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 Community Kyle
Centre ID:	OSV-0003625
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	Announced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	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.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 April 2017 10:00	18 April 2017 19:30
19 April 2017 08:30	19 April 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 04: Admissions and Contract for the Provision of Services
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 15: Absence of the person in charge
Outcome 17: Workforce

Summary of findings from this inspection

This was the fifth inspection of this centre which forms part of an organisation which has a number of designated centres nationwide. The registration inspection was undertaken on 19 April 2016. An immediate action plan was issued to the provider following that inspection in relation to training in medicines management and the management of choking incidents. As result of the findings of that inspection a follow up inspection was required.

Unsolicited information received by HIQA triggered a further unannounced inspection on 22 August 2016. That inspection found further non compliances in safeguarding, implementation of crucial aspects of personal plans for residents and also in the level of qualified and experienced staff to support residents with complex needs. A further follow up inspection took place in November 2016 which demonstrated a number of improvements but changes were not sufficiently demonstrated to proceed with the registration.

As a result of concerns regarding overall safeguarding and governance arrangements, the provider was requested to attend meetings with HIQA on two occasions and warning notices were issued. The provider responded and put a series of measures in place to address these concerns.

This inspection was the final in a series of inspections to inform registration. It was announced and undertaken to inform HIQA's decision in relation to the registration of the centre.

How we gathered our evidence:
Inspectors also reviewed the 11 actions required from the inspection of November 2016 and in all cases found the provider had completed the actions.
Inspectors met with most residents and spoke with five residents. Other residents communicated in their own way and allowed inspectors observe some of their daily life and routines. Residents told inspectors they were very happy living in the centre and enjoyed their activities, going for walks, going out for meals, and looking after the land.

Inspectors also met with staff members, the person in charge, the deputy national social care manager and the health and safety officer.
Inspectors reviewed documentation including policies and procedures, personnel files, health and safety documentation, residents' records and personal plans.
This inspection focused on 13 core outcomes.

Description of the Service:

The statement of purpose states that the service is designed to provide long term care for up to 17 adult residents, both male and female, of moderate intellectual disability, autism, behaviours that challenge and physical dependencies. The care practices and systems were congruent with the statement of purpose.

The centre is situated in its own grounds in a rural location some miles from the nearest village with a total of five units which accommodate between one and four residents. The premises are suitable for purpose. The units also accommodate a number of co workers /volunteers.
Inspectors also reviewed an additional section of one unit which it is now proposed to include in the application for registration .This will not impact on the number of residents but it had not previously been identified for use by residents. The arrangement was satisfactory.

On the days of the inspection there were 15 residents living in the centre.

Overall judgement of our findings:
This inspection found that the provider was in substantial compliance with the core regulations which had positive outcomes for the residents and the actions from the previous inspections had been addressed.
Good practice was observed in the following areas;

• local governance systems were effective which resulted in positive outcomes for the residents (outcome 14)
• residents had good access to healthcare and multidisciplinary specialists and good personal planning systems were evident which supported their wellbeing (outcome 5)
• behaviour support and clinical interventions were effective and showed a positive impact for residents.(outcome 8)
• medicine management systems were safe and monitored (outcome 12)
• numbers and skill mix of staff were suitable were suitable which provided appropriate and supportive care for the residents (outcome 17).

Some minor improvements were required in the following areas to improve the overall outcomes for residents;
• risk management systems to ensure residents were safe including confirmation of fire compliance for one of units (outcome 7)
• safeguarding reporting systems (outcome 8).

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.

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:
While this outcome was not reviewed in its entirety inspectors were satisfied residents' rights were respected and supported. It was apparent that they had choices in their daily lives and routines and were consulted in regard to their living arrangements, work and recreation. This was done both individually with key workers and via meetings where this medium was appropriate for the residents. Their families or next of kin were also consulted on their behalf as appropriate.

Residents maintained control of their own possessions and these were itemised. They had suitable locks on bedroom and bathroom doors to maintain their privacy but allow staff access if necessary.

Residents were assessed for competency to manage their finances and in most instances could not do so. They did have personal bank accounts which staff supported them to access and there was evidence of oversight of this. Staff maintained detailed records and receipts of all financial transactions and there was also an overarching internal auditing system.

