on the Glencraig site still use this model of care provided by volunteers to the community managed by a house mother. Those houses that use this model were highly regarded by inspectors regarding the emphasis of individuality and person centred care. These houses had relaxed atmospheres and presented as very homely.

Some comments received included;

"It is great here, I love it"

"The staff are great and always there to help me if I need them"

"The food is very good"

"I can't think of anything to change"

"I'm very happy here"

We asked a team leader what she would do if she had any concerns about resident safety or staff behaviours and she clearly said that she could openly discuss them with the manager and responsible individual for the home and added that she was confident they would assist her to resolve any concerns.

All staff had undertaken safeguarding training which is ongoing on the site as a rolling programme. It was also clear that the change in operations from a voluntary/ co-worker model to a mainly salaried workforce had put the staff on a professional footing and those staff spoken to understood their professional responsibility in relation to safeguarding and whistleblowing should they have concerns.

In order to keep residents safe it is important that recruitment of staff is in line with regulations. We looked at a sample of staff files and found that most references were in place but we did notice that these were not always sought or obtained from the applicant's present or most recent employer. It is also important that continuity of employment is sought and therefore this was identified as an area for improvement.

Anyone who wishes to work in a residential care setting must now be registered with the Northern Ireland Social Care Council (NISCC). This procedure is necessary to ensure that social care staff are safe practitioners and adhere to NISCC social care standards of conduct and practice. We found that some staff who provided care to residents were not registered with NISCC and this was identified as an area for improvement.

6.3 Medicines Management

The audits which were completed at the inspection indicated that medicines had been administered as prescribed. There were systems in place to ensure that residents had a continuous supply of their prescribed medicines. There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay.

Appropriate arrangements were in place for the management of epilepsy, thickening agents and administering medicines in food/drinks to assist administration. Detailed care plans were in place and there was evidence of multi-disciplinary involvement when appropriate.

The management of medicines prescribed for administration on a 'when required' basis for the management of distressed reactions was reviewed. Dosage directions were recorded on the personal medication records and care plans directing the use of these medicines were available in the medicines files. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded in the progress notes and on incident report forms.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. 'When required' protocols for analgesia were in place. Pain assessment tools were in use and staff were aware of how each resident expressed pain.

The majority of medicine records were well maintained and facilitated the audit process. However, as identified at the last medicines management inspection two trained staff were not routinely verifying and signing the personal medication records at the time of writing and at each update i.e. medication/dosage change. This is good practice to verify the accuracy of the record. The date of writing had not been recorded on several personal medication records which is important to ensure that they staff are referring to the most up to date record and so that they can be accurately sequenced. An area for improvement was stated for the second time.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. Staff were reminded that discontinued and expired medicines should be disposed of in a timely manner. This was addressed during the inspection.

The governance arrangements for medicines management were examined. Audit trails on the administration of medicines were completed regularly. Any discrepancies were reported to the registered manager for investigation and action plans to address shortfalls were shared with staff.

Medicine related incidents reported since the last medicines management inspection were discussed and there was evidence of the action taken and learning implemented following these incidents. Staff were aware that medicine incidents may need to be reported to the safeguarding team.

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	4	1

6.4 Is care effective?
The right care, at the right time in the right place with the best outcome.

Throughout the inspection we saw examples of effective care in each of the houses delivered by knowledgeable and caring staff. There is a significant age variation between the residents yet their care was delivered in a manner to meet these differing and sometimes complex needs. Some of the residents on the site have been living on Glencraig for a long period of time and some have reached their older years. These residents tend to be looked after in an older model of care where volunteers and co-workers live in the homes and look after residents. Although a dated model of care we saw that the care was effective, the staff were caring towards the residents and clearly knew them so well. It was apparent that the residents enjoyed a good quality of life.

We looked at some files and saw that good multidisciplinary assessments had taken place. These holistic assessments included their physical, social and psychological needs and we saw how staff worked to meet these needs.

Care records were examined and were in the main well maintained throughout the different homes as a standard file structure was in place for staff to follow and help maintain consistency. We could see that the records were reviewed on a regular basis and provided good assurance that the needs of residents were being met.

Statutory care review records completed by the commissioning Trust were also maintained as required in most of the houses but not all and this management should ensure that these records are maintained in the residents files. In some of the homes minor issues regarding recording were identified and fed back to the management team at the end of the inspection.

We looked at staff training throughout the site and once again we found this to be well maintained. Staff discussed how they have all been trained in the management of actual or potential aggression (MAPA). In some of the houses these techniques would not be necessary given the current group of residents and staff throughout the site spoke of understanding triggers and using de-escalation methods in the first instance. We commended the staff in this regard.

