

# Unannounced Care Inspection Report 09 January 2017



## Camphill Community – Mourne Grange

Type of service: Supported Living

Address: 169 Newry Road, Kilkeel, BT34 4EX

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Inspector: Audrey Murphy

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Camphill Community – Mourne Grange took place on 09 January 2016 from 10:00 to 16:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

The competent delivery of safe care was evident on inspection. The agency has arrangements in place to ensure that staff recruitment is undertaken in accordance with the regulations and standards. Staff receive induction and ongoing training and are supported in their roles through supervision and annual appraisal. Staff and service users confirmed that there are at all times adequate numbers of suitably skilled and experienced staff available to meet the needs of service users.

No areas for quality improvement were identified.

### **Is care effective?**

The agency consistently responds appropriately to the needs of service users through the development and review of individualised care and support plans. Service users reported high levels of satisfaction with the care and support received and outlined the arrangements in place for them to be involved in the development of their care and support plans.

The agency has implemented robust systems for quality monitoring, providing ongoing assurance of continuous improvement of services in conjunction with service users and their representatives.

No areas for quality improvement were identified.

### **Is care compassionate?**

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded within the staff team. Service users indicated that their rights and preferences are respected by staff and that they have regular opportunities to comment on all aspects of their care and support.

No areas for quality improvement were identified.

### **Is the service well led?**

The registered person and registered manager have successfully addressed the areas for quality improvement identified during the previous inspections. There was evidence of positive working relationships with other agencies including HSC Trusts and agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability.

No areas for quality improvement were identified.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. 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.

## 1.2 Actions/enforcement taken following the most recent inspection

Other than those actions detailed in the quality improvement plan (QIP) there were no further actions required to be taken following the most recent inspection on 17 August 2015.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Camphill Community – Mourne Grange	<b>Registered manager:</b> Elizabeth Angela Dixon
<b>Person in charge of the service at the time of inspection:</b> Elizabeth Angela Dixon	<b>Date manager registered:</b> 12 June 2015

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Records of notifiable events
- The reports and quality improvement plans of inspections (care and finance) undertaken on 17 August 2015
- Correspondence received by RQIA relating to the agency.

During the inspection the inspector met with six service users and seven staff.

The following records were examined during the inspection:

- The Statement of Purpose and Service User Guide
- Reports of quality monitoring undertaken
- Care records
- Staff handbook
- Team meeting records
- Adult safeguarding records.

A range of policies and procedures relating to:

- Adult safeguarding
- Staff induction
- Complaints
- Recruitment and Selection
- Whistleblowing
- Supervision
- Record keeping.

At the request of the inspector, the registered manager was requested to distribute some questionnaires to staff and service users for return to RQIA. Ten questionnaires were returned by staff and ten were returned by service users. Further details of feedback received from staff and service users can be found throughout this report.

#### 4.0 The inspection

Camphill Community – Mourne Grange is a supported living type domiciliary care agency which is provided to individuals who reside in Mourne Grange, Kilkeel, which is a life sharing community.

There were 52 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 service users and community members.

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

#### 4.1 Review of requirements and recommendations from the most recent care and finance inspection dated 17 August 2015.

The most recent inspection of the agency was an unannounced care and finance inspection both undertaken on 17 August 2015. The completed QIPs were returned and approved by the relevant inspectors.

#### 4.2 Review of requirements and recommendations from the last care and finance inspection dated 17 August 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 16 (2) (a)	(2) The registered person shall ensure that each employee of the agency— (a) receives training and appraisal which are appropriate to the work he is to perform;	<b>Met</b>

<p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 04 December 2015</p>	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The agency's training records were examined and had been developed since the previous inspection. The records referenced the training provided to employed and voluntary staff and included training in adult safeguarding, food hygiene, medication and first aid, manual handling, challenging behaviour, infection control, fire safety, epilepsy and supervision.</p>	
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 09 November 2015</p>	<p>It is recommended that the service user agreements specify the matters outlined in Minimum Standard 4.2 and in particular the care and support hours allocated to individuals.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The agency's service user agreements were reviewed and had been updated at least once since the previous inspection to reflect changes. Service user agreements included financial agreements, tenancy agreements and transport agreements. The service users' agreements had been signed by the service user and/or their representative and the registered manager.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 12 October 2015</p>	<p>It is recommended that the agency's recruitment policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The agency's recruitment policy had been revised since the previous inspection and had been amended to include the necessity of an Enhanced Access NI disclosure and a medical fitness check to be completed prior to an offer of employment.</p>	<p><b>Met</b></p>

