

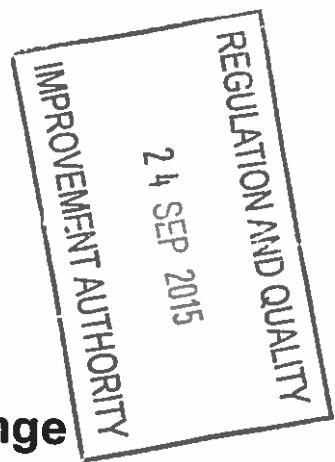


The Regulation and Quality Improvement Authority

Camphill Community - Mourne Grange  
RQIA ID: 10982  
169 Newry Road  
Kilkeel  
BT34 4EX

Inspector: Audrey Murphy  
Inspection ID: IN023357

Tel: 02841760128  
Email: [info@mournegrange.org](mailto:info@mournegrange.org)



**Unannounced Care Inspection  
of  
Camphill Community – Mourne Grange**

**17 August 2015**

**The Regulation and Quality Improvement Authority**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced inspection took place on 17 August 2015 from 10:15 – 17:00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Some of the findings of this inspection were discussed with the registered person and the registered manager at a meeting at RQIA offices on 28 August 2015; RQIA sought clarification in relation to recruitment practices and was provided with adequate assurances regarding compliance with the relevant regulations and minimum standards.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	4

The details of the QIP within this report were discussed with Elizabeth Dixon, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. 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 agency at the time of Inspection:</b> Elizabeth Dixon	<b>Date Manager Registered:</b> 12 June 2015
<b>Number of service users in receipt of a service on the day of Inspection:</b> 52	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

**Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

**Theme 2: Service User Involvement - service users are involved in the care they receive**

#### **4. Methods/Process**

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

Prior to inspection the following records were analysed:

- Complaints records
- Records of incidents notified to RQIA
- Inspection report of 2 May 2014 and quality improvement plan.

Since the previous inspection, the agency had reported eight incidents to RQIA, six of which were in relation to the administration of medicines and had been managed appropriately. Two other incidents had been reported to RQIA, neither of which were reportable and the inspector was satisfied that these incidents been appropriately managed in conjunction with the HSC Trust.

During the inspection the inspector met with six service users and with four care staff. The inspector distributed questionnaires to staff and service users during the inspection; ten of these were returned by staff and eleven by service users. During the inspection the inspector requested details of the relatives of service users who would be willing to be contacted by the inspector for the purposes of obtaining their views on the quality of service provision. The inspector also requested contact details of HSC Trust professionals who are involved in the service.

The views of service users, agency staff, relatives and HSC Trust professionals have been incorporated into this report.

The following records were examined during the inspection:

- Recruitment Policy
- Alphabetical index of staff
- Job descriptions
- Induction procedures and records
- Staff training records
- Staff handbook
- Supervision and appraisal policy
- Monthly quality monitoring records
- Support agreements
- Care records.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 2 May 2014. The completed QIP was returned and approved by the inspector.

### 5.2 Review of Requirements and Recommendations from the last inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  Ref: Standard 4.2	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.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The service user agreements were discussed with the registered manager who advised that these had not been developed to outline the care and support hours allocated to individuals. This recommendation has been restated.	

### 5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

#### Is Care Safe?

The agency's recruitment policy was examined and reflected the arrangements for the recruitment of staff locally, nationally and internationally. The policy outlines the recruitment and selection process including application, shortlisting, interviewing and a range of pre-employment checks. The inspector examined the recruitment records maintained by the agency and these evidenced that the criminal history disclosures (Access NI) had been obtained at the enhanced level.

The agency's recruitment policy specifies the need for Access NI checks to be completed prior to the worker being supplied and it was recommended that the policy explicitly states that the enhanced level of Access NI disclosure is to be obtained. It was also recommended that the policy reflects the agency's practice of obtaining pre-employment health assessments.

The agency's supply of staff (co-workers) from overseas was discussed with the registered manager who advised that annually there would be around 12 individuals from overseas joining the community and providing care and support to service users. The arrangements for obtaining criminal records checks for these individuals were examined and the inspector noted that the agency's records did not consistently evidence that this information had been obtained and evaluated prior to the worker being supplied.

