

Inspection Report

Name of Service: Camphill Community - Clanabogan

Provider: Camphill Community - Clanabogan

Date of Inspection: 21 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 - Clanabogan
Responsible Individual/Responsible Person:	Mrs Evelyn Diane Stevenson
Registered Manager:	Ms Peggy Faulhaber
Service Profile – Camphill Community – Clanabogan is a supported living type domiciliary care agency which provides a service to individuals who reside in Clanabogan which is a life sharing community. Individuals receiving care and support at the time of the inspection were living in the Clanabogan community and sharing their homes with other service users and community members.	

2.0 Inspection summary

An unannounced inspection took place on 21 November 2025, between 10.05 am and 5.30 pm. A care Inspector conducted the inspection.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 30 August 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users and that the agency was well led. However, improvements were required in relation to safe recruitment practices.

Service users said that the care and support provided by the agency was a good experience. Refer to Section 3.2 for more details.

Good practice was identified in relation to the variety of activities available to service users, service users' reviews, service user involvement and person centred care plans.

As a result of this inspection the two areas for improvement previously identified were assessed as having been addressed by the provider.

Full details, including the new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

We would like to thank the manager, service users and staff team for their support and co-operation during the inspection.

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 agency 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 agency. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those working for or being supported by the agency and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

3.2 What people told us about the service and their quality of life

We spoke to service users and staff to seek their views of the agency.

The service users indicated that they enjoyed their experience of living in Camphill Community - Clanabogan and they spoke highly of the staff and manager.

The service users told us that they were able to choose how they spend their day. Service users' comments included; "I get to choose what I do every day. I go to the weavery and I like going there.", "I am very happy living here." and "Staff are lovely and I can talk to them if something is bothering me".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the agency. Staff comments included; "Care, support and activities are of a high standard and are person centred.", "Service users' independence is promoted." and "Good training is provided and training is appropriate to our role".

Returned service user questionnaires indicated that the respondents were very satisfied with the care and support provided.

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

Review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, review of two staff recruitment records identified that the reasons staff left previous employments were not ascertained, gaps in employment were not consistently explored and a statement of mental and physical fitness was not obtained as part of the recruitment process. Review also evidenced that a reference was not sought from a volunteer's most recent employer and an Enhanced AccessNI check was not obtained for two volunteers, prior to the volunteers residing in volunteer accommodation within the community site. The manager confirmed that criminal checks had been obtained from the volunteers' country of residence. Enhanced AccessNI checks had been applied for, prior to the volunteers residing within the community site; however, there was a delay in the processing of these checks. The manager further confirmed that the volunteers did not have any direct engagement with service users until Enhanced AccessNI checks were completed. The manager advised that systems had been put in place to prevent recurrence. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations, to be monitored by the manager and a record of checks retained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, programme which also included shadowing of a more experienced staff member.

Staff consulted spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Staff were provided with training appropriate to the requirements of their role which was recorded on a colour coded matrix. Review concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as moving and handling, fire awareness and medicines management. It was positive to note that the agency provided training in regard to epilepsy awareness and person centered planning.

There was evidence of effective systems in place to manage staffing. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were sufficient staff to meet the needs of the service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Care Delivery

There was a handover at the beginning of each shift, which all staff attended. These meetings focused on information about any changes in the service users' care needs.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Service users are supported to access activities of their own choice; this included woodwork, weaving, baking, arts and crafts, educational courses, visiting restaurants and art exhibitions.

The service users told us they enjoyed the independence that living in Camphill Community – Clanabogan affords them and how they are encouraged to make their own decisions.

Staff interactions with service users were observed to be polite, genuine, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

It was positive to note that the agency had service users' meetings on a regular basis, both for the individual houses and for the whole community which enabled the service users to discuss the provisions of their care.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the service users' needs.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Staff recorded regular evaluations about the care and support provided.

Person centred care reviews had been undertaken in keeping with the agency's policies and procedures.

Records pertaining to consent were available.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Ms Peggy Faulhaber has been the manager in this agency since 2 October 2009. Those consulted with commented positively about the manager and described her as supportive and approachable.

The agency was visited each month by a representative of the registered provider. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The reports of these visits were completed in detail.

Incidents were managed appropriately and it was positive to note that any identified learning was shared with staff.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. The manager is the appointed ASC for the agency. The annual safeguarding position report had been completed.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. Adult safeguarding matters were reviewed as part of the quality monitoring process.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since last inspection. Discussion with staff confirmed that

they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

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Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Ms Peggy Faulhaber, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13 (a), (b), (c), (d) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him/her in respect of each of the matters specified in Schedule 3. Ref: 3.3.1 Response by registered person detailing the actions taken: The required actions outlined in 3.1.1. to ensure compliance with RQIA employment procedures will be undertaken immediately from date of report . This will ensure all checks outlined will be undertaken as part of CCC employment and recruitment employment procedures to meet all Access NI and Enhanced Access NI check requirements .

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