**Health Information and Quality Authority Regulation Directorate**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Camphill Communities of Ireland</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011519</td>
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<tr>
<td>Centre county:</td>
<td>Tipperary</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:adrienne.smith@camphill.ie">adrienne.smith@camphill.ie</a></td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Camphill Communities of Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Adrienne Smith</td>
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<tr>
<td>Person in charge:</td>
<td>Stine Teppan</td>
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<tr>
<td>Lead inspector:</td>
<td>Vincent Kearns</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>18</td>
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<td>Number of vacancies on the date of inspection:</td>
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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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:  
09 April 2014 08:00  
10 April 2014 08:30

To:  
09 April 2014 15:30  
10 April 2014 17:00

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 |

Summary of findings from this inspection
As part of the inspection the inspector met with residents, visitors, the provider, the person in charge, the deputy person in charge and co-workers/staff members. The inspector met with the person in charge and discussed the management and clinical governance arrangements and the role of the person in charge. The inspector reviewed policies and procedures which covered issues such as medication management, accidents and incidents management and residents healthcare. The person in charge informed the inspector that she along with the deputy person in charge and her co-workers/staff 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 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- a number of policies required updating
- the residents’ contracts were not adequate
- personal plans were not in an accessible format
- some premises were not adequately clean and in need of redecorating
• the risks associated with residents smoking were not adequately managed
• the prescribing and recording of medication administration was not adequate
• the statement of purpose was not in an accessible format.
**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 - Moderate

**Outstanding requirement(s) from previous inspection:**  
No actions were required from the previous inspection.

**Findings:**  
The person in charge informed the inspector that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to co-workers/staff prior to admission. The inspector 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. The community objective described in the statement of purpose stated that this centre aimed “to create a home rather than an institution, to provide a working and living environment that is both comfortable, sustainable and balances our residents’ lives between work, rest, and play”. The inspector was 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. The inspector noted there was a national admission policy titled joining, leaving and transferring for the residents. 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 was reasonably practicable, before admission of the prospective resident. However, it was not adequate for the following reasons:

- this policy was a national policy and not centre-specific, not dated or signed by the provider
- while the person in charge informed the inspector 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
- this 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. There were contracts available for each resident in the centre however, there were not adequate for the following reasons:
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 - Minor

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspector reviewed a selection of personal plans that were comprehensive, well organized, centre-specific and person-centred. From the selection of personal plans reviewed details were available in relation to residents’ identified needs including behavioural challenges, supports, medical issues and strategies to reach stated goals. There was evidence of interdisciplinary team involvement in residents’ care including community psychiatric nursing, dietician, psychiatric, medical and General Practitioner (GP), dentist and chiropody services. The inspector noted there were daily living support plans that contained relevant information in relation to residents’ ongoing required supports. There was evidence of ongoing monitoring of residents needs including residents’ interests, communication needs and daily living support assessments. There were identified key workers and associate workers responsible for pursuing objectives in conjunction with individual residents in each resident’s personal plan. Due to the high level of one-to-one support afforded by co-workers to individual residents, many residents participated in individualized activities, often on a one-to-one basis with their co-workers/staff. The inspector noted that there were agreed time scales and set dates in relation to identified goals and objectives. Large sections of the personal plan detailing current goals and challenges for individual residents were generally written from the residents’ point of view and gave the inspector an insightful picture of the resident. However, the personal plans were not available, in an accessible format, to the resident and, where appropriate, his or her representative.

The inspector attended the gathering meeting on the first morning of inspection and noted that this was an opportunity for residents and co-workers to greet each other and
discussed their work schedules/plans for the forthcoming day. The inspector noted a number opportunities for residents to participate in meaningful activities, work and training options. For example creative expression movement and art, art and crafts including candle making, gardening and horticulture and weaving were available on site. The centre had its own weavery that contained a large stock of different coloured yarns and fabrics and a number of large hand-loomi. On the second day of inspection one resident outlined to the inspector the work he was involved in which including some excellent examples of decorative or artistic woven woollen cloths/tapestries. The inspector noted that the centre also had a busy small farm that residents actively participated in the horticulture/farming including looking after the new born lambs. Growing vegetables was significant part of residents’ activities and the inspector noted that there were a number of polythene tunnels with a selection of bedding plants and seedlings prepared for the new season. Residents to whom inspectors spoke also 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. One resident informed the inspector that he was attending a training course in Kilkenny each day and another stated that he worked part-time in a car garage doing repairs and maintenance. In addition some residents enjoyed walking, cooking, attending the gym, 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 significant 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 to the inspector that they had a good choice of meaningful activities from which they could choose to attend or work in each day.