We looked at the records for mandatory staff training. Whilst there was evidence that the system for tracking such training had been improved, the information on the system was not current and we could not confirm that all mandatory training was up to date. This is an area for improvement.

In one of the houses, through discussion with the staff team and review of the staff duty rota we identified a shortfall in the numbers of staff available to support the care delivery. Whilst the needs of the residents are currently being fully met there is a risk that the house coordinator will be unable to sustain her current workload in the long term.

One identified resident required the use of keypad device restraint to maintain their safety. This was appropriately assessed, reviewed and evaluated as required. The needs of two higher dependency residents were discussed during feedback with the House coordinator and with the registered manager. Staff were observed to be polite courteous and very welcoming of the inspection. There was a relaxed and friendly atmosphere throughout and the ethos and values of the shared living experience was evident and impressive.

In one care record for an individual we found that there had been a delay in staff reporting an incident of concern regarding a colleague's poor practice to a line manager; there was a further delay in the onward reporting of the incident to the manager. This had the potential to place the resident at risk of harm. We established that the incident, when it came to the attention of the manager, was immediately reported to all relevant parties. The resident was not subjected to any harm and the manager took all appropriate steps to safeguard residents from any associated risk. It is essential that staff are always aware who to report any safeguarding issues to in their managers absence. This is identified as an area of improvement

Areas of good practice

The knowledge and skills staff process when delivering care.

Areas for improvement

The following areas were identified for improvement in relation to staffing, staff recruitment.

	Regulations	Standards
Total number of areas for improvement	4	0

6.5 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.

It was very obvious throughout the inspection that compassion, tenderness and care was reflected in staff work with the residents. The teams in the houses were enthusiastic and energetic and were motivated to have the residents involved in a range of meaningful activities including day care, art therapy and a range of crafts. Given the scenic setting of Camphill it was pleasing to see how many residents enjoyed activities especially in the outdoors, these included nature and beach walks and cycling. There are also a range of social and recreational activities organised off the site to ensure socialisation within the wider community of Bangor and Hollywood.

We experienced many examples of patient centred and compassionate care. In one of the houses we observed how a bespoke package of care had been wrapped around one resident. As a result of this approach this individual has achieved many goals beyond any expectations and as a result their life is more fulfilled and meaningful.

We saw that staff demonstrated that they were skilled and knowledgeable on how to best support this individual who required intensive care and encouragement through his daily routines. The staff were observed as kind and compassionate and treated the individual with privacy, dignity and respect. They spoke about the resident in positive terms and highlighted their strengths and personality rather than focusing on their complex and challenging behaviours. Staff supported the individual to engage in a wide range of suitable, appropriate recreational and therapeutic activities. It was good to observe that staff were focused on the impact the individual's behaviours had on his quality of life rather than the impact the behaviours had on others. Staff were focused on helping the individual manage their behaviours with the aim of reducing restrictions and improving quality of life. The resident's environment was person centred and decorated to their likes, interests and tastes.

There was evidence of a range of multidisciplinary assessments and care plans in place. A risk assessment and risk management plan was also in place to address the individual's behaviours. This had been agreed with the multi-disciplinary team. Restrictive practices were proportionate to the risk and there was evidence that they were used only as a last resort. Staff were observed to adhere to the individual's positive behaviour support plan. The resident requires physical interventions to keep them and others safe. However not all staff had received up to date training in the use of physical interventions.

The individual presented with very complex distressing behaviours and would require an up to date multi-disciplinary review. A review of the individual's environment is also required as their bedroom was very small and some redecoration was also required. There were co-workers living in accommodation above this resident's accommodation who could be noisy and perhaps consideration should take place to find alternative living space for these co-workers.

In another of the houses we saw clear evidence of a person centred approach to the delivery of care for both of the residents who lived there. We spoke with the staff member on duty who was very enthusiastic and motivated about the difference she and the team are able to make to improve the quality of life of the residents. This was seen throughout the inspection by each of the inspection team.

In another of the home we met with a team leader who was an excellent communicator. She was able to describe in detail what her core skills were and how she applied them in her day and daily work to help and support the residents in the home. She described one resident's routine where he liked to have a lie in once a week because it's his choice to do so. She told us the importance of meeting the very complex needs of the residents with a relaxed, calm approach. She used Makaton to communicate with some of the residents and she explained how she used the environment, activities and communication to help residents reach their potential. She described being person centred not focused on behaviour which had enabled better outcomes for the residents. We were impressed with her creative and innovative approach that was about meeting each individuals needs not responding to behaviours.