<b>Recommendation 3</b>  <b>Ref:</b> Standard 11.2  <b>Stated:</b> First time <b>To be Completed by:</b> Immediate and ongoing	It is recommended that before making an offer of employment, criminal history disclosure information is obtained and evaluated and that the agency maintains an accurate record of this.	<b>Met</b>
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The agency has records in place to demonstrate that all workers have had an Access NI check completed at the enhanced level and the agency has a policy of having these completed on a 3 yearly basis. The agency maintains records of all Access NI and police checks undertaken and an evaluation of each.	

<b>Last finance inspection statutory requirements</b>		<b>Validation of compliance</b>
<b>Requirement 1</b>  <b>Ref:</b> Regulation 6 (1) (b)  <b>Stated:</b> First time  <b>To be Completed by:</b> 17 December 2015	The registered person must ensure that agreements in place between the agency and individual service users clearly detail the additional service provided to service users in exchange for the payment of DLA care charges. Individual agreements must also include the method of payment of fees. Where the nominated appointee for any service user is a representative of the agency, that person should not sign the agreement on behalf of the service user.	<b>Met</b>
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The service users' financial agreements were reviewed and had been agreed with the commissioning HSC Trusts; the agreements outlined the details of payments made by service users for a range of services including transport, social activities and day opportunities. The agreements had been signed by the service user and or their representative, the registered manager and where appropriate, the appointee.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 15 (9)  <b>Stated:</b> First time  <b>To be Completed by:</b> 17 December 2015	The registered person must ensure that the administrator receives training in Protection of Vulnerable Adults.	<b>Met</b>
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The agency's training records were reviewed and the registered manager also confirmed that the agency's administrator has received training in adult safeguarding.	

<b>Requirement 3</b>  <b>Ref:</b> Regulation 14 (d)  <b>Stated:</b> First time  <b>To be Completed by:</b> From the date of inspection	The registered person must ensure that reconciliations of money held on behalf of service users are carried out, recorded and signed and dated by two people at least quarterly.	
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Financial audit records were in place and had been completed quarterly. The records outlined the income and expenditure as detailed on the financial agreements.	

Last finance inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 8.15  <b>Stated:</b> First time  <b>To be Completed by:</b> 17 December 2015	It is recommended that the registered person obtain written personal monies spending authorisations from each service user or their representative for whom the agency make purchases of goods or services on behalf of the service user. The authorisations should as far as possible detail specific items or types of expenditure which the agency is permitted to make from the personal monies of the service user.	<b>Met</b>
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Spending authorisations had been developed and were in place and had been signed by service users and or their representatives.	

#### 4.3 Is care safe?

The agency's registered premises are located within the Camphill Community at Mourne Grange and are suitable for the purposes of the agency, as set out in the agency's Statement of Purpose.

At the time of the inspection there were 64 staff consisting of the registered manager, house coordinators, support workers and volunteer co-workers, many of whom were from overseas countries.

The agency's recruitment arrangements were examined and the policy and procedure on recruitment had been amended since the previous inspection. The agency continues to employ staff locally and to supply co-workers who have been sourced from overseas. The recruitment records of four staff were examined and had been completed in accordance with the agency's policy and procedure and with the regulations and standards.

The agency's staff induction arrangements were examined and the agency has in place an induction policy and a structured induction programme lasting at least three days. Agency staff complete an induction workbook and the agency's induction programme has been developed in accordance with the Northern Ireland Social Care Council (NISCC) Induction Standards. Each

household also has an induction checklist to support the new worker to become familiar with the household.

The agency's records of staffing were examined and reflected the staffing supply to each household including the roles and responsibilities of the staff supplied. Staff and service users who met with the inspector indicated that staffing levels were adequate to meet the needs of the service users.

