

# Inspection Report

**Name of Service:** Camphill Community Glenraig  
**Provider:** Camphill Community - Glenraig  
**Date of Inspection:** 5 & 6 February 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Camphill Community - Glencraig
<b>Responsible Individual:</b>	Dr Elizabeth Mitchell
<b>Registered Manager:</b>	Mrs Ellen Majella McVeigh
<b>Service Profile –</b> This home is a registered Residential Care Home which provides health and social care for up to 55 residents living with a learning disability. Many of the residents have complex learning disabilities and may present with behaviours which challenge. The residential home is made up of 13 houses of various size and occupancy across a large site. 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	

## 2.0 Inspection summary

An unannounced inspection took place on 5 February 2025, between 9:40 am and 4:45 pm and on the 6 February 2025 between 9:30 am and 4:00 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 10 and 11 January 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

During an unannounced care inspection to Camphill Community Glencraig on the 10 and 11 January 2024, it was identified that the home was operating outside of their Statement of Purpose and accommodating a resident in an unregistered bedroom in Novalis. It is important to note that each room in the houses has a designated purpose and is registered as such. An application to vary the use of this room had not been submitted to RQIA at that time.

The home's management team were invited to a meeting with RQIA on the 23 September 2024, to discuss an intention to serve two Failure to Comply Notices (FTC) under Regulation 32(1)(h), 3(1)(a)(b)(c) and 3(3)(a)(c). The home provided adequate assurances at this meeting that they were now operating in compliance with these regulations and the FTC notices were not served.

During this current inspection however, work had been completed in Ceridwen to rearrange staff sleeping accommodation, office space and a staff bathroom. This change to a registered service had not been notified to, or approved by RQIA. RQIA are concerned that despite the FTC intention meeting of the 23 September 2024, the practice of notifying RQIA of changes to a registered service was still not being adhered to by management.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time, and one will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents told us that they were happy living in the houses. Some residents were involved in helping in the grounds, or taking part in the varied activities provided or facilitated by staff during the inspection.

One resident said, " I am well cared for, there is plenty of food."

Residents unable to clearly verbally express their thoughts appeared relaxed and indicated through body language or non-verbal communication, such as smiling or giving the thumbs up.

Staff spoke of the strong sense of community working within the homes, the support from management, the training and staffing levels, and the activities that the residents could be involved in.

Following the inspection, no additional feedback or comments were provided by staff or relatives.

Four returned questionnaires from residents indicated high degrees of satisfaction with the care and services offered in the home. Comments included, "I like it", "I am safe", "I am happy here", and, "The staff always help me".

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. Review of training records highlighted that not all staff were up to date with mandatory training. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Planned staffing levels in relation to the provision of one to one supervision by staff, of residents during the hours of 10 pm to 7 am did not match resident's needs as identified in their individual care plans. An area for improvement was identified. Information around staffing levels in the home have been shared with the South Eastern Health and Social Care Trust (SEHSCT) for their consideration.

#### **3.3.2 Quality of Life and Care Delivery**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff offered residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was observed in some of the houses. It was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience, staff would eat their meals alongside the residents. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Residents within the different homes were observed going to, and returning from the day opportunities that were available, such as helping on the farm or laundry. The grounds facilitated seasonal activities such as horse riding, barbeques and 'get togethers' with other residents.

There did not appear to be evidence of ongoing residents' meetings within the houses. An area for improvement was identified.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as helping in the large grounds, religious services, outings and musical activities.

### **3.3.3 Management of Care Records**

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Review of records evidenced that some of the resident's risk assessments were not being regularly reviewed. An area for improvement was identified.

Residents care records were held confidentially.

Care records were person centred. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Care plans were not being regularly reviewed. The home's management team advised that care plans regarding residents needs for 1:1 supervision during the hours of 10 pm to 7 am were not reflective of the resident's needs. An area for improvement was identified.

In one identified house, there was no care plan around speech and language therapist (SALT) recommendations. In another identified house, there was insufficient detail in a residents care plan around epilepsy management. Residents who had a Deprivation of Liberty Safeguard (DoLS) in place, had insufficient detail in care plans around the impact of this on the residents' liberty. This was discussed with the management team and two areas for improvement were identified.

### 3.3.4 Quality and Management of Residents' Environment

The houses were clean and tidy and had 'homely' touches such as artwork, crafts and pictures that were on display. Staff and residents appeared to take pride in the houses. Bedrooms and communal areas were well decorated, suitably furnished and comfortable.

Uncovered radiators were found within one identified home that were hot to touch with the potential risk of accidental burns. This was discussed with the manager and an area for improvement was identified for a second time.

Two identified houses had two volunteer staff from the children's service on the site, sleeping in staff bedrooms. RQIA received assurance on 6 March 2025 that this practice had ceased.

