

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Camphill Community Dunshane
<b>Centre ID:</b>	OSV-0003616
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Camphill Communities of Ireland
<b>Provider Nominee:</b>	Adrienne Smith
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	24
<b>Number of vacancies on the date of inspection:</b>	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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 11 August 2016 10:00 To: 11 August 2016 16:00

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

Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 14: Governance and Management

**Summary of findings from this inspection**

**Background to the inspection**

This unannounced inspection was the fourth inspection of this centre which is part of Camphill Communities of Ireland (hereafter called the provider). This inspection was triggered by a number of safeguarding notifications sent to HIQA in 2016. This centre was found to be in major non-compliance with the regulations regarding the safeguarding and protection of residents on the previous inspection on 26 January 2016. The aim of this inspection was to specifically inspect this area to determine whether the centres safeguarding practices had sufficiently improved to protect residents.

This designated centre was located in a rural location operated by this provider. This designated centre comprised of multiple accommodation buildings situated on a large (20 acres plus) country farm site with surrounding farm, gardens and fields.

This inspection was carried out to monitor compliance and sustained improvement in specific areas in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations (2013), (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations (2013) and the associated National Standards for Residential Services for Children and Adults with Disabilities (2013).

**How we gathered our evidence**

As part of the inspection, the inspector met with a number of residents who resided in this centre. The residents spoke to the inspector and some residents communicated on their own terms with the inspector. Residents who were

communicated with and were observed by the inspector gave some good insights into what it was like to live in the centre.

The inspector spoke with and observed the practice of the deputy person in charge, persons participating in management, deputy safeguarding officer, social care professionals and a number of volunteers. The inspector reviewed documentation such as safeguarding policy, protocols and procedures, incident reports, safeguarding referrals, safeguarding plans, behavioural support plans, resident finances and supporting documentation, training schedules, supervision records and meeting minutes.

#### Description of the service

The provider had a statement of purpose in place that outlined the service that they provided. There were 24 residents accommodated across the location on the date of inspection. The centre had capacity to provide care for 26 residents at the time of inspection so there were two vacancies. The inspector met and spoke with a number of these residents as part of this inspection.

The centre had staff and co-workers (volunteers) working in this designated centre. While staff were traditional paid employees, co-workers were voluntary individuals who lived in the centre with residents for periods between 1 and 3 years in this centre. This was a 'shared living' model that formed part of the provider's ethos of inclusion.

This centre provided services to adults whose primary disability was intellectual disability. According to the centres statement of purpose, the centre provided residential services to 'people with intellectual disabilities, people on the autism spectrum, and with physical and sensory disabilities, including epilepsy'. Most of the residents were described as having 'low to medium dependencies with a small proportion (less than 25%) requiring higher support. The designated centre highlighted in the statement of purpose that it does not have medical personnel on our staff and as such we do not offer residential, day or respite care which includes medical or nursing treatment.

#### Overall judgment of our findings

Overall, the inspector found that this centre had substantively improved in the area of safeguarding and protection of vulnerable adults. More robust systems had been implemented since the previous inspection with increased awareness, training and supervision found in this area. Increased protection of residents' finances had been implemented in the centre and residents informed the inspector that they felt safe in the centre. Comprehensive follow up was found in all safeguarding areas reviewed by the inspector. The provider was found to be compliant with the regulations and standards regarding the protection and safeguarding of adults based on the findings of this inspection.

Resident's welfare and development needs were found to be well met in this centre. Residents informed the inspector they were happy living in the centre and some residents were observed participating in activities, going on outings and relaxing in their homes. Staff spoken to were found to be very aware of residents needs, wishes

and preferences. The inspector observed all staff operating in a manner that was inclusive and respectful towards residents.

From a governance and management perspective the inspector found the interim arrangements in place on the day of inspection to be satisfactory. However the person in charge post was recently vacated at the time of inspection but a deputising arrangement was in place. The inspector noted multiple personnel changes to the role of person in charge since commencement which did not demonstrate consistency. The inspector found that a complete registration application had not been submitted to HIQA by the provider despite correspondence issued seeking same on a number of occasions.

All findings are discussed in further detail within the inspection report and accompanying action plan.

**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 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The inspector found that this area had substantively improved since the previous inspection of this designated centre. Measures were found to be in place regarding the protection of residents and new systems had been implemented regarding the providers action in response to allegations, disclosures or suspected abuse.