We were able to review most of the residents’ rooms in the home, the communal areas and bathrooms. All were well maintained, clean and individualised. We observed serving of the midday meal. The residents returned from their mornings activities to enjoy a “family” lunch around a large dining table. Staff joined the residents at the table for lunch and there was a lot of laughter and conversation.

A number of residents met with the inspector and chatted about their morning work/activities and how much they enjoyed living in Camphill Community Glencraig. Some comments received included...

- “I love living here it is great”
- “The food is always good and we have plenty to eat”
- “I go out in the evening to dances”
- “I have lots of friends here”
- “My room is lovely”

Discussion with the staff member present provided significant assurances that life in another home was very good for residents. There was clear evidence of individualised plans of care. There is excellent community involvement encouraged, with one resident having a great social life of keep fit, with walks, swimming and fitness training over several evenings per week which are facilitated and supported by staff in the house. The other resident works in a local kindergarten a number of mornings per week helping with pre-school age children.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to person centred compassionate and individual care. The knowledge and positivity of the staff we discussed with.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 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.

We met with the registered manager for the home at the beginning and throughout the inspection. The manager was open and transparent throughout the inspection and made himself available to the inspection team at any time. In our preliminary discussion with the manager he shared his value base with us which emphasised the person centred approach which he has nurtured within his team. He also told us about the culture of the home and how he had instilled in the staff to see and understand the individual, assist them to reach their potential and to do this with dignity and respect.

Each of the houses has a team leader who has ultimate responsibility to ensure that the needs of the residents are being met. We spoke with a number of these team leaders and were impressed with their values, person centeredness and their knowledge of all of the residents.

One of the homes had a staff team of 36 staff to support five residents and this is an example of the intensity of the work they undertake to ensure the safety and care of the residents. In general the documentation contained within the homes was maintained to a high standard. Some areas for improvement have been identified. Staff spoke positively of the team leader in their specific home and of the support they received by the overall manager. The staff were able to articulate the values and ethos of the home with ease and confidence.

Management oversight of the home was supported by an officer of the South Eastern Health and Social Care Trust. He assisted the manager in the development of systems and played a crucial role in ensure that statutory functions were discharged especially in regard to reviews and safeguarding. A clear system for the management of complaints was in place and the home send notifications to RQIA in line with regulations.

We assessed arrangements for monthly monitoring visits and the reports produced. Visits are carried out by an external consultant and there is a plan in place to visit all of the houses at least once over a 12 month period. Reports were found to be comprehensive in their content and captured a range of service user and staff views however the section to record relatives' views was blank in all reports we looked at. We suggested that capturing relatives' views on a regular basis can be a very valuable source of feedback that can assist the service in quality improvement and as such the service should consider making efforts to ensure relatives are consulted during these visits going forward. We were satisfied that visits were identifying issues that required a quality improvement response and that actions were followed through from month to month. We were concerned, however, that given the model of care provided in 12 houses under one registration and the approach to monthly monitoring whereby only one house is assessed per month, there was evidence that gaps in training provision and lapses in the provision of staff supervision had been missed as a result of the monitoring officer not carrying out a service level assessment every month. This highlights that the approach to monthly monitoring should be altered to ensure quality indicators relevant to the service as a whole are reviewed on a monthly basis.

There was clear evidence that the staff in throughout the houses are very motivated and passionate in delivering high quality care for both residents.

Concerns as discussed above are raised in regards to the provision of sufficient staffing in the house. When one resident is on leave we are advised that no staff are available to support the other resident over the day period. However the resident can call to other houses should she require to.

We were told at the inspection that the current manager was about to leave his post to take up a new opportunity. We would emphasise the importance of strong leadership in the maintenance of standards and the delivery of quality care, an acting manager was due to take up her position with immediate effect until a new manager is recruited.

6.8 Assessment of premises

During our inspection we inspected the following premises. Dell O Grace, Kintyre, Bethany, Ceridwen, Samaria, Parsifal, Craigowen, Comgall, Emmaus, Novalis & Hermitage.

We looked at the fire risk assessments for the buildings on the site which had been completed by an accredited fire risk assessor in May 2019. This is in compliance with recommended good practice. This fire risk assessment report had some significant findings which were being addressed in a timely manner.

We reviewed the servicing of the fire detection & alarm system, emergency lighting installation and fire-fighting equipment and found these to be undertaken in accordance with current best practice guidance. User checks were also being completed and recorded.

