A designated centre for people with disabilities operated by Camphill Communities of Ireland

OSV-0003605

Kildare

Health Act 2004 Section 39 Assistance

Camphill Communities of Ireland

Adrienne Smith

Conor Brady

Conan O'Hara

Announced

15

2
About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 January 2016 10:00</td>
<td>19 January 2016 18:00</td>
</tr>
<tr>
<td>20 January 2016 09:00</td>
<td>20 January 2016 18:00</td>
</tr>
</tbody>
</table>

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

Summary of findings from this inspection

The provider inspected is Camphill Communities of Ireland (hereafter called the provider) and this was the first inspection of this centre. This was an announced inspection of a designated centre located in a small country town on a community style location owned by this provider. This designated centre comprised of three separate locations within a rural town. The central location consisted of several buildings including a coffee shop, weavery, bakery, organic food-store, gardens, nature trail, farm and a number of accommodation buildings.
In total the inspectors found 15 residents accommodated across these locations. Inspectors met and spoke with a number of these residents as part of this inspection. Residents and families were very complimentary about the service provided to them.

This 'community model' of service provision differed from traditional service models in that residents shared their homes with long and short term volunteers called co-workers. This was also blended with a mix of professional staff who also worked across locations in the centre. This was a shared living model that was an approach that was operated nationally by Camphill Communities of Ireland.

As part of this inspection, the inspectors met with residents, families', the person in charge, members of management, social care staff, a social worker, long term co-workers and short term co-workers. There was a person in charge at the time of inspection who was interviewed as part of this inspection. The provider nominee was also met as part of this inspection.

Inspectors observed practice and reviewed how staff and co-workers engaged and supported residents. Inspectors also reviewed documentation such as personal care plans, healthcare plans, medical/clinical information, accident and incident records, risk assessments, medication records and protocols, meeting minutes, policies, procedures and protocols (organisational and local), governance and management documentation, staff training records and staff files.

Inspectors found that residents were provided with a very good standard of service and residents were found to enjoy a good quality of life in this designated centre. Inspectors found this centre was largely compliant with the Regulations and Standards.

There were a number of areas that required some improvements but these were found to be substantially compliant. For example, issues with residents' personal plans, some staff members safeguarding procedural knowledge, medication management and records and documentation.

All areas of compliance and non compliance are discussed in more detail in the main body of the report and in the accompanying action plan that outlines the failings identified that did not meet the requirements of the Regulations and Standards.
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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors found that residents rights, dignity and consultation were very well promoted in this designated centre.

The premise of equality was very evident to inspectors in this community. Residents were found to be respected, treated well and valued by the staff and co-workers who lived and worked with them. Residents informed the inspectors that they were very satisfied with their service and how they were supported in their daily lives.

Residents were communicated with on an on-going basis both individually and collectively. The ethos of shared living within this community meant that residents were very much part of each other's lives. All residents were observed moving freely throughout the community. Residents visited each other's homes, prepared meals together and ate in each other's homes with their staff and co-workers. Residents stated and presented as very much enjoying this community life.

Some residents preferred to spend time or live alone and this was facilitated by the provider. The inspectors found good examples of residents choosing where they went and what they did. These choices were embraced and supported by the community.

Family members spoken to were very positive about the service model within this centre and the management team. The levels of social activation and meaningful engagement were cited by families as being very person centred and supportive.
While the community did not identify itself as a traditional service model it complied with the regulatory requirements in terms of the provision of support, advocacy and choice and control in supporting the residents living there. Some residents spoken to were involved at national level within the organisation and inspectors found examples whereby the provider liaised with external advocacy groups and support services in the pursuit of outcomes that were in the best interests of residents.

Residents who chose to vote were registered and facilitated to do so and inspectors found that a clear and coherent complaints procedure was available to residents. There was a complaints officer in place who maintained a log of all complaints which were all found to be followed up.

All residents were found to have their rights to privacy and dignity protected and maintained in this community.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that residents were able to communicate at all times. Effective and supportive interventions were provided to residents if required to ensure their communication needs are met.

