

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Camphill Communities of Ireland
<b>Centre ID:</b>	ORG-0011522
<b>Centre county:</b>	Kilkenny
<b>Email address:</b>	adrienne.smith@camphill.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Camphill Communities of Ireland
<b>Provider Nominee:</b>	Adrienne Smith
<b>Person in charge:</b>	Anne Finn
<b>Lead inspector:</b>	Vincent Kearns
<b>Support inspector(s):</b>	Mairead Harrington;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	15
<b>Number of vacancies on the date of inspection:</b>	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 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 announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
26 March 2014 08:30	26 March 2014 18:00
27 March 2014 08:30	27 March 2014 16:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

As part of the inspection inspectors met with residents, relatives, the person in charge, co-workers and other staff members. Inspectors met with the person in charge and discussed the management and clinical governance arrangements and the role of the person in charge. Inspectors examined documentation which covered issues such as policies, procedures, medication management, accidents and incidents management, complaints and emergency plan. The person in charge informed inspectors that she endeavoured to provide a person-centred service to effectively meet the needs of residents. The action plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- a number of policies required updating
- residents contracts were not in place
- personal plans were not adequate
- décor and cleanliness in some premises was not adequate
- management of enablers/restraint needed updating
- training in providing assistance to residents with eating and drinking was required

- management of medication administration was not adequate
- out of hours managerial reporting arrangements were unclear.

**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 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**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

**Judgement:**

Non Compliant - Major

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

No actions were required from the previous inspection.

**Findings:**

The person in charge informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to staff prior to admission. Inspectors reviewed the statement of purpose and noted that all residents were afforded a standard of care using a life sharing model that ensured respect, choice and dignity was promoted and facilitated at all times. Inspectors were informed by the person in charge that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. Inspectors noted that there was an admission policy titled joining, leaving and transferring for Camphill residents – national policy. This detailed preadmission arrangements and the admissions process. This policy did provide suitable arrangements for the resident and his or her family or representative to be provided with an opportunity to visit the centre, as far as reasonably practicable; before admission of the prospective resident. However, it was not adequate for the following reasons:

- as this policy was a national policy and not centre specific, it was not signed by the provider or dated
- while the person in charge informed inspectors that residents made a contribution of approximately fifty percent of their weekly disability allowance towards their upkeep; this arrangement was not detailed in the admission policy
- the policy did not take into account the need to protect residents from abuse from their peers.

The statement of purpose detailed a trial period of twelve weeks with a review at the end of this period. In relation to contracts detailing the support, care and welfare of residents and details of the fees to be charged regarding residents care and welfare;

there was evidence that work on providing such contracts had commenced with consultation with residents and families having been completed. Inspectors noted that one recently admitted resident had a contract in place. However, inspectors were informed by the person in charge that written agreements/contracts in relation to the term and conditions of admission to the centre were not available. In addition, the contract that was available was not adequate as it did not detail the fees to be charged to the resident.

### **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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Inspectors noted that a number of residents participated in their own individualised activities; often on a one to one basis with co-workers/staff. Inspectors were informed by residents and co-workers/staff that there were a number of options available for all residents in relation to activities and work. For example creative expression movement and art, art and crafts including basket weaving, wood work and pottery were available on site. The centre had a large kiln oven and on the second day of inspection inspectors were shown some excellent examples of ceramic pottery. In addition there were some fine examples of basket work that residents had also completed. The centre also had a small farm and inspectors noted that residents were actively participating in the horticulture/farming including milking and looking after animals. At the gathering meeting on the first morning of inspection residents informed inspectors that two baby lambs had been born the night previously. Growing vegetables was also significant part of residents' activities and inspectors noted that there were polythene tunnels with a selection of bedding plants and seedlings prepared for the new season. Residents to whom inspectors spoke detailed a number of off-site activities they enjoyed including attendance at Kilkenny Collective for Arts Talent (KCAT) art and study centre which was an open access to arts and lifelong learning initiative organized by the Camphill Communities. In addition, inspectors spoke to residents who worked in the local shop and some residents enjoyed horse riding, and/or swimming in the local pool. Of particular note was the high level of one-on-one support provided by the co-workers for

residents while residents were participating in daily activities. This arrangement ensured that residents were facilitated in having a high level of personal choice in the variety and scope of activities in which to participate. While there was a general routine to life in the centre with some level of activity/job allocation in place; residents confirmed with inspectors that they had a good choice of meaningful activities from which they could choose to attend or work in each day. Residents to whom inspectors spoke stated that they enjoyed attending dramas and musicals and also participating and going to concerts.

