Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Camphill Jerpoint
Centre ID:	OSV-0003624
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Lead inspector:	Noelene Dowling
Support inspector(s):	Liam Strahan
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 March 2017 10:00	14 March 2017 19:00
15 March 2017 08:30	15 March 2017 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the third inspection of this centre which forms part of an organisation which has a number of designated centres in the region. This was an unannounced monitoring inspection undertaken to ascertain the continued compliance with the regulations and standards.

The centre was granted registration without restrictive conditions on 16 October 2015 having been inspected in May 2015. Inspectors also reviewed the actions from that inspection of 2015 and found that the provider had made satisfactory progress in most but not all actions.

Concerns regarding overall safeguarding systems and governance arrangements in the organisation resulted in meetings being held with the provider in April 2016 and on 16 October 2016. Following these meetings warning compliance notices were issued.

The provider was requested to and submitted a plan to improve safeguarding

systems within the organisation. This was duly received and regular updates were provided.

How we gathered the evidence:
Inspectors met with seven residents and spoke with three and they allowed inspectors to observe some of their daily life and routines. Residents who could communicate told inspectors they were very happy living in the centre, it was their home, they had access to activities, occupation and recreation that they enjoyed and were anxious that the inspection would go well for the centre.

Inspectors also met with staff members and the person in charge.

Description of the service:
The statement of purpose describes the service as providing long-term residential services to people with intellectual disability, people on the autism spectrum and physical and sensory disabilities. There are up to 10 day service placements provided. The care practices and systems were found to be congruent with the statement as outlined.

The centre is comprised of three units located on a site in a rural setting. The units accommodate between 1 and 5 residents and a number of co-workers and volunteers also live in the units. The grounds contain vegetable gardens, various workshops, stables for horses which are used by the residents. There were no children residing in any unit at the time of this inspection.

Overall judgement of our findings:
This inspection found the provider was in compliance with a number of regulations which had positive outcomes for the residents.

Good practice was observed in the following areas;
• Residents activities and routines were based on their own preferences which ensured they had interesting and varied experiences which suited their needs (outcome 5)
• Residents had good access to healthcare services and general multidisciplinary specialists (outcome 5)
• Numbers and skill mix of staff were suitable which provided good levels of support and continuity for the residents (outcome 17)
• Good personal planning systems were evident which resulted in a positive and supportive experience for the residents (outcome 5)

Some improvements were required in the following areas to improve the overall outcomes for residents;
• Access to some specific allied services including mental health services which would help to support more complex needs (outcome5)
• Safeguarding systems and behaviour support systems which would ensure residents' safety and well being (outcome 8)
• Staff training and supervision of staff (outcome 17 & 11)
• Systems for identifying risks to promote residents' safety (outcome 7)
• Medicines management systems (outcome 12)

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not reviewed in its entirety but the actions from the previous inspection had been addressed. The complaint process had been revised and a person had been nominated to deal with complaints. The records available of complaints indicated that issues raised by residents or relatives were noted, addressed and the satisfaction of the complainant was considered. Residents told inspectors that they could raise issues and they felt they would be dealt with. In some instances inspectors saw that staff proactively raised matters on resident's behalf.

Some improvement was required. Two factors influence this outcome. An audio alarm was being used as a seizure monitoring system. This was used in both bedroom and bathroom which compromised resident privacy. While inspectors were informed that alternatives had been trailed in the past, the protocol did not clarify the boundaries for its usage , privacy impact and the rational had not been reviewed.

While systems for the management of residents' finances were overall satisfactory inspectors found that decisions on spending had been taken on residents' behalf, without consultation with appropriate persons. For example, a resident was required to pay for a television for personal use as result of the behaviours of another resident. This was implemented without adequate oversight or consideration, albeit for good reasons.

In other respects it was apparent that the residents had choice in their preferred routines and day to day lives.

Judgment:
Non Compliant - Moderate

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

Findings:
This outcome was not covered in its entirety but a number of positive findings were noted.
Inspectors observed details in personal plans outlining resident's communication needs and the staff understood the resident's means of expressions very well.

Pictorial images were used to help with sequencing of events for the residents which included their activities, meals and visitors. Further communication plans were being developed, residents had been seen by the speech and language therapists and staff were familiar with the resident's sign language.

