

**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:	Conor Brady
Support inspector(s):	Conan O'Hara
Type of inspection	Announced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	1

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:
26 January 2016 09:30	26 January 2016 17:30
27 January 2016 09:30	27 January 2016 18:30

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

This was the third inspection of this centre which is part of Camphill Communities of Ireland (hereafter called the provider). This was an announced inspection of a designated centre located in a rural location operated by this provider. This designated centre comprised of multiple accommodation buildings situated on a large (over 20 acres) country farm site with surrounding gardens and fields.

There were 25 residents accommodated across the location on the dates of inspection. The centre had capacity to provide care for 26 residents at the time of inspection so there was one vacancy. Inspectors met and spoke with a number of

these residents as part of this inspection as there were 21 residents present over the two days. Residents and families were in the majority complimentary about the service provided to them in this centre.

The centre had staff and co workers working in this designated centre. While staff were traditional paid employees, co-workers were voluntary individuals who lived in the centre with residents for periods between 1 and 2 years in this centre.

As part of this inspection, the inspectors met with residents, families', the person in charge, members of management, social care staff and co-workers. There was a person in charge at the time of inspection who was interviewed as part of this inspection. The provider nominee was also met as part of this inspection.

Inspectors observed practice and reviewed how staff and co-workers engaged and supported residents. Inspectors also reviewed documentation such as personal care plans, healthcare plans, medical/clinical information, accident and incident records, risk assessments, medication records and protocols, meeting minutes, policies, procedures and protocols (organisational and local), governance and management documentation, staff training records and staff files.

Inspectors found that in many areas residents were provided with a good standard of service. For example, resident's general welfare, social care, medication management and healthcare needs, there were good levels of compliance evident. Residents were found to be provided with good opportunities to live engaging and meaningful lives through pursuing interests and activities. However inspectors also found seven outcomes whereby improvements were required with the Regulations and Standards. For example inspectors found that the area of safeguarding and complaints required improvements. Inadequate measures around financial safeguarding were identified on this as well as the previous inspection of this centre.

All areas of compliance and non compliance are discussed in more detail in the main body of the report and in the accompanying action plan that outlines the failings identified that did not meet the requirements of the Regulations and Standards.

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:

Inspectors found that resident's rights, dignity and consultation were promoted in this designated centre. Residents presented as being treated well and were consulted with regularly and were involved in the running of designated centre. However some further improvements were required in the area of complaints management and follow up.

There was a complaints officer in place who maintained a log of all complaints which were reviewed. While the inspector found a number of examples whereby complaints had been dealt with appropriately and were professionally followed up, this area required further improvement. For example, one instance whereby a resident complained of a cold bedroom was provided with an electric blanket. When the inspector looked at this in the resident's room, this electric blanket was not appropriately fitted to the residents' bed and was not covered by a bed sheet.

The inspector found another complaint that escalated to a safeguarding concern. In discussing this complaint with the complaints officer and reviewing documents surrounding this complaint (which involved a staffing issue), the inspector found that this complaint was poorly managed in this instance. For example, complaints procedures were not implemented and sensitive information was not appropriately managed or secured by management. Inspectors found that there was not always sufficient oversight to monitor complaints and the satisfaction levels of complainants.

Residents were found to be respected and treated well by the staff and co-workers who lived and worked with them. Residents informed the inspectors that they were very happy with their service and how they were supported in their daily lives.

Inspectors found a number of opportunities available to residents for ongoing consultation. For example, house meetings, morning and evening gatherings, resident's forum and community weekly meetings for co-workers, staff and residents.

Residents were observed as very involved in the centre and were engaged in a variety of activities such as cooking, baking and pottery. Residents informed the inspectors they enjoyed going to clubs, playing in the organisations orchestra and going to the pub.

Residents were found to have their rights to privacy and dignity protected and maintained in this community. Residents were supported on a number of occasions to avail of external advocacy to support them with individual needs.

Family members spoken to were very positive about the service model within this centre and the management team. The levels of social activation and meaningful engagement were cited by families as being very person centred and supportive.

