

Inspection Report

Name of Service: Camphill Community - Mourne Grange
Provider: Camphill Community - Mourne Grange
Date of Inspection: 23 June 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 - Mourne Grange
Responsible Individual:	Mr Peter Dewdney
Registered Manager:	Miss Elizabeth Dixon
<p>Service Profile – Camphill Community – Mourne Grange is a supported living type domiciliary care agency that supports services users who have a learning disability. This agency is a life sharing community. There were 58 service users receiving care and support at the time of the inspection.</p> <p>This organisation also provides day opportunities to a number of individuals. RQIA does not regulate these elements of support.</p>	

2.0 Inspection summary

An unannounced inspection took place on 23 June 2025 between 8.30 am to 2.15 pm, this was conducted by a care inspector.

The last care inspection of the agency was undertaken on 9 May 2024 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report. No areas for improvement were identified.

Camphill Community – Mourne Grange uses the term ‘villagers’ to describe the people to whom they provide care and support. For the purposes of the inspection report, the term ‘service user’ is used, in keeping with the relevant regulations.

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 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 the service users who are in receipt of care and support; workers for the agency; and review/examine 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 survey.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that it was the best place they have ever lived and they never want to live anywhere else. One also remarked that "the staff are great, they encourage us to be independent but are always happy to help in any way that is needed".

Staff told us they loved their job, they felt very supported by their colleagues and by the manager.

Completed questionnaires contained comments on how the service users felt safe. They included that they knew who to speak to if they had any concerns and that they loved being busy looking after the animals and working in the flower shop and the bakery. Two service users had included a drawing in their questionnaire, one that depicted a building and another a sheep.

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 service users. There was evidence of robust systems in place to manage staffing.

Review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with NISCC. There was a system in place for professional registrations to be monitored by the manager. 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 induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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, at least three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and Dysphagia, at a level appropriate to their job roles. Staff confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge.

Procedures were in place for appraising staff performance and staff confirmed their appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development. Records evidenced that appraisals had been completed on an annual basis.

3.3.2 Care Delivery

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. There was a system in place to ensure that the activities offered to service users were geared towards their individual needs and preferences. Service users' needs were met through a range of individual and group activities.

Records reviewed evidenced that staff were prompt in recognising service users' needs and any early signs of distress or illness, including those service users who had difficulty in making their wishes or feelings known.

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, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided.

3.3.4 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Service users have been involved in the Supported Living Research Project. This project aimed to design and pilot a Peer Review framework which explores human rights of people with a Learning Disability using Supported Living Services. Service users were involved in exploring any opportunities to increase choice and control, and involvement in governance and continued quality improvement.

It was also good 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. Camphill Community – Mourne Grange also produces a newsletter which includes photographs of all the activities that have taken place.

3.3.5 Quality of Management Systems

Miss Elizabeth Dixon has been the manager in this agency since 12 June 2015. Those staff consulted 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 to consult with service users, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

A review of incident records identified that they were managed appropriately.

The annual quality report was reviewed and noted to include stakeholder feedback.

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 safeguarding policy. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

RQIA is aware of a Serious Adverse Event (SAE) that are being investigated by the Southern Health and Social Care Trust. Whilst RQIA is satisfied that measures have been put in place to reduce the risk of recurrence, RQIA awaits the SAE reports which will be available when the investigations are concluded. These will be reviewed at future inspection to ensure that any recommendations are embedded into practice.

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 agency.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Elizabeth Dixon, Manager, as part of the inspection process and can be found in the main body of the report.



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