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

Findings:

As required by the previous inspection residents had good access to a range of multidisciplinary assessments and supports pertinent to their assessed needs. Inspectors also found that sensory assessments had not been undertaken for any residents where this may have been appropriate to their needs. This was discussed with the person in charge during the inspection.
Assessments which were undertaken and regularly reviewed included speech and language, physiotherapy and behaviour supports. The details were incorporated into the residents personal plans and staff were familiar with the interventions.
Annual and more frequent reviews took place which were attended by family member, residents if they so wished and in some instances allied practitioners.However; three different templates for personal planning were being used. The quality and content of the personal plans differed considerably. While some clearly defined the resident's preferences and needs for healthcare, communication, social inclusion, personal supports others were merely descriptions of current status and made no plans for development.

Personal goals were detailed following the reviews but the plans were not updated in all cases following this. Despite these deficits in the planning documentation inspectors were satisfied from speaking with staff, residents and reviews of other documentation that the care needs of the residents were understood and delivered. In fact, staff were able to clearly define very fundamental goals and achievements for residents which were not included in any documentation. Staff maintained detailed daily diaries which supported this finding.

Residents preferred activities and social engagements were well supported according to their preferences and dependencies. There was also a significant ratio of one to one supports to ensure these occurred. A number of residents participated in the gardening work, bakery and cafe on site or day service, workshops and art classes externally. They had access to external activities including swimming and local events. Therapeutic horse riding was available daily on the site. They went on holidays and most residents had free access to the other units on the grounds so could socialise easily.

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

Findings:
Overall inspectors found that the centre took an approach to risk overall that balanced residents' safety with their rights. A number of actions arose at the previous inspection and these had been addressed.

However, inspectors observed a substantial risk to one resident. This resident's pillow was placed in a large plastic bag and then in a pillowcase. Staff stated that the resident sleeps with this pillow. The explanation given for the use of this bag was that the pillow protectors available did not last long enough. This was as an asphyxiation risk. Moreover, the risk was further heightened by the fact that staff described the resident as having an eating disorder which significantly increases the risk of ingesting inedible objects. Inspectors requested this be removed and not used again.

The upstairs of one unit was found to contain a noxious odour whether from lack of ventilation or other causes. This posed a potential infection hazard.

The centre contained a risk register for the centre and for each of the residents. The risks listed encompassed the wide variety of risks across the centre, including risks associated with the activities and equipment in the centre. Risk registers for individual residents were pertinent to their identified needs. These registers were seen to be kept up to date. Mitigating actions in these registers were seen to inform practice.

While the centre did have personal emergency evacuation plans they were 6 pages in length and lacked the specific detail of the support that would be necessary in such an event and required review.

Inspectors reviewed fire inspection records and fire equipment service records. These recorded that alarms, emergency lighting, fire extinguishers and fire blankets were serviced by professional contractors according to an appropriate routine schedule. Additionally there were appropriate weekly and daily internal checks undertaken. Staff and residents had undertaken fire drills. These were recorded for learning purposes. Satisfactory fire training prevention and response training was required as indicted by the training records made available following the inspection.

An emergency plan was in place and this included arrangements in the event the centre had to be evacuated. Emergency phone numbers were also easily accessible to staff.

The centre has a system in place for the review and learning from accidents, incidents and near misses. This involved discussion at weekly management meetings and responses reviewed for effectiveness. Additionally incidents were reported to the provider via the national incident management system.

The centre had access to a number of vehicles. Records demonstrated that driving licences for staff were kept on file and driver assessments had been undertaken on staff to assure the centre of the driver's ability to drive safely. Policies were not reviewed as part of this inspection.

Judgment:

Non Compliant - Moderate

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

Theme:
Safe Services

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

Findings:
The actions required from the previous inspection had been addressed with the implementation of a satisfactory policy on safeguarding and the appointment of a suitably trained designated officer. Progress had been made and was ongoing on the use of restrictive practices such as the locking of doors to secure residents. However, safeguarding systems and oversight required further review.

From records seen and interviews inspectors found that systems for responding to allegations of abuse or misconduct were not satisfactory. Inspectors fully acknowledge that there were significant complexities involved in the particular incidents and that the intention at the time was to manage them in the best interests of the resident.

However, it was evident from records seen and from speaking with staff that there was a firm assumption that some such allegations /statements were unfounded, behavioural and attention seeking in nature. To this end strategies had been devised whereby the person making the allegation would be asked three times within a twenty four hour period if they wished to withdraw or continue with such a statement.

In one incident, reported to the person in charge form an external source the records which were presented as the screening process were not satisfactory. In fact the allegation was repeated during the screening process and despite this the outcome was deemed unfounded without further adequate review.

