

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Grangebeg Camphill Community
Centre ID:	OSV-0003621
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 October 2016 09:30	13 October 2016 18:00
14 October 2016 08:30	14 October 2016 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an unannounced inspection of a designated centre that was operated as part of Camphill Communities of Ireland (hereafter called the provider). This inspection was of a large rural premises and farm on extensive countryside grounds consisting of a number of buildings. Two buildings were used to provide residential services for people with disabilities. There were eight residents at the time of inspection with two vacancies in the centre.

The purpose of this inspection was to follow up on a high number of non compliances with the regulations and standards identified by HIQA on a previous inspection in this centre on 12 and 13 April 2016. This inspection was also taking place to inform a registration decision in respect of this centre. The inspection focused predominantly on an action plan that was submitted to HIQA that outlined the provider's undertakings to improve this centre since the previous inspection. The inspector found that this centre primarily operated on a co-worker (volunteer model)

with no staff employed specifically for residential services delivered in the centre.

This inspection was carried out 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. Some residents who communicated verbally 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 offered very good insights into what it was like to live in the centre. The inspector met the incoming person in charge who was visiting the centre for the first time at the time of inspection, two persons participating in management (co-workers), an administration manager, a farm manager and maintenance/health and safety officer, kitchen/house hold staff, community employment staff and short term co-workers. The provider nominee attended preliminary feedback.

The inspector spoke with and observed practices of the persons participating in management, staff and co-workers over the course of this inspection. The person in charge was not in their post fully at the time of inspection but remained with the inspector for the duration of this inspection. The inspector reviewed documentation such as policies, protocols and procedures, residents' personal plans and health care plans, incident and accident reports, safeguarding notifications and practices, support plans, resident finances and supporting documentation, staff files, training schedules 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 eight residents accommodated across the centre on the date of inspection. The centre had capacity to provide residential places for ten residents at the time of inspection so there were two vacancies. The centre also facilitated day time attendees whereby individuals on specific programmes would spend time doing activities in the centre such as social farming, cooking and baking.

According to the centres statement of purpose, the centre provides residential and respite services to adults with a variety of intellectual disabilities, mental health needs, and behavioural support needs, including Autism.

Overall judgment of our findings:

Overall, the inspector found that this centre provided an adequate standard of care

to the residents who lived in this service. Many residents presented well and were very busy and engaged in the provider's organic approach to service provision. However there remained a number of areas that were not appropriately addressed to the required levels following the last inspection carried out by HIQA. This did not assure HIQA that residents support needs were being appropriately addressed by the provider in line with the regulations and standards.

The inspector found that the areas of medication management, governance and management, safeguarding, health care and social care planning and staffing, remained a concern in this centre. Improvements were found in areas such as contracts for the provision of services, notifications and some resident's records and documentation and healthcare planning were also found to have improved.

All findings of this inspection are discussed in the main body of this 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 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):

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

Findings:

The inspector found that residents rights, dignity and consultation needs were met in this centre. Residents were observed being supported and communicated with throughout the inspection in a manner that promoted dignity and respect.

Residents were communicated and consulted with on a daily basis and informed the inspector they were very happy with how they were supported. Residents who communicated non verbally were observed working on the farm and enjoying very active lifestyles. There was evidence of residents meetings and the inspector attended a 'morning gathering' which was an everyday occurrence whereby residents, staff and co-workers planned their day and chose what activities they wanted to pursue.

The inspector found that while a complaints policy was in place and there were identified and nominated complaints persons, all complaints were not appropriately followed up. A resident informed the inspector that they had made a complaint and this had not been appropriately acknowledged or dealt with in line with the providers complaints procedures. However the majority of residents spoken to were very complimentary about the services they received.

Judgment:

Substantially 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):

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

Findings:

The centre had two vacancies at the time of inspection and the provider had admissions and discharge procedures in place. Two residents had been discharged from the centre since the previous inspection. One resident had moved to another designated centre while another resident moved to another service provider.

The inspector reviewed a number of contracts for the provision of services and found that there were signed contracts in place for the residents in this centre.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

The inspector found residents were well engaged in activities in this centre and were very active over the course of this unannounced inspection.

Residents were observed farming, caring for animals, cooking and preparing meals and pursuing personal interests. All residents were observed to very active and involved in the centre.

The inspector found that the healthcare plans had been reviewed, updated and improved since the last inspection whereby this area was specifically identified as an issue for some residents. While some improvements were found in this area further improvements were required in terms of plans being comprehensive, adequate social care planning and goal setting and the multidisciplinary review of personal plans.