The inspectors reviewed a selection of personal plans which were comprehensive, centre specific and person-centred. Inspectors noted that they detailed individual plans in relation to residents' identified needs. These included a daily living needs assessment, behavioural challenges, supports, medical issues and strategies agreed with residents' involvement in order to reach these stated goals. Inspectors noted that a five accomplishments philosophy approach was used to maximise and facilitate residents' choice, respect, community integration, personal contribution and personal relationships. There was evidence of interdisciplinary team involvement in residents' care including nursing, speech and language therapy, General Practitioner (GP) and psychology services. Personal plans were reviewed annually or more frequently if there is a change in needs or circumstances. There was also evidence of residents' involvement in developing and reviewing their personal plan. The person in charge confirmed that she ensured that residents' personal plans were made available in an accessible format to the residents and, where appropriate, their representatives. There was evidence of a number of assessments such as ongoing monitoring of residents needs including residents' interests and communication needs. However, from a review of a selection of residents' personal plans; inspectors formed the view that they were not adequate for the following reasons:

- personal plans did not detail the education, life-long learning and employment supports that residents required
- for residents requiring their diet to be monitored there was no record of these residents' weight being monitored
- a number of personal plans did not record medical reviews, records of GP visits
- a number of personal plans did not record residents wishes in relation to transitions
- in a number of personal plans there were sections left uncompleted including residents and staff signatures, names of responsible persons for pursuing objectives in the plan and section in relation to recording any proposed changes in the plan.

#### **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

#### **Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The centre comprised of six houses/apartments and ancillary buildings located amongst a number of private houses in a cul de sac giving the atmosphere of a small rural village. There was a variety of different types of premises each had a house name that had been derived from some event/place/person of local significance. The first house was a large family farm-house style two-storey house which accommodated four residents and four co-workers, the second premises was a small two storey house which had a recently added single storey extension and accommodated one resident and three co-workers. The third premises was a large two-storey house which accommodated four residents and five co-workers. The fourth house was a large L-shaped two-storey house which accommodated four residents and four co-workers. The fifth house was a small rectangular shaped two storey house which accommodated one resident and three co-workers. The last house in the centre was a first floor apartment which accommodated one resident and two co-workers. All premises were easily accessible, bright, well ventilated, had central heating and most were decorated to an adequate standard. The premises were homely and met the needs of residents by making good use of soft colours, suitable furniture, comfortable seating and residents' art work. Generally the décor, design and layout were compatible with the aims of the statement of purpose.

There were adequate showers and toilets with assistive structures in place including specialised beds, ceiling hoists, hand and grab rails; to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Residents that showed inspectors their rooms stated that they were happy with the living arrangements and all had personalised their rooms with photographs of family and friends and personal memorabilia. Inspectors noted that apart from their residents' own bedrooms there were options for residents to spend time alone if they wished with a number of communal sitting rooms available.

Equipment for use by residents or people who worked in the centre including wheelchairs, mobile hoists and assisted chairs were in good working order and records were up to date for servicing of such equipment. There were suitable accessible grounds/outside areas and a variety of suitable pathways for residents use. In addition, the setting was similar to a small rural farm/village with pottery workshop and a small shop that was staffed by residents and co-works and supplied each house with groceries. There was a therapy building that contained a hydro-bath, a communal meeting house and a selection of farm type buildings that housed farm animals. There were a number of suitable garden areas with seating/tables provided for residents use located at a number of locations within the grounds of the centre. The grounds were kept safe, tidy and attractive and inspectors observed residents and their visitors using these facilities. However, there were a number of issues in relation to the premises including the following:

- a number of premises needed some renovation including repainting especially in the corridors and in some of the sitting rooms
- one house was not adequately clean as there were cobwebs and dust on a number of surfaces in a number of rooms. In addition there was an offensive odour from two

bathrooms.