The policy on the management of complaints was in accordance with the requirements with nominated officers and evidence of oversight. No issues of this nature had been raised since the previous inspection. Staff acted as advocates for residents, for example in regards to the suitability of their living arrangements. There was evidence that the person in charge had also acted to source independent advocates or social work support for residents who required this.

Judgment:
Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
Inspectors found that the residents' needs for support with communication were both assessed and attended to. A number of residents had received speech and language assessments and there were interventions available in the communication plans. Social stories and pictorial images were being developed to support residents to communicate and to understand staff communication. Sign language workshops for staff and residents had been initiated.

It was apparent that staff understood the resident's communication and could effectively communicate with them. There were also tools available to help staff identify if residents who could not communicate verbally were in pain or unhappy.
Some residents used technology to communicate with family.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
No new admissions had taken place since the previous inspection. However, inspectors reviewed documenting and systems for decision making in relation to a proposed

admission .There was evidence of satisfactory assessment, sourcing of relevant information and a formal decision making process in order to ensure the residents needs could be supported in the centre.

A contract for the provision of care and the services to be provided was issued to the residents in an easy read format, and or their representative for signing. While the contract seen identified the services to be provided it did not adequately outline the additional costs required. For example, residents were purchasing basic equipment such as bed linen.

There was detailed transfer information available should a resident require transfer to acute care services.

Judgment:
Substantially 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:
The actions from the previous inspection had been resolved. This was the adequacy of review for some residents and the implementation of satisfactory support plans for residents assessed needs.
On this inspection there were suitable support plans in place for self harm, activity based programmes and sensory interventions. Annual and quarterly reviews were held and these were informed by the multidisciplinary assessments and interventions undertaken. These were attended by the residents themselves where they wished to participate, family members, and external clinicians where possible.
The details seen of the review meetings demonstrated that all aspects of the residents' life and wellbeing were evaluated with personal plans implemented which took account of resident's preferences and choices. These were in user friendly format.

Inspectors found comprehensive assessments of resident's health, psychosocial and mental health needs undertaken with relevant strategies and goals identified.

There were clinical assessments for speech and language, dysphasia, fall risks and metal health. The outcomes were incorporated into the resident's daily care including strategies for choking risks, management of diabetes, skin integrity or decreased mobility and interpersonal interactions. Inspectors found that staff were familiar with these strategies and implemented them. Support plans for day to day activities were also implemented based on each resident's assessed needs.

The quality of life for a number of residents had been significantly improved due to the changes made via the consistent implementation of the multidisciplinary intervention and staff supports.
There were some deficits in support plans for example, patient handling plans where these were necessary. These were however documentary deficits and from speaking with staff and observation inspectors were satisfied that residents' needs were met and there were systems in place to oversee this. The person in charge agreed to address this,

The social care needs of the residents were well supported and there was evidence that further plans were being made to review their preferences and explore more meaningful options in conjunction with workshop staff and key workers.
Inspectors saw and were informed by residents that they attended a variety of social events and recreational activities including swimming, hydrotherapy, shopping , meals out, art workshops and aces to these was supported by one to one staffing where necessary.

They helped with cooking and worked on the land and with the animals as they wished. There were sufficient staff to ensure these activities and choices were available to them and the days were well planned.
Inspectors were satisfied that the assessed needs of the residents could be met within the centre.

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:
Inspectors found that improvements had been implemented since the previous inspection. Both actions from the previous inspection, the repair of a fire door and the systems for identifying and responding to risks and incidents had been adequately

addressed.

An alarm system had been installed to alert staff in the event of emergency for one resident who lived alone at night and the security of the units at night had also been addressed.

Inspectors found that arrangements were in place to ensure that the health and safety of residents, visitors and staff was promoted and balanced with residents' individual right to choice. However the risk of the consistent use of candles had not been considered.

Five of the six houses had been certified as fire compliant by an independent fire consultant and at the time of inspection the provider had undertaken additional fire compliance works on the sixth house and was awaiting a fire compliance certificate for that house following review by the local fire authority. Inspectors also noted a potential hazard with regard to the hatch between a kitchen and dining room and requested that this be reviewed to ensure that it would provide adequate fire protection in the event of a fire.