Judgment:

Non Compliant - Moderate

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:

Inspectors found that communication was promoted within this designated centre with good approaches to communication and plans in place for residents to further develop their communications.

There was a policy in place regarding communication and resident's personal plans gave insight and guidance on communicating with residents.

Inspectors observed sign language practised at the morning forum so members of the community could communicate with residents who used this medium of communication.

Inspectors reviewed a sample of communication plans and found them to be detailed. The communication plans contained and outlined methods of communication, residents hearing and vision abilities and the manner which the resident preferred to communicate.

The centre also referred residents to speech and language therapy (SALT) as appropriate and inspectors reviewed plans and spoke with staff on how the recommendations of the SALT will be implemented.

Staff were observed communicating with residents in a caring and respectful way. Residents informed inspectors they were happy with how they were communicated in this centre.

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:
Inspectors found that residents were supported to develop and maintain personal relationships and links to the wider community.

Family members spoken to and family questionnaires reviewed highlighted that families were in the majority of instances happy with the service provided. Family members complimented the approach to service provision and the standard of advocacy and support to the residents residing in the designated centre. Residents were observed having visitors who could come and visit at any time.

Regarding links to the wider community inspectors found that residents opportunities to engage in external activities were facilitated. The provider was taking steps to ensure this continued. For example, whereby allied health professionals or activities used to happen within the designated centre, these were now happening in the locality. Residents were observed coming and going on local outings over the course of this inspection such as shopping and day trips. Residents informed the inspectors they were happy with this aspect of service provision.

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):

No actions were required from the previous inspection.

Findings:

Admission and discharge to the residential service was operated appropriately and each resident was found to have a written contract for provision of services in place that included the fees that were charged.

Inspectors reviewed a number of recent admissions and found that these transitions had been completed to a very good standard and the residents were well cared for and provided with a good standard of care throughout the transition and admission process.

There was also evidence of residents who were discharged from the service due to changing needs and family wishes to do so. This was appropriately documented and maintained by the person in charge.

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):

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

Findings:

Each resident's wellbeing and welfare was maintained by a good standard of care and support. Each resident had opportunities to participate in meaningful activities,

appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs were clearly and accurately set out in an individualised personal plan that reflected resident's needs, interests and capacities. Personal plans were found to be in place with the failings identified in previous reports found to be addressed.

The inspectors reviewed a number of personal plans which contained up to date care plans and information for residents. The inspector found that the person in charge had a system of review to ensure care planning and person centred planning was effectively monitored and reviewed in respect of each resident. Plans were comprehensive and had examples of multidisciplinary involvement where required. For example, general practitioner, dental and mental health review.

Residents were observed working on the community farm, feeding and cleaning out animals, working in the pottery workshop and assisting in grounds works. Residents had meaningful days and were very much part of the community.

Residents were observed coming and going as they wished in accordance with their preferences. For example, residents attended social outings, clubs, shopping or other community activities. Other residents worked outside in the local community such as in a local pub. Cultural events such as musicals, drama shows and concerts were also a feature in this community. Residents spoke of such events and photographs were observed throughout the centre of a variety of activities that occurred. Residents were observed assisting with meal preparation and baking.

Residents were found to have good opportunities to pursue interests and preferences within and outside the designated centre. All aspects of care were clearly documented in personal plans, updated accordingly and kept under appropriate review. Inspectors found that this area had developed considerably since previous inspections and staff spoken to highlighted the necessity to continually review and update the standard and quality of resident's personal plans.

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 inspectors found that this designated centre comprised of multiple buildings situated on over 20 acres of rural farm land. The location, design and layout of the centre was very spacious and residents told the inspectors that they liked living in the centre very much. There were many buildings across this large site with extensive gardens, walk ways, forest trails, farm land and fields.

There were large accommodation buildings, farm buildings, activity buildings (basketry, pottery, recreation) and a log cabin. The central location spanned from a protected structure built prior to 1963. This was the main house and point of entry when coming into the designated centre. Inspectors found that while this centre was located in a picturesque country setting, some buildings were in need of repairs, maintenance and redecoration.