**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 was located in a scenic rural area there were four main households placed around the original farm house with several farm buildings along with a hall and a weavery and staff accommodation. The first premise was the farmhouse that had been
renovated a number of times and there were several outbuildings attached, one of which were occupied by one resident and a number of co-workers. The farmhouse premise consisted of three bedrooms for residents on the first floor as well as some co-worker accommodation on the first and second floor. In addition, the ground floor consisted of a sitting room, dining room, kitchen and a small office and larder as well as a boot room and utility room. The outbuilding accommodated one resident with en-suite facilities on the ground floor and on the first floor there was a bedroom for a resident (currently unoccupied), staff accommodation and a bathroom. The second premise consisted of two bedrooms on the ground floor, one en-suite to a bathroom with a bathtub and toilet, both with special care facilities. There was a third bedroom provided for co-worker accommodation. There was also an office, a sitting room, a dining room, a kitchen, a larder and a utility room as well as a boot room and another bathroom with toilet and wash-hand basin. In addition, on the first floor there were three resident and three co-worker bedroom accommodation. There were two bathrooms, both with toilets and wash-hand basins and one with a shower and one with a bathtub. The third premise consisted of two bedrooms for residents on the first floor as well as a bathroom with a bathtub, toilet and wash-hand basin, two rooms used for staff accommodation and a storage room. The main administrative office was also located on the first floor and could be accessed via stairs on the outside of this building. On the ground floor there were four bedrooms and two bathrooms, both with toilet and wash-hand basin, one had a shower and one with a bathtub in which both bathtub and toilet had special care facilities. In addition, the ground floor contained a kitchen, sitting room, larder, an office and utility room as well as a boot room and another bathroom with toilet and wash-hand basin. The last premise was attached to the third premise via a connecting door. In this premise on the ground floor there were two bedrooms for residents and one room used as staff accommodation, a bathroom with a bathtub, a toilet and wash-hand basin, a kitchen and a sitting room as well as a boot room and another bathroom with toilet and wash-hand basin. On the first floor, there are three bedrooms for residents and two rooms used as staff accommodation as well as two bathrooms, one with a bathtub and one with a shower and an office. All premises were easily accessible, bright, well ventilated, had central heating and most were decorated to an adequate standard.

The premises were warm, homely and met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. 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 assisted baths, 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 the inspector their rooms stated that they were happy with the living arrangements and all had personalised their rooms with photographs of family and friends, pop stars posters and various personal memorabilia. The person in charge confirmed 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.

There were suitable accessible grounds/outside areas and a significant variety of suitable pathways and interesting walks for residents use. In addition, the setting was
similar to a small rural farm/village with a weavery workshop that was utilised by residents on a daily basis. There was a number of garden areas with flowers and shrubs, a large horticultural area that included a number of large polythene tunnels and vegetable beds. There was a communal meeting house and a selection of farm type buildings that housed farm animals including cattle, donkeys, sheep and hens. 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 the inspector observed residents and their visitors using these facilities. However, the inspector noted a number of issues in relation to the premise including the following:

- a number of the houses were not adequately clean with dust and cobwebs evident.
- one of the laundries was not adequate as it was also not clean with dust, cobwebs and stains on the wooden laundry shelves, the walls were rough plaster and were difficult to clean and the design and layout of the laundry was inadequate to meet the needs of residents
- a number of premises needed some renovation including replacement of some carpets and repainting and especially in the corridor areas