## **Outcome 07: Health and Safety and Risk Management**

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

### **Theme:**

Effective Services

### **Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

### **Findings:**

There was a fire safety plan that was dated as having been reviewed in January 2014. Inspectors noted that there were fire evacuation notices for residents and visitors posted in public areas in each premises. The person in charge outlined to inspectors the actions that had been taken to ensure a valid certificate of compliance regarding statutory fire safety and building control requirements. Inspectors were informed of a recent meeting with the fire officer in relation to addressing any outstanding issues. These actions included upgrading some fire doors, fitting thumb locks to some doors and enclosing a hot press. Maintenance records for fire equipment including the fire alarm system were available and detailed the recent inspection in January 2014. Inspectors reviewed the fire safety register and noted that fire training and evacuation for residents and staff/co-workers was up to date. All staff to whom inspectors spoke gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire and staff confirmed that they had received fire training. Staff outlined to inspectors that staff were allocated as fire marshals for each premises and conducted the fire monitoring duties including inspection of escape routes each day.

From a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted and included any mobility issues such as screening for falls risks, daily living support plans such as diet and weight management and behaviours that challenge. Inspectors noted that there was a risk management framework dated as reviewed in February 2014. This framework detailed the risk management process and use of a risk matrix methodology for assessing risk in the centre. This framework identified the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. During the inspection, inspectors noted that in two houses there were low railings in upstairs landings and these railings had not been risk assessed in the context of presenting a falls risk to residents. Nevertheless, by the afternoon of the second day of inspection, inspectors noted that in one house a new additional railing had been constructed that eliminated the hazard of a resident falling from this stairs-landing area. In addition, the person in charge assured inspectors that the stairs-landing area in the second house would also be made suitable safe by the next day. There was a risk registrar which detailed hazard identification in the centre including identified



slips, trips, falls and manual handling risks with measures aimed to reduce such hazards. However the risk registrar did not detail the following specific risks as required by regulation of self-harm and unexpected absence of any resident.

### **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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was involved in the management of the day to day support provision for residents in the centre. The person in charge informed inspectors that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. On the morning of the first day of inspection, inspectors joined the "gathering" which was a meeting held each morning and attended by all residents and co-workers/staff. This meeting afforded every resident the opportunity to ask questions, raise queries or make suggestions directly to the person in charge and the co-workers/staff if they wished. The person in charge explained to inspectors that due to the small number of residents many of who had been living/working together with the same co-workers for some time; all were well know to each other and any issues could easily be brought up. In addition, the person in charge informed inspectors that there was considerable rotation of residents to different chores, activities, work placements; therefore residents also had the opportunity to meet and work with a verity of co-workers to whom they could raise a concern.

Inspectors noted that the person in charge had her lunch in different houses each day' therefore providing her a good opportunity to meet and interact with different residents and co-workers. During the inspection the inspectors observed the person in charge and co-workers/staff interacting and speaking to residents in a friendly, respectful and sensitive way. Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from co-workers/staff. Inspectors noted a positive, respectful and homely atmosphere that mainly emanated from the easy dialog between residents in their interactions with co-workers/staff. Inspectors also noted that all co-workers had received training in human

rights, dignity and equality. Inspectors viewed the adult and child protection framework the national policy for the prevention, detection and response to allegations of adult abuse that was dated January 2014. There were also policies in relation to providing intimate care, supporting individuals with complex needs, individuals finance management and policy on supporting individuals with communication however, inspectors noted that none of these policies had been signed or dated.

From a review of a sample of staff files inspectors noted that adult abuse training had been provided and staff also confirmed that they had received training in relation to the policy on identifying and responding to adult abuse. In addition, co-workers/staff to whom inspectors spoke were able to confirm their understanding of the features of adult abuse. From a selection of personal plans viewed inspectors noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. There were designated teams available to assist residents that required such support. Co-workers/staff to whom inspectors spoke confirmed that they had received suitable training and had 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.

