

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003623
Centre county:	Dublin 14
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Lead inspector:	Helen Lindsey
Support inspector(s):	Angela Ring;
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 November 2014 09:30 To: 20 November 2014 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection of this centre by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspectors visited the designated centre and met with the residents, relatives and staff members. The inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

The aim of the designated centre is to promote the rights of adults with disabilities to live their life as they choose, and to maximise their independence in a supported independent living environment. They operate using the model of 'home sharing' where co-workers and residents share accommodation. Everyone who lives in the

centre are encouraged to take responsibility for the upkeep of the household according to their ability. This centre is made up of one house with three residents. At the previous inspection, there were three houses associated with this centre however the provider is in the process of changing the purpose of the other two houses which will be considered by the Authority once the alternative plans are submitted.

Overall, inspectors found that residents received a good quality service in the centre whereby staff and co-workers supported and encouraged residents to participate in all aspects of their home and community life. Residents gave positive feedback about the staff and the service they received. During the inspection residents were engaged in a range of activities to suit their individual interests, and staff were seen to be interacting with them in a positive way. The environment was suitable for the needs of the residents and they were able to access local services including their local general practitioner.

Areas of non compliance related to the risk management policy, medication management, updating the residents guide and some additional policies required to be available in the centre. All of these areas are discussed further in the report and included in the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were consulted about how the centre was planned and run in a number of different ways. Residents told inspectors they planned their meals and shopping and inspectors observed residents preparing meals during the inspection.

Residents' religious, civil and political rights were respected. Some residents chose to go to religious services and this was supported and facilitated. The staff described the steps to ensure that residents were registered to vote if they wished.

Residents were supported and encouraged to have control over their own finances and there was a policy and procedures in place to protect residents who required assistance in this area. Residents had their own bank accounts and staff informed inspectors that they provided skills training to residents to promote their autonomy. This was reflected in residents' personal plans.

Inspectors spent time in communal areas with residents and observed that staff members interacted with residents in a respectful and friendly manner. Residents told inspectors that their privacy was respected. They said no one entered their rooms without permission and they had lockable space as required.

Residents' meetings were held each week and the inspectors read a sample of the minutes which demonstrated that residents were consulted about their daily routines and how they liked to spend their free time. The inspectors found that where issues were raised they were addressed by the staff. For example discussions were held on topics like fire safety awareness which lead to training for the residents on how to respond if the alarm went off.

Inspectors reviewed the systems and documentation in place for the management of complaints. An easy-to-read complaints procedure was displayed in the centre which encouraged residents to raise any issues which they might have. There was a comprehensive complaints policy in place which met the requirements in the Regulations and a log was maintained of complaints with evidence of prompt response and review.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported and assisted to communicate in accordance with their needs and preferences.

Residents' communication needs were identified in the personal planning documentation and supports were identified when required. Staff were aware of the communication needs of all residents.

Residents had access to television, radio, social media and internet. Some residents had their own mobile phones and were provided with support and skills training to use them, where required.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found that residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community.

Residents stated that their friends and families were welcome in the centre and were free to visit. Families were encouraged to participate in the lives of the residents and inspectors saw that they were regularly consulted and kept up to date.

Inspectors met with a family member who spoke positively about all aspects of the ethos and care at the centre. Care plans were in place to support this process and residents told the inspectors about their families.

Residents participated in their community in a number of different ways, for example, residents described their participation in local groups such as volunteering, library visits, shopping and going to the theatre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The admissions process was appropriately managed and contracts of care were in place.

There were policies and procedures in place to guide the admissions process. The person in charge was fully aware of the need to manage any future admissions having regard to the needs and safety of the individual and the needs of the existing residents in the centre. There were good procedures in place for the transition process for residents to move into the centre on a phased basis with emphasis on the needs and rights of individuals.

Each resident had a contract of care in place to deal with the service to be provided to the resident with details of the fees to be charged.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that residents' wellbeing and welfare was promoted through a good standard of care and support, significant improvements had been made since the last inspection on personal plans.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. Inspectors found personal plans were developed to a high standard and were focussed on improving the quality of residents' lives. Residents' individual goals and aspirations were identified and the personal plans were regularly reviewed and target dates for actions to be completed were set and adhered to. The personal plans were person centred and were based on multi-disciplinary assessment carried out in accordance with the requirements of the Regulations.

Residents' personal plans identified health and social care needs and provided guidance on how to meet these needs. Care plans were based on risk assessments and the plans were updated in response to any changes in the resident's condition. Resident's files contained information relating to areas such as personal risk assessments and information about family contacts and relationships.

Residents described their daily routines which involved attending day care services and work based activities which they enjoyed.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre was warm, comfortable and homely and met the needs of residents to a good standard. A satisfactory standard of hygiene was noted and there was appropriate heating, lighting and ventilation. Inspectors noted that some aspects of the house

required redecoration, the person in charge informed inspectors that this would be commenced in the coming weeks and residents would be fully involved in the process.

The centre is located in an urban neighbourhood with good access to transport and a range of local amenities were available close by. The premises consisted of a large, two storey house with a well maintained back garden.

There were seven bedrooms, three of which were allocated for residents. A kitchen, open plan seating and dining area and sitting room were available. The rooms were of a suitable size and layout to meet the needs of residents.

Inspectors visited a resident's bedroom with their permission and found that bedrooms were comfortably furnished and decorated in accordance with residents' preferences. Residents had personalised their rooms with their own pictures and personal belongings. One of the bedrooms had full en suite facilities. Additional bath and shower facilities were provided on the first floor.

Judgment:

Compliant

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were systems in place to promote and protect the health and safety of residents, visitors and staff. However, the risk management policy required some improvement.

There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre. However, the risk management policy did not address all the risks specified in the Regulations such as self harm, violence and aggression and accidental injury to residents, staff and visitors.

Inspectors found that the person in charge and other staff were very aware of risk management procedures in the centre. Risk assessments were routinely carried out where issues were identified. For example, inspectors read a number of risk assessments which related to premises, equipment and incidents such as falls. There was also a comprehensive emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation was identified. There was a policy in place for procedures to follow in the event of resident absent without leave however it needed to be made centre specific.

A safety statement and risk register was in place which set out the risks in the centre,

these were risk rated and the associated control measures were clearly identified. There were arrangements in place for investigating and learning from accidents and incidents. Inspectors read a sample of accident and incident records and found that incidents were reported, the corrective action was documented and there was evidence of discussion at staff meetings. Systems were also in place for health and safety audits to be carried out on a routine basis.

Inspectors found that systems were in place for the prevention and detection of fire. The training records showed that there was fire safety training for the staff each year and on their induction programme. In addition to this, regular fire drills were carried out and recorded. Inspectors found that residents were aware of the fire evacuation procedures. Inspectors found that staff on duty at the time of inspection had attended mandatory training in fire safety and were knowledgeable regarding the procedures to be followed.

Inspectors reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order. There was no emergency lighting, however this issue was identified in the risk register and control measures were in place. During the application to register the centre, the provider failed to submit evidence of statutory fire compliance as required by the Regulations, however there was evidence that this was in process with works planned for February 2015. It is expected that these works will provide for emergency lighting.

Judgment:

Non Compliant - Minor

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse.

There was a policy on the protection of vulnerable adults in place. The policy provided sufficient detail to guide staff in the event of any suspicion of abuse of allegation made. Staff members in the centre were knowledgeable with regard to their roles and responsibilities for the safeguarding of residents and all staff in the centre had attended mandatory training in this area. Residents stated that they felt safe and secure in the

centre.

Inspectors observed staff interacting with residents in a respectful, warm and caring manner. The residents were quite independent and there was no evidence of a requirement for complex behavioural plans or treatment.

A restraint free environment was promoted and no forms of physical restraint or restrictive practices were in use. Inspectors reviewed the records of a resident who had been prescribed "as required" PRN medication and found that there were strict procedures in place to manage the administrations of this medication. As highlighted under Outcome 1, there were systems and procedures were in place to ensure that residents were protected from the risk of financial abuse.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Systems and practices were in place to promote residents quality of live and this included opportunities for new experiences, social participation, education and

employment.

Residents were encouraged to participate in education and employment some of which was provided through the Camphill day services. Residents attended day services or had roles assisting in the day service. Residents were also supported to do voluntary work in the community.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors found that effective systems were in place to support residents' health care needs.

There was good access to the general practitioner (GP) and allied health professionals. Residents told inspectors that they were happy with their GPs and could see them whenever they wished. Inspectors reviewed the appointment record for each resident and observed that they were regularly seen by their GP. There was also good access to the allied health professionals such as dentist and ophthalmologist. Assessments were carried out for each resident and covered areas such as personal hygiene, nutrition, breathing and skin care. Where health care needs were identified there were specific care plans that set out how they were to be met.

Measures were in place to adequately meet residents' food and nutritional needs. There was a comprehensive nutrition policy in place. Residents told inspectors that they were involved in planning the shopping list, buying groceries and preparing meals. Inspectors saw residents actively involved in the preparation of the evening meal. Inspectors found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices were appropriate.

Mealtimes were flexible and fitted around resident's social and work life. Residents stated that they were happy with the food which was prepared in the centre and one resident had her own fridge in the kitchen and was completely independent in preparing her meals.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Inspectors were satisfied that residents were protected by the designated centres' policies and procedures for medication management. However, improvements were needed in residents storage of medication, and information provided on the medication prescription record.

Good relationships were fostered with the local pharmacist, some residents organised their own prescriptions from the GP, collected medications from the pharmacy and were responsible for administering their own medication. There were good procedures in place for support and checking protocols for residents who self administered their medication. A risk assessment was completed to assure the person in charge that the resident would be safe managing their own medication.

There was no nursing staff in the centre, although care support staff had not completed formal training on safe administration of medication, they had received training from the local pharmacist and there was no evidence that they had insufficient knowledge to support residents. The person in charge agreed to continue review the training requirements for staff in relation to medication.

Having reviewed prescription and administration records and procedures for the storage of medication, inspectors were satisfied that appropriate medication management practices were in place guided by a comprehensive policy. However, the route of administration was not recorded on the prescription and the maximum dose of as required medication was not consistently recorded.

It was also noted that residents did not have appropriate locked storage for their own medication, where they were managing it themselves.

Regular audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified.

Judgment:

Non Compliant - Minor

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a statement of purpose in place in accordance with the requirements of the Regulations.

Inspectors read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided. It reflected services and facilities provided and described the aims, objectives and ethos of the service. The provider and person in charge were aware of the need to keep the statement of purpose under review. Minor adjustments were required to ensure that the statement of purpose was in line with the Regulations on the day of inspection, a revised draft was submitted to the Authority a few days after the inspection.

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):

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

Findings:

There was an effective management structure in place which supported the delivery of safe care and services. Significant improvements had been made in formalising the governance arrangements in the centre.

Inspectors found that the arrangement for the post of person in charge met the requirements of the Regulations in full. The person in charge had the required experience and had a number of qualifications which were relevant to the role. During the inspection the person in charge demonstrated knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She knew the care needs of the residents and demonstrated a clear commitment to improving the service offered to these residents. Staff members stated that the person in charge was readily available to them. The person in charge was clear about her roles

and responsibilities and about the management and the reporting structure in place in the organisation.

There were systems in place to escalate key information to the provider nominee. She met with the person in charge at least six weekly, but spoke regularly about any issues that were present in the centre.

The provider nominee was able to feed information back to the board of Camphill if needed.

The person in charge was also part of the national care management team, who met monthly. They shared good practice and any learning from the other inspections completed in the Camphill services.

There was also a local consultative committee that provided overview to key decisions made in the service.

Within the staff team, there were regular all staff meetings, and also management meetings that covered topics like covering the rota, residents needs, events taking place in the centre and reviewing medication practice.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service. A documented system of performance development and supervision was in place and inspectors reviewed a sample of these. The person in charge stated that this system was operating effectively and provided a framework for continued professional development.

There were systems in place for monitoring the quality and safety of care. The person in charge and her deputy carried out detailed audits of areas such as health and safety, medication management and personal planning documentation, inspectors reviewed a sample of these audits and found that they were focussed on improving the quality of the service. Any discrepancies were promptly rectified and addressed by the person in charge.

There was also a peer audit being completed, with each one carried out with a focus on a different outcome from the National Standards. These were also seen to be comprehensive with some positive suggestions for improvement.

Judgment:

Non Compliant - Minor

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Inspectors found that sufficient resources were provided to meet the needs of residents.

The centre was maintained to a good standard inside and out and had a fully equipped and stocked kitchen. Equipment and furniture was provided in accordance with residents' wishes. The provider assured inspectors that there were adequate resources available to meet any future requirements.

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):

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

Findings:

Inspectors found that the numbers and skill mix of staff were appropriate to the assessed needs of the residents.

The centre is run with an ethos of “home sharing” where residents and co-workers share accommodation. Some of the co-workers are foreign national staff who may have worked with the Camphill Community in their country of birth. Inspectors found that the provider nominee was aware of the requirement for strict recruitment practices for the centre as the staff were sharing the house with residents. There was evidence of strong recruitment practices where potential staff were interviewed by Skype, three references were sought and verified, medical declarations were recorded, work and educational experience was documented and vetting was secured from their home country prior to recruitment. There was a period of probation for staff and evidence of close supervision and mentoring.

Inspectors reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines. Improvements had been made since the last inspection to ensure there was a formal, structured staff roster in place.

Records were maintained of staff training. These records showed that in addition to mandatory training, staff members attended a range of other training in areas such as infection control, basic first aid, and behaviour management training.

There were also regular meetings with the staff with regard to the management of the centre. The records of the meetings showed the discussed topics such as incidents, health and safety in the centre, finances, and practice in the centre such as locking the gates.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Inspectors found that there were systems in place to maintain complete and accurate records. Most of the required policies were in place, however two were not available during the inspection. They related to residents access to information and the education

and training policy for the centre.

Inspectors read the residents' guide and found that it held most of the information required by the regulations, but was missing information on the terms and conditions for the centre, and information on how to access inspection reports.

The policy on record keeping was comprehensive although it did not detail the length of time for retention of records as required by the Regulations.

Written operational policies were in place to inform practice and provide guidance to staff. Inspectors found that staff members were sufficiently knowledgeable regarding these operational policies. Inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained and up-to-date.

Evidence of appropriate insurance cover was in place.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003623
Date of Inspection:	20 November 2014
Date of response:	20 January 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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 risk management policy did not include the 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

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

policy includes hazard identification and assessment of risks throughout the designated centre.

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

- The policy and procedures for the event of a resident absent without leave will be reviewed and made centre specific.
- The national Risk Management Framework will be reviewed to ensure the inclusion of all aspects of Regulation 26, especially risks specified in Regulation 26 (c), unexpected absence of any resident, accidental injury to residents, visitors or staff, aggression and violence, and self-harm.

Proposed Timescale: 27/02/2015

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:

Recording on prescription recording sheets did not provide sufficient information to ensure residents received their medication as prescribed.

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:

The centre's Medication Administration Record form was reviewed immediately following the inspection to include the additional information as required by the lead inspector. This was sent to the lead inspector as requested, and receipt of same acknowledged on 26/11/2014.

Proposed Timescale: 20/01/2015

Theme: Health and Development

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

Residents who were self administering their medication did not have suitable locked storage available to them.

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:

Appropriate locked storage was provided to the resident for their own medication immediately following the inspection.

Proposed Timescale: 20/01/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

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

Action Required:

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

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

We have been advised by HIQA that in line with the proposed change in Regulations due to come into effect on March 1st 2015 the centre is no longer required to submit the following documents:

- Evidence of compliance with planning legislation
- Written confirmation of compliance with all statutory requirements relating to fire safety and building control

Proposed Timescale: 20/01/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies covering the provision of information to residents, and access to education, training and development were not available on the day of the inspection.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

There is a national policy on access to education, training and development, and this will be made site specific to the centre.

A site specific on information to residents will be written.

Proposed Timescale: 27/02/2015

Theme: Use of Information

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

The residents' guide did not include information on the terms and conditions of living in the centre, and how inspection reports could be accessed.

Action Required:

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

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

The centre's Guide to Residents will be reviewed to include information on the terms and conditions of living in the centre, and how inspection records could be accessed.

Proposed Timescale: 27/02/2015

Theme: Use of Information

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

The policy on the retention of records did not set out the length of time records needed to be stored for.

Action Required:

Under Regulation 21 (2) you are required to: Retain records set out 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 for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre.

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

The national Data Protection Policy will be reviewed to include details on the length of time for the retention of records in relation to staff as required under Regulation 21 (2).

Proposed Timescale: 27/02/2015