

Unannounced Care Inspection Report 25 February 2019



Camphill Community – Mourne Grange

Type of Service: Domiciliary Care Agency
Address: 169 Newry Road, Kilkeel, BT34 4EX
Tel No: 02841760128
Inspector: Jim McBride

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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.

1.0 What we look for



2.0 Profile of service

Camphill Community – Mourne Grange is a supported living type domiciliary care agency which provides a service to individuals who reside in Mourne Grange, Kilkeel, which is a life sharing community. There were 49 individuals receiving care and support at the time of the inspection, all of whom were living at Mourne Grange and most of whom were sharing their homes with other villagers and community members.

3.0 Service details

Organisation/Provider Camphill Community – Mourne Grange Responsible Individual: Arthur William Mitchell	Registered Manager: Elizabeth Angela Dixon
Person in charge at the time of inspection: Elizabeth Angela Dixon	Date manager registered: 12 June 2015

4.0 Inspection summary

An unannounced inspection took place on 25 February from 09.00 to 12.45.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Evidence of good practice was found in relation to:

- the attitude and empathy demonstrated by management and staff interviewed on the day of inspection
- the detailed person-centred approach to planning care and support
- leadership and governance arrangements, quality improvement and maintaining good working relationships
- recruitment processes
- induction and training systems
- quality audits
- the provision of safe, compassionate, effective and well led care.

A number of areas of good practice were commended by the inspector and are reflected in the main body of the report.

At the request of the people who use Camphill Mourne Grange the community has requested that RQIA refer to these individuals as 'Villagers'.

Villager's comments:

- "I'm treated well."
- "Everyone treats me with respect."
- "I have no restrictions here."
- "I'm safe and secure here."
- "The manager is very fair."
- "I am always asked for my view and what I think."
- "My activities are what I want to do."
- "All staff are excellent."
- "My keyworker **** is brilliant."

Staff comments:

- “Good comprehensive training and support.”
- “We support each other well and have a great staff team.”
- “We communicate well with each other.”
- “Supervision and appraisal is regular.”
- “Care needs are met daily.”
- “Care plans and risk assessments are all in place and regularly reviewed.”
- “We get to know villagers needs well.”
- “The review of all support needs is essential for an effective service.”

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and villagers experiences.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 7 March 2018

No further actions were required to be taken following the most recent inspection on 7 March 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection.

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with staff
- discussion with villagers
- examination of records.

The following records were viewed during the inspection:

- care records relating to six of the villagers
- monthly quality monitoring reports since June 2018
- annual quality review
- staff meeting minutes
- house meeting records
- staff induction records
- staff training records pertaining to:
 - safeguarding
 - medication
- General Data Protection Regulation (GDPR)
 - moving and handling
- villagers monies
- infection control
- fire training
- behaviours that challenge
- restraint
- first aid
- six records relating to staff supervision/appraisal
- Safeguarding policy (2018)
- Whistleblowing policy (2018)
- Complaints policy (2018)
- Statement of Purpose (2018)
- Service User Guide (2018)

During the inspection the inspector met with the manager and four care workers, who all gave a comprehensive overview of the service. The inspector also had the opportunity to meet with four villagers. Comments received have been included in this report.

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report no staff responses had been returned to RQIA via Survey Monkey.

The inspector also asked the manager to distribute ten questionnaires to tenant's. No service user questionnaires were returned.

The inspector requested that the registered manager place a 'Have we missed you...?' card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. At the time of writing this report no responses had been received by RQIA-

The inspector would like to thank the staff and villagers for their warm welcome and full co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

The most recent inspection of the agency was an unannounced care inspection.

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

6.1 Inspection findings

6.2 Is care safe?

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

Staff recruitment is co-ordinated and processed by a recruitment group. Documentation viewed and discussions with the manager indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified.

The agency's training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with the manager and staff indicated how staff are required to attend induction training and are required to complete an induction competency workbook. Staff are required to shadow other experienced staff employed by the agency for approximately three weeks during induction. This was confirmed by the staff who met with the inspector. Staff are provided with a handbook and had access to the agency's policies and procedures.

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The manager is required to sign all records to confirm that the staff member has been deemed competent at the end of the probationary period.