**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:**

The inspector noted that there were fire evacuation notices for residents and visitors posted in public areas in each premises. There was a designated health and safety officer who outlined to the inspector the actions that had been taken to ensure a valid certificate of compliance regarding statutory fire safety and building control requirements. Maintenance records for fire equipment including the fire alarm system were available and detailed the recent inspection in March 2014. The inspector reviewed the fire safety register and noted that fire training and evacuation for residents and co-workers/staff was up-to-date. All staff to whom the inspector spoke gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire and co-workers/staff confirmed that they had received fire training. Co-workers/staff outlined to the inspector that individual co-workers/staff were allocated as fire marshals for each premises and conducted the fire monitoring duties including inspection of escape routes each day. The health and safety officer outlined to the inspector the arrangements for ensuring the health and safety of residents and co-workers/staff. These arrangements included an external health and safety audit conducted bi-annually, fire training every quarter, regular fire drills including an unannounced evening time drills and annual
review of the risk register or following any incident or near miss. From a selection of personal plans reviewed the inspector noted that individual risk assessments had been conducted for each resident and identified issues such as absconding and behaviours that challenge. There were individual personal evacuation plans detailing the supports and assistance that individual residents might require in the event of an emergency. The inspector noted that there was a national 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. The provider outlined how this framework was used to direct staff towards the relevant risk assessment in the centres’ risk register. The inspector reviewed the risk registrar which detailed hazard identification and management of hazards in the centre. The risk register included hazards associated with aggressive behaviour, medication, fire, driving/transporting, the farm environment, garden areas and craft workshop and there were measures aimed to reduce these identified hazards. However, the risk registrar did not include the specific risk of self-harm as required by regulation. In addition, the management of residents who smoked cigarettes was not adequate for the following reasons:

- there was no policy available in relation to residents who smoked
- the risk register did not detail suitable arrangements in relation to managing risks associated with smoking
- the risk assessments for the two residents who smoked were not adequate
- the personal plans in relation to the two residents who smoked were not adequate as they did not state the arrangements for the management/storage of the resident cigarettes or lighters/matches or the level of supervision/monitoring required.

### 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 - Minor

#### Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

#### Findings:
The inspector noted that residents had access to an external advocacy service and in each house there were publicly displayed notices in an easy format in relation to
contacting this service. The inspector spoke to the designated safe guarding officer who had completed a number of relevant courses, worked as a house co-ordinator in one of the houses and was clear about her obligations in relation to this role. There was a centre-specific policy dated as reviewed in October 2013. The inspector noted that there were copies of the national safe guarding documents “trust in care” and “children’s first guidelines” readily available in each premises. The deputy person in charge detailed suitable safe guarding arrangements in relation to recruiting, training and ongoing supervision of co-workers and staff. The person in charge informed the inspector that she monitored safe-guarding practices in the centre 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, the inspector joined the “gathering meeting” 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. The person in charge outlined to the inspector that safe guarding practices were enhanced by the following: the resident population was small and there was little change in the resident population. Residents and co-workers had been living/working together for some time and all were well know to each other. The inspector was informed by one co-worker who was now the house co-ordinator in a house that she had been born and raised in. One resident to whom the inspector spoke recalled memories of this co-worker as a child growing up in the house. The person in charge stated that there was also considerable rotation of residents to different chores, activities and work placements. Therefore, residents had the opportunity to meet and work with a variety of co-workers/staff to whom they could raise a concern.

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

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. 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 the inspector spoke were able to confirm their understanding of the features of adult abuse. From a selection of personal plans viewed the inspector 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. There was a policy on the use of restrictive procedures including physical, chemical and environmental
practices and the person in charge outlined that there was no restrictive practices in place.

The inspector reviewed the management of resident personal finances and found that generally robust and transparent process in relation to managing and recording residents’ finances. Each week resident’s money was obtained from their bank account with co-workers and all expenditure by residents was recorded with the correlating receipt also stored. At the end of each week the record and the receipts were checked by the deputy person in charge and any discrepancies identified and acted upon as required. However, the inspector noted that there was no facility when possible, for the resident to counter sign their own account records.

