



The **Regulation** and
Quality Improvement
Authority

Inspector: Kylie Connor
Inspection ID: IN023019

Camphill Community Glencraig
RQIA ID: 1608
4 Seahill Road
Craigavad
Holywood
BT18 0DB

Tel: 02890423396
Email: kate.price@glencraig.org.uk

**Unannounced Care Inspection
of
Camphill Community Glencraig**

19 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 17 November 2015 from 11.00 to 16.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

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

The details of the QIP within this report were discussed with Catherine Price, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/ Registered Person: Vincent Reynolds	Registered Manager: Catherine Price
Person in charge of the home at the time of inspection: Catherine Price	Date manager registered: 7/12/2012
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 48 residents and 13 day service users
Number of residents accommodated on day of inspection: Residents : 39 Day Service Users: 13	Weekly tariff at time of inspection: £684.11 - £916.25

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/processes

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

During the inspection the inspector greeted six residents, met with two care staff, the registered manager and the facilities and health and safety manager.

The following records were examined during the inspection: accident and incident records, three residents care records, complaints records and policies and procedures associated with the areas inspected.

Following the inspection we analysed four returned staff questionnaires and three returned resident questionnaires.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 18 September 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 27 May 2015

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 20.7	The registered manager should review and update the homes Statement of Purpose to fully reflect the changes to the registration of the home.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed to us that this had been addressed.	
Recommendation 2 Ref: Standard 20.9	The registered manager should review and update the homes Residents Guide to fully reflect the changes to the registration of the home.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed to us that this had been addressed.	

Areas for improvement

No areas for improvement were identified.

Number of requirements:	0	Number of recommendations:	0
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5.3 Standard 14: The death of a resident is respectfully handled as they would wish

The registered manager and staff confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

Following an inspection of two care records we confirmed that assessments and care plans were in place and kept under continual review. Documentation was amended as changes occurred to residents' care or welfare. The care records we inspected were kept up to date to accurately reflect the residents' needs and preferences. Staff confirmed to us that a number of residents are unable to sign needs assessments and care plans. Staff confirmed family involvement in the development of needs assessments and care plans.

Care records inspected did not detail the residents' or families wishes regarding any specific arrangements at the time of his or her death. The registered manager and staff confirmed to us that this area is being discussed at care management reviews currently taking place. The spiritual and cultural wishes of the residents were recorded. Where there had been discussion with the general practitioner relating to a care pathway, staff confirmed to us that this would be documented within the care records.

Is care effective? (Quality of management)

The home had a policy and procedure relating to dying and death of a resident. The registered manager confirmed to us that the home had a copy of the current best practice guidance. Following discussions with staff and an inspection of staff training records, we confirmed that training in palliative care had not been completed. We made a recommendation in regard to this. The registered manager stated that end of life training is planned to be delivered by the palliative care team for some staff in the next three months.

In our discussions with staff, they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc.)

Staff confirmed to us that they were aware of the importance of encouraging nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff reported to us that they would liaise closely with district nursing staff and others to ensure appropriate management of care. The registered manager and staff were knowledgeable about making notification of a death to all relevant parties in a timely manner.

Staff confirmed to us that there had been residents in need of palliative care or who had died in the home in recent years. Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members we interviewed confirmed that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were able to articulate informed values that underpin compassionate care within the home. Staff were knowledgeable about how to create a suitable environment and deliver care to a resident at the end of life. Staff related that at

Camphill Community Glencraig, a service of remembrance takes place annually to remember persons who had died during the previous year. This is commended.

Staff confirmed to us that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Staff confirmed to us that resident's belongings would be handled with care and his or her representative consulted and assisted with their removal from the home.

Areas for improvement

One area for improvement was identified within the standard inspected. This standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

In our discussions with staff they were able to demonstrate their knowledge and understanding of continence care. We inspected two care records and confirmed that an assessment and care plan was in place relating to continence management. Staff were able to describe to us the system of referral for specialist continence assessment. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the environment and discussions with staff, we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels. Staff confirmed to us that gloves, aprons and hand washing dispensers were available. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home did not have policies and procedures relating to continence management. The home did not have a copy of current best practice guidance documents. We made a recommendation in regard to this.

Staff confirmed to us that they had received appropriate information and guidance where necessary. Staff were knowledgeable regarding where further guidance and advice could be sought. The registered manager confirmed to us that training would be provided in response to a future identified need.

