



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

## Issued by the Chief Inspector

Name of designated centre:	Camphill Jerpoint
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	20 April 2022
Centre ID:	OSV-0003624
Fieldwork ID:	MON-0034839

## About the designated centre

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

Camphill Jerpoint provides long-term residential care to 10 adults, over the age of 18, both male and female with intellectual disability, autism sensory and physical support needs. The centre is made up three detached two-storey houses each accommodating between one and four residents in a farmyard rural setting. Each resident has their own bedroom and other facilities throughout the centre include kitchens, dining rooms, living rooms, laundries and bathroom facilities. In line with the provider's model of care, residents are supported by a mix of paid staff (including house coordinators and social care assistants) and volunteers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Wednesday 20 April 2022	09:30hrs to 13:30hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This centre comprises three locations set within a short distance of each other on a rural site with a farm and gardens with polytunnels also present on the site. The centre is registered for 10 individuals; however, only nine residents live here. On the day of inspection, which was over the Easter period, a number of residents were visiting family or away from the centre. The inspector met with three individuals who were in their homes on the day of inspection. As the COVID-19 pandemic was still current, the inspector reviewed documentation in an office area separate to the residential houses and adhered to best practice while in the houses. This included wearing personal protective equipment (PPE), engaging in hand hygiene and maintaining social distance.

The inspector spent time in each of the three residential units to review all fire safety precautions present in the premises and met with residents, staff on duty and the local management team over the course of the day. This inspection was completed to review implementation of the providers action plan for coming into compliance with regulation 28 (fire precautions) and, as such, this was the primary focus of engagement throughout the day.

Where residents met with the inspector, they were happy for them to visit their home and explained that there had been a lot of work carried out in their house or apartment. One resident showed the inspector new storage and shelving in their home and explained how they were supported to use these rather than leave items off the floor so they could get out of the house easily if the fire alarm sounded. Residents were seen to be busy and occupied over the course of the day and were seen to relax with staff and in one instance to share Easter chocolate with others for tea break.

In summary, the residents present on the day of inspection were observed to be treated in an appropriate manner by the staff and volunteers present in the centre. There was a relaxed atmosphere in all of the centre premises and staff were open to engaging with the inspector. All residential properties were seen to have had substantial fire safety work completed and subsequent to this work decoration was being completed with painting ongoing in one house. Storage units were being moved and new storage was being configured and the inspector engaged with some of the contractors on site who were completing this work.

The next two sections of the report present the findings of the inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

As a result of serious concerns relating to fire safety found on an inspection of this centre in August 2021, in conjunction with concerns about this centre expressed by the relevant County Council Chief Fire Officer, a fire safety focused inspection was carried out in October 2021. As an outcome of that inspection, the Chief Inspector of Social Services took the decision to apply a restrictive condition to the registration of this centre directing the registered provider to be in compliance with Regulation 28: Fire Precautions by the end of April 2022.

This inspection was completed to review progress made by the provider towards meeting the requirements of the restrictive condition within the time frame as set by the Chief Inspector. The findings of this inspection were that the identified actions within a scheme of fire safety works had been successfully completed by the provider. Furthermore, the inspection found that the provider had engaged an expert external fire safety specialist to ensure that any works completed met all of the required fire safety standards and regulations. The inspector reviewed letters of compliance that are in place from all contractors and competent persons who carried out fire safety works in this centre.

Overall, the registered provider and the local management team have been successful in improving levels of compliance with regulation 28 within this centre which assured the inspector that residents were safe in the context of the work completed on previously identified fire safety concerns. The assurances made formally to the Chief inspector by the registered provider were being implemented based on the findings of this inspection.

### Regulation 16: Training and staff development

The registered provider had ensured that the staff team received training, supervision and support to ensure that there were competent to carry out all duties as required of them in the area of fire safety. The provider had ensured that staff had completed mandatory training and additional training in areas such as, safety, health and welfare and managing risk.