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual villagers.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC).

The agency has an electronic system in place for managing staff training; the manager could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete mandatory training and in addition a range of training specific to the needs of individual villagers. Training provided to staff is a combination of classroom based and E Learning. A system is in place to review staff mandatory training and update training as required.

It was good to note that staff have attended a range of training additional to that stated in the Minimum Standards e.g. managing service user monies, GDPR, quality governance and restraint.

The inspector reviewed the agency's provision for the welfare, care and protection of Villagers. The manager could describe the agency's response to the DoH regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the staff could describe their key areas of responsibility. The agency's policy and procedures clearly detail the process for staff on reporting concerns.

Staff demonstrated a clear understanding of adult protection issues; and could clearly describe the procedure to be followed which was in accordance with the agency's policy and procedures and good practice guidelines.

Training records viewed by the inspector indicated that staff had received training in relation to adult protection. From training records viewed staff are required to complete adult protection training during their induction programme, update annually and a classroom based update two yearly.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to villagers health, welfare and safety. The agency's risk management policy outlines the procedure for assessing and reviewing risk; it details that comprehensive risk assessments and safety management plans are required to be completed in conjunction with villagers. Villagers are supported to participate in a six monthly review involving their Health and Social Care Trust (HSC Trust) keyworker and that care and support plans are reviewed six monthly or as required. The inspector noted some of the comments made by villagers during their review:

- "I'm very happy with the care and support I receive."
- "I enjoy the opportunities on offer to me here."
- "Staff are secure in their support to ****."
- "There's nothing I want to change."
- "I'm happy with my new home here."
- "I love my keyworker."
- "I have no issues with my care and support."

A number of individuals have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs. The inspector viewed a range of risk assessments in place relating to individual villagers; it was identified that the monthly review arrangements include an audit of risk assessments and any practices deemed to be restrictive.

Areas of good practice:

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training, supervision, appraisal and adult protection.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

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

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. Staff records indicated that they had received training relating to record keeping, confidentiality, data protection and GDPR. On the day of inspection the agency's staff personnel and villagers records were retained securely and in an organised manner.

The manager and staff could describe how villagers are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans. During the inspection the inspector viewed a number of care records; staff record daily the care and support provided and that the views and choices of villagers are reflected.

Discussions with the manager indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered. The inspector identified that monthly quality monitoring visits are completed and an action plan is developed if required.

The monitoring officer has ensured that each quality monthly monitoring report includes an effective level of detail of their findings during the visit. The inspector noted some of the comments from villager's staff, relatives and HSC Trust staff:

Villager's comments:

- "We are happy with the level of care and support."
- "I have settled very well."
- "Life is good in my house."

Staff comments:

- "A good understanding of care needs."
- "Friendly and supportive relationships."
- "Staffing levels are adequate at all times."

Relatives' comments:

- "Communication is good."
- "I'm free to visit at any time."
- "Cordial relationships."

HSC Trust staff comments:

- "Residents are happy and confident in their environment."
- "Good levels of staff engagement."

- “People are treated with respect.”

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is effective. The records includes details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and training.

The manager could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSC Trust representatives and other stakeholders.

Discussions with the manager and staff and observations made during the inspection indicated that the agency has systems to promote effective communication between villagers, staff and other key stakeholders.

Individual house and staff meetings are facilitated within the agency; staff are required to sign the minutes of meetings to indicate that they have read and understood the matters discussed and the information provided.

The inspector noted some of the areas discussed during villagers and staff meetings:

Staff meetings:

- finances
- medication
- training
- new villagers
- confidentiality
- villager updates
- community overview.

House meetings:

- health and safety
- changes
- activities
- help required.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between villagers, staff and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care compassionate?

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

Discussions with the manager and staff and observations made by the inspector indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. The manager could describe examples of how staff support villagers to take positive risks to enable them to live a more fulfilling life. The inspector noted that care and support plans are audited regularly to ensure continuity of records and care support.

Staff have been provided with training and information in relation to human rights and confidentiality during their induction programme. The agency has provided villagers with information relating to human rights, advocacy and adult safeguarding.