Procedures for the safe evacuation from the centre in the event of fire were prominently displayed. There was a personal evacuation plan for each resident. While the majority of these were detailed regarding the specific supports that would be necessary, one required updating. It did not take account of the supports identified during a recent fire drill which were held regularly.

Fire-safety training had completed by all staff involved in care of residents within the previous year in accordance with the provider's policy, with the exception of three staff members.

Satisfactory policies and procedures were in place for risk management, emergency planning and health and safety auditing. Suitable arrangements were in place for the prevention and control of infection.

A general organisational and individual risk register was maintained. The risks listed encompassed the wide variety of risks, including those associated with the activities and equipment within the centre. Risk registers for individual residents were pertinent to their identified needs including falls, self harm, clinical issues and accidents. These registers were seen to be kept up to date with appropriate actions identified.

Arrangements for investigating and learning from incidents/adverse events involving residents were also in place. A meeting was held on a weekly basis to review any incidents that occurred. Records of these meetings were seen to consider the immediate responses taken and the on-going follow up required. Additionally there was evidence of analysis of incidents for learning outcomes. From a review of accidents and incidents, medicine errors and behaviour incidents there has been a significant decrease since the previous inspection and any issues which did occur were responded to and managed appropriately.

The centre had adequate means of escape with fire exits seen to be unobstructed. An

external fire consultancy company had been engaged for the regular service, inspection and maintenance of the fire alarm, emergency lighting and fire safety equipment within the required timeframes. Internal checks were also routinely undertaken and seen to be recorded and up to date.

An emergency plan was in place. This detailed the actions to be undertaken in the event that the centre had to be evacuated. It also included arrangements for alternative accommodation. Emergency phone numbers were accessible to staff.

The centre had access to a number of vehicles. Maintenance, service and evidence of road worthiness were available review and correct. The centre maintained a record of driving licences for all staff permitted to drive.

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

Findings:
Inspectors found that the actions from the previous inspection had been satisfactorily resolved. However, while overall systems for the protection of residents were effective and responsive some improvements were required in identifying and informing relevant agencies of issues which may indicate concern.

The person in charge had acted promptly and appropriately to protect residents, report to the relevant agencies, seek external advice and act on this when issues occurred. These included incidents of staff misconduct and concerns regarding residents' finances .They had also initiated robust recording and monitoring systems.

However, inspectors saw that in one instance there was information recorded which had not been reported to the relevant agency in order to ensure full information was available to inform safeguarding decisions.

While all staff and managers had training in the protection of vulnerable adults the

person in charge and the designated officer had not undergone the specific modules for their roles. This had been requested from the Health Service Executive (HSE).

While safeguarding systems were implemented following any incidents the plans were not sufficiently detailed to adequately guide staff in the procedures to be followed. Some improvement was also required in the detail of the intimate care plans for residents. In practise, staff were able to describe these procedures which did protect residents' privacy and dignity.

As required by the previous inspection, training for staff, oversight and clinical review of behaviour support plans for residents had been implemented. All such plans had been reviewed by a clinical behaviour specialist. In addition, supervision systems and changes to the deployment of staff supported the implementation of these interventions.

Staff had received additional training in sensory supports and on this occasion these interventions were found to be correctly implemented to the obvious benefit of the residents.

There was evidence that incidents of behaviour that challenges were reviewed by the person in charge and changes made as needed. There was evidence that such incidents had significantly reduced resulting in a better quality of life for residents.
There was good access to psychiatry and mental health interventions.

Restrictive practices had also been significantly reduced and where any were used, such as door censors, there was a clearly established rational which was regularly reviewed.
Medicines were not used inappropriately to manage behaviours.
There were no children living on the campus at the time of this inspection.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
A review of the accident and incident logs, resident's records and notifications forwarded to the HIQA. Demonstrated that the person in charge was in compliance with requirement to forward the required notifications to the HIQA. All incidents were found to be reviewed internally.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
The residents had a range of healthcare needs which the inspectors found were well supported and monitored. A local general practitioner (GP) was responsible for the healthcare of residents. Records and interviews indicated that there was frequent, prompt and timely access to this service.