**Outcome 11. Healthcare Needs**

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

**Theme:**
Health and Development

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**

The inspector was informed that residents’ choice in relation to food options was available and any particular dietary needs that they might have were addressed. Co-workers/staff to whom the inspector spoke stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu accordingly. In all premises the inspector noted that residents were involved in the day to day running of their homes’ including the cooking and baking for each meal within each house. It was clear that for most residents and co-workers mealtimes formed an important part of the social milieu within the centre. The inspector joined residents and co-workers for lunch and noted the supportive and spontaneous communication that occurred during this meal. There was a homely, relaxed and social atmosphere at mealtimes that was very welcoming and inclusive. The inspector noted that a friend of one of the residents had called to visit and she also joined residents for lunch. This friend informed the inspector that she was a regular visitor and spoke openly about the warm welcome she always received from everyone in the centre. The inspector noted how co-workers/staff encouraged and facilitated residents to participate in the conversation around the table. Mealtimes were an excellent opportunity for residents and co-workers/staff to share information about what was going on in each other's lives, share current events, and discuss matters of relevance to residents and co-workers/staff. The inspector noted that residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available in each house. There were adequate quantities of food that were properly and safely prepared, cooked and served.
The majority of the food was fresh and when possible provided/produced in the garden or sourced locally. Co-workers/staff described how they only used vegetables in season and when possible fruit and vegetables that were organically grown. During the lunch the inspector noted that the choice of food was consistent with each resident’s individual dietary needs and preferences. Residents to whom the inspector spoke stated that they enjoyed their meals and during lunch the inspector observed that a number of residents had second helpings.

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. The inspector 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. The inspector 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 the inspector that the level of support which individual residents required varied and was documented as part of the residents’ personal plan. From reviewing a selection of residents personal plans the inspector 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 well-being assessments and people related hazard assessments.

**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:**
All residents’ medication administration records reviewed had photographic identification in place. There was a centre-specific medication policy that detailed the procedures for ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. This policy was dated as being reviewed in February 2014. Following a positive risk taking assessment, the inspector noted that some residents were supported in self administering their own medication. Residents’ medication was stored and secured in a locked cupboard in each house. On the first day of inspection the inspector noted that one medication cupboard was unsuitable. However, by midmorning on the second day of inspection the person in charge had a new replacement medication cupboard erected in the co-workers/staff office. The inspector noted that in addition to prescription medications, there were herbals,
The centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflected the view that there was an inadequate practice in place for prescribing and administration of medicines for the following reasons:

- the recording of the time of medication administration was inadequate as it stated morning, lunchtime, evening and night and not the actual time of administration
- the date for when the medications were prescribed by the GP was not recorded
- there was no GP/prescriber’s signature on the medication kardex
- the follow up risk reduction section of the record used for recording medication errors was not always completed
- there was evidence of co-workers/staff recording the administration of medication prior to actually dispensing such medication leading to recording errors.

The inspector reviewed a selection of medication administration kardex and staff to whom the inspector spoke demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. However, the inspector formed the view that there was an inadequate practice in place for prescribing and administration of medicines for the following reasons:

- clearly identified co-worker/staff roles and responsibilities for medication administration
- the implementation of a medication reconciliation process that included checking receipt of new medications, weekly stock control and weekly medication administration audits
- verification/stock control of vitamins, nutritional supplements and over-the-counter medications stored in the centre
- the introduction of a new blister pack medication administration system
- an external medication management audit conducted by a pharmacist
- further training in medication administration for staff.

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 and was clearly demonstrated in practice. The provider confirmed that she kept the statement of purpose under review and provided inspectors with a copy of the most up to date version. The person in charge confirmed that each resident was provided with a copy of the statement of purpose however, the inspector noted that the statement of purpose was not provided to residents in an accessible format.

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 and she had been working in different capacities within Camphill Communities for over eleven years. The inspector formed the view that the person in charge had 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 deputy person in charge undertook her responsibilities. The person in charge informed the inspector she divided her time between each of the four houses in the centre, as required. The inspector was satisfied that the person in charge provided effective governance, operational management and administration of the centre. The inspector noted that there was evidence of a defined management structure that identified the lines of authority, accountability, specified roles and detailed the responsibilities for all areas of service provision. There was evidence that the person in charge was committed to her own continued professional development and she had completed a number of relevant courses and intended to commence further management training this year. 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 regularly. The inspector 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. The inspector noted that residents were familiar with the person in charge and approached her with issues during the inspection. Co-workers/staff to whom the inspector spoke were clear about who to report to within the organisational line management structure in the centre. The person in charge informed the inspector that she had a number of ways of ensuring effective communication and governance of the centre including regular meetings with all co-workers/staff, supervision and appraisal arrangements and ongoing training and personal development. In addition, the person in charge attended the gathering meeting each morning and had lunch in a different house each day, which assisted her in keeping up to date in relation to residents support needs while affording her the opportunity to effectively communicate issues with residents and co-workers/staff. 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 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. The inspector 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:
Compliant