The person in charge outlined that lap belts on a variety of different mobility chairs were used for a number of residents when required and to ensure their safety. However, the management of such belts was not adequate for the following reasons:

- there was no centre-specific restraint/enabler policy
- risk assessments in relation to the use of restraint were not recorded
- there was no decision making tool available in relation to using these belts
- the personal plans did not detailed the arrangements regarding the use of these belts
- the rationale for using these belts was not identified
- alternative measures to using these belts had not been identified
- consent in relation to the use of these belts had not been obtained
- the monitoring of a resident while these belts were in use was not recorded.

### **Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff to whom

inspectors spoke stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu accordingly. In most premises inspectors noted that residents were involved in the day-to-day running of their homes' including the cooking and baking for each meal. It was clear that for most residents and co-workers mealtimes formed an important part of the social milieu within the centre. Inspectors joined residents and co-workers for lunch and noted the supportive and spontaneous communication that occurred during this meal. Inspectors noted that there was a warm, positive, relaxed and social atmosphere at mealtimes that was very welcoming, inclusive and homely. During the meal distractions were kept to a minimum and co-workers endeavoured to ensure every resident was afforded the opportunity to participate as much as they wished in the banter round the table. Mealtimes were an excellent opportunity for residents and co-workers to share information about what was going on in each other's lives, share current events, and discuss matters of importance. Outside of set mealtimes residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available in each house. Inspectors noted that there were adequate quantities of food and drink; that was properly and safely prepared, cooked and served. Staff to whom inspectors spoke to stated that the majority of the food used was sourced locally whenever possible. Inspectors visited the local shop that supplied the centre with much of the food supplies and noted that the majority of these foods were organic and sourced, sometimes from the centres' farm. Inspectors noted that a number of residents were supported in preparing and cooking their own their own food and that there was adequate provision for residents to store food in hygienic conditions. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good.

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health assessment and care management. Inspectors reviewed a selection of personal plans and noted that each resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances. Inspectors noted that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. The person in charge informed inspectors that the level of support which individual residents required varied and was documented as part of the residents' personal plan. From reviewing residents personal plans inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing, toileting and oral care. There was evidence of a range of health assessments being used including physical wellbeing assessments, epilepsy, people related hazard assessments, eating and drinking assessment. However, there was no policy or written procedure regarding staff providing assistance to residents with eating and drinking. In addition, staff to whom inspectors spoke to had not received training in providing such assistance.

## **Outcome 12. Medication Management**

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

### **Theme:**

Health and Development

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Residents to whom inspectors spoke with confirmed that they had access to the pharmacist of their choice. There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines which was dated January 2014. Following a positive risk taking assessment; inspectors noted that some residents were supported in self administering their own medication. Inspectors noted that following a number of medication errors that a review had occurred and an action plan implemented to assist in preventing further errors from occurring. There was training of co-workers and staff in medication management and co-workers and staff to whom inspectors spoke demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in a locked cupboard in each house and the medication keys were stored in a locked key safe. However, inspectors formed the view that there was an inadequate practice in place for prescribing and administration of medicines for the following reasons:

- the medication administration record did not contain the residents address
- many of the medication administration records did not have photographic identification in place
- the recording of the time of administration was inadequate as it stated morning, lunchtime and evening and not the actual time
- residents date of birth was not available on the medication administration records
- many of the medications were recorded as having been prescribed in 2012 without evidence of having been reviewed.

**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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

A written statement of purpose was available and it broadly reflected the day-to-day operation of the centre, the services and facilities provided in the centre. The person in charge confirmed that she kept the statement of purpose under review and provided inspectors with a copy of the most up to date version. However, the statement of purpose required updating for the following reasons: The statement of purpose was not dated or signed by the provider and in relation to co-workers the statement of purpose did not contain the total staffing complement, in full-time equivalents, with the management and staffing complements as required in regulations. In addition, inspectors noted that the statement of purpose was not in a format that was accessible to residents.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was a full-time person in charge with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. In the absence of the person in charge, the senior co-worker undertook her responsibilities. The person in charge informed the inspectors that she was also appointed as person in charge for another centre and that she divided her time depending on need between each of the two centres fairly evenly. Inspectors were satisfied that the person in charge provided effective governance, operational management and administration of this centre. While the person in charge was recently appointed to this centre nevertheless, inspectors noted that there was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. There was evidence that the person in charge had a commitment to her own continued professional development and she had completed a number of relevant courses on a regular basis. The person in charge had completed Master of Arts (MA) in supervisory practice in a Dublin University in 2013 and was currently attending a part-time MA in Christian spirituality. In addition, the person in charge stated that she was well supported by the provider and described her as being very accessible and visited the centre approximately every six weeks to meet the person

in charge and co-workers/staff. The inspectors observed that the person in charge had an inclusive presence in the centre and residents and co-workers/staff also confirmed that she was a committed and supportive manager.