The agency's training records were examined and reflected uptake in training in a range of areas by staff. The training undertaken by new co-workers was reviewed and there were plans in place to ensure that these new workers also received training in the mandatory areas.

Staff who participated in the inspection indicated that they receive regular supervision and that there are always experienced staff members available to provide guidance and advice. The agency's supervision policy (September 2015) was examined and outlined the frequency of supervision to include regular informal group supervision through house meetings. The supervision arrangements were discussed with the registered manager and the supervision policy was updated during the inspection period to clarify the frequency and nature of supervision provided to staff and volunteers.

Staff who contributed to the inspection confirmed they had received training in adult safeguarding. Staff had also been trained in child protection.

The content of the adult safeguarding training was examined and was in accordance with the Adult Safeguarding Prevention and Protection in Partnership regional policy, July 2015. The registered manager advised the inspector that she is the agency's Adult Safeguarding Champion and has undertaken some training in this role.

The agency's safeguarding policy (December 2016) had been updated to reflect the regional policy and operational procedures.

The agency had made several safeguarding referrals to the HSC Trust since the last inspection. The records of these were examined and had been completed in accordance with the agency's safeguarding policy and the minimum standards. The agency had put in place arrangements to safeguard service users and had involved other agencies, as appropriate.

A number of referrals to the HSC Trust related to charging arrangements and there was evidence of the outcome of the Trust's screening of this information, investigations undertaken and measures put in place to ensure appropriate repayments were made to service users. The agency's records also included correspondence with the representatives of the relevant service users and revised service user agreements which outlined charges for transport and other costs associated with living at Camphill Community – Mourne Grange.

The agency's whistle blowing policy was examined and discussed with staff who advised that they would be confident of an appropriate management response in the event of any concerns being raised. Agency staff also identified the local HSC Trust as an agency to whom concerns could be raised and the inspector advised on RQIA's role in this regard.

Staff who participated in the inspection indicated that care is regularly evaluated and that service users are in frequent contact with staff, due to the life sharing nature of the service provided. Several care records were examined and reflected the evaluation and where necessary, changes to care plans on the basis of assessed needs and the preferences of service users. Care records evidenced changes in the nature of personal care to be provided.

Risk management plans were in place and highlighted the amount and nature of support required.

The inspector noted that some service users were experiencing restrictive practices and the care records clearly outlined these in the context of risk management plans in which the individual's human rights were explicitly referenced.

All of the staff who returned a questionnaire indicated that service users are adequately protected from harm and that staff are appropriately trained for their role. Some staff commented:

- 'Care provided within my organisation is excellent. There is total transparency throughout the organisation'.
- 'Staff are encouraged to speak about any concerns'.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.4 Is care effective?

The agency's statement of purpose was examined and appropriately reflected the range and nature of services provided. The agency's service user guide had been produced in a colourful and user friendly manner

The agency has a Record Keeping policy (October 2015) and this highlights the importance of good record keeping and practical steps for staff when making a record.

The care plans examined reflected the input of a range of multi-disciplinary professionals and included the outcomes of evaluations and reviews of the care and support provided to individuals.

Each care record contained a copy of the HSC Trust assessment of needs in place and a range of person centred information relating to communication preferences and choices, risk assessments and risk management plans, personal support plan and information on human rights and advocacy.

The agency maintains a schedule of completed and planned reviews. The records examined indicated that all of the service users had had a review of their care undertaken at least once in 2016 and that HSC trust records of the meetings had been forwarded for some of these. For each service user, agency staff had prepared a review report which reflected an evaluation of the implementation of the care and support plan. Care records examined reflected changes made as a result of a review meeting.

The agency has a number of arrangements in place to obtain the views of service users. Agency staff advised the inspector of a range of methods of communication within Mourne Grange including the management council meetings, house meetings and villager meetings. The inspector examined records of weekly focus meetings with house coordinators and the registered manager. Areas discussed included activities for service users, holidays and

individual service user issues. There were also records of group discussions including changes in service users' routines and activities.

