

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003608
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Lead inspector:	Louisa Power
Support inspector(s):	Kieran Murphy;
Type of inspection	Announced
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 March 2015 10:10	10 March 2015 17:30
11 March 2015 09:55	11 March 2015 16:15

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The inspection was an announced registration inspection over two days and was the second inspection of the centre by the Authority. As part of the inspection, inspectors met with residents, the person in charge, provider nominee and co-workers/staff. Inspectors observed practices and reviewed documentation such as personal plans, medical records, policies and procedures. The documentation submitted by the providers as part of the application process was submitted in a timely and precise manner and was also reviewed prior to the inspection including questionnaires completed by residents; the feedback was positive and is referenced in the body of the report.

Overall, inspectors found that residents received support that was individualised and person centred and their social and health care needs were met. A good rapport between residents and co-workers/staff was evident throughout the inspection and co-workers/staff supported residents in a respectful and dignified manner. Residents reported to be well-cared for, happy and content. Residents were supported to participate in meaningful activities, appropriate to their individual preferences and abilities; residents' independence and ability to communicate were maximised and residents were supported to develop and maintain family and community links. Residents were consulted with and participated in decisions about their care. Access to advocacy services was provided.

The actions from the previous inspection had been satisfactorily completed. Action were completed during the course of the inspection in relation to outcome 6. A number of additional improvements were identified to enhance the substantive evidence of good practice and to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disability Regulations 2013. The required improvements are set out in detail in the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents with whom inspectors spoke stated that they felt safe and spoke positively about their care and the consideration they received. Residents described the person in charge and co-workers/staff as being readily available to them if they had any concerns. Interaction between residents and co-workers/staff was observed and inspectors noted co-workers/staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

Inspectors observed that residents and their representatives were actively involved in the centre. Residents were consulted about, and participated in, decisions about their care and the organisation of the centre. There were daily meetings with residents, called "The Gathering". This meeting set out what residents planned to do for the day and which co-workers/staff were supporting residents. It was also a forum for residents to present issues for discussion, like upcoming events or demonstrations of art work. A weekly meeting was facilitated in each house attended by residents and co-workers/staff. Items discussed included activities, birthday celebrations, trips out, residents' achievements, menu options and maintenance. It was noted that any issues or requests were acted on promptly.

Co-workers/staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. Residents' capacity to exercise personal independence was promoted. For example, residents' ability to perform tasks in relation to personal hygiene and dressing was identified and residents were encouraged to perform these tasks.

Residents' personal communications were respected and many residents had access to a personal mobile telephone, video conferencing and the internet. Closed circuit television (CCTV) was in use in all external areas including the main gates, all entrances/exits and gardens. There was signage advising that CCTV was in operation.

Residents had opportunities to participate in activities that were meaningful and purposeful to them. A day service was provided within the centre. Inspectors observed residents participating in arts and crafts including weaving and mosaic work. Inspectors observed that looms had been adapted to accommodate residents' individual needs and to promote independence. The centre had a small farm and inspectors noted that residents were actively participating in horticulture and farming. Some residents attended art courses in a specialist art and study centre in a nearby town. Residents reported a good level of activity in the evenings or weekends with residents choosing to participate in activities in the community. Residents were supported to attend concerts and the theatre, dine out in local restaurants, go for walks or visit local amenities.

There was a named independent advocate who was accessible to residents if any issues arose. A number of residents had completed certificates in leadership and advocacy in Waterford Institute of Technology.

There was a complaints policy which was also available in an easy to read format. The policy was displayed throughout the centre and identified three stages to the complaints process. The first stage involved issues that could be readily resolved at a local level. The complaints log included items like the heating not being warm enough in one of the houses. These complaints had all been resolved locally. Stage 2 of the complaints process involved a resident, or their representative, putting their concern formally to the person in charge. The complaints log identified six complaints in 2014. Two related to domestic issues, namely clothes going missing in the laundry and a larder press being locked at night. Both these issues had been resolved and the outcome recorded to the satisfaction of the complainant. Four other complaints related to actual or potential allegations of abuse. All of these issues had been referred to the national management team which made recommendations to resolve all. Two of these four complaints had been referred to the Health Service Executive (HSE) social work services and their recommendations had been followed. Stage 3 of the policy involved an appeals process to the chairperson of Camphill Communities.