Inspectors noted that residents were familiar with the person in charge and approached her with issues during the inspection. Co-workers/staff to whom inspectors spoke were clear about who to report to within the organisational line management structures in the centre. Inspectors attended the gathering meeting on the first morning of inspection and noted that the person in charge and the co-workers/staff also attended this communication meeting each morning. This meeting was used to convey any priority issues in relation to residents' activities or any outstanding issues from the previous day/night or arrangements for the forthcoming day. The person in charge informed inspectors that the gathering meeting also assisted her in keeping up to date in relation to residents support needs and it afforded her the opportunity to effectively communicate issues with co-workers/staff each day. Throughout the inspection the person in charge demonstrated an adequate knowledge of the 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. Inspectors also noted that the person in charge demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care.

#### **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

#### **Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

#### **Findings:**

There was a centre-specific policy on recruitment and selection of staff, volunteers and co-workers and the person in charge was familiar with the recruitment process. Staff detailed the employee induction training programme that included good practice guidelines, personal care, advocacy, communication and health and safety training. The person in charge stated that a large proportion of her co-workers/staff had been employed in the centre for a significant period of time and there was a high level of continuity of staffing. A number of co-workers/staff to whom inspectors spoke with confirmed that they had worked in the centre for a number of years and outlined how

they were supported in their role on a daily basis. Inspectors reviewed the co-workers/staff roster and noted that it was an accurate reflection of the staffing arrangements. Co-workers/staff to whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors reviewed minutes of community management meetings that were held regularly and noted that the issues discussed included accidents and incidents, maintenance issues, volunteers and staffing, and farming issues. Inspectors noted that there was a list of senior co-workers who were available to provide assistance to co-workers/staff at night however, it was not adequate as there was no named senior staff identified as being clearly responsible to respond to co-workers/staff at night. Inspectors noted that copies of the standards were available in a number of the residents' houses and co-workers/staff spoken to demonstrated an adequate knowledge of the regulations and standards. The person in charge demonstrated a willingness and strong commitment to the delivery of person-centred care and to work towards meeting regulatory requirements. Inspectors noted that ongoing co-workers/staff training was provided which included the following:

- fire safety training
- adult abuse training
- first aid
- management of challenging behaviours
- standards and regulation
- medication management
- management of complaints.

Inspectors reviewed a selection of co-workers/staff files and noted that the documents under Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 were available.

### **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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Inspectors did not inspect this outcome however, during the course of the inspection inspectors noted that a significant number of policies and procedures were not signed or dated and therefore inspectors could not ascertain when such documents had been reviewed.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

***Report Compiled by:***

Vincent Kearns  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Camphill Communities of Ireland
<b>Centre ID:</b>	ORG-0011522
<b>Date of Inspection:</b>	26 March 2014
<b>Date of response:</b>	28 April 2014

### 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

To ensure that the admission policies and practices take account of the need to protect residents from abuse by their peers.

**Action Required:**

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

- a) Contract of residency has been amended to include protection from peer abuse. (Page 4 of contract)
- b) Admission policy (Joining & Leaving Camphill) has been amended and takes into account need to protect resident from abuse by peers. (Page 4 of policy)

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

**Proposed Timescale: 28/04/2014**

**Theme: Effective Services**

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

On admission, agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Consultation with families of residents has commenced.

All 15 contracts will be completed and signed by date below.

An easy read version of the contract is currently being prepared.

**Proposed Timescale: 30/07/2014**

**Theme: Effective Services**

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

To ensure the written agreement includes the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

All 15 contracts will be completed and signed by date below.

An easy read version of the contract is currently being prepared and will include fee payable by resident.