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. The deputy person in charge held the lead for human resource management and detailed robust arrangements in relation to recruitment of co-workers/staff including the verification of references. Staff detailed the employee induction training programme that included good practice guidelines, personal care, advocacy, communication and health and safety training. While there was considerable level of movement of new co-workers, the inspector also noted that a significant proportion of co-workers/staff had been employed in the centre for a considerable period of time and there was a good 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.

The inspector 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. The inspector reviewed minutes of community management meetings that were held regularly and noted that the issues discussed included accidents and incidents, maintenance, volunteers and staffing issues and farming issues. There was a weekly list of senior staff who were available to provide assistance to co-workers/staff at night and at weekends. The inspector noted that this roster provided identified named senior staff that were clearly responsible to respond if required out-of-hours to co-workers/staff. 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. The inspector noted that ongoing co-workers/staff training was provided and well organised. The inspector reviewed an up-to-date training schedule which included the following training:

- fire safety
- adult abuse
- first aid
- management of challenging behaviours
- medication management
- management of complaints
- nutrition
- health and safety
- communication
- manual handling.

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.
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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Camphill Communities of Ireland</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011519</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>09 April 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 May 2014</td>
</tr>
</tbody>
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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:
Current admission policy will be updated to meet standards.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Proposed Timescale:** 01/07/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
To ensure that 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:**
Agreements have been improved to include necessary information, and are currently send out to family members for consultation. Residents will be consulted regards changes and signed agreements will be put in place.

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**Proposed Timescale:** 01/07/2014

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**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 make personal plans available, in an accessible format, to the resident and, where appropriate, his or her representative.

**Action Required:**
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

**Please state the actions you have taken or are planning to take:**
Work will be done in order to put the personal plans into an accessible format.

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**Proposed Timescale:** 01/08/2014
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 premise is kept in a good state of repair externally and internally.

Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
Replace carpets and redecorate.

Proposed Timescale: 15/08/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the premise is 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:
Professional cleaning company has been put in place and comes in regularly. Improved cleaning schedule for staff will be implemented.

Proposed Timescale: 01/06/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the centre is designed and laid out to meet the aims and objectives of the service and the number and needs of residents including providing suitable laundry facilities.

Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
Renovate existing laundry to meet standards.
**Proposed Timescale:** 15/08/2014

**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 risks identified including the risks associated with residents smoking.

**Action Required:**
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
Separate policy in relation to residents smoking will be put in place, risk register and risk assessment will be updated accordingly.

**Proposed Timescale:** 01/06/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
To ensure that there are 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:**
Separate policy in relation to self-harm will be put in place risk register and risk assessment will be updated accordingly, personal plans for residents who smokes will be updated to include arrangement for management/storage of cigarettes/ lighters and the required supervision/monitoring.

**Proposed Timescale:** 15/06/2014
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 residents are protected from all forms of abuse, including financial abuse by ensuring each individual exercises control over personal finances and is protected from financial abuse and exploitation.

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:
Procedure amended and form now has section for residents to counter sign their own account record.

Proposed Timescale: 23/04/2014

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:
The MAR charts have been changed to allow for recording the actual time of administration, the date of prescription by the GP will be recorded and the all remaining medication kardex’s will be signed by the prescriber. The medication error form will be amended to extend the follow up risk reduction section to allow for appropriate recording. Staff will be retrained to ensure appropriate recording of administration.

Proposed Timescale: 01/06/2014
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 make a copy of the statement of purpose available to residents and their representatives.

Action Required:
Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

Please state the actions you have taken or are planning to take:
Make a copy of the statement of purpose available to residents and their representatives in an easy read format.

Proposed Timescale: 01/07/2014