The person in charge and the team leader were ensuring that staff were in receipt of support and supervision. The inspector found that staff had areas of responsibility and these included fire safety.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had a management team in the centre which was unchanged since the

previous inspection. A full-time person in charge was appointed to the centre and they were supported by a team leader or quality and safety lead in addition to support available from a regional manager. The staff team was clear on who they would speak with should they have a concern and there were clear lines of authority and accountability in place.

The person in charge had ensured that systems of auditing and oversight were in place in the centre which were used to inform quality improvement. The provider had introduced a monthly premises and environmental audit. Records from these were reviewed by the inspector and actions arising were allocated to named members of staff and their progress monitored by the person in charge. Actions identified were signed by the staff member on completion and these were also spot checked by the person in charge or team leader.

As part of their oversight the registered provider had, completed a six-monthly unannounced visit to the centre as required by the regulations. This had been completed at the beginning of April 2022 and the report was available for the inspector to review. A number of actions had been identified as part of this audit and these were clearly identified on a quality plan that evidenced progress in completing them.

With specific reference to fire safety the inspector found that fire safety audits were being completed with a weekly walk through of all premises and spot checks in areas by members of the local management team. In addition, there were health and safety audits completed and actions arising were prioritised and regularly reviewed.

Judgment: Compliant

## Quality and safety

Overall, the provider and person in charge were working to ensure that the residents in this centre were in receipt of a good quality and safe service. In previous inspections, the key regulations reviewed were found to be non-compliant which impacted on the safety of residents with regulation 28 of significant concern. On the inspection of October 2021, which was predominately focused on fire safety it was found that the registered provider had begun to address the overarching and serious breaches in quality and safety and that this work was at that time ongoing.

On this inspection, the inspector found that the provider had implemented all recommendations that had been outlined in their external and internal fire safety assessments and were striving to ensure that these works impacted on the residents day-to-day lives as minimally as possible. Residents who spoke to the inspector were happy with the changes in place and some altered layouts internally had allowed for

reconfiguration of storage and a review of rooms such as utility rooms and areas under the stairs.

## Regulation 28: Fire precautions

The registered provider had completed works to ensure that effective fire safety management systems were in place in the centre since these had been identified as being required. In addition, the registered provider was working with an external specialist firm as part of their engagement with the Chief Fire Officer in the relevant County Council to ensure that they obtained fire regularisation certification for the properties within the time line as set. The inspector walked through all aspects of the property to view completed works in addition to reviewing all documentation present on the day of inspection.

All fire safety upgrade works are now complete in the centre. The application for the regularisation fire safety certificate for the premises was also being finalised and the provider linked in with the inspector immediately following the inspection with further assurances regarding the progress of the application. All required certification and documentation has been provided by builders and trades people who worked on the centre in addition to the installers of the life safety systems. This was reviewed by the inspector.

An external specialist company provided an Opinion of Compliance with Part B of Building Regulations for the works on each of the buildings to the registered provider.

The provider had ensured that all actions identified on the last inspection of the centre have been completed as identified. This included but is not limited to the following:

- All premises have been rezoned and the fire alarms amended to reflect this, new maps are displayed and new centre evacuation plans are in place in all of the residential units.
- All hatches and doors into attic areas and roof voids have been replaced and certified and exit paths from one residence now protected in a manner that does not impede evacuation.
- A room identified as an inner room used by a resident has been opened up to create an open plan space and a kitchen decommissioned. Lighting has been fitted and the use of the area risk assessed and discussed with the resident on an ongoing basis.
- A full electrical assessment has been completed of all appliances, and sockets and light fittings. The person in charge has ensured that any identified faulty or damaged fitting or appliance has been repaired or replaced. All fuse boxes had been replaced with appropriate fire rated coverings and wooden surrounds replaced.
- Fire door sets have been replaced or where possible repaired and are all now



certified. The integrity of fire rating on ceilings had also been reviewed and was certified.

- The undersides of flights of stairs had been fitted with fire resistant construction and storage within the properties had all been reviewed.

The inspector was assured on completion of the inspection that the registered provider has completed all actions as identified on previous inspections and contained within the warning letter from the Chief Fire Officer.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 28: Fire precautions	Compliant