Processes to effectively engage and respond to the comments and views of villagers and were appropriate their representatives, are maintained through the agency's complaints process, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and villagers meetings.

Positive feedback was received from the annual customer satisfaction survey completed by the agency. The inspector has highlighted the areas that villagers had the opportunity to comment on:

- What do you like best about Mourne Grange?
- What do you like least about Mourne Grange?
- What other things or activities should Mourne Grange offer?
- In Mourne Grange we are all equal and we are all different, this is called equality and diversity. Do you feel you are treated equally?
- Are you happy with your house and the room you live in?
- Do you get to do the things you enjoy?
- Are you happy with the help and support you get in Mourne Grange?
- Do you know about your care plan?
- Are you happy with your review meetings?
- Do you know how to ask for help if you have a problem?
- Do you know how to make a complaint?
- Do you know about the Mourne Grange policies and procedures and where to find them?
- Do you know about your money and how it is spent?

A selection of villager's comments received during the survey:

- "Living with all my friends"
- "Villager holidays"
- "It's just like being at home"
- "The support staff"
- "My room is comfy"
- "I have my own TV"
- "I got new furniture"
- "I get to go to Kilkeel every week"

- “Going to the Bakery”
- “Playing music”
- “Reading and writing classes with ****”
- “I know who to ask for money”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of villagers.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The agency’s complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with the manager and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received.

It was identified from records viewed that the agency had no complaints since the previous inspection. There are management and governance systems in place within the agency to promote and drive quality improvement.

Discussions with the manager indicated that the agency’s governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA.

During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction, training, supervision and appraisal.

The manager could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

The inspector discussed arrangements in place that relate to the equality of opportunity for villagers and the importance of the staff being aware of equality legislation, whilst recognising and responding to the diverse range of needs.

The inspector noted that the agency collects equality information in relation to the villagers, during the referral process. The data is used effectively with an individual's involvement when a person centred care and support plan is developed. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of villagers.

Discussions with the manager highlighted evidence that supports villagers' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- user involvement
- safeguarding
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness.

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The inspector noted that the agency completed a family/carer survey with relatives/carers and that a range of positive comments were provided about the service offered by Mourne Grange, no negative comments were received that required any further follow up. The carers had the opportunity to comment on the following:

- Are you happy with the care and support provided to your family member?
- Are you happy with the accommodation and room on offer to your family member?
- Are you happy with the systems in place to manage your family members' finances?
- Are you happy with the annual review meetings?
- Do you think that in Mourne Grange we respect equality and diversity?
- Do you know how to make a complaint if you have any concerns or issues?

Examples of some of the comments received:

- "Our family are more than satisfied with the care provided, for a full and worthwhile lifestyle, enjoyed by my brother ****. Our admiration for all concerned is as ever ongoing."
- "My daughter is well settled and we know she is well cared for. We are very happy with Mourne Grange."
- "Office staff are helpful if we have any queries."
- "My first call would be to ***** who deals with us very well."
- "Everything is first class in particular ***** house parents **** and *****."
- "The housing and surroundings are excellent. There is a positive atmosphere about Mourne Grange."
- "Delighted that ***** has his own room as his privacy has always been important to him, with easy access to the bathroom."

- “Mourne Grange staff have gone out of their way to make ***** feel welcome and this has been gratefully appreciated.”
- “***** is very happy in Mourne Grange so that makes his family happy.”
- “I think ***** is in a great place ***** seems very happy with his house mother. He has a better life down there and seems to love it. I know if anything happens to me he is in a good place in Mourne Grange.”
- “I am pleased that *****is so active and happy and healthy. Things that I could not achieve.”
- “I very much appreciate the open and collaborative approach in the Community. I am able to visit and participate and feel welcomed. I appreciate the help with arranging travel arrangements and being able to take my daughter on holidays to join in family events without any problems.”

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The Statement of Purpose and Service User Guide for the agency were reviewed and revised by the provider in 2018. The documents clearly describe the nature and range of the services provided and address all of the matters required by Regulation 5-(1) Schedule 1 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The manager stated that all staff are required to be registered with NISCC or other regulatory bodies as appropriate; it was noted that the agency’s policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates. Records viewed by the inspector indicated that all staff are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s management and governance arrangements and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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