## 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 Community Mountshannon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003828</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Clare</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:kekahdezalonso@hotmail.com">kekahdezalonso@hotmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Camphill Community Mountshannon</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Pearse O Shiel</td>
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<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on</td>
<td>5</td>
</tr>
<tr>
<td>the date of inspection:</td>
<td></td>
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<tr>
<td>Number of vacancies on</td>
<td>1</td>
</tr>
<tr>
<td>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.
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 1 day(s).

The inspection took place over the following dates and times
From: 08 July 2014 09:00
To: 08 July 2014 18:00

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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</thead>
<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<tr>
<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This monitoring inspection was the first inspection of this centre carried out by the Authority. As part of the inspection, the inspector met with residents, relatives and staff members. There are four houses accommodating up to six residents in this community. Residents live in domestic style houses which they share with co-workers and their families. They share the work that has to be done including household tasks such as cooking and laundry, gardening and craft making. Residents are supported to partake and work in various workshops including weaving, spinning and basketery.

The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, procedures and staff files.

Overall, the inspector found that residents enjoyed a good quality of life in the centre. Co-workers supported residents to participate in the running of the house and in making decisions and choices about their lives. Residents were supported to pursue their interests and hobbies.

The houses in the centre were comfortable, appropriately furnished and well maintained.

Staff and residents knew each other well, residents were observed to be relaxed and comfortable in the company of staff.
Areas of non compliance related to risk management, documenting of training records, personal planning documentation and staffing files, which are discussed further in the report and included in the Action Plan at the end of this report.
Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests. Arrangements were in place to meet each resident's assessed needs and these were set out in an individualised personal care plan. Co-workers provided a good quality of social support to residents.

The inspector reviewed some personal plans. The plans set out each resident's individual needs and there was evidence of regular review and participation by residents/relatives in the development of their plans. There was evidence of regular meetings between residents, their families and co-workers. Relatives spoken with confirmed that they were involved in the development and review of personal plans. While there was evidence that individual goals were discussed and documented at the annual review meeting, the name of those responsible for reviewing objectives within agreed time frames were not included in the personal plan. Copies of personal plans and accessible versions of the plans were also available to residents, some used pictures and photographs to depict the information in the residents’ folders.

The personal plans contained important information about the residents’ backgrounds, including details of family members and other people who were important in their lives. They also contained information about residents’ interests, likes and dislikes. There were individualised needs assessments and support plans in place for each resident. The support plans in place were comprehensive and personalised and included areas such as communication, personal care, emotional well being, access to local community, life skills, household tasks, social, cultural activities and hobbies, keeping safe, training/personal development, contribution to daily community life, daily routines and finances.
Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place.

There were very clear detailed communication profiles in place for residents with communication difficulties. The personal plans also contained guidance to staff on supporting residents in such areas as positive behaviour. Positive behaviour plans in place included details of situations that some residents may find difficult, what to do to avoid these situations, early warning signs, what to do if the situation escalates and what to do afterwards.

Residents were observed to be relaxed and comfortable in the company of all staff. The inspector saw staff implementing personal plans with residents throughout the day. Relatives spoken with spoke very highly of staff and told the inspector how their family members were supported to enjoy a varied and healthy lifestyle.

**Judgment:**
Non Compliant - Minor

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

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector noted that risks were generally well managed but some improvements were required.

There was an up to date health and safety statement available. The inspectors reviewed the risk register and found that it been regularly reviewed and updated. However, risks specifically mentioned in the Regulations such as the unexpected absence of a resident, accidental injury to residents, visitors or staff, aggression and violence and self harm were not in included in the policy. There was a dedicated community safety officer and staff confirmed that regular health and safety meetings took place and risks were discussed and reviewed on a ongoing basis.