Residents were encouraged and facilitate to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Records in relation to residents' valuables were maintained and updated regularly. Residents were supported to do their own laundry with adequate facilities available in each house. Residents had easy access to personal monies and where possible control over their own financial affairs in accordance with their wishes.

Residents are facilitated to exercise their civil, political and religious rights. One issue of concern to residents was the bus service being reduced to and from Carrick on Suir. One resident, who used the bus service to travel to an art project in another town 20 kilometres away, outlined to inspectors that she was attending a public meeting to raise her objections to the reduction in the bus service. Residents were conversant in current affairs and reported being afforded the opportunity to vote. Co-workers/staff offered

residents the choice to attend religious services.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a policy on supporting communication and information sharing, reviewed in February 2014. The Camphill communities had adopted a process called total communication which was about identifying the different ways people communicate for example using touch, taste, sight, signs/gestures, photographs or symbols. Total communication also involved supporting people to communicate in whatever way they could

In the sample of care plans reviewed, there was evidence that residents were assisted and supported to communicate. For example one resident was receiving additional supports with day-to-day care, communication and integration with the local community. This was based on an indentified support need around communication. Co-workers/staff with whom inspectors spoke were aware of all residents' individual communication needs. Throughout the inspection, co-workers/staff and residents were seen using alternative forms of communication, including using Lámh communication. This is a manual sign system used by children and adults with intellectual disability and communication needs.

In the sample of healthcare files seen by the inspectors each resident had a communication "passport", which was designed and laid out in picture/easy to read format. The passport identified issues including:

- information about the person
- information about the person's family
- how the person communicated
- how to help the person to communicate
- likes/dislikes
- information about their working life.

Social stories were appropriately used to support residents in understanding interpersonal communication so that they could interact in an effective and appropriate manner. A number of individualised short stories were developed that describes social

relevant cues in any given situation. Social situations that may be challenging for residents were broken down into understandable steps and both pictures and written text were used.

There was evidence of review and assessment by speech and language therapists as required. One resident had recently seen a consultant specialist to review hearing. There was evidence that the centre was supporting the resident and family in relation to this review.

Inspectors observed communication boards in use. Some communication boards identified which co-workers/staff and residents were "in" the house and who was "out", for example out at work. Other communication boards had fire evacuation plans in easy to read format. Important days were marked in the calendar. For example one resident was going for a meal in the coming weeks and a picture of the restaurant was placed on the date of the meal. This helped the resident to identify that the meal was going to happen but it wasn't going to happen for a few days.

In relation to individual care plans there was a process of life mapping which involved the resident drawing a picture of their lives and what was important to them in terms of family, work, living arrangements and socialising. Inspectors found this process to be effective in allowing the resident to clearly communicate their needs.

There were a number of communication forums for residents including "the gathering meetings" mentioned in Outcome 1. Mealtimes were identified as good opportunities for residents and co-workers/staff to meet in a more relaxed environment. The person in charge outlined that it was at these informal meetings that a lot of information was shared. There was also a meeting hall where residents met on a weekly basis, to discuss items of interest and to meet other residents.

Residents with hearing impairment had a strobe light in the bedroom which activated when the smoke alarm sounded.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents with whom inspectors spoke stated that they regularly had visitors and that living room areas were available to meet visitors. A community room was made available if residents wished to meet visitors in private. Some residents went home at weekends or for holidays during the summer. A visitors' book was maintained in each premises.

The person in charge confirmed that there were no restrictions on family visits. Inspectors saw that families were kept informed of residents' wellbeing. The residents and their families were invited to attend personal planning meetings.

Residents were supported to make and maintain friendships. The day service fostered friendships through education and training.