In order to support residents in such situations a system of weekly conversations with the designated officer for safeguarding were instigated. The purpose was to allow any concerns or complaints be raised and explored. The designated officer maintained a diary of such conversations and of any actions taken to verify or clarify the statements. This forum did provide an outlet for residents. In addition there was attention paid to routines, systems for avoiding points of conflict and opportunities for regular breaks in order to prevent incidents occurring.

However, a review of this diary by inspectors identified a number of such issues raised. The process used in some instances to ascertain the facts were of concern. They did not demonstrate a transparent ethos in the management of such incidents and as such may place residents at risk, if inadvertently. Inspectors acknowledged that these matters had been discussed and agreed with the organisations national safeguarding officer. They were also reflected in behaviour specialist reviews and support plans seen.

However, while residents' behaviours and precipitating factors were considered in the screening process other pertinent factors were not accounted for in the recurring nature of the incidents.

There were no reports or requests for advice made to the appropriate personal in the HSE and some of the incidents seen warranted this process. Clinical psychological review and in one instance medical review as recommended by the consulting psychiatric service had not been sourced. Both of these interventions may have supported and informed practice in relation to the behaviours of concern and the allegations made. They would also have provided a safe and robust multidisciplinary mechanism within which to manage the behaviours and ensure the resident's safety.

It is of concern to HIQA that on a number of occasions during the inspection process the pertinent persons were requested to outline if there were any such issues being managed and inspectors were informed that there were not.

In other areas behaviour support clinics with a behaviour specialist had taken place regularly since the previous inspection and staff articulated how they found these very helpful.

The previous inspection had required a review of a significant restrictive practice, namely the locking of a resident into one area of the premises for the management of challenging behaviours. This had been reviewed and records demonstrated that it was only used as a last resort. The practice had been significantly decreased during day time hours.

This area however remained locked entirely overnight. A new resident had been accommodated to this section of the premises without this situation being either risk assessed or the impact of this restriction considered. There is a sleep over staff present at night in this area should they be required. Inspectors could not ascertain the rationale for the securing of this section at night. However, inspectors were shown a plan for an alteration to this section of the unit to provide individual accommodation for the resident and therefore the restriction would not be required.

A number of residents required significant support with personal intimate care and plans for the provision of this were required following the previous inspection. These had been implemented but gave no guidance or direction to staff as to how to undertake such tasks and maintain the resident's privacy and dignity.

Records demonstrated that all current staff in the centre had received up to date training in the prevention of and response to abuse and the designated officers had also undertaken the relevant training.

Residents who could communicate informed inspectors that they felt safe in the centre.

Judgment:
Non Compliant - Major

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:
A review of the accident and incident logs, resident's record and notifications forwarded to the Authority demonstrated that the person in charge had not complied with his responsibility to forward the required notifications to the Authority. These included the use of chemical restraints and of alleged misconduct. In discussion with the person in charge a number of these were due to misunderstanding as to the requirements.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found evidence that residents healthcare needs were being met with regular access to general practitioner services and allied health care reviews.
There was evidence of regular referral and frequent access to allied services such as chiropody, dentistry, ophthalmic care, and physiotherapy and speech ad language therapist. Staff followed the guidance provide by the clinicians and were well informed in regard the residents health care needs.

Inspectors saw evidence of health promotion and monitoring with regular tests and interventions to manage specific healthcare needs.
Inspectors saw from records and speaking with staff that families were kept fully informed and involved in regards to healthcare issues and appointments.

Residents' nutritional needs were addressed and monitored. There was documentary evidence of advice from dieticians and speech and language therapists available and staffs were knowledgeable on the residents' dietary needs. Some residents helped staff to do the shopping and cooking according to their wishes and abilities.
A lot of the food is produced on the farm and so was fresh and seasonal. The meal times as observed were very social and shared experiences between staff and residents. They went to different units for meals on occasions as they wished and people who attended the day are service also shared mealtimes with the residents.
While the organisation has a policy on end of life care no advance planning or emergency procedures had been considered where this might be deemed appropriate. This was discussed with the person in charge at the inspection who agreed to give this mater consideration for the future.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
Both actions required from the previous inspection had been addressed.

Medicines were appropriately identified and prescriptions were available for dispensing and administration. However, a significant number of alternative medicines were being used at this time. Inspectors found that the prescriptions being used for these medicines were not dated by the person prescribing and staff were transcribing onto the medication administration records. While inspectors were informed that the use of such medicines had been discussed with the residents' GP this was not evident. This is actioned under outcome 17 records and documentation.