There were residents with varying communication support needs. For example, some residents communicated verbally and clearly articulated to the inspector how they communicated within the designated centre. These residents spoke of how accessible staff, co-workers and the person in charge were and that they knew who to go to if they needed support.

Other residents had specific communication assessments in place and detailed information in personal plans regarding their communication needs. The inspector found that these plans were reviewed and found personalised communication support needs were met. Staff demonstrated good knowledge of residents communication support needs and discussed with the inspector specific communication needs regarding some residents. For example, visual aids, prompts, objects of reference and social stories.
Residents had appropriate access to media such as television, phone and the internet available.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that residents were supported to develop and maintain personal relationships and links with the wider community.

Families were encouraged to get involved in the lives of residents. Families were invited to attend meetings/reviews and be actively involved in the care planning and provision of care to residents.

The inspector found records maintained around family involvement and spoke to the social worker onsite regarding the support structures and family dynamic. Residents showed the inspector pictures of family members in the designated centre and family members visited some residents and stayed over.

Residents were observed to be integrated into the wider community with residents describing how they used local community transport, shopped locally, socialised in local pubs, coffee shops, social club/community groups, church and restaurants. Personal plans highlighted that residents enjoyed high levels of community involvement in this designated centre. Due to the service model there was an onsite nature trail, coffee shop and organic shop which were all open to the public. Residents worked in all of these locations offering excellent access to the wider community on a daily basis.

Family feedback questionnaires reviewed were very complimentary of the service received by their loved ones.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that there was a clear criteria and protocol regarding the admission and discharge to the residential service in line with the statement of purpose and function.

The inspector found that each resident had an agreed written contract which deals with the support, care and welfare of the resident and included details of the services to be provided for the resident and 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 services and between childhood and adulthood.*

**Theme:**
Effective Services

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

**Findings:**
Each resident’s wellbeing and welfare was maintained by a good standard of care and support. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs were clearly and accurately set out in an individualised personal plan, that reflected resident’s needs, interests and capacities. Personal plans were found to be drawn up with the maximum participation of each resident and gave
good overall insight into resident's lives.

The inspectors reviewed a number of personal plans which contained up to date care plans and information for residents. The inspector found that the person in charge had a system of review to ensure care planning and person centred planning was effectively monitored and reviewed in respect of each resident. Plans were comprehensive and had examples of multidisciplinary involvement where required. For example, speech and language therapy, dental and mental health review.

Residents were observed working on the community farm, feeding and cleaning out animals, horticulture, bell ringing, working in the weavery workshop, attending baking workshops, working in the community coffee shop and organic store. Residents had meaningful days and were very much part of the community.

Residents were observed coming and going as they wished in accordance with their preferences. For example, residents attended local groups that they were interested in, such as local knitting groups, shopping or other community activities. Cultural events such as musicals, puppet shows and concerts were also a feature in this community.

Inspectors found there was also a structured training programme that was also open to other members of the community which offered residents opportunities to meet new people and develop new social relationships.

The inspector found through discussions with residents that they had busy schedules and high levels of social activities in their lives. Residents were found to have good opportunities to pursue interests and preferences within and outside the designated centre. All aspects of care were clearly documented in personal plans, updated accordingly and kept under appropriate review.

While residents had clearly defined personal plans that outlined some of their goals and objectives for residents, inspectors found that this area required some improvement. For example, whereby goals had changed, personnel responsible for supporting residents had left and/or timeframes had changed. This was only found to be an issue in a small number of plans reviewed.

**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):
This was the centre’s first inspection by the Authority.

Findings:
The inspectors were satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. The inspector found the units across this premises to be bright, clean and well maintained. The inspectors found that residents were comfortable in their environments in all locations and were informed by the residents that they were satisfied with same.

