<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ard Aoibhinn Community Initiatives Ltd</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003828</td>
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<td>Centre county:</td>
<td>Clare</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Ard Aoibhinn Community Initiatives Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Pearse O'Shiel</td>
</tr>
<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>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>2</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 2 day(s).

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

<table>
<thead>
<tr>
<th>From</th>
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<tr>
<td>14 October 2015 09:00</td>
<td>14 October 2015 17:00</td>
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<tr>
<td>15 October 2015 08:30</td>
<td>15 October 2015 16:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

This was the second inspection of this centre carried out by the Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

As part of the inspection, the inspector met with the residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, procedures and staff training records.
This centre consists of two domestic style houses located near a rural village. The centre provides residential accommodation to residents with intellectual disabilities, people with autism spectrum and with physical and sensory disabilities including epilepsy. Residents live in domestic style houses which they share with co-workers and their families. Each house can accommodate two residents, the inspector met with two residents during the inspection, one resident was at home with their family and there was one vacancy. Residents share the work that has to be done including household tasks such as cooking and laundry, gardening and craft making.

Overall, the inspector found that residents received a good quality service in the centre. Staff supported residents in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to partake in activities of interest to them.

The houses in the centre were comfortable and appropriately furnished.

Staff and residents knew each other well, residents were observed to be relaxed and comfortable in the company of staff.

Areas for improvement related to updating the complaints policy, admissions policy and statement of purpose, ensuring that personal plans were available in an accessible format, ensuring that individual goals were clearly set out and reviewed, maintenance of the buildings, fire records and medication administration records. These areas for improvement are discussed further in the report and included in the action plan at the end of the 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**
Resident's 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:**
The inspector was satisfied that residents were consulted in how the centre was planned and run. The 'morning gathering' was held daily and attended by all staff and residents; staff discussed with residents what was planned for each day. Staff shared all meals with residents and also used these occasions to discuss various events/activities and share information. There were regular in-house community forum meetings held with residents. Residents and staff could discuss new ideas for activities or outings. The inspector reviewed the minutes of some of these meetings and noted that issues recently discussed included communication and the HIQA visit. The inspector observed that residents were consulted about the food they wished to eat and places they wanted to go and activities they would like to pursue. Staff confirmed that they spoke with all residents on a daily basis to seek their views regarding all daily activities.

Residents had access to advocacy services. Information leaflets on the national advocacy services were available in the centre and all families had been informed and given information on the service. Independent advocates had been nominated for some residents and the person in charge advised the inspector that she was in discussion with families to ensure an independent advocate was appointed for all residents.

The inspector found that the management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. There was a complaints policy in place, which included details of the designated complaints officers and the appeals process. However, a nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records were maintained was not included. All families had been issued with a
copy of the complaints policy however, the complaints procedure was not displayed.

There was a complaints log book available to record complaints, comments or suggestions. There were no recent or open complaints.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms. An intimate personal plan was developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. Each bedroom had been personalised. The inspector observed that residents were relaxed and appeared happy in the company of staff.

**Judgment:**
Substantially 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:**
The inspector was satisfied that systems were in place to assist and support residents to communicate.

There was a communication policy in place. Staff spoken with were aware of the different individual communication needs of each resident. Each residents communication needs were assessed and their support needs were set out in their personal plans. The inspector observed staff communicating with and being understood by residents.

Residents had access to radio, music systems and the internet. Some residents had their own iPads which they used to listen to music and to assist in communication. Some residents had Skype accounts to support communication with family members living abroad. Some visual weekly activity schedules were in use and the person in charge spoke about how staff were in the process of developing these further.

Residents were provided with information on local events at the in-house meetings and daily gatherings.

**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:**
The inspector was satisfied that residents were supported to maintain positive relationships with their families and the local community.

Some residents went home and visited families on a regular on going basis. Other residents were visited regularly by family and friends. There was an open visiting policy in place and family and friends could visit at any time, family members were facilitated to stay overnight if they wished. Residents could receive visitors in private.

There was evidence that family members were kept well informed of residents well being and that they attended personal plan meetings.

Residents were supported to be involved in community activities. Residents attended a variety of events in the local community such as music concerts, pub nights, local festivals and weekly Saturday market. Residents also regularly visited the local shops and coffee shops and were well known by many in the local community.

Staff told the inspector that residents were supported to go on local day trips and that they were going to attend a music festival in Kilkenny which was being organised by the Camphill community for one week in November.

**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 admission criteria set out in the admissions policy ‘Joining and leaving Camphill’ was not in line with the statement of purpose. The policy outlined that Camphill accepts children and young people, however, the statement of purpose mentions admission to adults over 18 years of age.

There was a signed service agreement in place for each resident. The inspector noted that the agreement set out the services to be provided however, it did not clearly set out the fees to be charged.

**Judgment:**
Substantially Compliant

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**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

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**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**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 plans. Residents and their families were involved in the development of their personal plans and staff provided a good quality of social support to residents. Each file contained important information about the residents’ backgrounds, including details of family members and other people who were important in their lives.

The inspector reviewed the personal plans, they were based on the assessed individual support needs of each resident. Assessments had been carried out in consultation with the residents, parents, family members, house coordinator, general practitioner (GP), anthroposophical doctor, therapists and other staff.

Detailed support plans were in place as required including health, communication, emotional well being, personal care and hygiene, medication/therapies, access to the local community, life skills, social /cultural/hobbies, training and personal development, contribution to daily community life, keeping safe, finances and goals for the future.
Individualised risk assessments/protocols were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. They also included intimate care protocols and money management competency assessments. The personal care plans were found to be person centred and individualised and the inspector saw staff implementing personal plans with residents. There was evidence of referrals to a range of multi disciplinary health professionals and recommendations were reflected in personal plans.

There was evidence of regular review and participation of residents/relatives in the development of and reviewing of plans. The inspector noted that while residents achievements during the year were discussed and documented however, individual goals for the future were not recorded as being discussed or reviewed.

Personal plans were not available in an accessible format for residents however, the person in charge outlined how she was in the process of researching different means of communicating this information so that it would be meaningful for residents.

Judgment:
Substantially 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:**
This centre consisted of two houses located in a rural area close to a village. One house was dormer style with accommodation for two residents on the ground floor and the second house was two storey with accommodation for two residents, one on the ground floor and one on the first floor. Residents had no specific mobility issues. The design and layout of the houses fitted with the statement of purpose and met the needs of residents.

The houses were generally well maintained and were comfortable, clean, warm and homely; however, some areas did require repainting. The person in charge outlined that external painting to one of the houses was planned and she was waiting on the return of quotations for the work. The inspector noted that some other areas required attention such as the wooden worktop surrounding the kitchen sink in one house was defective and decayed, the wall tiles adjacent to the bath/shower area in the same house were
broken and damaged, the walls and ceiling to the living room required repainting. The wooden floors in the dining area to the other house were worn and not readily cleanable.

The houses had a variety of communal day spaces including large bright kitchen/ dining and living areas. The rooms were comfortably and appropriately furnished. The layouts were spacious and promoted residents independence, privacy and safety.

All bedrooms were for single occupancy; they were bright, well furnished, decorated in varying styles and personalised with residents own effects. Residents had adequate personal storage space. One bedroom in each house had en suite shower facilities. There was a separate bathroom with shower in both houses.

There were separate bedrooms and bathroom facilities for staff and the house coordinators families in each house.

There was a separate utility room with facilities for washing and drying clothes in both houses. Residents were observed being supported to use these facilities.

There were adequate arrangements in place for the storage and removal of domestic waste.

Residents had access to large garden areas around each house. There was garden furniture and a trampoline for residents use. The inspector observed residents enjoy using the garden areas.

Judgment:
Non Compliant - Moderate

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

Findings:
The inspector was satisfied that the health and safety of residents, visitors and staff was generally promoted and protected, however, improvements were required to recording of fire safety practices and there were no documented infection control procedures guiding practice.

There was an up to date health and safety statement available. There was a risk management policy and recently updated risk register which included the risks specifically mentioned in the Regulations. There was a health and safety officer
appointed and systems were in place for the regular review of risk.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in February 2015. The provider nominee told the inspector that a new fire alarm system had been put in place and that fire alarm system was checked on a weekly basis by the health and safety officer. The person in charge and the provider nominee stated that systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks as well as regular fire drills and that these checks were being recorded by the health and safety officer. However, records shown to the inspector were not up to date and the inspector could not ascertain when the last fire drill took place. All staff had received up to date formal fire safety training. The procedures to be followed in the event of fire were displayed.

There was a fire and emergency plan in place which outlined clear guidance for staff in the event of a fire and evacuation of the centre. Arrangements were in place for alternative accommodation in the event of evacuation. The emergency plan included guidance for staff as to what their roles might be in the event of range of other types of emergencies.

The person in charge outlined that comprehensive induction training was carried out with all new staff which included guidance on infection control, hand hygiene and food hygiene. Staff spoken with and training records reviewed indicated that this training had taken place. However, there was no documented guidance or procedures consistent with the standards for the prevention and control of healthcare associated infections as published by the Authority.

The person in charge told the inspector that all staff had received up to date training in moving and handling however, training certificates were not available for all staff. Manual handling training was scheduled for 14 November 2015.

Judgment:  
Non Compliant - Major

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 inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the comprehensive policy on the safeguarding of vulnerable adults at risk 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 of abuse including conducting an investigation. It also included the name and contact details of the designated contact person. All staff had received up to date training in relation to adult protection. Staff spoken with were knowledgeable regarding their responsibilities in this area.

The inspector reviewed the policy on responding to behaviours that challenge. The policies outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy also included guidance on the use of restrictive practices. There were no restrictive practices in use at the time of inspection; however, the policy was not based on the national policy on use of restraint.

All staff spoken with had received training on managing actual potential aggression (MAPA), training records were maintained and further training was scheduled. Positive behaviour support plans were in place to support all residents which outlined clear guidance for staff as to how best to avoid and deal with difficult situations.

The inspector was satisfied that residents finances were managed in a clear and transparent manner. Residents were supported to manage their finances. Staff maintained a log for all transactions which were signed by two staff members. Receipts were kept for all purchases. Family members were encouraged to review the accounts themselves, the person in charge and provider nominee regularly carried out checks on the accounts.

**Judgment:**

Compliant

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**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):**

No actions were required from the previous inspection.

**Findings:**

Management staff were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All incidents to date had been notified as required.
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:**  
The inspector was satisfied that residents had opportunities for new experiences, social participation, training and employment. There was a policy on access to education; training and development, domains featured in the personal plans included training and personal development, life skills and social/cultural/hobbies.

Staff spoken with confirmed that residents were supported to engage in a range of social activities both internal and external to the centre. There was a documented weekly activities plan for each resident which included activities such as gardening, basketry, weaving, cooking, baking, painting, wood splitting, walking, music therapy, swimming, set dancing, drumming, movie night and attending the Saturday market.

The inspector observed residents going out for walks, baking, listening to music, helping to prepare meals, doing laundry and bouncing on the trampoline in the garden.

Staff discussed ways in how life skills were being developed to support residents to live as independently as possible such as shopping, cooking, baking and laundry.

Residents’ learning was reviewed on an annual basis. The inspector noted that some residents had learned many new skills such as weaving, basketry, using a wood splitting machine, baking, gardening and use of garden equipment.

Each resident was supported to go on holidays to place of their choice for one to two weeks each year.

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

All residents had access to general practitioner (GP) services of their choice. 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.

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

The inspector was satisfied that residents' nutritional needs were well monitored. Staff spoken with was 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. Residents and staff had meals together and the inspector noted that mealtimes were positive social events.

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):
No actions were required from the previous inspection.

Findings:
The inspector noted that improvements were required to ensure that practices reflected policy in the centre and to ensuring that the required records were maintained in relation to medication administration.

There was a comprehensive medication policy in place and staff spoken with were
knowledgeable regarding medication management policies and practices, however, some practices in the centre were not in line with the centre's own policy. For example, prescribed homeopathic and herbal medications were not recorded as administered in line with policy. This action is included under Outcome 18 Records and documentation is to be kept.

The inspector reviewed the prescription charts and noted that all medications were individually prescribed. There was one resident in each house who had been prescribed medications and there were different medication administration recording charts in use in both houses. However, medication administration records did not clearly set out each drug or medicine administered to the resident, with the date of prescription, the dosage, the name of the drug or medicine, the method of administration, signed and dated by the staff member administering the drug or medicine.

There were no residents prescribed controlled medications or crushed medications at the time of inspection.

Systems were in place for the safe storage of medications and safe return of medications to the pharmacist.

The house coordinator had carried out medication management training with all staff. Staff spoken with confirmed that training had taken place.

**Judgment:**
Non Compliant - Moderate

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**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:**
The inspector reviewed the statement of purpose which was submitted in advance of the inspection. It generally complied with the requirements of the Regulations however, the organisational structure of the centre was not clearly outlined. The person in charge undertook to update the statement of purpose and resubmit it.

**Judgment:**
Substantially 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):
No actions were required from the previous inspection.

Findings:
The inspector was 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 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 five 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 health and 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 met weekly 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.

A formal annual review of the quality and safety of care in the centre had not yet been carried out; however, the provider nominee showed the inspector a number of audits that had recently been carried out. They included an audit of compliance with the safeguarding framework and policy following training of staff, review of policies, an audit of residents files and medication management audit carried out by an external qualified nurse.

Judgment:
Non Compliant - Major
### 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 person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge. To date this had not been necessary.

**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:**
The organisation had a service level agreement in place with the Health Service Executive. The provider nominee advised the inspector that this was reviewed on an ongoing basis. There was evidence of enough resources to provide sufficient facilities and services that reflected the centre’s statement of purpose.

**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:**
The inspector noted adequate staffing levels to meet the needs of residents at the time of inspection. The inspector visited both houses, staff which included the house coordinator and co workers lived in both houses. The person in charge was one of the house coordinators. The house coordinators were long term staff and co workers normally volunteered for one year. Staffing arrangements were flexible in order to meet the needs of residents. Co workers from both houses as well as co workers from other services in the Camphill community supported one another if required. All residents had one to one support during the day and evening time. 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 issues highlighted at the last inspection had been addressed. The staff files reviewed contained all the information as required by the Regulations. 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 training and records of training were maintained in staff files. There was a comprehensive staff induction programme and records of same were maintained in staff files. Co workers normally volunteered for one year. Systems were in place to ensure that comprehensive induction training was provided to co workers, areas included in the induction included social care, health and safety, fire safety, incidents, complaints procedure, policies, personal care and support, safety in the kitchen, nutrition, first aid, risk assessment, medication management, healthy lifestyles, finances and communication with family. New co workers also worked alongside another co worker for approximately two months prior to supporting a resident on their own.

There was evidence of regular one to one review meetings with staff.

All staff had completed mandatory training and further training was scheduled including first aid, MAPA (managing actual and potential aggression), manual handling and fire safety.

A training conference was due to be held in the centre the week following the inspection, the theme of the conference was Autism 'our attitudes matter'. Topics planned included sexuality and mental health with autism, challenging behaviour and medication in a positive way. The speaker was a psychiatrist and author with an international reputation in the area of autism. The conference was open to the public and staff members from other Camphill communities.
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:
The inspector was satisfied that records as required by the Regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were neat, clear and orderly.

All policies as required by Schedule 5 of the Regulations were available. Systems were in place to review and update policies. The person in charge had put systems in place to ensure that staff read and understood policies. However, the medication management policy was not reflected in practice in the centre. This is discussed under Outcome 12 Medication management.

Judgment:
Non Compliant - Moderate
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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ard Aoibhinn Community Initiatives Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003828</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>14 October 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>18 November 2015</td>
</tr>
</tbody>
</table>

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The complaints procedure was not displayed.

1. Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
procedure in a prominent position in the designated centre.

**Please state the actions you have taken or are planning to take:**
To create and display a copy of the complaints procedure in a prominent position in the designated centre.

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**Proposed Timescale:** 20/11/2015

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records were maintained was not included in the complaints policy.

2. **Action Required:**
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

**Please state the actions you have taken or are planning to take:**
The Nominated Person has been identified and the Complaints Policy will be amended accordingly.

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**Proposed Timescale:** 20/11/2015

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**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:
The admission criteria set out in the admissions policy 'Joining and leaving Camphill' was not in line with the statement of purpose. The policy outlined that Camphill accepts children and young people, however, the statement of purpose mentions adults over 18 years of age.

3. **Action Required:**
Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
The Admission Policy 'Joining and Leaving Camphill' has been amended to refer to adults over 18 years of age.
### Proposed Timescale: 18/11/2015

#### Theme: Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The service agreements in place did not clearly set out the fees to be charged.

#### 4. 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:**
Individual agreements for the provision of the services will be amended to include the details of fees to be charged to residents as well as services to be provided.

### Proposed Timescale: 30/11/2015

#### 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:**
There was no evidence that residents individual goals for the future were discussed at review meetings.

#### 5. 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:**
Procedures for the review of Personal Plans will be amended to include a record of proposed changes to the Personal Plan, the rationale for such changes and the names of those responsible for pursuing objectives in the Plan within the agreed timescales.

Proposed Timescale: Review of Personal Plans will be completed by 27th November and changes will be implemented for all future reviews.

### Proposed Timescale: 27/11/2015
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal plans were not available in an accessible format for residents

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

**Please state the actions you have taken or are planning to take:**
Create and distribute an Easy Ready version of each individual PCP and make it available to the resident and their representatives where appropriate.

**Proposed Timescale:** 18/12/2015

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**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The external walls to one of the houses required repainting. The wooden floors in the dining area to the same house were worn and not readily cleanable.

The wooden worktop surrounding the kitchen sink in the other house was defective and decayed, the wall tiles adjacent to the bath/shower area in the same house were broken and damaged and the walls and ceiling to the living room required repainting.

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

**Please state the actions you have taken or are planning to take:**
1. Repaint the external walls in Clai House
2. Sand and repolish the wooden floor in Clai House
3. To repair the wooden worktop surrounding the kitchen sink in Inis House
4. Refurbish the wall tiles adjacent to the bath/shower area in Inis House
5. Repaint of the walls and ceiling in the sitting room in Inis House

**Proposed Timescale:**
Complete by:
1. 31st. March 2016(weather permitted)
2. 28th. February 2016
3. 20th of November 2015
4. 30th November 2015
5. 31st. March 2016
**Proposed Timescale: 31/03/2016**

<table>
<thead>
<tr>
<th>Theme: Effective Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 07: Health and Safety and Risk Management</strong></td>
</tr>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect: There was no documented guidance or procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.</td>
</tr>
</tbody>
</table>

8. **Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
1. Meeting between PiC and Health & Safety Officer to organise a training about Prevention of Infections according to the standards published by the Authority.
2. Provide training for co-workers and staff on that theme.

Proposed Timescale:
1. Completed
2. Completed by 31st. December 2015

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/12/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Effective Services</td>
</tr>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect: The person in charge and the provider nominee stated that systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks as well as regular fire drills and that these checks were being recorded by the health and safety officer. However, records shown to the inspector were not up to date and the inspector could not ascertain when the last fire drill took place.</td>
</tr>
</tbody>
</table>

9. **Action Required:**
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
Fire drills have been conducted in accordance with our Fire Safety Policy and the records are now up to date and accessible in each house.
Proposed Timescale: 18/11/2015

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:
Medication administration records did not clearly set out each drug or medicine administered to the resident, with the date of prescription, the dosage, the name of the drug or medicine, the method of administration, signed and dated by the staff member administering the drug or medicine.

10. 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 practice with regard to relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines will be reviewed and procedures will be amended in accordance with the Regulations.

Proposed Timescale: 30/11/2015

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:
The organisational structure of the centre was not clearly outlined in the statement of purpose.

11. 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:
The Statement of Purpose has been revised and the organisational structure has been included.

Proposed Timescale: 18/11/2015
**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:**
An annual review of the quality and safety of care in the centre had not been carried out.

12. **Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
The Provider Nominee will undertake a training course in internal auditing on 26th November 2014. Following the Registration Inspection in October 2015 it is felt that there should be some time lapse for optimum effect of an internal audit which will be completed by end March 2016. Proposed Timescale: Training complete by 30th November 2015. Internal audit complete by 31st March 2016.

**Proposed Timescale:** 31/03/2016

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some medication management practices in the centre were not in line with the centre’s own policy. For example, prescribed homeopathic and herbal medications were not recorded as administered in line with policy.

13. **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:
All prescribed medicines will be administered and recorded in line with policy.

**Proposed Timescale:** 18/11/2015