Systems for the receipt of, management, administration, storage and accounting for standard medicines were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medicines.

Where errors were noted the actions these were appropriately addressed. No controlled medication was being used at the time of the inspection. Staff managed medicines for most residents or offered the appropriate level of assistance where necessary.

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

Findings:
There were some improvements required in the local governance arrangements to ensure the service was safe and effectively monitored.

Adequate supervision of staff had been actioned in the inspection of 2015 and was also an action identified by and for the provider in 2016. This action had only commenced with one house coordinator and one staff at the time of this inspection. The content of both records as seen by inspectors was satisfactory.

Inspectors was provided with documentation and content requirements for such supervision of all staff. Dates for training of relevant personnel in providing supervision were also scheduled. The findings in outcome 8 safeguarding indicate that this lack of direct supervision and informed decision making requires attention.

Inspectors was informed that the person in charge had received regular managerial supervision from the provider nominee.

The action from the previous inspection related to the availability of an annual report for the service. On this occasion the report for 2016 was not yet available but unannounced visits by the provider had taken place in August 2016 and January 2017. This was a detailed review of pertinent areas. A number of actions had been identified including the need to formalise and commence line management supervision and training needs analysis for staff.

Regular local management meetings also took place. The records of these indicated that they were comprehensive with each resident discussed. However, apart from the medicines administration systems no auditing of incident or accidents had yet commenced. These would provide a better overview of the quality and safety of care. Details of the process to be implemented were provided to inspectors and these if implemented would provide such a medium.

There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and responsive.

Judgment:
Non Compliant - Moderate

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

Findings:
The previous inspection sought two actions in relation to the workforce: that staff files include all documents required by schedule 2 of the regulations and that staff supervision systems be improved.

A sample of staff and volunteer files were reviewed. These were found to include all documentation required by schedule 2 of the regulations.
Rosters reviewed, and practice seen by inspectors, indicated that there was adequate numbers of staff to meet the needs of residents and that residents receive continuity of care.

While there was a skill mix present amongst the staff, training records indicated that there were deficiencies in staff-training. Inspectors were informed that the training records provided during the inspection were not accurate.

However, a review of the records forwarded following the inspection, which inspectors were advised were accurate also indicated lapses in mandatory training including fire safety, first aid to include choking risks. Some staff had received a basic fire safety introduction but this was not focused on the unit in which they worked and did not

include the use of equipment.

Another staff listed as "front line" that had significant responsibility for residents during an activity which could result in injury, was not listed as having any first aid or patient handling training as it was deemed not applicable. Two house coordinators who have significant roles in units were listed as having no training in first aid. The organisation had set timeframes for repeated training and these had not been adhered to.

Staff were observed to be patient, engaging with and supportive of residents.

Judgment:
Non Compliant - Moderate

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:
Some of the actions from the previous inspection had been addressed with all the required documentation available for staff. However, resident's personal plans were not comprehensive and details of specific incidents relating to residents had not been maintained. In addition not all medicines prescription contained the date of prescribing.

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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003624
Date of Inspection:	14 and 15 March 2017
Date of response:	12 May 2017

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:
Failure to seek consent and support for residents in decision regarding the spending of monies.

1. Action Required:
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in

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

accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

Please state the actions you have taken or are planning to take:
All extraordinary expenditures will be discussed, agreed and recorded with the Social worker/Advocate.
A quarterly audit of DA expenditure will be carried out for all residents.

Proposed Timescale:
May 1st PIC

Proposed Timescale: 01/05/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of audio monitors had not been reviewed or assessed for the impact on residents privacy and dignity.

2. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
Privacy impact of the audio monitor will continue to be reviewed at the annual review to ensure best practice in line with our policy and procedures on use. The weekly team meetings will discuss any ongoing concerns or issues that may arise due to its use.
An advocate will be arranged to review the rationale and best practice in line with the resident health and safety requirements. A review of any privacy and dignity issues will also be carried out and any concerns will be addressed.

Proposed Timescale:
To be completed by June 30th PIC

Proposed Timescale: 30/06/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failure to adequately asses and monitor some risks to residents.

3. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
Risk due to pillow cover has been addressed.

Proposed Timescale:
Completed House co-ordinator

Proposed Timescale: 12/05/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider needed to ensure that possible sources of infection were identified and managed.