The inspector found that there was:

- Adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation
- Rooms of a suitable size and layout suitable for the needs of residents
- Adequate space and suitable storage facilities for the personal use of residents
- Communal space for residents suitable for social, cultural and religious activities appropriate to the circumstances of residents
- Suitable storage throughout the centre
- Ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents
- A separate kitchen area with suitable and sufficient cooking facilities, kitchen equipment and tableware
- Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents
- Suitable arrangements for the safe disposal of waste where required
- Adequate facilities for residents to launder their own clothes if they so wished

Inspectors found in discussions with the person in charge and reviewing planning documentation that two units in this designated centre did not have the necessary levels of planning compliance. Both units had been independently assessed as being of a high standard and possessed compliant fire safety certification. The standard of accommodation was in line with regulatory requirements and this planning issue was being resolved by the provider appropriately and was not found to be negatively impacting on residents.

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):
This was the centre's first inspection by the Authority.

Findings:
The inspectors found that risks were well identified, assessed, managed and reviewed in the designated centre. This practice was guided by the organisational policy on risk management, and a local risk register was also found to be in place. For example, risk assessments were carried out and reviewed in relation to the risk of residents drowning (river nearby), challenging behaviour, road safety/traffic, slips/trips and falls and farm related risks (small farm onsite).

The inspectors observed controls in place to alleviate all identified risks prevalent in the designated centre, with individual risk assessments and plans evident in residents' personal plans that were reviewed and updated accordingly to reflect any changes.

The inspectors found that there was appropriate health and safety, risk management and fire safety policy, procedure and protocols operating in this centre.

The inspectors were satisfied that the person in charge had good systems in place to identify, assess and manage risks within the designated centre.

The inspectors reviewed the accidents and incidents logs for the designated centre, and found a clear system of recording, review and action in place to address any risks as a result of an incident. There was a clear system for reporting health and safety incidents and medication management incidents/errors. Both the person in charge and staff were familiar with this system in terms of the process of reporting within the organisation.

The inspectors were satisfied that the fire detection and alarm systems, fire fighting equipment and emergency lighting systems were routinely checked and serviced by a qualified professional. Records in relation to these routine checks were well maintained. There was clear evidence of a number of fire evacuation drills carried out at different times and staff and residents knew the procedure in the event of an evacuation. Personal evacuation plans were documented on each residents' files.

Overall, the inspectors were satisfied that there was clear guidance for staff across different areas of health and safety to ensure the health and safety of residents, staff and visitors was being promoted at all times.

Judgment:
Compliant
Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

Findings:
The inspectors found that the residents living in the centre were appropriately safeguarded and protected from harm in the designated centre. However some minor improvements were required regarding the knowledge levels of types of abuse and the reporting procedures regarding the detection, prevention and response to abuse.

The inspectors found policies in place on safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. Some staff highlighted these procedures to the inspectors and showed the reporting system to the inspectors. However other shorter term staff/co-workers did not demonstrate the same level of familiarity with this area in terms of how abuse would be recorded and reported to management in accordance with policy. However these staff were working under supervision at the time of the inspection.

The inspectors found a designated liaison person was in place who was a qualified social worker. Inspectors reviewed recent relevant allegations/disclosure notifications that were investigated through the appropriate process in accordance with organisational policy and regulatory requirements. These matters had been investigated in full and followed up appropriately by the person in charge and provider.

Inspectors found appropriate management systems in place to ensure an open culture of reporting concerns existed and that any issues reported were followed up by the designated liaison person and the person in charge. The provider was appropriately aware of national policy regarding the protection of vulnerable adults and had recently made contact with the local HSE safeguarding social worker to establish a plan for new training in line with 2014 national policy.

Appropriate provider training had been completed by staff in the areas of protecting vulnerable adults which ensured staff were equipped from a training perspective in line with regulatory requirements.

Inspectors were satisfied that residents' requiring emotional, behavioural and therapeutic supports had appropriately reviewed behavioural support plans in place that guided staff. Residents' who required psychological intervention and behavioural support
assessment had appropriate access to community clinical services and review in place. Inspectors found that this centre was not a restrictive environment.