A current risk assessment related to the control of legionella bacteria in the premises' water storage and distribution systems was in place, and the significant findings from these assessments are being addressed by the manager.

Generally we found the buildings and the environment to be well maintained, a number of buildings are currently having improvement/maintenance works completed. Often these works have been planned around the assessed need of particular individual and are bespoke in nature. We were told that planned maintenance/improvement works are scheduled in the future for some other buildings and requested that we were kept informed of these developments.

However particular issues were noted in the apartment, where there was some mal odour stemming from the bathroom this would need to be repaired, the source of the problem needs identified and redecorated. Work also needs to be undertaken in the other house identified in the report regarding decoration and finding alternative accommodation for volunteer workers.

6.9 Management of service users' monies

A sample of residents' financial records were reviewed including: residents' individual written agreements, transport agreements, financial capacity assessments, banking records, income and expenditure records, personal property records together with email correspondence to the HSC trust in respect of significant purchase decisions. A review of these records identified that financial controls to safeguard the residents' monies and property were in place and were operating effectively; record keeping was noted to be of a high standard. Staff spoken with were able to clearly describe processes in place to safeguard residents' monies and valuables and ensure that residents' individual preferences and wishes regarding how to spend their money were supported.

One area for improvement was identified in respect of ensuring that the individual written agreements between the home and each resident are kept up to date to reflect any relevant changes, including the annual changes in fee rates.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the development of a strong culture of person centre individual care which had been embedded into practice.

	Regulations	Standards
Total number of areas for improvement	1	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 the management team 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	
Area for improvement 1 Ref: Regulation 20 Stated: Second time To be completed by: 30 September 2019	<p>The registered person shall ensure that systems are in place to evidence that all staff receive mandatory training and training appropriate to the work that they are to perform</p> <p>Ref 6.2</p> <p>Response by registered person detailing the actions taken: Glencraig has invested in a new e-learning training and data capture system. This system provides evidence that all staff have received their mandatory training and that we are compliant with our responsibilities under the minimum standards. Additional training to enable staff to work with specific individuals eg. MAPA, Peg Feeding and Epilepsy is identified as outlined in their care plan and pre-admission assessments and is inputted manually into the system.</p>
Area for improvement 2 Ref Regulation 20 Stated First time To be completed by Immediate from date of inspection	<p>The registered person must review the current staffing provision in Parsifal Flat Bethany to ensure that staff are always available to meet the needs of both residents regardless of whether one or two residents are in occupancy.</p> <p>Ref 6.6</p> <p>Response by registered person detailing the actions taken: Systems have been put in place to ensure that staff are available to meet the needs of both residents.</p>
Area for improvement 3 Ref: Regulation 20 (1) (c)(ii) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that all necessary information and documents are obtained in respect of staff working in the home. This is in respect of ensuring two references are kept on file.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Glencraig HR department has commenced an audit of all personnel files. For any gaps identified within pre-employment documentation, the HR department will take corrective action and seek the required information from affected individuals.</p>

<p>Area for improvement</p> <p>Ref: Regulation 20 (c)(ii)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>31 August 2019</p>	<p>The registered person shall ensure that care staff are supported to maintain their registration with the appropriate regulatory body i.e. NISCC. If there are delays in the registration process this should be recorded</p> <p>Ref 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: All individuals providing social care are required to be registered with NISCC including volunteers. All volunteers and staff are required to register with NISCC within their first week of arriving in Glencraig. All NISCC registrations will be recorded on the training matrix and staffing list.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 30 (1)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>Immediate and ongoing</p>	<p>The registered person shall ensure that robust arrangements are put in place for all incidents to be reported to RQIA and all other relevant parties without delay of the occurrence of such incidents. This is particular when managers/team leaders are on leave.</p> <p>Ref:6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person will ensure that at least one manager is available at all times to give notice to the RQIA and other relevant parties of all notifiable events.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 19 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>30 September 2019</p>	<p>The registered person shall maintain in respect of each resident a record which includes the information, documents and other records specified in Schedule 3 relating to the resident; All statutory documentation must be in all files and available for inspection.</p> <p>Ref 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person will require Group Leaders to report monthly to confirm that all documentation under Schedule 3 is in place and that a record is maintained detailing the dates when outstanding documentation ie. minutes of care reviews has been requested.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>31 October 2019</p>	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents – (c) ensure that the persons employed by the registered person to work at the home receive –</p> <p>(1) appraisal, mandatory training and other training appropriate to the work they are to perform;</p> <p>This is in relation to MAPA training for all staff</p> <p>Ref 6.4</p>