There was evidence from documents, interviews and observation that a range of allied health services were available and accessed promptly in accordance with the residents' needs. These included occupational therapy, physiotherapy, speech and language, neurology, psychiatric and psychological services. Chiropody, dentistry and ophthalmic reviews were also attended regularly.
Healthcare related treatments and interventions were detailed and staff were aware of how to implement these. These included dietary supports,

skin integrity and mobility. Suitable care plans were implemented and evidence based assessment tools were also used for example, for increased dependency and falls. Where ongoing treatment was recommended this was also facilitated.
Inspectors saw evidence of health promotion and monitoring with regular tests, vaccinations and interventions to manage both routine health issues and specific issues. Staff were very knowledgeable on the residents and how to support them. Where necessary detailed daily records of, for example, dietary intake or weights were maintained and reviewed.

Meals were prepared in each unit and systems had being implemented to ensure there was choice and variety especially for those residents who required modified foods. Pictorial images were used in some instances to help residents' make choices. Some residents used adapted crockery and cutlery to enable them to stay independent. Residents, staff and co workers shared all meals together and these were social and dignified experiences as observed.

Judgment:

Compliant

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

Theme:
Health and Development

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

Findings:
There was a policy on medicines management which was in accordance with legislation and guidance. Systems for the receipt of, management, administration, safe storage and accounting for all medicines was found to be satisfactory. Inspectors saw that there were appropriate documented procedures for the handling, disposal of and the return of medicines.

Inspectors saw evidence that medicines were reviewed regularly by both the residents GP and the prescribing psychiatric service. There was data provided to staff to ensure they were familiar with the nature and purpose of the medicines and any medicines required to be administered in an altered format were adhered to.

In order to reduce the risk of errors an additional administration recording system had been implemented and the house coordinators audited the medicines regularly.
The healthcare assistants had training in medicines management and a number of staff also had specific training in the administration of emergency medicines. There were protocols in place for the administration of this medicine.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
There was evidence from the findings of the inspection that the governance systems had been revised to ensure effective and accountable oversight for the safe delivery of care. The action from the previous inspection had been addressed with a qualified and suitably experienced person appointed to the position of person in charge. Details of the required management training for this person had not been provided to HIQA at time of writing this report.

However, while improvements had been made, only one unannounced inspection had been undertaken on behalf of the provider since the previous visit in March 2016. It is a requirement that unannounced visits by the provider take place twice yearly. The providers unannounced visit in March 2016 identified a number of areas for improvement and those responsible. These included the need for increased access to advocacy services, and adherence to the regulatory notification requirements. No annual report was yet available on the quality and safety of care.

A suitably qualified person had also been employed as deputy manager to support the person in charge and to take responsibility in their absence. The deputy national social care manager was also pivotal in providing oversight and support to the local management team. The team demonstrated a good knowledge of their regulatory requirements and responsibilities.

There was evidence of improved reporting systems with regular management meetings which focused on staffing, planning and resident care and support.

Additional resources had also been made available with a significant number of employed staff and three house coordinators appointed with specific areas of responsibility. Rosters had also been amended to ensure there was a person with responsibility in the centre each day evening and at weekends.

Staff acknowledged that the revised structures and systems were supportive to them and enabled positive changes for the residents.

As required from the provider's action plan an internal line management supervision system had commenced. The details available showed that it was focused on professional development and performance management and supported staff to uphold their responsibilities in relation to resident care. There was evidence of responsive internal and local auditing systems and monitoring of practices, accident and incidents.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the

designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors were satisfied those periods of leave by the person in charge which required notification to the HIQA had been duly notified. The provider had made suitable arrangements for periods of absence of the person in charge for the future. All documentation had been forwarded and was satisfactory.