**Judgment:**
Substantially 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspector reviewed all notifications submitted to the Authority and found the person in charge had a good understanding of notifications and the incidents and instances requiring same.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspectors were satisfied that the residents were supported to participate socially in activities suitable to their age, interests and needs. The inspector spoke with residents, staff and reviewed documentation and found that the residents were provided with suitable social activation in line with their own goals and preferences and relevant to their changing needs. The inspectors found residents
attended programmes and activities such as weaving, bakery and farming within the community.

Some residents spoke to the inspector about their lives and the activities they enjoyed such as shopping, going for coffee/lunch, working on their programmes, watching movies, music, bell ringing and spending time on the farm. Residents were observed working on the farm feeding animals and cleaning out stables. Residents were noted to be all very active over the course of this inspection.

The inspectors observed that residents were being encouraged to pursue interests and lead busy, fulfilled and meaningful lives. Family members highlighted that the ethos of the service ensured residents were always engaged and included.

**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):**
This was the centre's first inspection by the Authority.

**Findings:**
Overall the inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents had healthcare plans that demonstrated residents were being supported in their health care needs in accordance with their care planning. The inspector saw that residents had the opportunities to access allied health professionals such as G.P., dentist, speech and language services (SALT), community mental health services and chiropody.

Residents had access to specialist services and hospital appointments when and where required. The inspector saw evidence of the close monitoring of resident's health following the deterioration of same. The centre does not cater for specialist high medical/nursing care needs. The inspectors did see examples whereby additional nursing/in home support was provided to some residents requiring such support. However if residents do require to transition to alternative care arrangements due to changing health needs this is managed and transitioned through care planning and social work support.
The inspector saw evidence of speech and language assessment when appropriate for residents. Resident's healthcare documentation was maintained and was clear and accessible.

Regarding food and nutrition residents were observed to be provided with healthy home cooked meals. The inspector discussed meals and food with residents who clearly highlighted that they had choice regarding what they ate and when they ate. Residents were found to participate in shopping and preparation of food and meals in the designated centre.

Residents informed the inspector that they were happy with the food in the designated centre. The inspector observed choices, healthy eating information and residents having the freedom to choose food and access food as they wished. The dining experience was very inclusive with residents involved in all aspects of the meal and all staff, co-workers and residents ate together.

**Judgment:**
Compliant

---

**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

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

**Findings:**
The inspectors the designated centre had policies and procedures for medication management. Staff demonstrated good knowledge of the medication policies and protocols and had some systems in place to monitor medication practices. However this area required some improvement regarding the maintenance and updating of medication prescriptions and provision/availability of prescribed medications.

The inspectors found:
- There was a clear policy for medication management.
- There were clear and effective procedures for prescribing and administration of medication.
- The procedures regarding medication safekeeping ensured medications were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- Medications were administered only for those whom were prescribed for same.
- Administration records were signed by staff correctly and those reviewed correlated
with the requirements of the residents' prescription.
- Residents were assessed and encouraged to manage their own medications whereby they had capacity to do so.
- Residents were found to all have their own local community pharmacist available.
- There were regular reviews and audits of medication and a system for managing medication errors was in place.

The inspectors found that there were some gaps in prescription information and medication guidance documentation such as the maximum dosage of PRN (as required) documentation. There was not an individual signature for each medication on the prescription record including discontinued drugs. Also inspectors found that some PRN medication prescribed were not available in the centre at the time of inspection. Staff stated if residents required these medications they would purchase same. These issues will be addressed under Outcome 18: Records and Documentation in the accompanying Action Plan.

Judgment:
Compliant

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):
This was the centre's first inspection by the Authority.

Findings:
The inspector was satisfied that there was a written statement of purpose in place in the designated centre. The inspector found that this document outlined the services, facilities and model of care that were offered to the residents living in the centre. The statement of purpose was found to accurately reflect the service provided in the designated centre.