Inspectors noted that there were strong links with the community with residents participating in activities external to the centre such as art, drama, horse riding and swimming. As outlined in outcome 1, residents attended local meetings of interest. Residents were actively encouraged to be involved in the wider community. Residents with whom inspectors spoke particularly enjoyed trips and meals out in the locality at the weekends. Inspectors observed that residents and co-workers went into the town for walks and snacks. A resident informed the inspectors that she had recently returned from exhibiting her art work at an international exhibition where she had addressed a group of over 100 fellow artists.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The joining, leaving and transferring from Camphill policy had been reviewed in February 2014 to include the procedure in place that protected residents from peer abuse. Residents' admissions were seen to be in line with the statement of purpose which indicated that the centre provides care in a 'life sharing model' for residents with intellectual disabilities, people with Autism Spectrum Disorder and physical and sensory disabilities including epilepsy.

Inspectors reviewed documentation relating to the admission of a new resident and found the process to be transparent. Inspectors met the resident who outlined that they

were happy living here. An application had been made by the prospective resident with support from the social work department in the HSE. A needs-based support plan based on the person's assessment of care and support needs had been submitted by person in charge to the HSE Supports identified included key workers and one-to-one support from volunteers.

Once the application had been agreed with the prospective resident a schedule of visits had been arranged. These visits were undertaken with support from parents, social workers in the HSE and co-workers/staff in Camphill community. The visits were an opportunity for the resident to familiarise themselves with life in the centre, to meet other residents and to ask any questions they might have. Following the scheduled visits an invitation had been issued to have a trial period living in the centre for a week. A further three month placement had subsequently been agreed. Within a month of the beginning of the placement a personal plan had been developed which included:

- A care plan
- a behaviour support plan
- a risk assessment and risk management plan
- a communication plan
- multi-disciplinary supports identified.

There was evidence of formal on-going reviews of the placement with the resident. Feedback was also sought from existing residents.

Inspectors noted that written agreements with residents and their representatives which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided for that resident had been provided to each resident. The fees and additional charges were included in these agreements. The contracts were also available in an accessible version.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were a number of options available for all residents in relation to activities and work. The majority of residents attended a day service operated within the complex. A number of residents attended specialist arts and study centre which delivers visual art and theatre courses. Inspectors noted that a number of residents participated in their own individualised timetable of activities based on their individual preferences, often on a one on one basis with co-workers. Residents participated in meaningful activities during the day including arts and crafts such as weaving, mosaic work, candle making and pottery. The centre had a small farm and inspectors noted residents actively participating in farming and horticulture. Residents were involved in the day to day running of their homes including cooking and baking for each meal within the house.

Residents with whom inspectors spoke detailed a number of off-site activities such as horse riding and swimming. Resident stated that they enjoyed attending plays and musicals in the evenings. Some residents also outlined how they enjoyed relaxing in their home, watching television or listening to music.

A single page profile had been developed for each resident which focussed on residents' abilities and outlined important information and supports required. A selection of personal plans was made available to the inspectors and each resident had received a copy of his/her personal plan in an accessible format. A comprehensive assessment of health, personal and social care and support needs of each resident was carried out prior to admission. This multi-disciplinary assessment was carried out in consultation with residents and their representatives. There were identified co-workers/staff responsible for pursuing objectives in conjunction with individual residents in all of the personal plans viewed and agreed time scales and set dates in relation to identified goals and objectives. There was evidence of multidisciplinary team involvement in residents' care including physiotherapy, speech and language therapy, general practitioner (GP), psychiatry, occupational therapy and psychology services. There was evidence of residents' involvement in agreeing/setting residents' goals. There was also evidence of individual goals having been achieved. The goals identified were meaningful and individual to each resident and residents with whom inspectors spoke were proud of the achievements and successes attained each year.

Inspectors saw that personal plans were reviewed on a regular basis. An interim review took place every four months where the progress of each goal was discussed and goals were adapted, if required, in line with residents' changing needs or wishes. The annual review was conducted in consultation with each resident. Inspectors saw evidence of residents being offered the choice of who would attend the annual review and resident chose the refreshments served. The annual review did assess the effectiveness of the plan in relation to the goals set and a new plan was developed annually to reflect the changes to the personal plan, the rationale for these changes and a new set of goals.

There was evidence that residents received appropriate supports when they moved within the service. Inspectors saw that one resident had recently moved from one house to another. A planning process for this move had involved the resident, parents and support co-workers/staff from both the residential and day services. A template strategy for the move had also been agreed with a behaviour specialist. The plan included moving personal items into the new bedroom, staying in the new house for one night

initially and then gradually increasing the time spent. The proposed move had been communicated to the resident using social stories which was a picture story book regarding the move. The resident showed inspectors her bedroom in the new house and indicated that she was happy with the move.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre consisted of nine different premises including three self-contained apartments. All premises were easily accessible, bright, well ventilated, had central heating and decorated to an adequate standard. The premises were homely and met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. The décor, design and layout were compatible with the aims of the statement of purpose. The premises generally appeared clean and in a good state of repair but inspectors observed a small area of torn flooring and a radiator that required repainting. The person in charge arranged for these items to be attended to on the first day of inspection. Where residents required assistive equipment such as wheelchairs, inspectors observed that halls and doorways were of sufficient width that residents were not restricted in their movements and could access all areas of the building.

There were adequate showers and toilets with assistive structures in place including hand and grab rails to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. A separate kitchen area was available in each premises with suitable and sufficient cookery facilities, kitchen equipment and tableware. Inspectors observed that residents were supported to participate in preparing meals. A dining area was located within each kitchen and residents were observed to dine together. Mealtimes were a very social occasion where residents and co-workers/staff shared information about what was going on in each other's lives and discussed matters of importance. Residents with whom inspectors spoke were complimentary of the food served. Laundry facilities were provided and residents were supported to do their laundry according to their wishes.

Residents had all personalised their rooms with photographs of family and friends and personal memorabilia. Ample storage space was provided for residents' personal use. Apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a number of communal areas available. Assistive equipment for use by residents or people who worked in the centre including wheelchairs were in good working order and records were up-to-date for servicing of such equipment.

There were suitable accessible grounds/outside areas. In addition, there were suitable garden seating and tables provided for residents' use located at a number of locations in the grounds of the premises. The grounds were kept safe, tidy and attractive.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a risk management framework which contained the identification and management of risks and there were measures in place to control risks including assault, accidental injury and self harm.

There was an incident reporting system to identify hazards. From January 2014 to March 2015 there had been 37 recorded events:

- 15 incidents of challenging behaviour
- 10 minor accidents, e.g. cut on finger
- 6 resident falls
- 5 events which required notification to the Authority
- 2 unplanned fire activations.

Each reported incident recorded the details of the event including the date, time, injury and a synopsis of the event. Each event was analysed by the person in charge to see how a similar accident might be prevented in the future. There was also an analysis of underlying causes of the event. This was particularly useful in relation to the management of challenging behaviour which was the most frequently occurring event. There was evidence of feedback to co-workers/staff and learning from these reviews of incidents.

There was a separate medication incident reporting form. In 2015 there had been four

reported incidents relating to medication management. Two of these incidents related to non-administration of medication and two related to residents refusing to take medication. In 2014 there had been 11 medication incidents reported, of which four related to non-administration of medication. Each medication incident recorded how the error was discovered and the details of the medication involved. A review of the medication error was undertaken by the person in charge and corrective actions were identified. The general practitioner (GP) was informed of any medication error and of the steps taken to prevent a similar event in the future.

There was a designated health and safety officer and each house had specific risk assessments relating to hazards in the environment including issues like:

- asbestos in the roof in one house
- zoonoses infections which are infectious diseases of animals that can naturally be transmitted to humans. This was of relevance because a significant number of residents and co-workers/staff worked on a farm.
- manual handling
- behaviour that challenges
- fire
- medication

Inspectors found the documentation in relation to these risk assessments and subsequent management plans to be clear, comprehensive and specific.

Each resident had also participated in identifying specific hazards relating to their lives. There was a policy on the promotion of positive risk taking which was viewed as a means of enhancing an individual's life. One resident, who had a number of health issues, outlined to inspectors that she enjoyed a number of activities including swimming and socialising in shops and restaurants in Carrick on Suir. A positive risk assessment had been developed with this resident which outlined the benefits to the person and the risks associated with these activities. The outcome was that she continued to participate and enjoy these events.

Inspectors saw evidence that the vehicles owned by the centre, and used to transport residents, were roadworthy, regularly serviced and insured.