Judgment:
Compliant

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

Theme:
Responsive Workforce

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

Findings:
At the last inspection two actions arose in relation to the workforce. The first related to an over-reliance on volunteers and inadequate deployment of employed and trained staff. The second related to inadequate formal supervision of staff. Inspectors found that these were satisfactorily resolved.
As part of the response to the previous inspection additional and qualified social care staff had been employed totalling 11 persons. This included house coordinators and deputies with defined responsibilities and overnight staff.
As a result rosters and observations during this inspection demonstrated that there was adequate numbers and skills mix of staff available to meet the assessed needs of residents. This reduced the dependency on the volunteers who had been taking on responsibilities for which they were not equipped.
A sample of staff files were reviewed and were found to contain all the documents required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in

Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

While the documentation for recruitment of the volunteer co-workers were also satisfactory and included criminal records checks and reference and responsibilities were defined. However, the decision making process and criteria for acceptance of such applications was not entirely satisfactory. The person in charge did not have a role in decision making or intervening which was usually done via internet.
You as currently no clearly defined criteria by which such persons applied, including previous experience, rational for wishing to undertake the voluntary work, or adequate English skills. The person in charge was aware of this and detailed proposals for addressing it.
Staff were subject to formal supervision on a regular basis and a system was in place to provide management with assurance that this supervision schedule was being adhered to. A sample of supervision records demonstrated to inspectors that the supervision process held staff accountable for their actions, were meaningful and sought to identify training needs for staff.

The training records demonstrated that staff had undertaken training pertinent to the role with residents. All staff had training in the protection of vulnerable adults; moving and handling for residents, management of actual and potential aggression safe administration of medicines. Any gaps noted for new entrants were scheduled. The majority of staff had training in the administration of emergency medicines. Other training available to staff also included occupational first aid training.

There was evidence that there was regular and good communication and contact between the management team and the staff in the units and various workshop to promote continuity of care for the residents.
Systems for communicating and monitoring were effective and included team meetings which were formal and focused and discussed all issues including accidents and incidents ,complaints, medical needs and general housekeeping issues.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

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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-0003625
Date of Inspection:	18 and 19 April 2017
Date of response:	15 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contracts available did not specifically detail the costs and services to be provided,

1. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details

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

of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
All contracts for provision of services will be reviewed to ensure that they have clear statement of charges. Following this review, any inappropriate charges on current equipment will be reimbursed to resident.

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:
Some risks had not been identified; These included:
• the risk of lighted candles
• potential fire hazard in the hatch between a kitchen and dining room.

2. 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 of lighted candles assessments have been completed and a reminder of guidance has been sent to all staff.
PIC will review implementation through checks in all areas where candles are been used.
Hatch between kitchen and dining room has been upgraded to prevent fire hazard.

Proposed Timescale: 30/06/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A small number of staff did not have fire safety training.

3. 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:

Fire Safety Training has been sourced for the staff who had not completed this training and will be taking place on 26. 04.2017

Proposed Timescale: 26/05/2017

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:
Screening and reporting of concerns raised which may indicate possible abusive interactions had not been entirely satisfactorily.

4. 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:
The incident of concern highlighted during the inspection has now been reported to HIQA and HSE safeguarding.
Designated safeguarding officer training has been applied for through the HSE for safeguarding officers and PIC.

Proposed Timescale: 15/07/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Safeguarding plans required review as they did not detail the actual systems to be implemented for the protection of residents.

5. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
Safeguarding plans will detail all systems in place and systems to be implemented for the protection of residents

Proposed Timescale: 15/05/2017

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:
Evidence of the required management qualification of the person in charge is required.

6. Action Required:
Under Regulation 14 (3) (b) you are required to: Regulation 14 (3) (b) Ensure the person who is appointed as person in charge on or after the day which is 3 years after the day on which these regulations came into operation has an appropriate qualification in health or social care management at an appropriate level.

Please state the actions you have taken or are planning to take:
PIC has completed level 6 QQI people management training and is currently waiting for certificate.

Proposed Timescale: 15/05/2017
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failure to undertake the required twice yearly inspection of the centre.

7. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
The provider nominee has drawn up a schedule of unannounced inspections which will be commencing with immediate effect. The outstanding inspection for Kyle will be completed by 15.07.2017

Proposed Timescale: 15/07/2017
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no annual review of the quality and safety of care in the centre.

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

Please state the actions you have taken or are planning to take: The provider nominee will complete the annual review by 15.07.2017
Proposed Timescale: 15/07/2017