

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	ORG-0011521
Centre county:	Kilkenny
Email address:	adrienne.smith@camphill.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Person in charge:	John O'Connor
Lead inspector:	Vincent Kearns
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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:
10 June 2014 08:30	10 June 2014 18:00
11 June 2014 08:00	11 June 2014 15:00

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
Outcome 18: Records and documentation

Summary of findings from this inspection

This monitoring and compliance inspection was announced and took place over two days. As part of the inspection the inspector met with residents, the person in charge, and co-workers/staff. 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 examined centre-specific documentation including policies and procedures which covered issues such as staffing, medication management, accidents and incidents management and emergency plan. The person in charge informed the inspector that he 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:

- admission policy needed updating
- contracts were not adequate
- personal plans needed updating

- risk registers needed updating
- the management of bedrails/lap belts was not adequate
- the management of some residents' finances was not adequate
- medication management was not adequate
- not all information as required under schedule 2 was available
- the files in relation to volunteers, staff and co-workers needed updating
- statement of purpose needed updating.

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. There was evidence transfers to and from the centre were planned and person-centred. The inspector was informed by the person in charge that consideration was always given to ensure that the needs of the resident being admitted were considered along with the needs of other residents currently living in the centre. The person in charge outlined how their pre-admission processes and the subsequent trial period of twelve weeks which could be extended as required; assisted in ensuring the appropriateness and suitability of any prospective resident in the context of the existing resident population. In relation to one recently admitted resident there were records of detail assessments, consultations and communication between the person in charge and the prospective residents representatives prior to this residents' admission. The inspector noted that there was an admission policy titled joining, leaving and transferring for Camphill 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, this policy was not adequate as it did not take into account the need to protect residents from abuse from their peers.

The statement of purpose also detailed a trial period of twelve weeks with a review at the end of this period. The inspector noted that written agreements with residents and their representatives which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided for that resident had been provided to each resident. In these contracts reference was made to a percentage contribution required to be paid by each resident. There was also a list of items/issues covered/not covered by this contribution. However, these contracts were not adequate

as it was unclear for example if medical costs were covered or not by this contribution and the contracts did not state 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:

The inspector noted that each resident had a copy of their own personal plan in an accessible format. The inspector reviewed a selection of personal plans which were comprehensive, person-centred and holistic. The inspector noted that they generally identified individual plans in relation to residents' identified needs including behavioural challenges, supports, any medical issues and strategies agreed with residents' involvement in order to reach these stated goals. Of particular note was the emphasis on positive aspects and the residents' identified strengths in meeting identified challenges. There was evidence of a range of assessments being used and ongoing monitoring of residents needs including residents' interests, communication needs, risk assessments and daily living supports. There were identified co-workers/staff responsible for pursuing objectives in conjunction with individual residents in each residents' personal plan and agreed time scales in relation to identified goals and objectives. Of particular note was the comprehensive residents' diaries which provided person-centred insights into each residents daily life. Co-workers/staff to whom the inspector spoke outlined how these diaries assisted in developing effective strategies in developing positive aspects of the residents' identified strengths towards meeting identified challenges. There was evidence of some interdisciplinary team involvement in residents' care including speech and language therapy, occupational therapy, physiotherapy, General Practitioner (GP), psychological, social worker and psychiatric services. There were a number of residents with identified communication issues and there was evidence of augmentative and alternative communication approaches were used including facial expressions or gestures, use of symbols or pictures, or the use of written format and photographs. There were regular discussions with residents and co-workers/staff in developing narratives to go with their photographs in assisting residents in making decisions around any planned activity or issue. From the sample of personal

plans viewed there was evidence of residents or where appropriate residents representatives involvement in agreeing/setting residents' goals. There was also evidence of individual goals having been achieved. In addition, personal plans contained details of meaningful activities recorded in respect of individual residents' needs and capacity. For one resident who had identified swallowing difficulties there was some reference to this issue in his personal plan including a recent referral to a speech and language therapist for a swallowing assessment. However, the personal plan was not adequate as it did not detail a comprehensive assessment of this identified need as required to reflect changes in this residents' need and circumstances.