There was a separate policy on emergency planning which identified the arrangements in place to respond to emergencies like flooding, fire and loss of electricity. In the sample healthcare files reviewed by inspectors, each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation. On display in the hall of each house were details of which residents were to be supported by which co-worker/staff member.

There was confirmation, dated September 2014, from a properly and suitably qualified person that all statutory requirements relating to fire safety and building control had been complied with. The person in charge outlined that since the last inspection significant resources had been spent to upgrade fire safety, particularly in one of the houses. Approval from the fire officer was pending in relation to a newly constructed upstairs corridor in one of the houses. There was emergency signage identifying escape routes throughout the premises and there was daily checking to ensure fire exits were

kept clear.

Inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- Servicing of fire alarm systems and alarm panels January 2015
- fire extinguisher servicing and inspection October 2014
- newly installed smoke vent alarm systems were in place throughout

All co-workers/staff had been trained in fire safety within the last year and all co-workers/staff who spoke to inspectors knew what to do in the event of a fire. There was a schedule of planned fire alarm activations with three taking place since October 2014. There had been a number of unplanned fire alarms going off, including on the day of inspection. Inspectors observed co-workers/staff following the evacuation procedures with one designated co-worker/staff member coordinating the evacuation.

The centre was visibly clean and co-workers/staff spoken with were knowledgeable about cleaning and control of infection. Each resident had their own laundry basket in their rooms and were supported to bring these clothes to the laundry area.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted.

There was an organisational policy in place in relation to the protection of children and vulnerable adults, reviewed in March 2014. The policy had been localised to the centre and identified two designated safeguarding officers. The policy was comprehensive, evidence based and would effectively guide co-workers/staff in the reporting and

investigation of incidents, allegations or suspicions of abuse.

An intimate care policy had been reviewed in November 2014 and outlined how residents and co-workers/staff are protected. Each resident had a personal care plan which was reviewed on a regular basis.

Training records confirmed that all co-workers/staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Co-workers/staff with whom inspectors spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents with whom inspectors spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse. Residents and co-workers/staff were able to identify the designated safeguarding officers.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to co-workers/staff or residents disclosing abuse. A daily "gathering" meeting was held each morning which was attended by all residents, co-workers/staff and the person in charge. The meeting gave each resident the opportunity to ask questions, raise queries and to make suggestions directly to the co-workers/staff and the person in charge. The person in charge lives within the community and interacted with the residents on a day to day basis.

Records were provided that confirmed that any incidents, allegations and suspicions of abuse had been recorded and these incidents were appropriately investigated in line with national guidance and legislation. It was observed that appropriate safeguards had been put in place.

A centre-specific policy was in place to support residents with behaviour that challenges, reviewed in January 2015. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to co-workers/staff in the management of behaviour that is challenging including de-escalation and intervention techniques.

Inspectors reviewed personal plans, plans for support behaviour that challenges and risk assessments and spoke with co-workers/staff in relation to behaviour that challenges. Residents were involved in discussions and reviews that had been arranged to support residents to manage their own behaviour and consent was documented for supports in place.

Clear strategies were in place to support residents to manage their own behaviour and specialist input had been sought. Co-workers/staff were able to describe the strategies in use. Strategies demonstrated a positive approach to behaviour that challenges including the use of sensory strategies to keep the resident calm and the use of distraction techniques. There was evidence that strategies and plans were updated when circumstances changed. When an incident of challenging behaviour occurred, co-workers/staff documented the incident and completed an Antecedent Behaviour Consequence (ABC) chart.

Inspectors observed that while bedrails were in use, their use was guided by a centre-specific policy and followed an appropriate assessment. A risk balance tool was used prior to the use of a bedrail, multi-disciplinary input was sought and signed consent from residents was secured where possible.

A system was in place to manage residents' finances. Residents were involved in the management of their own finances, as far as reasonably practicable. There was a clear system of logging and tracking of all transactions, with receipts and records and an auditing system in place. However, the policy was not always implemented as some unreceipted transactions had not been countersigned by a second co-worker; this is covered in outcome 18.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

Inspectors observed that the quarterly return provided to the Authority did not include all occasions when restraint was used. This was outlined to the person in charge and provider nominee during the inspection.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents' opportunities for new experiences, social participation, training and employment were supported. Goals were developed in accordance with each resident's preferences and to maximise his/her independence.

An educational day programme was available within the centre which offered young people and school leavers opportunities in personal growth, communication and skills for life. Training was provided in literacy, numeracy, money management, road safety and computer skills. Residents had completed accredited courses in leadership and advocacy, art and theatre.

Residents engaged in social activities internal and external to the centre. For example, where appropriate, external activities were available such as outings to local places of interest and trips to the theatre. Residents participated in range of varied interests during the day such as crafts, cooking and horticulture.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that residents' overall healthcare needs, including nutritional needs, were met and residents had access to appropriate medical and allied healthcare services.

A sample of residents' files was reviewed and there was evidence of timely and frequent access to their GP of choice. Residents had access to other medical professionals such as physiotherapists, occupational therapists, dentists, speech and language therapists and behavioural specialists. Specialist input was sought from consultant neurologists and psychiatrists. Records of referrals and reports were maintained in residents' files. Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs.

Inspectors saw that residents' individual care needs were appropriately assessed and met by the care provided in the centre. A comprehensive and individualised care plan had been developed for the management of complex epilepsy which was reviewed on an ongoing basis. The care plan detailed the type of epilepsy, treatment history, current management strategies, contact details for specialist team, goals of treatment and individualised supports required. A detailed and individualised plan was also in place for the management of epileptic seizures which would effectively guide co-workers/staff in the identification of seizures and the appropriate administration of emergency medication.

The exchange of comprehensive information on admission and discharge from hospital was facilitated by the use of document which outlined personal details, contact details for next of kin and the centre, medical history, GP, current medication, allergies and phobias.

A policy was in place to support residents in later years, reviewed in November 2014. This policy outlined the procedures to ascertain residents' wishes in relation to end of life care, local contacts for palliative care services and care to be provided in order to meet residents' needs (physical, social and spiritual).

Residents were encouraged and enabled to make healthy living choices. Some residents had attended education sessions on cancer awareness.

Inspectors observed lunch and saw that the food was nutritious, appetising, varied and available in sufficient quantities. Inspectors were informed that the majority of the ingredients used were organic. Some of the ingredients were produced on the centre's farm. An ample stock of food was kept and residents reporting having access to snacks and drinks when required. Food storage was provided that was hygienic. Residents were involved in the preparation and cooking of each meal. Mealtimes were observed to be a social occasion where residents and co-workers/staff shared information about what was going on in each other's lives.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents confirmed that they had access to the pharmacist of their choice and were facilitated to personally attend their pharmacy. There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing administration and disposal of medicines which had been reviewed in April 2014. The policy confirmed that residents were supported to manage their own medicines and outlined the risk assessment in place to support this.

Co-workers/staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored securely and there was a robust key holding procedure. Co-worker/staff confirmed and inspectors saw that medications requiring refrigeration or additional storage requirements were not in use on the day of the inspection.

A sample of medication administration records were reviewed by an inspector. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

Co-workers/staff with whom inspectors spoke outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Training had been provided for co-workers/staff in relation to medication management and the administration of buccal midazolam.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available in an accessible format for residents to read.

The written statement of purpose described a service based on a "life sharing model" in an environment that is "both comfortable, sustainable and balances residents' lives between work, rest and play". Inspectors observed that the ethos as described in the centre's statement of purpose was actively promoted.

The statement of purpose contained all of the information required by Schedule 1 of the Regulations and inspectors found that the Statement of Purpose was clearly implemented in practice. The statement of purpose had been last reviewed in March 2015 to reflect changes in management personnel.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a full-time person in charge with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. There had been a change of the person in charge since the last inspection and the required notification had been submitted to the Authority. Inspectors concluded that the person in charge provided effective governance, operational management and administration of this centre. There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision.

The person in charge had attained an undergraduate qualification in social care and has worked for many years as a senior co-worker within the community. The person in charge had a commitment to her own continued professional development and she had completed a number of relevant courses including medication management, safeguarding, challenging behaviour, autism, food hygiene, complaint management and communication.

The person in charge also reported to the Camphill communities' senior management group, called the Council. The Council maintained oversight of the organisation and service development. On an annual basis the person in charge from Carrick on Suir provided a summary of activity including issues like:

- Staffing
- health and safety
- resident admissions/discharges
- finances
- opportunities/challenges

There were regular scheduled senior management team meetings between all persons in charge of the Camphill communities. This management team was called the collaborative learning group where service development and quality issues were discussed. The collaborative learning group also focused on particular themes from the National Standards for Safer Better Healthcare. Inspectors reviewed submissions from the person in charge on themed learning in Camphill Carrick on Suir. For example a report to council on personal possessions had been submitted in December 2014. At a management level of the Camphill communities there was also a group with responsibility for developing policies, procedures and guidelines.

The provider nominee on behalf of the senior management group had arranged for an unannounced visit to the centre in the last six months to assess quality and safety. The inspectors read a report of an unannounced inspection from January 2015 and it contained a review of communication, quality of care, health & safety, healthcare, medication and contracts of care. There was evidence that where deficiencies were identified by the provider nominee they were acted upon and improvements made. For example, in relation to quality of care it had been identified that each resident required a comprehensive assessment of need to be completed. In the records seen by inspectors all residents had a completed assessment of need.

The person in charge had introduced a system of quality assurance reviews which included a general safety audit in October 2014, the commissioning of an architectural report on asbestos in a roof of one house in January 2015, an audit of personal plans

and a medication management audit. The results of the audits were available with quality improvement plans outlined to remedy deficits.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify the Authority of any such absence. The provider was aware of the need to notify the Authority in the event of the person in charge being absent.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose.

Inspectors found that the facilities and services available in the designated centre

reflected the Statement of Purpose.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a planned and actual roster in place which showed the co-workers/staff on duty during the day and night and was properly maintained. Based on observations, a review of the roster and these inspection findings, inspectors was satisfied that the numbers of co-workers/staff, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. Inspectors observed that residents were familiar with co-workers/staff and received continuity of care and support.

A sample of co-workers/staff files was reviewed and found to contain all the required elements. A record of up to date registration with the relevant professional body was maintained for all relevant members of staff. There was evidence of effective recruitment and induction procedures. Co-workers/staff were supervised appropriate to their role and a formal annual appraisal system was in place. Regular supervision meetings are also held.

Co-workers/staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Accessible copies of the standards were available in the premises and co-workers/staff spoken with demonstrated adequate knowledge of the regulations and standards.

Training records demonstrated a proactive commitment to the ongoing maintenance and development of knowledge and competencies the programme reflected the needs of residents. Further education and training completed by co-workers/staff included mandatory training, dementia, autism, first aid, health and safety and medication management.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Records and documentation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Written operational policies as required by Schedule 5 had been developed and were made available to inspectors. Co-workers/staff with whom inspectors spoke confirmed that copies of these policies were made available in each premises. However, as outlined in outcome 8, the policy in relation to residents' personal finances was not implemented fully as not all unreceipted transactions contained the signatures of two co-workers.

An inspector reviewed a sample of co-workers'/staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

Residents' records as required under Schedule 3 of the Regulations were maintained. The residents' directory was up-to-date.

Records listed in Schedule 4 to be kept in a designated centre were all made available to inspectors.

Records relating to inspections by other authorities were maintained in the centre and inspectors viewed documentation relating to food safety and fire safety.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

Judgment:

Substantially Compliant

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Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003608
Date of Inspection:	10 March 2015
Date of response:	22 April 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The quarterly return provided to the Authority did not include all occasions when restraint was used.

Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

including physical, chemical or environmental restraint was used.

Please state the actions you have taken or are planning to take:

The use of bedrails on a residents bed will be reported on the quarterly return starting on 30th April 2015

Proposed Timescale: 30/04/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The policy in relation to residents' finances was not fully implemented.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

A system to check that resident's expenditure including receipted expenditure is signed by two senior co-workers/staff members has been initiated to ensure compliance with policy.

Proposed Timescale: 30/04/2015