	<p>Response by registered person detailing the actions taken: The registered person will ensure that formal supervision will take place every 26 weeks minimum for all staff. Supervision will also take place in the form of team meetings, debriefs and yearly appraisals. Mapa training should be refreshed yearly. Glencraig has invested in a new e-learning training and data capture system.</p>
<p>Area for improvement 8 Ref: Regulation 15 (2) Stated: First time To be completed by: 1 Month and ongoing</p>	<p>(5) The registered person shall ensure that no resident is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any (2) The registered person shall ensure that the assessment of the resident’s needs is – (a) kept under review; and (b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <p>As there are a number of residents who may require to be restrained it is essential that the MDT assessment is reviewed and agreed on a regular basis. This assessment must be in the file and all staff familiar with it.</p> <p>Ref 6.4</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that regular meetings with the placing trust will be held to ensure that the use of any Restrictive Practices continue to be justified and reduction is continually considered. Positive behaviour support training will be provided for all staff. Residents assessments/care plans/risk assessments/PBS plans will continue to be informed by the MDT and Glencraig will ensure that these are up to date so that the documents and staff training are consistent with the needs of the adults.</p>
<p>Area for improvement 9 Ref: Regulation 15 (1) Stated: First time To be completed by: Immediate and ongoing</p>	<p>The registered person shall not provide accommodation to a resident at the residential care home unless – (a) the needs of the resident have been assessed by a suitably qualified or suitably trained person;</p> <p>Some of the residents appeared quite frail. They have lived in Glencraig a long time but their needs should be reassessed to determine if they reach the threshold for nursing care Ref 6.6</p> <p>Response by registered person detailing the actions taken: The registered person has ensured that the reviews have been completed and recent nursing assessments are up to date.</p>

<p>Area for improvement 10</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p> <p>To be completed by: immediate and ongoing</p>	<p>The registered person shall make arrangements for residents unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated; and</p> <p>(2) The registered person shall ensure that the assessment of the resident’s needs is –</p> <p>(a) kept under review; and</p> <p>(b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <p>Some reviews for the residents had not taken place on time. The home should ensure that if a trust does not undertake the review this should be recorded in the file</p> <p>Ref 6.5</p>
<p>Area for improvement 11</p> <p>Ref: Regulation 27(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall having regard to the size of the home and the number and needs of residents provide</p> <p>(b) the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally</p> <p>Specifically but no solely -</p> <ul style="list-style-type: none"> • Nouvalis garden requires some attention by grounds maintenance staff. • Bethany floor, wall and ceiling finishes are deteriorating and would benefit from a building condition survey and subsequent refurbishment works project. • Ceridwen accommodation finishes, fixtures & fittings are robust and assessed to meet the needs of the service user. • The bathroom in Parsifal required to be repaired and redecorated <p>Ref 6.8</p> <p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure that the homes will be in a good state of repair both internally and externally. They will work with the Facilities manager to monitor the progress of the scheduled maintenance/improvement works.</p> <p>Novalis garden will be maintained by the groundsmen regularly. Bethany : the landlord has been requested to carry out an SCS with a view to improving this home internally/externally Ceridwen's new bathroom area - planned for October 2019 but progress dependant on the needs of the resident. Parsifal bathroom works has been completed.</p>

Action required to ensure compliance with the applicable Care Standards.	
Area for improvement 1 Ref: Standard 4.6, Stated: First time To be completed by: 18 August 2019.	The registered manager shall ensure that the resident or their representative is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded” Ref:6.9
	Response by registered person detailing the actions taken: The registered manager will work with the Finance team to ensure that the resident/representative is given written notice of any changes to their contracts including uplifting of fees. If the resident/representative is unable to sign or will not sign, this will be recorded.
Area for improvement 2 Ref: Standard 29 Stated: Second time To be completed by:	The registered manager shall ensure that the improvements necessary in the personal medication records are implemented. Ref: 6.3
	Response by registered person detailing the actions taken: The registered manager will ensure that two trained staff both routinely verify and sign the Medication Administration Record and ensure that the most recent 'date' is recorded on the MAR.
Area for Improvement 3 Ref: Standard 20.19 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that there are appropriate mechanisms to support staff in reporting concerns about poor practice and that the arrangements are known to all staff. This is particularly relevant in the event of management absence Ref 6.4
	Response by registered person detailing the actions taken: The registered person will ensure that all staff are aware of the whistleblowing policy/procedure. A local DEPO from the host trust recently provided training in raising concerns to all managers in Glenraig. In addition ARC NI will be providing additional Safeguarding training to all manager in Glenraig this month.

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



The Regulation and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews