

**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-0003616
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Lead inspector:	Julie Pryce
Support inspector(s):	
Type of inspection	Unannounced
Number of residents on the date of inspection:	20
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 April 2015 10:30 To: 15 April 2015 20:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This follow up monitoring inspection of a centre operated by Camphill Communities was unannounced, and was the second inspection of the centre by the Health Information and Quality Authority, Regulation Directorate (The Authority). As part of the inspection, inspectors visited the centre and met with residents and the staff members. Inspectors observed practices and reviewed documentation such as personal plans, risk assessments and accident and incident records.

20 residents live in the centre, divided between a number of residential houses which are located in a rural setting. The majority of the residents attend workshops, carry out work on the centre's own farm or attend other day-services each day.

Whilst there had been significant improvements in some areas since the last inspection, for example in staffing supervision and skills mix, there were further areas of concern identified on this inspection.

Improvements were required in personal planning and in the implementation of agreed plans, and in staff training, and these issues are discussed in the body of the report and in the action plan at the end of the 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 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Whilst some progress had been made under this outcome since the last inspection, significant improvements were still required in personal planning for residents. The agreed timeframe from the previous inspection had been that all the required improvements would be completed by 30 June 2015, however not all the identified issues had been addressed.

The inspector found that while staff knew residents well documented assessments were either missing or insufficient in detail. For example, health care assessments had not been completed in the personal plans reviewed by the inspector.

Personal planning was still not guiding practice. For example, staff described a plan of care in relation to intimate care for two individual residents, but these were not documented in the personal plan to guide staff, so that the inspector was concerned that this would lead to inconsistent practice, and that the assessment of the effectiveness of the plan could not be conducted in the absence of supporting documentation.

Behaviour support plans were in place for some of the residents, but those reviewed by the inspector contained both vague and subjective guidance, for example, 'reward good behaviour'. The behaviour assessments were inadequate, for example, the frequency of a person's behaviour of concern was described as 'not very often'. In addition where behaviour support plans were in place the implementation of them was not recorded, meaning that there was no opportunity to evaluate their effectiveness as required by the

regulations.

Some of the personal plans reviewed included goals which had been set for residents, but these goals all consisted of planned activities, and did not include any guidance as to how the potential of the resident would be maximised as required by the regulations.

Judgment:

Non Compliant - Moderate

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:

Significant improvements had been made in the area of risk management since the last inspection, and all the risks which had been identified as requiring assessment and management had been addressed. In addition an individual risk to a resident which had arisen since the last inspection had been assessed and managed appropriately.

A risk register was maintained and there was a system in place for the escalation of any identified risks which could not be managed locally. A risk policy had been put in place, however, it needed some improvement in order to meet all the requirements of the regulations.

However, an environmental risk to the centre had not been adequately assessed and managed. Whilst some control measures had been put in place the inspector was not satisfied that they were adequate to manage the risk, or that sufficient consideration had been given to other measures which could be taken.

The required improvements had been made in relation to accidents and incidents since the last inspection, and there was clear evidence of reflection on incidents and recording of any learning.

The inspector was concerned that one staff member who had sole responsibility for one of the houses overnight had not received training in fire safety, and required training to be provided to this person prior to any further overnight duty. The person on charge responded immediately to this and training was provided on the day following the inspection. Otherwise appropriate structures and processes were in place to safeguard residents from the risk of fire. For example fire drills were conducted and reviewed to identify any learning from the process.

Judgment:

Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Significant improvements had been made under this outcome since the last inspection, in particular the recruitment processes which had been of concern had all been addressed, and this was consistent throughout all the staff files examined by the inspector.

Most of the outstanding training identified during the last inspection had now been provided, with the exception of training in relation to intimate care which was to have been completed by 30th June 2014. Eight staff had received this training shortly following the inspection, but no other staff had since been provided with the required training.

The process in relation to the management of residents' finances as identified in the previous inspection had all been addressed, and the systems and practices examined by the inspector were sufficiently robust as to protect residents.