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

Theme:
Leadership, Governance and Management

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

Findings:
Overall the inspectors found that the quality of care and experience of the residents was upheld and developed on an ongoing basis in this designated centre. The inspectors found that effective management systems were in place that supported and promoted the delivery of safe, quality care services to the residents living there. While the management model in this community differed from that of a traditional service model, the inspectors found that members of the management team knew the Regulations and Standards well and had good systems implemented regarding same.

The inspectors found the centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge had over 25 years experience with the organisation and had considerable experience in the management of residential services for people with intellectual disabilities. The person in charge lived in the centre as a co-worker, did not take a salary and was a long term advocate of shared living with people with disabilities. The person in charge presented as a knowledgeable and passionate individual who knew residents and their families very well and was a strong advocate for equality, inclusion and fairness.

The person in charge had demonstrated a very good understanding of the Regulations and Standards. The person in charge highlighted a number of audits carried out in the designated centre in areas such as care planning, health and safety, risk and medication. The inspector found evidence of general safety audits, fire safety audits and unannounced visits by the providers management team. An annual review (2014) was also available on this inspection. The quality of management and auditing was found to be of satisfactory standard in this designated centre.

The inspectors found that the person in charge had very clear and comprehensive oversight over the level of care provided to residents and was very accessible to residents. The residents informed the inspector they would go to the person in charge with any problems they had and the inspectors could observe that the residents had a good rapport and relationship with the person in charge which demonstrated his availability to them.
The person in charge highlighted various checking systems in place with residents and families to ensure he was fully aware of the care provided in the different parts of the designated centre. The person in charge had regular contact with families and was very much an operational manager as he lived as part of the community within the designated centre. This was evident in the levels of compliance found across all outcomes inspected and demonstrated the effective monitoring of care. The inspector found a relaxed, homely and caring atmosphere whereby resident’s needs were put first and this ethos was supported by management.

**Judgment:**
Compliant

---

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was a deputy person in charge identified in addition to deputising arrangements whereby local on-site managers would oversee and manage the designated centre in the absence of the person in charge.

The inspector found there were no instances whereby the person in charge was absent for 28 days or more. The person in charge was aware of his regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that the centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The inspector found that this was evidenced through the positive outcomes for residents such as their quality of life, levels of activity in their lives, positive feedback from families and direct feedback from residents themselves. Resident's homes were well maintained, funded, staffed/co-worked and transport was available to residents as required (5 transport vehicles available).

**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

**Findings:**
There were appropriate staff numbers and skill mix observed to meet the needs of residents and the safe delivery of services to residents. Residents received continuity of care by a competent team of staff and co-workers. Staff were found to have up-to-date mandatory training and access to education and training to meet the needs of residents. Staff were found to be appropriately supervised, and were staff were recruited, selected and vetted in accordance with recruitment practice.

The inspectors observed that staff on duty during the inspection were familiar with the needs of the residents and provided care in a considerate and respectful manner.

The inspectors found that:
- Schedule 2 requirements were met regarding the staff and co-workers. Files reviewed held evidence of references, qualifications, contracts of employment and employment histories. An Garda Síochána vetting had been completed for all files reviewed.
- Staff were provided with training and refresher training in mandatory areas such as fire safety, safeguarding residents, manual handling and safe administration of medicines and behaviour support. A number of staff had also received training in first aid, administration of buccal midazolam (emergency medication) and epilepsy management.
- Additional centre specific training/induction was provided as required.
- Meetings were held regularly to ensure consistent care and shared learning.
- There was an actual and planned roster that reflected the statement of purpose.
- Staff spoken to were competent and professional in their knowledge of their role and regulatory requirements.
- There was formal supervision in place which made staff accountable and supported them in their roles. Inspectors reviewed a supervision roster and a sample of staff supervision files and found that supervision contracts were in place and supervision sessions were detailed. Supervision sessions addressed areas such as workload, resident's needs and training needs.
- There was an appropriate system in place regarding the use volunteers in the organisation which was very important given the model of care in this centre.