In accordance with RQIA's Enforcement Policy and Procedures, the registered person and registered manager attended a meeting at RQIA offices on 28 August 2015 to discuss RQIA's concerns about the agency's compliance with Regulation 15 (9) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. At this meeting, the registered manager provided assurances that all pre-employment checks had been obtained and evaluated prior to the worker being supplied and that agency records would be reviewed to provide evidence of this. It was 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.

The agency maintains an alphabetical list of staff supplied or available for supply and there were records outlining the location to which each staff member is supplied. The registered manager confirmed that the identity of staff is verified prior to their supply.

The agency's induction procedures were examined and reflected the arrangements for staff to receive an initial three day structured induction. New staff are provided with a mentor and receive close supervision during the induction period. The three day induction is followed by a lengthy induction period during which the new member of staff completes an Induction Workbook.

Supervision arrangements are outlined within the agency's Supervision and Appraisal Policy which detail the frequency of supervision and appraisal. The registered manager and long term co-workers undertake staff supervision and the frequency of supervision is dependent on the different stages of staff development and on the member of staff's experience within the community. It was noted that new members of staff receive supervision weekly, coordinators have supervision fortnightly and long term co-workers and support workers have supervision at least once every six months; the agency maintains records of supervision.

The registered manager confirmed that agency staff have been issued with the staff handbook 'Camphill Communities NI Employee Handbook'.

### **Is Care Effective?**

The agency's records reflected the supply of staff to the households where service users live within Camphill Community Mourne Grange. Service users receive their care and support from a range of coordinators, support staff and co-workers, each of whom have been issued with terms and conditions of employment and job descriptions.

Service users who returned a questionnaire to RQIA all indicated they were satisfied or very satisfied that staffing levels are appropriate at all times. Staff who contributed to the inspection also indicated that staffing is provided over the 24 hour period and that staffing levels are appropriate to the needs of service users.

The agency's induction records evidenced the completion of a three day structured induction and the identification of areas of further training. The registered manager advised the inspector of an induction evaluation record she was planning to implement with new staff members.

All of the staff who returned a questionnaire indicated that they were satisfied or very satisfied that their induction had adequately prepared them for their role. They also indicated high levels of satisfaction in relation to the service users receiving care and support from staff who are familiar with their care needs. Service users who returned a questionnaire also indicated their satisfaction with the care and support received and with the ability of staff to respond to their needs. Two relatives who contributed to the inspection also provided positive feedback in relation to the staffing arrangements and reflected high levels of confidence in the ability of staff to meet the needs of their relative. The relatives also commented on the commitment, skill and dedication of agency staff.

The records examined provided evidence of staff receiving supervision and appraisal in accordance with the agency's supervision and appraisal policy. Staff who provide supervision and appraisal have received training in these areas.

The agency's training records were examined and reflected uptake in training in all of the mandatory areas. The arrangements for the provision of training for staff who were being supplied on a short term basis were discussed as it was evident that some of these staff had not received training in the mandatory areas; a requirement has been made with regard to this.

Two HSC Trust staff who contributed to the inspection provided positive feedback in relation to the skills and knowledge of the agency's staff. Staff were described as helpful and keen to implement any advice or guidance provided by the HSC Trust.

### **Is Care Compassionate?**

There was evidence of consultations with service users regarding changes in the staffing arrangements. The agency's records reflected discussions with service users about new volunteers/co-workers joining the community, house coordinators taking leave and the new manager starting.

The inspector was advised that consistent staffing is provided by coordinators and support staff and that changes in co-workers is discussed with service users prior to their supply. The agency's records provided evidence of discussions with new staff focussing on the needs of service users.

### **Areas for Improvement**

There were a number of areas for quality improvement identified in relation to this theme, these are as follows:

- The development of the agency's recruitment policy to reflect the arrangements for obtaining criminal history disclosure information from Access NI at the enhanced level. The policy should also reflect the arrangements for ensuring that a pre-employment health assessment is completed
- All staff must receive training in accordance with the frequency outlined within RQIA's Guidance for Mandatory Training.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>2</b>
--------------------------------	----------	-----------------------------------	----------

## **5.4 Theme 2: Service User Involvement - service users are involved in the care they receive**

### **Is Care Safe?**

Service users have a Personal Support Plan and a Risk Management Plan. The inspector was advised of the revised 'My Plans' documentation which had been introduced following consultation with service users

The agency participates in the reviews of service users and this was evident in the records maintained by the agency which had been forwarded by the HSC Trust. Service user review records evidenced a review of human rights considerations.