Where there were behaviours of concern, staff demonstrated some knowledge and understanding of these behaviours, and could describe some strategies in relation to the management of these behaviours. However, as discussed under Outcome 5, personal plans in relation to this area were incomplete or inadequate to guide staff. Any training which had been provided to staff in relation to challenging behaviour was not in sufficient detail as to provide them with the skills to develop appropriate behaviour support plans.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that residents' healthcare needs appeared to be met but that there was insufficient documentation available to ensure this. For example, staff could describe appropriate care for a particular healthcare issue, but there was no written plan of care or record of the implementation of the plan, as discussed under Outcome 5.

Improvements were still required with regard to assessment and health care planning. For example health care assessments were not completed as discussed under Outcome 5.

There had been some improvement since the last inspection in relation to access to and recommendations from allied healthcare professionals. However, the inspector reviewed an assessment and recommendations from a speech and language therapist which included very specific instructions as to how staff should communicate with the resident, but as staff members did not know what these recommendations were when asked by the inspector, it was clear they were not being implemented.

Residents had access to general practitioners, and a record of any appointments was kept in the personal plans, including the reasons for the visits and any recommendations. They also had access to a drama therapist, a registered intellectual disabilities nurse and qualified social care workers. However, a speech and language therapist (SALT) who had up until recently been employed by the organisation had recently left and not been replaced, and there were no plans to recruit a replacement, despite the needs of the residents still requiring the input of a SALT. Whilst referrals had been made to the HSE, no appointments had yet been forthcoming.

Food and nutrition were not reviewed during this inspection as there were no actions required in this area at the previous inspection.

Judgment:

Non Compliant - Moderate

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:

There had been significant improvements in the management of medications since the last inspection, and the inspector found that all of the agreed actions had been implemented.

However, some improvements were required in the management of 'as required' (PRN) medications. The stock of these medications was not controlled or managed, and there was no record of how much stock there should be. In addition, guidelines for the circumstances under which PRN medications should be administered were not in place for all records examined by the inspector.

Judgment:

Substantially 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:

All of the required actions from the previous inspection had been implemented. There was evidence of a clear management structure, and a clear system of linked meetings and identified reporting relationships within this structure.

The provider had conducted unannounced visits to the centre, and an annual review of the quality and safety of care and support of residents was available.

Staff appraisals had commenced since the last inspection, and the deputy person in

charge undertook to complete these within an appropriate timeframe.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Significant improvements had been made since the last inspection in the areas of staff continuity and skills mix, to include qualified social care workers and an RNID, in accordance with the assessed needs of the residents. Requirements regarding recruitment procedures and documentation relating to staff members had all been addressed.

Staff training was available relating to various areas, however, no training was available to staff in the areas of personal planning or the management of challenging behaviour, and the inspector was concerned that this was contributing to the non compliances found in these areas. In addition an agreed action from the last inspection was that all staff would receive training in the provision of intimate care by 30 June 2014, as discussed under outcome 7.

Judgment:

Non Compliant - Moderate

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:

Julie Pryce
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-0003616
Date of Inspection:	15 April 2015
Date of response:	24 August 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 05: Social Care Needs

Theme: Effective Services

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

Comprehensive assessments of the health, personal and social care needs of each resident were not in place.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

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

assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

- We have reviewed our file structure and are implementing a new and more comprehensive system for managing our health, personal development and social care planning for each adult in the community. There will now be a Day To Day folder and A Personal Planning Folder for each adult.

The New Planning folder as well as containing some existing tools will also see revised ones which include:

* Annual Person Centred Plan – This will review in a holistic way the outcome areas of an adults life and help to create a vision and person development goals for the coming year. Sections have been included to guide a 3 monthly review of the persons personal development goals. This also incorporates a measurement of quality of life for and quality of service to each adult. The plan will be developed primarily and appropriately from contact time with the person but also with the people who know the person well including family, friends and staff.

* Needs Assessment Review – While we have a needs assessment we had not included the sections which enabled regular review and recording of changed or additional needs. The needs assessment will be reviewed at least bi annually

* We have comprehensively reviewed our physical and mental health assessment systems and some new documents have been introduced as a result. This new Health assessment system will be implemented on an annual basis

* While each individual planning tool will have systems incorporated for regular review for effectiveness and measurement of results there will also be folder Audit Tool to be completed at least 6 monthly by the Quality and Training Officer with results reported to the Person In Charge

Proposed Timescale: 30/10/2015

Theme: Effective Services

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

Personal plans did not reflect all residents' needs.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Please see the actions outlined in the previous section related to the introduction of a new Personal Planning Folder for each adult.