Discussions with staff and inspection of care records, confirmed that no residents had reduced skin integrity associated with poor continence management. During our inspection of the home, no mal-odours were present.

Is care compassionate? (Quality of care)

Through our observations of care practices we confirmed that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with residents they confirmed that staff provides care and support in a sensitive, kind and caring manner.

In our discussions with staff, they were able to recognise the potential loss of dignity associated with incontinence. Staff described to us how care is delivered in a compassionate manner. Staff articulated those values that underpin compassionate care within the home as they related to continence management and support.

Areas for improvement

There was one area of improvement identified within this theme. This theme was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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5.4 Additional areas examined

5.5.1 Residents' views/questionnaires

We observed and greeted six residents. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care. No complaints or issues of concern were raised with us. Three residents' questionnaires were returned and analysed by us.

5.5.3 Staff views/ returned questionnaires

We met with two care staff and the registered manager. Staff spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. No complaints or issues of concern were raised with us. Four staff questionnaires were returned which supported the findings of the inspection.

5.5.4 Environment

Following an inspection of Dell O Grace, we confirmed that the house was clean and tidy. The staff spoken to confirmed that bedrooms were decorated in accordance with the needs of individual residents.

Staff reported to us that there are plans to enhance the décor within the house through the use of wall transfers. Staff confirmed that breakages are replaced and repairs carried out in a timely manner. We observed a number of chipped plates and advised that these must be replaced. Staff confirmed that this would be addressed immediately and gave us assurances that damaged crockery would not be used.

5.5.5 Accidents/ incidents

We inspected accident and incident records from 1 September 2015 to 31 October 2015. We confirmed that most of these had been reported and managed appropriately. RQIA had not been informed of a number of incidences where restraint had been used. We made a requirement in regard to this.

5.5.6 Complaints/ compliments

We inspected complaint records made between 1 January 2014 to 31 March 2015. The records did not contain details of the complaint investigation or actions taken. We made a requirement in this regard.

No compliment records were available at the time of the inspection. The registered manager and staff spoken to confirmed to us that they receive regular verbal compliments from a range of individuals but that these are not recorded.

5.5.8 Fire safety

An estates inspection was undertaken on 15 September 2015. The estates inspector confirmed that each house was visited and all fire safety records were inspected.

The Facilities and Health and Safety Manager confirmed to us that each of the houses within Camphill Community Glencraig had a current fire risk assessment in place and that recommendations were actioned. He reported to us that staff receive fire safety training twice yearly. He confirmed to us that each house undertakes two fire drills per annum. There were no obvious fire risks.

Areas for improvement

There were two areas of improvement identified.

Number of requirements:	2	Number of recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Catherine Price, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 registered person/manager 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 your premises. 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan				
Statutory Requirements				
Requirement 1 Ref: Regulation 14 (6) Stated: First time To be completed by: 1 January 2016	The registered manager must ensure that RQIA is informed of the circumstances and nature of restraint when used.			
	Response by Registered Person(s) detailing the actions taken: From date of this inspection, RQIA have been fully informed of all such incidents.			
Requirement 2 Ref: Regulation 24 (3) Stated: First time To be completed by: 1 February 2016	The registered manager must ensure that the complaint records are improved to detail the investigation, findings and action taken.			
	Response by Registered Person(s) detailing the actions taken: Review and improve Complaints Records from 01/01/14 to include additional details of the investigation, findings and action taken within time stated.			
Recommendations				
Recommendation 1 Ref: Standard 23.4 Stated: First time To be completed by: 31 March 2016	The registered manager should ensure that all staff are trained in the area of end of life care and support.			
	Response by Registered Person(s) detailing the actions taken: Registered Manager will ensure that all staff are trained in the area of death and dying with the timescales dated.			
Recommendation 2 Ref: Standard 21.1 Stated: First time To be completed by: 28 February 2016	The registered provider should ensure that a policy and procedure is developed in continence management and promotion which reflects current best practice guidance.			
	Response by Registered Person(s) detailing the actions taken: Registered Manager will ensure a policy and procedure will be developed within timescales stated.			
Registered Manager completing QIP		Catherine Price	Date completed	23/12/15
Registered Person approving QIP		Vincent Reynolds	Date approved	28/01/16
RQIA Inspector assessing response		Kylie Connor	Date approved	29/01/16

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