Inspectors found parts of this designated centre very homely with traditional kitchens, stoves and soft furnishings. Residents presented as comfortable in their environment and informed the inspectors they were happy in their homes. Resident's bedrooms were of an adequate standard in terms of space and design. The newer built locations were completed to a high standard.

Residents and co-workers (volunteers) shared accommodation buildings in this shared living model however residents were given first choice of rooms within the centre.

The inspector found that there was:

- Adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation
- Rooms of a suitable size and layout suitable for the needs of residents
- Adequate space and suitable storage facilities for the personal use of residents
- Communal space for residents suitable for social, cultural and religious activities appropriate to the circumstances of residents
- Suitable storage throughout the centre
- Ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents
- Separate kitchen areas with suitable and sufficient cooking facilities, kitchen equipment and tableware were available
- Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents
- Suitable arrangements for the safe disposal of waste where required
- Adequate facilities for residents to launder their own clothes if they so wished

Inspectors found that there were parts of the centre that required internal maintenance. For example, the main house required redecoration and maintenance upstairs in the hallways and in some residents rooms. The conservatory was leaking and needed to be repaired as residents used this as an exercise area. One residents' accommodation required a deep clean and also required re-designed access to toilet and shower facilities. This resident had made a related complaint regarding other members of the community accessing her toilet facilities.

The provider had redesigned a roof and annex in an older building and removed asbestos and related materials. An engineers and surveyors report was reviewed which outlined this issue had been mitigated.

From an architect's report provided the inspectors found that a number of buildings in this designated centre did not have planning permission. This has been referred to under Outcome 14 in the accompanying Action Plan.

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:

The inspectors found that risks were identified, assessed and managed in the designated centre. This practice was guided by the risk management policy which included the specified risks required by the regulations.

The centre had a health and safety statement which outlined the responsibilities of the various post holders within the organisation. The statement referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices. There were emergency evacuation plans and fire safety policies and procedures found to be in place.

The inspectors observed controls in place to alleviate identified risks prevalent in the designated centre, with individual risk assessments and plans evident in residents' personal plans that were reviewed and updated accordingly to reflect any changes. For example, risk of fire, evacuation, residents at risk of behaviours of concern, self injury, falls, epilepsy and falling trees/branches.

The inspectors found that there were appropriate health and safety, risk management and fire safety policy, procedure and protocols operating in this centre. Residents and staff presented as risk aware and a local manager had good oversight of health and safety issues. The inspector found evidence of action learning whereby residents approached the health and safety manager with identified risks such as slippery surfaces and these areas were subsequently addressed. This demonstrated approachability and accessibility for residents' to management in the area of health, safety and risk management.

The inspectors reviewed the accidents and incidents logs for the designated centre, and found a clear system of recording, review and action in place to address any risks as a result of an incident. There was a clear system for reporting health and safety incidents. Both the person in charge and staff were familiar with this system in terms of the process of reporting within the organisation.

Inspectors found that the centres vehicles were appropriately taxed, insured and had a national car testing certificate. General safety audits were found to be carried out twice a year by an external company.

The centre's emergency evacuation plan in place described the procedure for various events such as fire, flooding, power failure and gas leak.

There were adequate fire safety precautions in place. A fire evacuation plan was displayed in a prominent area of the centre and easy read versions of the fire evacuation procedure were also present in the centre. Suitable fire fighting equipment was provided throughout the centre with emergency lighting also in place. There was certification and documentation to show the fire alarms, emergency lighting and fire equipment were serviced by an external company on a regular basis. Staff also completed nightly checks of exits and monthly checks of the fire alarm panels and equipment.

Fire drills had taken place and fire drill records recorded the time taken to evacuate and issues identified. However, fire drill reports didn't consistently record the times or the staff and residents that participated in the drill. This required some improvement.