There was no internal call bell system available for residents in any of the houses. A call bell point needs to be available in every room that is used by a resident. An area for improvement was identified.

Hand towel dispensers and paper hand towels were not available in each bedroom within the houses. This was discussed with the manager and an area for improvement was identified.

Environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks, electrical installation checks and water temperature checks.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However; some staff were not fully adhering to hand hygiene best practice as some were not bare below the elbow, and some were wearing watches and jewellery. An area for improvement was identified.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Ellen McVeigh has been the manager in this home since 28 June 2021.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

A robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	10*

\* the total number of areas for improvement includes one regulation that has been stated for a second time, and one standard which is carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2)(a) and (c)  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of inspection (5 & 6 February 2025)	The registered person shall ensure that radiators in the home are maintained at a low heat, otherwise, covered to minimise the risk of accidental burns.  Ref: 2.0 & 3.3.4  <b>Response by registered person detailing the actions taken:</b> A plan to cover radiators is being progressed and will be completed by June 25. The rooms will be maintained to the required temperatures between 18-22 degrees.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30.8  <b>Stated:</b> First time  <b>To be completed by:</b> 18 August 2022	The responsible person shall ensure that the process of auditing the management of medicines within the home is reviewed to ensure it is effective.  Ref 2.0  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2025</p>	<p>The registered person shall review that staffs mandatory training needs are met.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> At the time of the inspection 89.8% of Mandatory training had been completed. We will continue to review and monitor on a monthly basis. Recruitment of new staff, timing of training and availability of training will impact these figures.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2025</p>	<p>The responsible person shall ensure that residents care plans are kept up to date and reflect the resident's current needs. Specifically, care plans for one to one supervision should contain sufficient detail on the specific supervision arrangements to guide staff.</p> <p>Ref 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans will be reviewed for everyone in light of their assessed needs, agreed funding, levels of risk and restrictive practice, and will detail the role of the 1:1 Support Worker as reflected on the rotas.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 1.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2025</p>	<p>The registered person shall ensure the home has systems where residents can express their views and be consulted about the running of the home. This is stated in relation to resident's meetings.</p> <p>Ref 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> A monthly adult group has commenced for residents to review activities and events and contribute to culture and development for the community. These meetings will be minuted and copies retained of attendance.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 5.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2025</p>	<p>The registered person shall ensure that residents' risk assessments are kept up to date.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> An audit of risk assessments is in progress and will be completed by End of May 2025. Risk assessments will be updated accordingly.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2025</p>	<p>The responsible person shall ensure that residents care plans are kept up to date and reflect the resident's current needs. This is stated in reference to, but not limited to SLT requirements, and the management of epilepsy.</p> <p>Ref 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> Within the residential home collaboration within the commissioning Trust ensures that AHPs provide specialist input and in particular issue the specialist SALT recommendations, DoLs and Epilepsy management plans. A corresponding care plan will reference these support documents and keep under review.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2025</p>	<p>The responsible person shall ensure that residents care plans reflect the resident's current needs. This is stated in reference to, but not limited to the impact of DoLS on the resident's liberty.</p> <p>Ref 3.3.3</p> <p><b>Response by registered person detailing the actions taken</b> Within the residential home collaboration within the commissioning Trust ensures that AHPs provide specialist input and in particular issue the specialist SALT recommendations, DoLs and Epilepsy management plans. A corresponding care plan will reference these support documents and keep under review</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard E8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 May 2026</p>	<p>The registered person shall review the houses and ensure that call points accessible to residents are provided in every room that is used by residents.</p> <p>Ref 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The senior Management team are reviewing this area of improvement in light of the abilities of some service users to use call bell either through understanding or functional ability. Those with prescribed 1:1 care will have a staff member with them to call for assistance. We will seek input and guidance from the Trust Occupational Therapy and behavioural teams.</p>

<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard E38</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2025</p>	<p>The registered person shall ensure that there are hand towel dispensers available in areas where care is provided.</p> <p>Ref 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> An audit will be completed, by July 2025, of all houses to ensure hand towel dispensers are available in areas where personal care is provided.</p>
<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2025</p>	<p>The registered person shall ensure that all staff employed in the home adheres to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA) Specifically that staff are bare below the elbow. Please refer to the following link for details:</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Bare below the elbow is not always a possibility due to the indoor and outdoor nature of care provided, individual care plans and risk to staff. Bite guards are worn and other clothing to ensure staff are not seriously hurt. Where possible and specifically during personal care staff will remain bare below the elbow if it is safe to do so. Due to Epilepsy management plans watches are required for specific residents to time seizures. In terms of other jewellery staff will be reminded to remove.</p>

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



## The Regulation and Quality Improvement Authority

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