**Proposed Timescale: 30/07/2014**

## 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:**

To no sections of the personal plan are left uncompleted and ensure that any recommendations arising out of a personal plan review shall be recorded and shall include:

- (a) any proposed changes to the personal plan;
- (b) the rationale for any such proposed changes; and
- (c) the names of those responsible for pursuing objectives in the plan within agreed time scales.

**Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Work is currently underway regarding the above three points and will be completed by date specified.

**Proposed Timescale:** 30/07/2014

**Theme:** Effective Services

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

To ensure that arrangements are in place to meet the needs of each resident, as assessed including the education, life-long learning and employment supports that residents require, the monitoring of residents' weight, any medical reviews, and residents wishes in relation to transitions.

**Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Work has commenced regarding all Personal Plans that will revisit issues regarding

- A) Education
- B) Lifelong learning
- C) Education
- D) Monitoring of residents' weight
- E) Medical reviews
- F) Residents' wishes in relation to transition to any other Camphill community or to alternative accommodation on site.

**Proposed Timescale:** 30/07/2014

## Outcome 06: Safe and suitable premises

Theme: Effective Services

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

To ensure the premises of the designated centre are clean and suitably decorated.

**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:**

1. Extractor fans to be placed in the two downstairs toilets by 16/05/2014
2. Professional cleaning company to be recruited to carry out an initial thorough clean followed by a strict audited cleaning roster by 16/05/2014
3. Renovations – A wooden floor and storage cupboards to be installed on top hall by 31/07/2014
4. The unit is to be painted throughout by 30/08/2014.

**Proposed Timescale:** 30/08/2014

## 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:**

To ensure that the risk management policy includes the measures and actions in place to control the specified risk of the unexpected absence of any resident.

**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:**

Camphill has a Policy in the event of a resident going missing ( Section 3 of Policy Folder)

Risk Register now incorporates the above risk of unexpected absence of any resident.

**Proposed Timescale:** 28/04/2014

**Theme:** Effective Services

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

To ensure that the risk management policy includes the measures and actions in place to control the specified risk of self-harm.

**Action Required:**

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

- a) Policy on self-harm to be developed. Policy on self-harm to be completed – 30/05/2014
- b) Risk Register has been amended to incorporate the risk of self-harm - Completed

**Proposed Timescale:** 30/05/2014

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

To ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.

**Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Risk assessment on special chairs including belts and parental consent currently being worked on and will be completed by date specified.

**Proposed Timescale:** 30/05/2014

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

To ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

**Action Required:**

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

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

- a) Assisted feeding is covered in policy on Intimate Care. (Section 4 in Policy Folder)
- b) There is a written procedure in the Personal Plan of those residents who require assisted feeding.
- c) Training - in-service training is provided by House Coordinator to all house staff who offer assistance to residents.

**Proposed Timescale:** 28/04/2014

**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:**

To ensure that the designated centre has appropriate and suitable practices relating to the prescribing and administration of medicines.

**Action Required:**

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

Medication Administration Record of each resident has been completed and includes

- a) Resident's address and D.O.B.
- b) Photo I.D. attached
- c) Now states the TIME the medication is administered

Medication prescriptions –

- a) All prescriptions to be reviewed by relevant GP by 30/07/2014
- b) All prescriptions will be reviewed every six months thereafter.

**Proposed Timescale:** 30/07/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership Governance and Management

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

To prepare in writing a statement of purpose containing the information set out in Schedule 1.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:**

Statement of Purpose has been updated

- a) Has now been dated and signed by Service Provider (Adrienne Smith)
- b) Statement of Purpose the number of co-workers in whole time equivalents
- c) Statement of Purpose reflects the management and staffing complements.

Easy read version is in progress. 30/07/2014

**Proposed Timescale:** 30/07/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

To ensure that staff are appropriately supervised/supported at all times including at night.

**Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

On-call roster of senior staff has been compiled and will be operational from date specified

**Proposed Timescale:** 30/04/2014

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

To ensure that policies and procedures are reviewed at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

**Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

All policies and Procedures are currently under review and will be signed and dated by time specified. All policies will have a review specified.

**Proposed Timescale: 30/09/2014**