4. 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:
Adequate ventilation of upstairs entrance area in one residence will be investigated and measures taken to address causes and prevent any associated dangers re infection.

Proposed Timescale: 15/05/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a failure to ensure that staff had adequate fire safety training.
Personal evacuation plans required review in some cases.

5. Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All PEEPs will be reviewed and specific actions required for evacuation will be highlighted for emergencies.
Records of fire training will reviewed and updated to include any omissions as all trainings have been completed.

Proposed Timescale:
Completed April 15th House coordinator

Proposed Timescale: 15/04/2017

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:
Failure to seek adequate advice and guidance to identify the causes of and manage behaviours that challenge.

6. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
1, Restructuring of entrance door to another section of the apartment will render the restrictive practices unnecessary. This work has begun and will be completed within 6 weeks.
2. Immediate risk review of second resident's access has been undertaken and the resident has been supported to independently open the door. Accessibility will be kept under review while building works are being completed, if any difficulties/risks are observed the resident will have alternative accommodation organised within the house.

Proposed Timescale:
1. June 20th PIC
2. Ongoing PIC

Proposed Timescale: 20/06/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Systems for review of allegations or concerns raised by residents required further oversight and multidisciplinary support.

7. Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
All issues relating to this specific case will be dealt with through the NCMT/Registered nominee/HSE.
All concerns raised by the resident which contain any degree of allegation will be dealt with through safeguarding and trust in care policies.
Resident will be risk assessed regarding concerns for lone working with personnel.
Activities and timetable will be reviewed to ascertain triggers and safeguarding plans will be reviewed to address any new findings.
Psychology/Psychiatric services will be requested for additional MDT input.
Placement will be reviewed with HSE at Annual review in May.
A recent review has been carried out with Disability sector consultants re handling of complex issues associated with this situation and we are awaiting a report.
An additional internal comprehensive review has taken place with the Provider nominee and a list of actions to address all aspects of the placement has been outlined for implementation.

Proposed Timescale:
June 21st re additional MDT input: PIC
May 30th for all other actions.: PIC

Proposed Timescale: 21/06/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The personal plans available for intimate care did not clearly guide staff and ensure residents dignity was respected.

8. Action Required:
Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

Please state the actions you have taken or are planning to take:
In addition to guided handover of personal/ Intimate care plans, all relevant guidance details will be written up and added to induction plan for personnel working with intimate care responsibilities.

Proposed Timescale:
July 30th House co-ordinator

Proposed Timescale: 30/07/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a failure to notify of allegations which had been made.

9. Action Required:
Under Regulation 31 (1) (g) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation of misconduct by the registered provider or by staff.

Please state the actions you have taken or are planning to take:
All concerns raised by the resident which contain any degree of allegation will be dealt with through safeguarding and trust in care policies. Preliminary internal screenings to ascertain accuracy of statements will not be carried out without external supports from the NCMT and the relevant Safeguarding supports .

Proposed Timescale: 15/04/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a failure to notify the use of chemical restraints.

10. Action Required:
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

Please state the actions you have taken or are planning to take:
All chemical restraints are being notified since clarification was received on January 17th.

Proposed Timescale:
Completed PIC

Proposed Timescale: 12/05/2017

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:
The practice of transcribing did not protect residents.

11. 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:
All dates have been transcribed for complimentary medicines.
Evidence of consultations between both GPs has been recorded wherever it was missing.

Proposed Timescale:
Completed House co-ordinator

Proposed Timescale: 12/05/2017

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:
Staff supervision systems were not robust or sufficiently defined to ensure duties and responsibilities were carried out effectively.

12. Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
Line management systems are to be rolled out on completion of National training programme.

Proposed Timescale: 30/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
Gaps in training were identified in the following areas for crucial staff:

- Fire safety and management
- First aid
- Patient handling

13. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
Patient handling has not been identified as a mandatory training due to levels of mobility of residents.
A review of First aid training will be carried out with national health and safety officer as all basic trainings that were identified had been completed.
Continuous professional development programme is being developed in tandem with the roll out of the national line management programme; this will be implemented over the next year when courses are available.

Proposed Timescale: 15/05/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records in relation to residents including : personal plans ,significant events and medicines were not maintained in a manner so as to ensure completeness

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14. 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:
Personal plan template will be reviewed with view to additional areas being added.
One file which did not have details of significant events is now completed.

Proposed Timescale:
Completed May 30th PIC

Proposed Timescale: 30/05/2017