



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Camphill Community Mountshannon
Name of provider:	Ard Aoibhinn Community Initiatives CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	05 February 2019
Centre ID:	OSV-0003828
Fieldwork ID:	MON-0021836

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Camphill Community Mountshannon provides a residential service for up-to-four residents who have an intellectual disability. Residents may have a diagnosis of autism and the centre can also support residents who may present with behaviours of concern. A unique living arrangement is in place with both staff members, volunteers and families supporting the care of residents. An integrated social care model is offered and there are additional cabins available on-site for residents to engage in activities. There are up to four staff members and/or volunteers supporting residents during day time hours and there is a sleep-in arrangement to support residents at night.

The centre is comprised of two houses and is located within walking distance of a small rural town, there is also transport provided for residents to attend community events. Each resident has their own bedrooms and there is ample communal areas for residents to relax. Each house also provides suitable dining and kitchen areas as well as additional garden and patio areas for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
05 February 2019	09:00hrs to 18:00hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with two residents who appeared relaxed on the day of inspection. One resident could verbalise their thoughts and feelings and they indicated their satisfaction with the care that they received in the centre. The other resident was non-verbal, but they appeared to enjoy the centre and at all times they interacted with staff members in a warm and care free manner. A review of resident questionnaires also indicated that both residents and their representatives were very satisfied with the service and care which was provided in the centre.

Capacity and capability

Overall, the inspector found that the centre appeared like a pleasant place in which to live. The arrangements which were implemented ensured that residents were to the forefront of care and the staff team, volunteers and management of the centre had also ensured that the lived experience for residents was very positive. However, some improvements were required to the management systems which were in place to ensure that the quality and safety of some care practices were of a good standard and consistently delivered.

There was a management structure in place which had clearly defined roles and responsibilities. The person in charge attended the service on a regular basis and was found to have a good knowledge of the service and of residents' individual care needs. The provider had conducted all required audits and areas for improvement were clearly defined which assisted in promoting quality improvement in the centre. However, there were significant deficits in regards to the management of medications, which the provider had not identified through their own monitoring systems. Furthermore, the inspector found that there was no identifiable recording or review system in place to assist with the monitoring of care practices and that overall, the lack of these systems impacted on the provider's ability to provide sufficient oversight of care which residents received.

There were a number of volunteers in place who had a high level of responsibility for the care which was provided to residents. Each volunteer had taken part in a robust induction programme and all volunteers had received the same level of training as staff members. Each volunteer had a detailed record of their roles and responsibilities, and support and supervision was scheduled to occur on a regular basis. The use of volunteers was openly discussed with the management of the centre and the person in charge indicated that supervision of volunteers was under review and additional supervision measures were being considered, which would further reflect the level of responsibility that volunteers

had. The inspector found that these measures ensured that the safety of residents was actively promoted.

The provider had recently reviewed employment arrangements in the centre and a number of volunteers had received contracts of employment. A sample of both staff and volunteer files were examined and all prescribed information, including vetting disclosures and employment histories had been received. The inspector found that these arrangements assisted in ensuring that residents were safeguarded at all times. The person in charge also maintained a staff and volunteer rota which indicated that residents were supported by familiar people; however, some improvements were required in regards to start and finish times on this document.

The provider had produced a statement of purpose which clearly outlined the individualised service which the provider was offering. The inspector reviewed this document and some further adjustments were made by the provider subsequent to the inspection which further described the care and support which was offered. A copy of this document had also been made available to residents in a user friendly format.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of this centre within the required time lines. However, additional clarity was required in regards to planning compliance, floor plans, and the residents' guide.

Judgment: Substantially compliant

Regulation 15: Staffing

All Schedule 2 information had been received for staff members and volunteers who supported residents in the centre which assisted in ensuring that residents were safeguarded. The person in charge maintained a rota, but further clarity was required to these documents in regards to start and finish working times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge maintained training records which indicated that all staff and volunteers had received training in safeguarding, manual handling and fire safety. Some staff members were not up-to-date in regards to training for supporting

residents with behaviours of concern, but additional training dates were scheduled prior to the conclusion of the inspection.