Inspectors reviewed a sample of the personal emergency egress plans (PEEPs) of the residents and found them to be concise and informative. The PEEPs included information on mobility, awareness and support needed. There was evidence of learning from drills and PEEPs as residents had changed rooms as a result of their mobility needs. However a recent report stipulated certain parts of the designated centre as having specific evacuation protocols that were not adhered to. For example, one part of the centre was operating outside the remit of its fire certification by having residents residing in staff accommodation.

A comprehensive engineers report was brought to the attention of inspectors highlighted a number of recommended areas of works regarding fire safety (inspection report dated 23 January 2016) and a scope of works associated with this commissioned inspection. While this report outlined a number of areas that required to be addressed from a fire safety perspective, the provider was found to be acting in terms of ensuring all parts of the centre were fire safe and procedures were in place to ensure that all residents were protected.

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):

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

Findings:

Inspectors found some good measures in place that ensured the safeguarding and protection of residents however, further improvement was required to improve this area. The issue of safeguarding and protection has been highlighted as a concern on previous inspections.

In reviewing safeguarding concerns, inspectors found that there was a protocol and procedure to be followed regarding allegations and disclosures of abuse. However inspectors found that this had not been followed or complied with in all instances reviewed. For example, a recent issue pertaining to resident's finances and potential financial abuse had not yet been subject of a full investigation by the provider. In addition, the residents' family had not yet been informed at the time of inspection which was contrary to policy. This was rectified by the person in charge on the second day of this inspection. Inspectors were further concerned in the area of resident's finances as financial balances checked by inspectors did not match financial records. In addition, resident's actual finances and monies were not found to be appropriately safeguarded and protected by practices within this centre.

Inspectors found that a nominated safeguarding officer was in place who recorded and reviewed all safeguarding concerns. There was a safeguarding policy dated 5th March 2014. Inspectors found evidence that all staff training had been provided in this area and reviewed a workbook and slideshow which was used in the training of staff in this area.

Residents spoken to informed the inspectors that they felt safe and named the person in charge, deputy person in charge and safeguarding officer as the person they would report to if they felt they needed to. Residents presented as well cared for and many residents were well able to articulate complaints and concerns to the appropriate person.

Inspectors found that there was not adequate training or a formal support programme available to residents in terms of self protection, relationships and sexuality. In discussing this with members of the management team, this was something that was identified as a gap by the provider but had not yet been appropriately addressed.

Regarding positive behavioural support, inspectors found measures in place to support residents' and personal plans highlighted residents' assessed needs. Clinical and therapeutic support was sought where required and inspectors found appropriate care planning in place to guide staff. Behavioural recordings were also in place to supervise behaviours of concern. Inspectors did not find evidence of all alternative measures being considered in instances whereby restrictive practices were used. For example, there was inconsistency found whereby PRN (as required) medication was administered. It was not clear that these protocols had been followed in all instances whereby this medication had been administered.

Judgment:
Non Compliant - Major

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:

The inspector found that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspector reviewed all notifications submitted to the Authority and found the person in charge had a good understanding of notifications and the incidents and instances requiring same.

Judgment:
Compliant

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:

The inspectors were satisfied that the residents were supported to participate socially in activities suitable to their age, interests and needs.

The inspectors spoke with residents, staff and reviewed documentation and found that the residents were provided with suitable social activities in line with their own goals and preferences and relevant to their changing needs. The inspectors found residents attended programmes and activities such as cooking, bakery, basketry, pottery and farming within the community.

Some residents spoke to the inspector about their lives and the activities they enjoyed such as shopping, going on outings, working on their programmes, watching movies, music and working. Resident's were noted to be all very active over the course of this inspection. Residents were observed cooking and knitting and doing art work in some instances.

The inspectors observed that residents were being encouraged to pursue interests and lead busy, fulfilled and meaningful lives.

Family members highlighted that the ethos of the service ensured residents were always engaged and included. Family members spoken to complimented the freedom and support afforded to their loved ones.

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):

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

Findings:

Inspectors found that residents were supported and promoted to achieve best possible health.

