



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 9 December 2019



Camphill Community Hollywood

Type of Service: Residential Care Home
Address: The Flat, 8a Shore Road, Hollywood, BT18 9HX
Tel No: 028 9042 3203
Inspector: Debbie Wylie

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 4 residents.

3.0 Service details

Organisation/Registered Provider: Camphill Community – Holywood Responsible Individual: Ms Andrea Diesel – registration pending	Registered Manager and date registered: Ms Andrea Diesel 15 June 2015
Person in charge at the time of inspection: Ms Andrea Diesel, Registered Manager	Number of registered places: 4
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 4

4.0 Inspection summary

An unannounced inspection took place on 9 December 2019 from 10.00 hours to 15.30 hours. This inspection was undertaken by the care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, training, culture and ethos of the home, management and governance and activities

Areas requiring improvement were identified in relation to the environment, infection prevention and control, recruitment and control of substances hazardous to health.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Andrea Diesel, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 4 April 2019

There were no areas for improvement made as a result of the last care inspection and no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A total of five questionnaires provide for residents and their families on the day of inspection were completed and returned to RQIA. The responses were positive and showed that residents were fairly satisfied, satisfied or very satisfied with their care.

During the inspection a sample of records was examined which included:

- staff duty rotas from 2 to 13 December 2019
- staff training matrix
- two staff recruitment and induction records
- staff supervision and appraisal matrix
- staff registration with the Northern Ireland Social Care Council (NISCC)
- one resident's record of care
- complaint records

- compliment records
- governance audits/records
- accident/incident records from 1 May to 8 December 2019
- reports of visits by the registered provider from May to November 2019
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 4 April 2019

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The home was warm, well lit, free from malodours and well-presented throughout. All rooms were well decorated. Residents looked well and were appropriately dressed. Residents' clothing was laundered to a high standard and personal care had been undertaken. The outside area of the home was well maintained and accessible to residents. Inspection of the inside environment of the home identified areas where attention was required with domestic cleaning. An area for improvement was made.

We observed a cupboard in the utility area and staff accommodation to be unlocked allowing access to cleaning chemicals and the laundry room was open with laundry detergent visible. This was discussed with the manager and these areas are to be locked. An area for improvement was made.

The manager confirmed that staffing levels and skill mix within the home were determined through regular monitoring of residents' dependency levels which rarely changed. A review of the duty rota from 2 to 13 December 2019 confirmed that the planned staffing levels were maintained. No concerns were raised with staffing levels during discussion with residents or staff on the day of inspection. The hours worked by the manager were clearly recorded on the rota, however the person in charge required to be identified for each shift. This was discussed with the manager and the duty rota was amended to show this immediately.

Review of two staff member's recruitment records showed that not all recruitment information was completed for one staff member, including gaps in employment and qualifications. An area for improvement was made.

A record of all training completed by staff was maintained in the home and was kept up to date by the manager. The records confirmed that training was provided and completed for all staff members. Staff spoken with also confirmed that training was carried out regularly.

One resident’s care plan was reviewed and found to be individualised and person centred with evidence of resident involvement but they required weekly updates to be signed by staff. This was discussed with the manager who agreed this would be addressed.

Staff also demonstrated a good knowledge of adult safeguarding procedure and how to report concerns or poor practice.

Areas for improvement

The following areas were identified for improvement in relation to the homes environment, storage of chemicals and staff recruitment.

	Regulations	Standards
Total number of areas for improvement	2	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Interactions between staff and residents was observed to be respectful, caring and kind. Residents were relaxed and comfortable and those spoken with confirmed that they received good care and staff were friendly and quick to respond to their needs.

Residents were assisted to attend their daily activities including working in the bakery, coffee shop and the local college. One resident described how they enjoyed these activities and staff told us how each resident had their own individual roles which they had chosen to be involved in.

Residents’ records showed us that a range of risk assessments and care plans were in place which identified residents care needs and how these should be met. This confirmed that care was being provided in the right place at the right time

We observed a resident having a snack on return from work. This was provided in a timely and relaxed manner. Staff and the resident chatted in a pleasant and friendly way discussing their day. Residents confirmed to us that the food was very good and you get something different if you want it.

When we spoke with staff they had a good knowledge of peoples’ abilities and level of decision making. Staff were knowledgeable about how to respond, for example, to behaviours which may challenge and how to assist residents with their personal care.

There was good communication noted between staff with discussion about residents’ daily routines and support. Staff confirmed there was good effective team work; staff knew their roles and responsibilities. Staff told us that if they had any concerns about residents’ care or staff practice they would raise these with the manager.

Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

When we arrived at the home one resident was in their room busy arranging their personal items. Other residents were out at their daily activities and work. Residents returned throughout the day and were seen to be happy and well cared for in the home. Residents’ rooms were decorated to their personal taste with their own furniture and personal items. Residents told us that the home was comfortable and that they were well looked after. There was a relaxed and calm atmosphere noted throughout the inspection.

Residents were well dressed in clean clothing and attention had been paid to personal grooming with hair tidy and nails short and clean.

Care records were kept for all residents and were noted to be documented in a respectful and confidential manner. Documented assessments and care plans were observed to be inclusive of residents’ wishes and personal choice. Residents’ consent had been obtained for use of photographs in their care plans.

We observed staff asking residents about their choice of snack and drinks during the day, however there was no evidence of a menu being displayed for the daily meal choice nor the planned activities in the home. This was discussed with the manager and two areas for improvement was made.

We saw that residents were treated with dignity and respect with staff taking their wishes and preferences into account when serving snacks. Residents told us that staff were responsive to their needs and this was evident throughout the inspection. A resident and staff discussed the Christmas lunch that the resident was excited about attending while another resident chatted with staff about the education course they were attending. Residents were observed to be involved with activities in the local community and told us that they loved their work.

Areas for improvement

The following areas were identified for improvement in relation to displaying of the menu and daily activities for residents.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is the service well led?
Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There has been no change of manager since the last inspection and the manager confirmed that the home was operating within its registered categories of care.

We reviewed the record of quality monitoring visits undertaken by the provider’s representative. These visits were undertaken monthly and in accordance with Regulation 29. An action plan was included in each report and the actions identified were completed appropriately.

We reviewed a sample of governance records to ensure robust mechanisms were in place to regularly review the quality of care provided to residents. We saw that several monthly audits were completed including audits of risk assessments, accidents and incidents and medication administration.

A review of accidents and incident records evidenced that these were appropriately notified to RQIA.

We saw that the interactions between the manager, staff and residents was friendly, caring and professional. Staff informed us that the manager was very supportive and they were happy working in the home.

It was evident from observation, inspection of the records and discussion with staff and residents that the care in the home was well led and effective.

Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrea Diesel, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that arrangements are in place to minimise the risk of infection and toxic conditions. This is in relation to the daily cleaning of the home.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Cleaning schedule/precudures have been reviewed and continue to be monitored.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety. This is in reference to the safe storage of substances hazardous to health.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Additional lockable cleaning cupboards have been purchased</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that before making an offer of employment all reasons for gaps in employment and qualifications are checked.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Closer scrutiny of gaps in employment in place</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure that a programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Boards have been purchased to display upcoming activities</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure a menu board is displayed in an appropriate format for residents to see.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Boards have been purchased to display weekly menu.</p>
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Please ensure this document is completed in full and returned via Web Portal



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