The inspector found policy, procedure and protocols in place regarding the prevention, detection and response to abuse. A policy and framework on adult protection (2016) was in place and accessible for all staff. Letters had been sent to all parents/stakeholders regarding the safeguarding policy and informing all relevant parties of same.

A new training analysis and system was in place to ensure management were fully aware of all staff members and volunteers training needs and the provision of same. All staff had undergone mandatory training and were provided training in the areas of safeguarding vulnerable adults and positive behavioural support techniques. Staff were found to be knowledgeable in these areas on this inspection.

A designated safeguarding officer and deputy safeguarding officer were in place with additional training and time had been afforded to the development of these roles. This measure was found to have supported the establishment of more robust monitoring and management of safeguarding concerns in this centre.

The inspector reviewed a planned training schedule for residents and volunteers to further educate and establish a 'no tolerance' approach to all forms of abuse in this designated centre.

The inspector reviewed 22 safeguarding notifications in 2016 prior to this inspection and reviewed a number of these allegations, disclosures or cases of suspected abuse on this inspection in terms of the follow up that was completed by the provider.

The inspector found that the provider had managed each case in accordance with the requirements of national policy. For example, each case had been responded to appropriately and in a timely manner to ensure residents safety. Each instance was also notified to the local HSE (Health Service Executive) safeguarding team and safeguarding plans were found to be implemented where required. In all instances reviewed residents' were found to have been kept safe.

The inspector reviewed a new system regarding the management of residents' finances. Each resident's finances were found to be well protected with clear and accurate recording and checking systems in place. The inspector reviewed a number of resident's finances (where the provider was responsible for same) and found recording logs, vouched receipts and balances were all in order.

**Judgment:**  
Compliant

### **Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**  
Health and Development

#### **Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

#### **Findings:**

The inspector found that residents' were well cared for in this designated centre and had good opportunities for new experiences, social participation, leisure activities and inclusive based services.

The inspector observed a number of residents' were out on activities and were engaged in various programmes such as basket weaving and cooking while other residents were going on social outings and meeting their families.

Residents spoken to stated they really liked the centre and were very complimentary about the staff and co-workers who supported them. Residents who communicated non-verbally were observed to be very content and were observed as being very well supported by social care staff.

The inspector found efforts on the part of the provider to establish links with the external community and found residents who had part time work and volunteered in the local community.

A resident had birthday celebrations the previous evening to inspection in a local bar and residents were found to be very well included in social activities in line with their preferences and wishes.

The inspector found that resident's general welfare and development was provided for in this centre to a good standard.

**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):**

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

**Findings:**

Overall the inspector found that the areas inspected on this inspection were subject of good governance and management. The inspector found that new systems implemented since the previous inspection improved the quality of monitoring and management in this designated centre. For example, the areas of safeguarding, staff training and supervision of volunteers. However some areas pertaining to governance and management required improvement.

There was not a full time person in charge in place at the time of inspection. This position had been recently vacated and the deputy person in charge was 'acting up' at the time of inspection while recruitment was in process. The inspector found that there had been 5 managers/persons in charge in this centre in the period 2012-2016 which did not demonstrate consistent management of the centre since commencement of regulation in 2013.

In addition, registration documentation remained outstanding from the provider's application to register this designated centre which was not in compliance with the



requirements of the regulations. For example, personnel verification forms, reference forms and planning compliance documentation had not been submitted to HIQA despite been requested on number of occasions.

**Judgment:**  
Non Compliant - Moderate

### **Closing the Visit**

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Conor Brady  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Camphill Community Dunshane
<b>Centre ID:</b>	OSV-0003616
<b>Date of Inspection:</b>	11 August 2016
<b>Date of response:</b>	30 August 2016

### 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 14: Governance and Management

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some registration application documentation remained outstanding despite being sought on previous occasions by HIQA.

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

**1. Action Required:**

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

The outstanding documents have been identified and pursued. They will be sent to the registration team as a matter of priority.

**Proposed Timescale:** 01/09/2016

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The person in charge role has not been consistent in this centre with multiple personnel fulfilling this role since commencement. The person in charge position was vacant at the time of inspection.

**2. Action Required:**

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

The position of Person in charge was advertised externally. Interviews took place on Thursday the 18th of August. The Acting person in charge has been appointed in the position of Person in Charge, NF30 has been posted to the head office in Cork.

**Proposed Timescale:** 29/08/2016