Judgment: Compliant

Regulation 22: Insurance

The provider had records for review which indicated that the centre was covered by a suitable level of insurance.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place which had clearly defined roles and responsibilities. The provider had also completed all required audits and reviews as prescribed. However, these reviews and audits failed to highlight the deficits which were identified on this inspection in regards to medications and the lack of adequate document and oversight arrangements.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which clearly outlined the individualised service which the provider was offering. The inspector reviewed this document and some further adjustments were made by the provider subsequent to the inspection which further described the care and support which was offered.

Judgment: Compliant

Regulation 30: Volunteers

There were a number of volunteers in the centre and their roles and responsibilities were set out in writing. The person in charge also planned to review supervision arrangements for volunteers to further enhance the care arrangements which were offered to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider maintained a record of submitted notifications; however, it was not apparent that all quarterly notifications had been submitted as prescribed.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents received person centred care which was delivered in a caring and pleasant environment. However, improvements were required in regards to the management of medicinal products to ensure that safe practices were in place at all times. Further improvements were also required in regards to record keeping as the provider failed to clearly demonstrate if activities or events had occurred in areas such as social care, community access and in the promotion of resident's understanding of safeguarding.

The provider and staff team had implemented a person centred planning process which promoted residents' inclusion in their local community. Residents' care plans were reviewed on a regular basis and there was a comprehensive assessment of residents' health, personal and social care needs. Following this annual assessment, a comprehensive support plan was implemented which outlined how the staff team would assist the resident in regards to their care needs. However, some improvements were required as some resident's involvement in their annual review had not been documented and the progression of resident's individual goals had not been clearly identified. The inspector found that improvements in this area of care would further enhance the social care model which was offered by the provider.

There was evidence of some good practices in regards to medication management with appropriate storage and staff training in place. However, significant improvements were required to ensure that medication practices were safely managed. A review of the provider's medication policy stated that a range of systems should be in place which would have provided sufficient oversight of medicinal products, but these were not in place on the day of inspection. For example, the policy stated that a medication administration record should be implemented, but this was not in place. The policy also stated that specific receipt of medication records and auditing systems should be implemented but again, these had not occurred. Some further improvements were also required to administration records which were in place as these records did not state the name of the resident who had received administered medications. The inspector found that

significant changes were required to this area of support to ensure that medication practices were maintained to a good standard at all times.

The centre had a homely atmosphere and all observed interactions between residents, staff and volunteers were warm and caring in nature. Residents who met with the inspector appeared relaxed and one resident voiced their satisfaction with the service. One resident was unable to communicate verbally, but this resident appeared comfortable and happy whilst interacting with staff. There was clear guidance in place to support residents who may require some assistance with their behaviours and residents had free access to their bedrooms and all communal areas. There were no safeguarding issues in this centre and the provider had appointed a person to oversee the safeguarding of residents. This person stated that they had engaged with residents in terms of self care and protection; however, there were no further evidence that these information sessions had been completed.

It appeared to the inspector that residents were having a good quality of life. Residents were observed busily coming and going from the centre and there was a range of activities scheduled to occur both in the community and in the purpose built cabins which were on the grounds of the centre. Residents' training and educational opportunities were facilitated both in the centre and one resident was pursuing further training in cookery and computers through a separate day service. However, improvements were again required as there was no evidence in the centre which stated that scheduled activities were completed as required.

To summarise, the inspector found that residents seemed to enjoy living in the centre and that staff and volunteers supported them in a very caring manner; however, the lack of recording systems impacted the provider's ability to oversee that care was delivered in-line with the resident's individual preferences and needs. Significant improvements were also required in regards to medication management to ensure that the provider's medication policy was effectively implemented which would ensure that medication practices were maintained to a good standard at all times.

Regulation 13: General welfare and development

There was a range of training activities in the centre such as arts and crafts and cookery. One resident in the centre had also engaged in formal education and they were attending classes in computers and cookery.

There was a schedule of community and centre-based activities in place; however, there was no evidence documented to indicate that these were completed as scheduled.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was well maintained and appeared comfortable and homely in nature. Each resident had their own bedroom and there was a sufficient number of reception rooms in which residents could relax.