Residents had access to general practitioners, mental health services, hospital/specialist services, diabetes services, dental and chiropody services. A record of all appointments was kept in the personal health plans, including the reasons for the visits and any recommendations. Inspectors found that referrals had been made to speech and language therapist for a number of residents (for communication assessments) and

these referrals were rejected by the community care SALT. The provider stated private referrals would be sought where necessary.

Inspectors reviewed good examples of weight monitoring and enjoying improved health and diabetes monitoring and care. Staff demonstrated good knowledge of residents physical and mental health needs. Resident's health care assessments that were reviewed outlined individuals assessed support needs.

Regarding food and nutrition residents had good access to home cooked food and nutritious diets. Inspectors observed that the centre was well equipped with kitchens, baking and dining areas. Residents were observed assisting with cooking and dining together in an inclusive manner. Inspectors observed food safety information and training was provided and found appropriate choice and supports afforded to residents at mealtimes.

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:

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. Residents were found to be protected by the designated centres policies, procedures and practices.

Staff demonstrated good knowledge of the medication policies and protocols and had systems in place to monitor medication practices.

The inspectors found:

- There was a clear policy for medication management.
- There were clear and effective procedures for prescribing and administration of medication.
- The procedures regarding medication safekeeping ensured medications were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- Medications were administered only for those whom were prescribed for same.

- Administration records were signed by staff correctly and those reviewed correlated with the requirements of the residents' prescription.
- Residents' were assessed and encouraged to manage their own medications whereby they had capacity to do so.
- Residents' were found to all have their own local community pharmacist available to them.
- There were regular reviews and audits of medication and a system for managing medication errors was in place.

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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that there was a written statement of purpose in place in the designated centre. The inspector found that this document contained all the information required by Schedule 1 of the Regulations and outlined the services, facilities and model of care that were offered to the residents living in the centre.

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:

Inspectors found that there was evidence of a clear management structure operating within this designated centre. There was a system of communication and lines of authority were identified in terms of reporting relationships within the organisational structure. Residents and families were aware of the person in charge and the management team. However some improvements were required in areas of effective oversight and monitoring of all aspects of care provision. In addition, there was no annual review of quality and safety of care in the designated centre as is required by the regulations.

Inspectors found a qualified and competent person in charge worked full time in this designated centre. The person in charge had relevant bachelor and masters degrees in psychology and health care management. The person in charge was appropriately experienced in the intellectual disability service domain and presented as resident centred in her approach to management. The person in charge was supported by a management team and house coordinators in terms of care delivery to residents across this designated centre.

There were a number of audits reviewed in areas such as health and safety, fire safety and medication management. However as outlined in previous outcomes, a more robust system of monitoring and auditing was required in areas such as complaints and safeguarding.

The provider had conducted unannounced visits to the centre and inspectors found performance appraisals were in place for staff. There were brief supervision sessions recorded for co-workers and inspectors found this area required further attention. Co-workers were short term volunteers who lived and worked in the centre. While training records were reviewed the inspector found that supervision arrangements needed further attention. This was based on the quality of supervision records reviewed and the reliance on voluntary co-workers to fulfil staffing and supervisory roles with residents as outlined on the centres rosters. A number of co-workers were observed on inspection working with residents. While positive interactions were observed there were also occasions whereby co-workers were more engaged with their mobile phones as opposed to the residents they were working with. This requires improvement in terms of managerial supervision.

Judgment:

Non Compliant - Moderate

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:

The inspector found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was a deputy person in charge identified in addition to a team of on-site managers who would oversee and manage the designated centre in the absence of the person in charge.

The inspector found in instances whereby the person in charge was absent for 28 days or more the Chief Inspector was appropriately notified.

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:

From a resource perspective the inspectors found that the provider was continually liaising with the responsible funding body regarding the on-going resourcing of this centre. The person in charge and management team presented as appropriately aware of the resourcing needs of the designated centre.

Inspectors found that the premises/facilities (apart from issues highlighted in Outcome 6) were able to meet the needs of residents.

