The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Camphill Community Holywood

Provider: Camphill Community - Holywood

Date of Inspection: 14 November 2025

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

1.0 Service information

Organisation/Registered Provider:	Camphill Community - Holywood
Responsible Individual:	Mrs Edeline Le Fevre
Registered Manager:	Ms Andrea Diesel
This is a registered residential care home which provides health and social care for five residents under and over 65 years of age, with a learning disability. The lounge and dining room are located on the ground floor and residents' bedrooms are on the ground and first floor. There is a large garden at the front of the property.	

2.0 Inspection summary

An unannounced inspection took place on 14 November 2025, from 09.55 am to 4.15 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found in relation to care delivery and the resident dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and maintaining good working relationships. Staff were knowledgeable and well trained to deliver effective and compassionate 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. Refer to Section 3.2 for more details.

No areas for improvement were identified during the previous pharmacy inspection on 10 June 2025. Details of this inspection findings and the new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

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 residents, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 spoken with said that they were well looked after by the staff and felt safe and happy living in Camphill Community Holywood. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend time in their room and staff were observed supporting residents to make these choices.

Staff told us that the manager was approachable and they felt well supported in their role. They said they could speak freely to the manager if they had any concerns and would be confident that anything raised would be sorted out promptly. Staff said that they enjoyed working in the home and knew the residents well. They confirmed that staffing levels are satisfactory, there is enough time to complete daily tasks and the staff team are reliable and supportive.

Staff members said, "I love my job and have no regrets about leaving my last job. I never dread coming to work as I had a good induction and training and the manager and staff team are approachable and supportive. There's always something going on and residents' families are also invited to events" and "I feel part of the community here as I'm not taken for granted and I receive great support from the manager and the team".

Following the inspection, we received four completed resident/resident representative questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No responses were received from the staff online survey within the timescale specified.

Residents commented, “I’m happy”. “The care is very good”. “Staff are very helpful and friendly. I get help when I need it” and “It’s very nice. Very friendly bunch”.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that employment history and satisfactory references had been obtained. However, while enhanced AccessNI checks were sought, they were not received and reviewed prior to the staff member commencing work. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including dysphagia awareness, diabetes awareness, autism awareness, epilepsy awareness, first aid, moving and handling, adult safeguarding, infection prevention and control (IPC), food hygiene, control of substances hazardous to health (COSHH) and fire safety.

Residents told us that they felt safe and well cared for; they enjoyed the food and that staff were kind. They said that Camphill Community Holywood is a good place to live; the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory in order to meet residents’ needs.

Staff told us they were aware of individual resident’s wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Residents were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

The atmosphere in the home was welcoming, homely, friendly and inclusive.

Staff met at the beginning of each shift to discuss residents’ care, to ensure good communication across the team about any changes in residents’ needs. Staff were knowledgeable about individual residents’ needs, their daily routine, wishes and preferences; and 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.

Some of the residents enjoyed taking part in regular planned activities outside the home, such as attending choir practice, volunteering at the Camphill Café or going out shopping and staff assisted them to be up and ready in time.

Staff were observed to be skilled in communicating with residents. A range of alternative communication was used, for example, Makaton to ensure that residents could express their needs clearly and be understood by staff. It was observed that staff respected residents' privacy and dignity by knocking on doors to request entry, offering personal care to residents discreetly and discussing residents' care in a confidential manner. They were observed offering residents choice on how and where they spent their day or how they wanted to engage socially with others.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Birthdays and annual holidays were celebrated and on occasions residents, their families and staff attended larger events.

Activities for residents were provided which involved both group and one to one activities such as going for walks, making Christmas decorations, watching movies, arts and crafts. Residents spoken with said they enjoyed the activities that were provided.

Residents attended regular meetings with staff to enable them to discuss their views and opinions about the home, their care and forthcoming events such as the provision of activities, outings and celebrations. This helped to increase staff knowledge of residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day. Minutes of these meetings were available.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise. Mealtimes were observed to be flexible and unhurried to meet the needs of the residents, especially if they were going out. Staff demonstrated their knowledge of residents' individual needs, likes and dislikes regarding food and drinks. It was noted that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

A variety of drinks and snacks were available for residents throughout the day.

3.3.3 Management of Care Records

Residents' needs were assessed 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. Residents' care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

The manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. Corridors and fire exits were clear from clutter and obstruction. The fire alarm was tested on the afternoon of inspection. Review of records evidenced that regular fire drills had been undertaken by staff at suitable intervals.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Andrea Diesel has been the Manager in this home since 15 June 2015.

Review of a selection of competency and capability assessments evidenced they were completed for staff left in charge of the home when the manager was not on duty.

The manager confirmed that staff supervision and appraisal had commenced and that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to residents. There was evidence that the manager took measures to improve practice, the environment and the quality of services provided by the home.

The Quality Assurance annual report for 2024/2025, evidenced that a robust governance system is operational in the home which assures the quality of services and care available in the home. A copy is available.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to RQIA when required.

Staff meetings were held on a regular basis. Minutes of these meetings were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Andrea Diesel, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref**: Standard 19.2 **Stated:** First time **To be completed:** From the date of inspection 14 November 2025	The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation and mandatory requirements. When making an offer of employment:- Access NI at the enhanced level should be sought and reviewed prior to commencement of employment. Ref: 3.3.1
	Response by registered person detailing the actions taken: Camphill Community Holywood acknowledges and accepts this quality improvement requirement. The issue related to one individual appointment, where enhanced AccessNI clearance had not been fully returned and reviewed prior to the commencement of employment. During this period, the individual was closely supervised at all times, restricted to induction and training activities only, and did not undertake any residental care duties. Recruitment procedures have since been reviewed and reinforced to ensure that enhanced AccessNI clearance is obtained and verified prior to commencement of employment in all cases.

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The Regulation and Quality Improvement Authority

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