Judgment: Compliant

Regulation 20: Information for residents

The provider had completed a residents' guide; however, this document did not contain all required information as stated in the regulations.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a risk register maintained and the person in charge had a good understanding of risks which had a direct impact on the provision of care. Resident's independence was also promoted through positive risk-taking, but some improvements were required in regards to the review of risks in the centre to ensure that management plans were up-to-date.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire precautions in place such as fire doors, smoke detectors and emergency lighting. A record of fire drills indicated that all residents could evacuate the centre in the event of a fire; however, the provider failed to demonstrate that residents could be evacuated when minimum staffing was available.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medications were stored appropriately and staff had received training to support them in the administration of medications. However, significant improvements were required to medication management to ensure that practices within the centre were maintained to a good standard at all times.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents were supported through a person centred approach to care and each resident had a comprehensive personal plan in place. Residents were supported to identify goals; however, progression of these goals was not sufficiently demonstrated through the resident's plan. Improvements were also required in regards to the annual review of this plan as it was not clearly documented that all residents were supported to attend their individual reviews.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical professionals and alternative therapies were also offered in the centre. Residents were also supported to attend appointments with medical consultants, but there was no information available in regards to the outcome of consultant appointments which impacted on the provider's ability to ensure that any additional follow up actions were implemented as required.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents had free access to their individual bedrooms and all communal areas of the centre. There was some guidance in place to support residents with some behaviours of concern and this information was reviewed on a regular basis which ensured that a consistent approach in this area of care was applied at all times.

Judgment: Compliant

Regulation 8: Protection

The centre appeared like a pleasant place to live and residents appeared relaxed and care free throughout the inspection. Staff in the centre indicated that information sessions in regards to safeguarding procedures had taken place with residents; however, records of these sessions had not been completed.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Camphill Community Mountshannon OSV-0003828

Inspection ID: MON-0021836

Date of inspection: 05/02/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>The person centred plan template includes a section on goals and on the progression of goals.</p> <p>The annual review record form will include residents attendance or not.</p> <p>We will ensure that there is only the up to date version of the person centred plan template in use.</p> <p>We will ensure that there is only the up to date version of the annual review record form in use.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Existing Rota developed to give further clarity on start and finish working times. By 31st March 2019</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Increased recording of support evidence provided during the auditing process; which includes staff and resident file audits, policy audits, H&S safety statement and emergency plan annual review, annual risk register review, as well as unannounced auditing inspections using the HSE standards auditing tool, including face to face meetings.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All quarterly notification will no longer be submitted by post but will be submitted via the portal.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>A new daily notes system has been introduced.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The residents guide has been reviewed to ensure it contains all required information and is included in the policy review schedule to ensure it is kept up to date.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Individual Risk Assessments will be reviewed as part of the annual person centred plan review process. The annual Risk Register review will include a check that all individual risk assessments were reviewed and updated at the last person centred plan review.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Minimum staffing fire drills have been added to the fire drill schedule of the centre.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The residents pharmacist of choice will transcribe medication to the MAR chart and sign it. The MAR chart has been drawn up in co-ordination with their pharmacist and is as described in our medication management policy.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p>	

The person centred plan template includes a section on goals and on the progression of goals.
 The annual review record form will include residents attendance or not.
 We will ensure that there is only the up to date version of the person centred plan template in use.
 We will ensure that there is only the up to date version of the annual review record form in use.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 Records will include outcomes of the visits of residents to medical professionals to ensure recording of implementation of any additional follow up actions as required.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 Information sessions with residents with regards to safeguarding, both formal and informal take place regularly. They will be recorded by the safeguarding officer on a Residents Safeguarding Information Record form and kept on their file.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	01/03/2019
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	01/03/2019
Regulation 15(4)	The person in charge shall ensure that there is a planned and	Substantially Compliant	Yellow	31/03/2019

	actual staff rota, showing staff on duty during the day and night and that it is properly maintained.			
Regulation 20(1)	The registered provider shall prepare a guide in respect of the designated centre and ensure that a copy is provided to each resident.	Substantially Compliant	Yellow	15/03/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	01/03/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/03/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all	Substantially Compliant	Yellow	01/03/2019

	persons in the designated centre and bringing them to safe locations.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	15/03/2019
Regulation 31(4)	Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis.	Substantially Compliant	Yellow	01/03/2019
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum	Substantially Compliant	Yellow	31/03/2019

	participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/03/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the	Substantially Compliant	Yellow	31/03/2019

	effectiveness of the plan.			
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	31/03/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/03/2019
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	31/03/2019