The inspector noted that a number of residents participated in their own individualised activities; often on a one-to-one basis with co-workers/staff. The inspector was 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 and crafts were provided. There was also gardening and horticulture, farming and looking after animals such as horses and hens. In addition, there were options for residents to attend the watergarden café or workshops in the centre including cooking or work in the bakery. The inspector noted that horse riding, canoeing and archery were also available for residents and some residents' were busy preparing meals or other domestic type chores such as laundry and cleaning. Co-workers/staff to whom the inspector spoke outlined that growing vegetables was also important part of residents' activities and the inspector noted that there was a poly tunnel that supplied fresh lettuce and a selection of plants and various vegetables had been set in the garden. Residents to whom the inspector spoke detailed a number of off-site activities they enjoyed including swimming, dance club, shopping and outings such as going to the local cinema. Of particular note was the high level of one-on-one support provided by co-workers for residents while residents participated in their 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 the inspector that they had a good choice of meaningful activities from which they could choose to attend or work in each day. Residents to whom the inspector spoke stated that they enjoyed their work and the outings and in particular a number spoke about looking forward to planning their holidays for this summer.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre was located in a pleasant rural area accessed from the road via a long grassy verged tree lined driveway and consisted of three separate premises. The person in charge informed the inspector that this driveway was shared with a number of their neighbours. In addition, there were a number of ancillary buildings located amongst these premises including a workshop building, a small store, a meeting/community hall and a bakery. The first house was a large two-storey old former estate house which had the capacity to accommodate up to five residents and a number of co-workers. The second premises was a large modern bungalow and it accommodated up to four residents and a number of co-workers. The last premises was a self contained apartment located above the store house with its own separate entrance via a stairs and balcony to the side of the premises. This premises accommodated one resident and a number of co-workers. In addition, the small bakery was also located adjacent to this premises. All premises were easily accessible, bright, well ventilated, had central heating and 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 a specialised bed; 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 and personal memorabilia. The inspector 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 rooms available. Equipment for use by residents or people who worked in the centre including wheelchairs and specialised bed 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. 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 each premises. The grounds were kept safe, tidy and attractive and inspectors observed residents and their visitors using these facilities.

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 person in charge outlined the planned actions that had been taken to ensure that a valid certificate of compliance with statutory fire safety and building control requirements would be provided. These actions included upgrading of some fire doors and increasing the level of a sounder device in relation to one of the premises. The inspector observed that there were fire evacuation notices and fire plans publicly displayed in each premises. Maintenance records for fire equipment including the fire alarm system, fire extinguishers and fire blankets were available. There were designated fire marshals who were senior co-workers assigned to each house and conducted the fire monitoring duties. The inspector noted that fire training for 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. The inspector reviewed the records for accidents, incidents and near misses. The inspector noted that there was an efficient recording and notification of incidents and an effective system for investigating and learning from incidents and accidents. From a selection of personal plans reviewed the inspector noted that individual risk assessments had been conducted including daily living support plans such as diet, monitoring of epilepsy and behaviours that challenge. The inspector noted that there was a regular health and safety audit conducted by an independent safety officer each year. There was a centre-specific safety statement dated as reviewed in May 2014, a major emergency plan and 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 also identified the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. Each area including the farm, garden, maintenance and craft workshop areas also had risk registers. In addition, the area of care provision also had a separate risk register. Each register detailed hazard identification within each of these premises/areas and identified slips, trips, falls and manual handling risks with measures aimed to reduce such hazards. However, these risk registers were not adequate as the risks identified within the registers had not been risk rated and therefore the level of risk for each hazard had not been identified.

Laundry facilities were provided within each premises and were adequate. Some residents laundered their own clothes and residents to whom inspectors spoke were happy with the laundry system and confirmed that their own clothes were returned to them when laundered. Co-workers/staff to whom the inspector spoke outlined how cleaning was provided by co-workers/staff and residents also had tasks such as tidying and some cleaning duties in their own premises. The person in charge agreed to review the management of towels in communal bathrooms and toilets as this was unclear in some of the premises and potentially compromised efforts to prevent cross contamination.

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 - Major

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 he 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. The inspector noted that meetings were regular held and well attended by both residents and co-workers and the inspector attended the "gathering meeting" on the first morning of the inspection. This meeting afforded all residents and co-workers/staff to discuss current event and any issues of common interest. Residents to whom the inspector spoke confirmed that such meetings afforded them the opportunity to 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 the inspector 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 the inspector 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 variety of co-workers to whom they could raise a concern. 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.