Proposed Timescale: 30/10/2015

Theme: Effective Services

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

Effectiveness of personal plans was not assessed.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

All tools within the planning folder will have time lined review and effectiveness measurement systems incorporated and the first complete file audit will have taken place by the 30th of December 2015

Proposed Timescale: 30/12/2015

Theme: Effective Services

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

Personal plans did not outline the supports required to maximise the residents' personal development.

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

Please see the Actions outlined above regarding the introduction of an Annual Person Centred Plan which reviews a comprehensive list of outcome areas on an annual basis with regular revision

Proposed Timescale: 30/10/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk policy did not include all the requirements of the regulations.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

* We have reviewed each of our adults with regard to potential risk for unexplained absence. In cases where this risk exists we have completed a risk assessment, positive behaviour support plan and emergency protocol to be followed in the event that it should occur.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Not all necessary systems for the management of identified risks were in place.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The risk identified during the inspection has been further re-assessed and we have taken additional measures to manage and control it.

Proposed Timescale: 30/06/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Training in positive behaviour support was insufficient to ensure that staff had up to date knowledge and skills to support residents.

Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

- All staff and co-workers will have received appropriate MAPA training, including

refresher where required, by the 31st of August 2015.

- A review of all Adult Positive Behaviour Support Plans will take place and converted into a new, more 'strategic support', structured format. As these plans are developed all staff and co-workers who support the person across all departments will be trained fully in their specific implementation as well as in the Theory, Principles and Values of Positive Behaviour support

Proposed Timescale: 31/08/2015

Theme: Safe Services

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

Training had not been provided to all staff regarding the delivery of intimate care.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

- We will review all adults intimate care plans and incorporate systems for regular review
- As each plan is being revised staff responsible for providing these supports will be fully trained in its specific implementation and retrained should ongoing review highlight any changes required
- The folder audit tool will incorporate systems to test both that the plan meeting the adults ongoing needs as well as the assurance that the specific elements of the plan are being implemented correctly by staff.

Proposed Timescale: 30/10/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Healthcare had not always been provided in accordance with personal plans.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

We will be reviewing our system of Health Needs Assessment and introducing new tools

which provide staff with a much clearer and continuous approach to ensuring that an adults health needs are assessed, appropriate healthcare professionals are identified, identified supports are implemented and effectiveness is monitored.

- The New Tools will incorporate the following:

* My Current Health Care Needs, Supports and Professionals I see Now

* Annual Preventative Healthcare Questionnaire

* Annual Health Check Planner

* My New Needs & Action Plan and My Health Education Goals & Action Plan

- The folder audit tool will include a section which will incorporate systems to monitor the effectiveness of our Healthcare Assessment and Planning procedures

Proposed Timescale: 30/10/2015

Theme: Health and Development

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

Residents did not have timely access to required allied health professionals.

Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

- Appropriate use of the tools identified in the actions outlined in the last section will ensure that a persons healthcare needs are not only identified and supports sought but also that those supports are implemented, followed through on and result in an effective outcome.

Proposed Timescale: 30/10/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Staff were administering 'as required' medications in the absence of clear guidance, and the stocks of these medications was not controlled.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

* Each person who is prescribed for PRN medication or is written up for the use of 'Over The Counter' PRN medications will have an individualised administration protocol designed to meet their specific administration need. Staff responsible for the administration of these medications will then be fully trained.

* In the case of those adults who are prescribed PRN medications which are controlled, there will be appropriate systems put in place for their receipt, storage, use, stock control and disposal

* Similar systems will be in place to monitor all PRN medications including those which are 'over the counter'

Proposed Timescale: 15/07/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff did not have access to appropriate training in personal planning and the management of challenging behaviour.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

- As mentioned above all staff and co-workers will have received appropriate MAPA training/refresher training by the 31st of August 2015

- All staff and co-workers relevant to each person's support across all departments and will be trained fully in the implementation of their Positive Behaviour Support Plans – this training will be ongoing

- All staff will be trained in the development of Personal Outcomes driven One Page Profiles and Person Centred Plans as well as other planning tools relating to Health, Safety and Risk Management

Proposed Timescale: 31/08/2015