The inspector reviewed the emergency plan dated May 2014 which set out the roles and responsibilities of staff in the event of varying types of emergencies. Arrangements were in place locally for alternative accommodation in the event of any of the buildings having to be evacuated.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in June 2014. Smoke alarms were fitted in every
room of each house and weekly checks were carried out and recorded by the community safety officer. Staff told the inspector that daily checks on the means of escape were carried out but these were not documented. Fire safety training had recently taken place, all co-workers attended with the exception of the person in charge. The person in charge told the inspector that she would prioritise this training. Staff spoken with were knowledgeable and confident in knowing what to do in the event of fire. Regular fire drills had taken place involving co-workers and residents, the last drill had taken place on 7 July 2014. The procedures to be followed in the event of fire were displayed in a prominent place in each house.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that measures were in place to protect residents from being harmed or abused but some improvements were required in relation to maintaining training records.

The inspector reviewed the policy on detection and response including reporting of concerns and or allegations of abuse. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations or suspicions of abuse. It also included details of the designated safeguarding officer. Staff spoken to confirmed that they had received training as part of their induction in relation to the prevention and detection of abuse and were knowledgeable regarding the different types of abuse and their responsibilities in this area. Records of induction training were maintained but there were no specific clear training records in relation to training undertaken on safeguarding residents and the protection, detection and response to abuse. The person in charge told the inspector that she regularly discussed the policy at co-worker meetings and that Children First training was scheduled for July and September 2014.

The inspector reviewed the policy on positive behavioral support. The policy also
included clear directions on the use of restrictive procedures including ensuring that the
least restrictive intervention was used for the shortest period possible. Staff told the
inspector that there were no restrictive practices in place at the time of inspection.

The inspector observed staff interacting with residents in a respectful and friendly
manner. Personal care and hygiene support plans had been developed for each resident
to ensure privacy was respected and to protect the resident from any risk during the
delivery of intimate care.

Judgment:
Non Compliant - Minor

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible
health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that residents’ overall healthcare needs were met and they had
access to appropriate medical and allied healthcare services.

All residents had access to GP services. There was an out-of-hours GP service available.
The inspector reviewed a sample of files and found that GPs reviewed residents on a
regular basis. Relatives spoken with were satisfied with the GP service.

Residents had access to a range of allied health professionals as required. Records of
referrals and appointments were observed in residents' files and recommendations were
reflected in residents personal plans.

The inspector was satisfied that residents' were supported to buy, prepare and cook the
foods that they wished to eat. Residents had access to the kitchen at all times and could
choose a time that suited them to have their meals. Residents had access to drinks and
snacks throughout the day.

The inspector was satisfied that residents' nutritional needs were well monitored. Staff
spoken with were conscious of ensuring that residents received a healthy, balanced and
nutritious diet. Residents were supported to buy, prepare and cook the foods that they
wished to eat and were supported to choose healthy options. Residents had access to
the kitchen, drinks and snacks at all times. Fresh fruit and vegetables were readily
available, many from the community's own garden.
Judgment: Compliant

**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

Theme: Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector noted that medication management practices were safe.

There was a comprehensive medication policy in place which guided practice and staff spoken with were knowledgeable regarding medication management policies and practices.

There were medications prescribed for one resident. The inspector reviewed the prescription/administration charts and noted that all medications were individually prescribed and regularly reviewed by the GP. Medications were administered as prescribed. Medications were securely stored and systems were in place for the safe return of medications to the pharmacist.

The house coordinator had carried out medication management training with all co-workers in the house. The person in charge stated that updated medication management training was being organised at national level and planned to take place later in the year.

Judgment: Compliant

**Outcome 14: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme: Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector were satisfied that the person in charge had the appropriate experience and qualifications for the role. She worked full-time, lived in one of the houses and was on call out of hours and at weekends. Another member of the the management group deputised in the absence of the person in charge. She was working in her current role as person in charge since October 2013 and had been working as a house coordinator for the past 4 years. She was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs and personal plans of each resident. She was in daily contact with residents and staff. The inspector observed that she was well known to staff, residents and relatives.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included other members of the management group such as the designated person to act on behalf of the provider, a community safety officer, a safeguarding officer and other house coordinators. There were established weekly and monthly management meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The person in charge outlined how she regularly met with the designated person to act on behalf of the provider. The person in charge told the inspector that she felt well supported in her role and could contact any member of the management group at any time should she have a concern or issue in relation to any aspect of the service.

There was no formal annual review of the quality and safety of care in the centre, however, the person in charge told the inspector that some audits were planned in areas such as medication management and incidents with a view to learning and carrying out improvements to the service.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector noted adequate staffing levels to meet the needs of residents at the time of inspection. The inspector visited two of the houses, staff which included the house coordinator and co-workers lived in both houses. Staffing arrangements were flexible in order to meet the needs of residents. Co-workers from both houses supported one another if required. The house coordinator in each house had overall responsibility for the running of the houses and staff supervision.

The inspector reviewed a number of staff files and noted that improvements were required in the recruitment processes. All of the documents as required by 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 not provided including absence of photographic identity, full name and address and dates of commencement of employment. All files reviewed included Garda clearance or police clearance from the home country of some international co-workers.

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had attended ongoing training and records of training was maintained in staff files. There was a comprehensive staff induction programme and records of same were maintained in staff files. There was evidence of regular one to one review meetings with staff.

Judgment:
Non Compliant - Minor

Closing the Visit
At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements
The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:
Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Camphill Community Mountshannon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003828</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>08 July 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>30 July 2014</td>
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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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While there was evidence that individual goals were discussed and documented at the annual review meeting, the name of those responsible for pursuing objectives within agreed time frames were not included in the personal plan.

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

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
We will include, as part of each personal plan review, the following headings attached to each goal:

- Recommendations
- Proposed changes
- Rationale for proposed changes
- Who will do it
- By when

**Proposed Timescale:** 31/08/2014

### 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:

The measures and actions in place to control the specified risk of the unexplained absence of a resident was not included in the risk management policy.

**Action Required:**

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

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

The measures and actions in place to control the specified risk of the unexplained absence of a resident will be included in the risk management policy.

**Proposed Timescale:** 31/08/2014

**Theme:** Effective Services

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

The measures and actions in place to control the specified risk of accidental injury to residents, visitors or staff were not included in the risk management policy.

**Action Required:**

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The measures and actions in place to control the specified risk of accidental injury to residents, visitors or staff will be included in the risk management policy.
| **Proposed Timescale:** 31/08/2014 |
| **Theme:** Effective Services |
| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** |
| The measures and actions in place to control the specified risk of aggression and violence were not included in the risk management policy. |
| **Action Required:** |
| Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence. |
| **Please state the actions you have taken or are planning to take:** |
| The measures and actions in place to control the specified risk of aggression and violence will be included in the risk management policy. |

| **Proposed Timescale:** 31/08/2014 |
| **Theme:** Effective Services |
| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** |
| The measures and actions in place to control the specified risk of self harm was not included in the risk management policy. |
| **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:** |
| The measures and actions in place to control the specified risk of self harm will be included in the risk management policy. |

| **Proposed Timescale:** 31/08/2014 |
| **Theme:** Effective Services |
| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** |
| The person in charge had not received up to date fire safety training. |
| **Action Required:** |
| Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents. |
Please state the actions you have taken or are planning to take:
The person in charge will received up to date fire safety training.

**Proposed Timescale:** 08/09/2014

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**Outcome 08: Safeguarding and Safety**  
**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There were no specific clear training records in relation to training undertaken on safeguarding residents and the protection, detection and response to abuse.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
Training records have been updated to show clearly that training has been undertaken on safeguarding residents and the protection, detection and response to abuse.

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

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**Outcome 17: Workforce**  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All documents as required by 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 not provided including absence of photographic identity, full name and address and dates of commencement of employment.

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
All documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 will be provided in files including photographic identity, full name and address and dates of commencement and cessation of employment.
**Proposed Timescale:** 31/08/2014