The inspector viewed the adult and child protection framework the national policy for the prevention, detection and response to allegations of adult abuse. There were also polices in relation to providing intimate care, supporting individuals with complex needs, individuals finance management and policy on supporting individuals with communication. From a review of a sample of staff files the inspector noted that adult abuse training had been provided and co-workers/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. Co-workers/staff to whom the inspector 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 inspector noted that one wheelchair had a lap belt and one bed had bed rails in place to ensure a residents' safety. However the management of bed rails/belts was not adequate for the following reasons:

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

There was a centre-specific policy on the management of residents' personal finance dated. There was adequate space provided for the storage of personal possessions. There was a policy on residents' personal property which was centre-specific and the inspector reviewed the local arrangements' to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. These arrangements included the allocation of a nominated co-worker/staff where necessary to assist individual residents in their personal shopping. The inspector noted that nominated co-worker/staff were accountable to ensure adequate records and robust accounting procedures were used when handling residents' monies. The safeguarding officer informed the inspector that she pro-actively monitored these arrangements to ensure their effectiveness in safeguarding residents' finances. There were written receipts retained for all purchases made on residents' behalf. However, the inspector formed the view that the management of some residents' finances was not adequate as a number of residents did not have direct access to their own personal monies and some residents did not have control over their own financial affairs in accordance with their wishes. This arrangement therefore potentially exposed some residents' to possible financial exploitation.

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 choice of food was frequently discussed with individual residents and changes were made to the menu accordingly. The inspector viewed menu records which recorded a variety of menu options. Residents to whom the inspector spoke stated that they enjoyed their meals and that the food was very good. In most 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. Apart from breakfast, which according to the person in charge tended to be a more individualised/staggered affair with residents having their breakfast at slightly different times; it was clear that 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 occurred during this meal. The inspector noted that 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. 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 and drink; that was properly and safely prepared, cooked and served. Co-workers/staff to whom the inspector spoke stated that the majority of the food used was sourced locally whenever possible. During lunch the inspector noted that the choice of food was consistent with each resident's individual dietary needs and preferences. The inspector also noted that most 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. The inspector noted that a number of residents required assistance with eating and drinking and that appropriate assistance was provided to this resident by a co-worker. The person in charge outlined how as part of the structured induction programme all co-workers /staff were trained in providing suitable support to residents in relation to eating and drinking. There was a centre-specific policy on nutrition dated January 2014.

The inspector reviewed a selection of personal plans and noted that most resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances. Within the personal plans there were personal communication passports giving details of the resident including their likes/dislikes, activities/work and hobbies using plenty of photographs. The inspector noted that these passports also identified how best co-workers/staff could communicate with each individual resident and included strategies to enhance effective communication. Overall the inspector noted that the care delivered encouraged and enabled residents to make healthy living choices including daily activities, exercise and dietary considerations. Co-workers/staff 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 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 health assessment being used including epilepsy, general health, self care and skill

assessments, individualised risk assessments and activity assessments. From speaking with the person in charge and co-workers/staff and from the documentation reviewed, it was evident that residents had access to allied healthcare services such as physiotherapy and occupational therapy services. There was evidence of efforts having been made to involve members of the interdisciplinary team in residents' care/personal plan reviews including GP's and social workers.

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. None of the residents were self-administering medication in the centre. There were records of training having been provided for co-workers/staff in medication management. Co-workers/staff to whom the inspector 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. The inspector noted that any alternative/herbal medication was also stored in the medication cupboard and that the GP was informed of all residents' medication including alternative/herbal medications. 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. Records of medication audits that had been conducted were available and there were records of medication errors that included follow up remedial actions to prevent such errors from reoccurring. However, the inspector noted following administration of residents medication in one premises the medication administration record had not been signed by the administering co-workers/staff. In addition, one residents' medication record did not have a commencement date for the administration of this residents' medication.

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 and the services and facilities provided in the centre. 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 that was promoted and facilitated at all times. The person in charge confirmed that he kept the statement of purpose under review and provided the inspector with a copy of the most up-to-date version. During the inspection the inspector noted that there was a copy of the statement of purpose in each premises. Residents to whom the inspector spoke confirmed that a copy of the statement of purpose had been made available to them and their representatives. The inspector noted in each statement of purpose there were floor plans of the premises however, the statement of purpose was not adequate as these floor plans were difficult to read and did not adequately provide a description of the rooms and primary function in the centre.

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. The person in charge outlined how he had been working for many years as a co-worker and senior co-worker in a number of Camphill communities. In the absence of the person in charge, a senior co-worker who also had been working within the Camphill community for a significant amount of time undertook his responsibilities. The inspector was satisfied that the

person in charge provided effective governance, operational management and administration of this centre. Within this centre there was evidence of a defined management structure that identified the lines of authority and accountability, specifies roles, and details of responsibilities for all areas of service provision. The person in charge had a commitment to his own continued professional development and he had completed a number of relevant courses on a regular basis including courses in mental health studies, special education and speech and language impairment and communication. The inspector noted that the person in charge had an inclusive presence in the centre and residents and co-workers/staff also confirmed that he was a supportive manager. The inspector noted that residents were familiar with the person in charge and approached him 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 structures in the centre. 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. 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:

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. Co-workers/staff detailed the employee induction training programme that included good practice guidelines, personal care, advocacy, communication and health and safety training. The inspector noted that a number the co-workers/staff had been employed in the centre for a significant period of time and there was a good level of continuity of staffing. A number of co-workers/staff to whom the inspector spoke 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 the inspector spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. The inspector noted that copies of the standards were available in a number of the residents' premises 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 person in charge detailed the arrangements for co-worker/staff supervision and there were records of each supervision meeting held in co-workers/staff files. Co-workers/staff outlined to the inspector how ongoing training was provided including external outsourced fire safety training, internal induction programmes and attendance at periodic workshops. There were community meetings held on Wednesday afternoons where training was also provided. There was a policy on training and professional development and the inspector noted that ongoing co-worker/staff training was provided in the following areas:

- sign language
- fire safety
- adult abuse
- first aid
- patient handling
- management of challenging behaviours
- medication management
- epilepsy management
- manual handling
- communication.

The inspector noted that there had been an audit of the co-workers/staff files and the inspector reviewed a selection of co-workers/staff files and noted that most of 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. However, co-workers files did not contain the position the person holds, or held, at the designated centre, the work the person performs/performed and the number of hours the person is or was employed each week.

Inspectors noted there was a policy on the management of volunteers in the centre. The person in charge outlined to the inspector the procedures for recruiting volunteers including interview process, reference verification procedures and a detailed and structured induction programme. However, the policy was not adequate as it did not require that an agreement regarding the roles and responsibilities of volunteers be set out in writing. In addition, the inspector was informed by the person in charge that in practice such written agreements were not in place.

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:

This outcome was not part of this inspection however, the inspector noted that not all documents in relation to staffing as required under schedule 2 were available and therefore generated an action under this outcome.

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	ORG-0011521
Date of Inspection:	10 June 2014
Date of response:	04 July 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 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:

The policy on admissions has been reviewed to take into account the need to protect residents from abuse from their peers.

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

Proposed Timescale: 15/06/2014

Theme: Effective Services

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

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.

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:

The resident's contract has been reviewed and specific details regarding medical costs and fees to be charged have been added.

Proposed Timescale: 15/06/2014

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 ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The specific personal plan referred to has been reviewed and recommended changes made.

Proposed Timescale: 15/06/2014

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 hazard identification and assessment of risks throughout the designated centre.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Risk registers have been reviewed and a training day organised to enable Individual risk ratings to be completed.

Review of hand towels in communal bathrooms has been carried out and disposable towels introduced. {completed 15/06/14}

Proposed Timescale: 15/09/2014

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, they 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:

Management of bed rails/lap belts for wheelchairs has been reviewed and alternatives discussed with consultation through Occupational therapists and HSE Liaison Nurse. A policy on the use of bed rails and Lap belts has been completed 2/07/14. Risk assessments have been carried out highlighting the rationale and necessity for their use.

The Personal plan has been reviewed to include these procedures.

The individual has given written consent this has been in the personal plan.

The monitoring of these supports will be discussed regularly with the resident and his representatives.

Written consent to be obtained from the representative {15/08/14}

Proposed Timescale: 15/08/2014

Theme: Safe Services

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

To protect residents from all forms of abuse including financial abuse.

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:

Three residents whose Disability allowance is being administered by their families will receive the supports of advocacy services to complete a review. Families have been contacted to inform them of the review requirements. The review will highlight any recommendations for implementing additional safeguards.

Proposed Timescale: 26/09/2014

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 put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Action Required:

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

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

Regular audits will continue to monitor and support best practices 10/06/14 completed Medication record amended to show commencement date. {completed 15/06/14}

Proposed Timescale: 15/06/2014

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 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.

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:

An improved quality of floor plan is being completed with details of each rooms function to be included.

Written confirmation has been provided by all families/representatives and residents that they received the statement of purpose. The new version with improved quality of floor plans and details of functions of rooms will also be made available to all stakeholders.

Proposed Timescale: 15/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Set out the roles and responsibilities of volunteers working in the designated centre in writing.

Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

Additional details have been added to co-worker and employee files to specify the number of hours, specific roles and responsibilities carried out.

The position of senior Co-worker is being reviewed and will include the completion of a signed description of roles and responsibilities in each file.

Proposed Timescale: 31/08/2014

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 maintain, and make available for inspection by the chief inspector, records of the

information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

A review will be carried out of staff documentation and any additional documents will be completed in relation to staffing.

Proposed Timescale: 31/08/2014