The agency's Risk Taking and Management policy was examined and reflects the arrangements for involving the HSC Trust the ongoing assessment and management of risks. Two HSC Trust professionals who contributed to the inspection indicated that agency staff provide regular updates to the Trust in relation to the needs of service users.

### **Is care effective?**

All of the service users who returned a questionnaire indicated that they were satisfied or very satisfied that their views and opinions are sought in relation to the quality of the service received. Records of regular house meetings were examined and the issues discussed included money, health and wellbeing, staffing, activities and food.

Relatives who contributed to the inspection indicated that they are consulted and involved in the review of their relatives' care at Mourne Grange.

The inspector was advised and saw evidence of the care provided being regularly evaluated by the house coordinators and there are meetings held with staff and service users to discuss the quality of care.

The care records examined had been written in a person centred manner and reflected the views and opinions of the service users and their representatives.

Service users have been provided with a copy of 'Understanding Your Human Rights – Easy Read' and this has been discussed during house meetings.

### **Is Care Compassionate?**

The service users and relatives who contributed to the inspection indicated high levels of satisfaction with the individualised care and support received. Some of the service users who met with the inspector described the nature and range of care and support available to them and provided positive feedback in relation to this.

The relatives of service users provided the following feedback:

'The care is excellent and the staff are wonderful'

'My relative has never been happier'

HSC Trust professionals highlighted to the inspector the efforts made by agency staff to secure the views of service users and to incorporate these into service improvements.

## Areas for Improvement

There were no areas for improvement identified within this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

### 5.3 Additional Areas Examined

### 5.4 Monthly Quality Monitoring

The agency's monthly quality monitoring reports were examined and had been completed on behalf of the registered person by a senior member of the Camphill Community, Mourne Grange.

The reports contained evidence of a review of the staffing arrangements, staff training, staff induction and staff supervision undertaken; there was evidence of consultations with service users, agency staff and the relatives of service users within the reports. It was recommended however that monthly monitoring includes consultations with professionals involved with the service.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Elizabeth Dixon, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.



### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office (non- paperlite) and assessed by the inspector.



**Audrey Murphy**  
Inspector/Quality Reviewer

14th September 2015

**Date**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

## Quality Improvement Plan

### Statutory Requirements

**Requirement 1**  
**Ref:** Regulation 16 (2) (a)  
**Stated:** First time  
**To be Completed by:** 4 December 2015

(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;

**Response by Registered Person(s) Detailing the Actions Taken:**  
*Each employee will receive the required training and appraisal within the required timeframe of the 17th Dec'15*

### Recommendations

**Recommendation 1**  
**Ref:** Standard 4.2  
**Stated:** Second time  
**To be Completed by:** 9 November 2015

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.

**Response by Registered Person(s) Detailing the Actions Taken:**  
*The service user agreements will be amended to ensure all areas in Std 4.2 are included, particularly the care and support hours allocated to individuals. This will be completed by the 9th Nov '15*

**Recommendation 2**  
**Ref:** Standard 11.1  
**Stated:** First time  
**To be Completed by:** 12 October 2015

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.



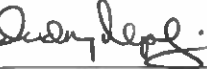
**Response by Registered Person(s) Detailing the Actions Taken:**  
*The agency's recruitment policy & procedures will be reviewed and amended to comply with legislative requirements and DHSSPS guidance. This will be completed by the 12th Oct '15*

**Recommendation 3**  
**Ref:** Standard 11.2  
**Stated:** First time  
**To be Completed by:** 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.

**Response by Registered Person(s) Detailing the Actions Taken:**  
*Criminal history disclosure information is obtained and evaluated prior to a person starting employment in Mairne Grange. The process for recording this will be amended to ensure the timeframe is clearly documented. This is in place immediately & on an ongoing basis.*

<b>Recommendation 4</b>  <b>Ref: Standard 8.11</b>	It is recommended that monthly quality monitoring includes consultations with a range of service users' representatives, including HSC Trust professionals.
<b>Stated: First time</b>  <b>To be Completed by:</b> Immediate and ongoing	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> <i>The monthly quality monitoring process will be amended to include consultation with HSC Trust professionals.</i>

<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	15.9.15
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	15-9-15
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	28/09/15