The views of service users are captured in regular house meetings the records of which evidenced discussions about finances, meals and house menus, and activities. The views and preferences of individuals were recorded.

The agency has in place comprehensive and robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring visits are completed by a member of the Camphill Community on behalf of the registered person. Records of monitoring visits examined included the views of service users, their relatives and where appropriate relevant professionals.

All of the staff and service users who returned a questionnaire indicated high levels of satisfaction in relation to the provision of effective care.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

The service users' care records had been prepared in a manner that upholds their dignity and service users' rights and preferences are explicit within the care records and from speaking with agency staff.

It was also evident from the care records that service users are fully involved in their care planning and consulted regularly regarding the effectiveness of their care and support.

The agency has in place systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives. The records of quality monitoring undertaken included detailed discussions with service users and their representatives about the quality of the services provided.

The views of service users are also documented during monthly management council meetings, in monthly house meetings and annual reviews.

The agency has produced a newsletter for service users 'Village News' which was noted to be a colourful and bright publication and included photographs of activities, days out and forthcoming events. Information about changes in staffing was also noted in the newsletter.

Service users who met with the inspector indicated that they are consulted on a regular basis and that their preferences and choices are respected. Service users provided a number of examples in which they described how they had been able to express their views and have these taken into account by agency staff. It was evident from speaking with service users that they were receiving individualised and person centred care and support from the agency.

Staff who met with the inspector also indicated that the service users' needs and preferences are at the heart of service delivery.

Staff and service users who returned a questionnaire indicated high levels of satisfaction with the provision of compassionate care. One staff member commented on the agency's practice of involving service users in the recruitment and selection process and reflected on their own experience of being asked a question at interview by a service user.

Some staff commented:

- 'Villagers are very aware of their rights and are informed by staff of any changes in legislation with appropriate language during house meetings'.
- 'Service users are encouraged to be verbal or otherwise express their views'.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

The agency's policies and procedures were available for examination and were indexed and presented in a comprehensive manner. The inspector noted that several policies had been updated since the previous inspection and there were arrangements in place to ensure the policies and procedures are reviewed at least every three years, in accordance with the minimum standards.

The agency's complaints policy was examined and was in accordance with the regulations and standards. The inspector was advised that there had been no complaints received since the previous inspection. Service users who met with the inspector indicated that they knew how to make a complaint and who they could speak with in the agency if dissatisfied with any aspect of their care or support.

The agency maintains records of incidents occurring within Camphill Community – Mourne Grange and these were examined during the inspection. An audit of all incidents occurring in 2016 had been undertaken and the records reflected the agency's response to a range of incidents relating to service users' behaviours, falls, self-harm and medication administration incidents. The records also outlined the actions taken by agency staff including reporting incidents to relevant agencies including the HSC Trust and where appropriate, changes made to risk assessments and care plans.

Staff who met with the inspector were able to describe their role and the extent of their responsibilities. Staff advised that there are always experienced staff available to consult with and that all staff have been issued with the staff handbook and their job description as part of their induction.

The agency's records of quality monitoring were examined. The agency maintains records of quality monitoring undertaken on behalf of the registered person. These records evidenced consultations with service users, staff, relatives of service users and HSC professionals involved in the service. The monitoring reports also reflected an assessment of the service users' living environments and highlighted the service users' personal preferences in their personal living areas.

Staff who contributed to the inspection indicated high levels of satisfaction with the leadership and management within the agency and the registered manager was described as approachable and open to suggestions for quality improvements.

The inspector was advised of the outcomes of a survey that had been completed with service users and their representatives. A report summarising the outcomes had been completed and there were plans in place to share this with relevant parties. The survey outcomes indicated overall high levels of satisfaction with a range of areas including care planning, the complaints process, the care and support provided and finances. Feedback from service users' representatives also indicated overall high levels of satisfaction and some areas for quality improvement had been actioned by the registered manager.

All of the service users and staff who returned a questionnaire indicated high levels of satisfaction with the agency's leadership and management arrangements.

Some staff commented:

- 'It is great to have an individual dedicated to this role; management is listening and responsive and fully integrated into the ideals behind this service'.
- 'The staff ratio is excellent'.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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