Overall the inspectors found that the staffing, staff training and development and recruitment processes and policies reviewed met the requirements of the Regulations and Standards.

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):
This was the centre’s first inspection by the Authority.

Findings:
The inspectors found that most of 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 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The centre had a resident’s guide which contained the information required by the regulations. The centre had a directory of residents which contained the information required by Regulation 19.
Inspectors examined a number of residents’ personal care plans and found that they were complete, accurate and up to date. The centre maintained a Directory of Residents and all information required was in place. For example, records included photographs, medical details, next of kin details.

Records of incidents, plans, assessments, and interventions were maintained. The centre was keeping detailed records of residents' finances and maintaining records of resident’s property and possessions.

The inspectors found that the designated centre was adequately insured against injury to residents. The inspector found that the provider had compiled and implemented 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.

The inspectors' found that the staff and person in charge were providing information to residents through accessible means and the residents informed the inspector they were satisfied with this. The inspector found that residents information, personal plans and files were maintained and kept secure and safe.

Records were of a general good quality and were in accordance with Schedules 3 and 4 of the Regulations. However, some documentation relating to the fire drills, finances and medications required some improvement. For example, some documentation errors and variances were found when reviewing these areas such as incorrect recordings and balances in some cases (minor errors). In addition, there was not a signature bank regarding medication administration sheets and all residents' personal information, e.g. residents address was not present on prescription sheets which is required. Other than this records were found to be of a good standard.

**Judgment:**
Substantially 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:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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 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 were some plans that did not ensure that recommendations arising out of each personal plan review recorded and included the names of those responsible for pursuing objectives in the plan within agreed timescales.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **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:**
   - All personal plans and aims/goals/objectives will be reviewed and where necessary amended to ensure that they clearly identify the person responsible for each objective and set a specific timeframe for each objective.
   - Quarterly reviews of objectives/aims/goals will be introduced to ensure that progress will be monitored on an ongoing basis and that any changes to persons responsible or timeframes will be updated should circumstances require.

   **Proposed Timescale:** 31/07/2016

---

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
While training was provided not all staff/co-workers demonstrated appropriate knowledge as to the recording, reporting and management of the prevention, detection and response to abuse.

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

   **Please state the actions you have taken or are planning to take:**
   - Safeguarding training will be reviewed to ensure that all areas in relation to awareness of types of abuse, the detection, prevention and response to abuse and reporting procedures are adequately covered. **Proposed Timescale:** 31/03/2016
   - Refresher training will continue to be provided to address any knowledge gaps **Proposed Timescale:** refresher training will be delivered to everyone by the 30/06/2016
   - The format for the assessment of learning outcomes for safeguarding training will be reviewed **Proposed Timescale:** 31/03/2016
   - A new reporting form will be introduced to simplify the process for anybody reporting any safeguarding concern to the safeguarding officers

   **Proposed Timescale:** 31/03/2016
<table>
<thead>
<tr>
<th>Theme: Use of Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Some Schedule 3 information was not appropriately maintained.</td>
</tr>
</tbody>
</table>

**3. Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

**Medication**
- A signature bank regarding medication administration sheets will be introduced with the original being kept in the office and a copy posted inside the medication cupboards in each location. Proposed Timescale: 15/03/2016
- Prescription sheets will be revised to include residents' address as well as a signature for each individual prescription as opposed to group of prescriptions and also to contain signature for discontinuing medication. Proposed Timescale: 31/03/2016

**Finances**
- Co-workers, house-coordinators and administrators will receive further training in how to spot errors and deal with them proactively, to ensure on-going correct recordings and balances. Proposed Timescale: 31/03/2016

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

<table>
<thead>
<tr>
<th>Theme: Use of Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Some Schedule 4 records were not found to be appropriately maintained.</td>
</tr>
</tbody>
</table>

**4. Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

**Fire Drills**
- Co-workers, house-coordinators and administrators will receive further training in how to clearly, accurately and consistently record fire drills and evacuations, including attendance sheets of fire drills and fire incident logs. Proposed Timescale: 15/03/2016