There were an adequate and appropriate number of transport vehicles available to residents within the designated centre.

Parents informed inspectors that recent meetings were held with parents whereby financial difficulties were communicated with them regarding the operation of the centre. Inspectors were also made aware that substantive financial resourcing had recently gone into the re-building of a roof in the centre. From an engineer's report reviewed regarding a recent fire inspection further financial commitment was required in this area.

Judgment:
Substantially 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 were appropriate staff numbers and skill mix observed in this centre to meet the needs of residents. Residents received continuity of care by a team of staff and co-workers in this centre. Staff were found to have up-to-date mandatory training in the required areas.

The inspectors observed that staff on duty during the inspection were familiar with the needs of the residents and provided care in a considerate and respectful manner.

The inspectors found that,

- Schedule 2 requirements were met regarding the staff and co-workers. Files reviewed held evidence of references, qualifications, contracts of employment and employment histories. An Garda Síochána vetting had been completed for all files reviewed.
- Staff were provided with training and refresher training in mandatory areas such as fire safety, safeguarding residents, manual handling and safe administration of medicines.
- Additional centre specific training/induction was provided as required.
- Meetings were held regularly to ensure consistent care and shared learning.
- There was an actual and planned roster that reflected the statement of purpose.
- Staff spoken to were competent and professional in their knowledge of their role and regulatory requirements.
- There was an annual appraisal system in place

- There was a system in place regarding the recruitment and use of volunteers (co-workers) in the organisation which was very important given the model of care in this centre.

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:

Overall records and documentation were found to be maintained to a good standard however, there were areas that required improvement to ensure clarity, accuracy and ease of retrieval regarding documentation.

While the majority of records and documents that were reviewed were in accordance with Schedules 3, 4 and 5 of the regulations, improvements were required due to identified gaps in some information. For example, inspectors examined a sample of residents' personal care plans and found that they were accurate and up to date. However, inspectors identified some minor gaps in documentation; for example, a record of an annual check up for epilepsy was not recorded in the file but had taken place. In addition, some residents medication documentation was not accurately completed, transcribed and recorded.

The centre had a resident's guide which contained the information required by the regulations. The centre had a directory of residents which largely contained the information required but did not include all medical details for all residents. Records of incidents, plans, assessments, and interventions were well maintained.

All the policies as listed in Schedule 5 were available but the policy on the Provision of Information to Residents was not dated. The centre was adequately insured and inspectors viewed the insurance policy that was valid until March 2016.

Judgment: Substantially Compliant

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:

Conor Brady
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:	26 January 2016
Date of response:	11 March 2016

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The managerial oversight of complaints was not adequate in certain cases reviewed.

1. Action Required:

Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature

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

of his or her disability.

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

Complaints follow-up procedure will be put in place to ensure that appropriate follow-up to and monitoring of complaints occurs in a timely and effective manner.

Proposed Timescale: 30/06/2016

Theme: Individualised Supports and Care

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

Measures of improvement were not put in place to a satisfactory standard in instances whereby a complaint was made.

2. Action Required:

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

Complaints training will be delivered to all staff to raise awareness of the procedures for escalation of all complaints, formal or informal, within the timescales set out in the organisation's Complaints policy.

Proposed Timescale: 30/06/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There were areas identified that were not clean or suitably decorated.

3. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Deep clean of resident's bedroom and adjoining bathroom facilities will be completed within proposed timescale, and maintained at house coordination level.

Internal maintenance and redecoration within some of the houses in the Community will take place within the proposed timescale.

Proposed Timescale: 31/05/2016

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:

Further review of fire safety arrangements were required based on recent fire safety inspection. This was evident in terms of evacuations and records reviewed on inspection.

4. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

There has been a redesign of fire drill documentation to ensure consistent and clear records are kept, including staff and resident participation, and the duration of all fire drill evacuations.

Retraining has been conducted internally for all staff responsible for conducting fire drills, to raise awareness of all records necessary at each fire drill.

Proposed Timescale: 11/03/2016

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:

There was no evidence that all alternatives had been used before restrictive practices were implemented.

5. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

All staff have been made aware of what behaviour protocols and behaviour support plans are in place for certain residents, which should be followed before administering/authorising the administration of PRN medication to alleviate behaviours that challenge.

Staff and co-workers undergo regular behaviour support reviews and training sessions to ensure consistency of practice when using any form of behavioural support.

Proposed Timescale: 11/03/2016

Theme: Safe Services

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

There was no evidence of the provision/facilitation of appropriate programmes/support to enhance resident's knowledge, self-awareness, understanding and skills needed for self-care and protection.

6. Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

A training program will be developed for residents, to provide them with training, support and information around self-care and protection from all forms of abuse.

A course will be provided for those residents interested in learning about relationships and sexuality.

Proposed Timescale: 31/10/2016

Theme: Safe Services

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

Residents' were not adequately protected from financial abuse.

7. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Daily balance checks with sign-off have already been introduced in the houses, as well as more robust security arrangements (discussed and agreed with HIQA) for financial management in the Community.

There is ongoing support for residents to open their own bank accounts and manage their money with the help of their key workers, or independently, in a way that continuously promotes their financial literacy skills, and raises their own awareness of how to prevent exposing their finances to potential abuse (see Action above).

Internal financial management training will be provided for all staff and co-workers in supporting people to manage their money in the safest way possible, and with an awareness of the importance of following adequate safeguarding procedures in relation to financial management.

Proposed Timescale: 30/06/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

All relevant planning documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 was not submitted to the Authority.

8. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

Planning retention: 30th September 2016

Fire regularisation certificates: 31st December 2018

Proposed Timescale: 31/12/2018

Theme: Leadership, Governance and Management

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

Some areas of service provision were not found to be effectively monitored.

9. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Using the unannounced inspection reports carried out bi-annually by the provider nominee as a guide, there will be regular appraisal of management systems in the Community, such as complaints management, safeguarding, incident/accident logs, care management systems such as medication or health reviews, and personal planning.

Proposed Timescale: 31/07/2016

Theme: Leadership, Governance and Management

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

There was no annual review of the quality and safety of care and support in the designated centre.

10. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

There will be an annual review, driven by quarterly audits, of the residents' personal plans and goals. There will also be an annual audit of the personal planning documentation on file for all residents.

Family and resident surveys will be used annually to gather information to identify quality and safety improvement initiatives.

Proposed Timescale: 31/08/2016

Theme: Leadership, Governance and Management

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

There was not effective performance appraisal regarding professional responsibility of all staff (co workers).

11. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Performance management and appraisal of co-workers will be implemented to take place on a regular basis. Staff engaging in the performance management of co-workers will be provided with supervision training in order to conduct meaningful and effective supervision with co-workers. An appraisal schedule (similar to the tracking system used for staff) will be developed to ensure regular, consistent and focused contact with co-workers around their professional responsibility. Organisational review of the supervision policy is also ongoing.

Proposed Timescale: 30/06/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

Inspectors found evidence indicating a lack of financial resourcing of the centre.

12. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The Person in Charge is engaging with the HSE to increase historically low capitation rates in the Community.

There is active engagement with the HSE to fill the current residential vacancy, at comparable rates to those of other providers within the sector.

Fundraising efforts will be increased to address one-off financial outlays in the coming years, particularly in view of the scope and cost of fire upgrade works required in the Community. These fundraising efforts will include lottery grant applications, and other applications for one-off funding from the HSE.

HSE capitation: 31st August 2016

Fundraising efforts: 31st December 2018

Proposed Timescale: 31/12/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

Residents' dates of admission and medical details were not included in the directory of residents.

13. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:

Directory of residents will be amended to include medical details and dates of admission for all residents in the service.

Proposed Timescale: 30/04/2016

Theme: Use of Information

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

Some documentation pertaining to Schedule 3 were not found to be accurately maintained. For example, medications documentation.

14. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Relevant documentation was completed as per policy.

Proposed Timescale: 11/03/2016