In terms of residents with specific care needs some parts of plans were found to be comprehensive and other were not. For example, part of a residents plan pertaining to epilepsy was clear however the resident's last full review (annual) contained very little information or insight into the residents assessed health and social care needs. This inconsistency was evident in a number of personal plans reviewed.

Social care plans and goal setting were not appropriately reviewed with some residents annual goals found to be no longer applicable or were very basic activities. Some goals were identified as the responsibility of persons who were no longer working in the centre and were therefore not appropriately updated.

Some residents had behavioural support plans in place that were devised by co-workers who knew residents behaviours very well and these behaviours appeared to be well managed. However there was no multidisciplinary or therapeutic involvement in the assessment or review of these behavioural support plans.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

This centre provided care for eight residents at the time of inspection and had two vacancies. The inspector reviewed the two vacant bedrooms and found that the designated centre had sufficient space and facilities to provide care for the numbers applied for in the registration application.

This centre was set on a large country estate set on over 40 acres of agricultural and wooded land. The centre provided accommodation for residents in two large buildings. The inspector found that there was a good standard of accommodation provided to

residents with large open plan kitchens and communal areas throughout.

The centre had a farm and activities buildings on site whereby residents spent time doing various internal and external activities. For example, art, baking, music, weaving and baking.

The centre was found to be bright and clean and very homely with residents observed to take pride in their houses and rooms. Residents spoken to informed the inspector they were very happy in their homes and were observed to be well supported and cared for. The facilities and environment was well equipped to meet resident's needs and was in accordance with the requirements of the regulations and standards.

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:

The inspector found that the actions from the previous inspection pertaining to the centres emergency plan had been addressed by the provider.

The provider had amended their emergency plan to include alternative accommodation arrangements in the event of a full evacuation being required. The inspector reviewed the centres risk management policies, procedures, local protocols and health and safety auditing. The inspector found this was managed by a competent person who was also a professionally qualified fire fighter. There were good systems of review and evidence of follow up to areas that were identified and assessed as risks. For example, fire doors, updated alarm detection, farm machinery, animal/livestock related risks. Residents were observed to be well protected by supervision from the farm manager while working on the farm.

An external risk audit had also been completed which identified a number of risks across the centre and the associated grounds and farmland. This audit generated a detailed action plan that included the management and control of clinical, chemical, farming and environmental risks.

Judgment:

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):

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

Findings:

The inspector found that residents were safe and protected in this centre. Residents spoken to all told the inspector that they felt safe and protected.

Policies and procedures had been updated and co-workers spoken with were aware of reporting mechanisms and initial links with the HSE Safeguarding Team had been made. Residents informed the inspector that they would report concerns to senior co-workers who were identified as responsible persons and had undergone updated training in the protection of vulnerable adults. The policy, procedures and training regarding the protection and welfare of children required improvement to ensure children, residents and staff were appropriately protected by the provider. The inspector found that while a child resided in this centre there was an absence of formalised procedures regarding the protection of children.

The provider demonstrated that some residents had behavioural support plans in place however as highlighted earlier in the report there was an absence of clinical review of same.

There was a minimal use of restrictive practices operating in the centre. However, there was no evidence of alternative or less restrictive alternatives being trialled in relation to one practice in operation in the centre.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector found that resident's healthcare was promoted and residents were supported to enjoy best possible health in many aspects. However gaps in healthcare documentation and lack of co-worker knowledge made it difficult for the inspector to ascertain whether all aspects of healthcare provision were fully provided.

Residents were facilitated to attend appointments, see their G.P., hospital appointments and this was reflected in some documentation reviewed. Residents spoken to presented as well cared for and appeared healthy and happy. One resident was unwell and was in bed at the time of inspection and the inspector was informed that this resident was 'feeling unwell' and had been given lozenges by a co-worker and was told to stay in bed and not work on the farm. This resident was observed on the second day of inspection and the inspector was informed they appeared to be improving. The inspector was informed a doctor was not necessary for this resident.

The inspector found that some resident's families managed the residents healthcare needs. The provider did not therefore attend appointments or have direct contact with clinical direction regarding such resident's health care needs despite these residents living full time in the centre.

The inspector reviewed a report of a fall that occurred in the centre. There was not any recorded evidence that first aid had been administered or neurological observations had been taken in light of a potential head injury. The person participating in management stated that action should have been taken but that they were not present at the time of the incident. The inspector found other instances whereby staff members/co-workers were injured and first aid had been administered and was clearly recorded following incidents in the centre.

While some specific health plans had been developed since the previous inspection, some resident's health care plans and medical appointment summaries were very vague and contained very little information pertaining to the resident's actual needs. For example known skin complaints and levels of psychiatric/mental health support was not referred to in the last 'comprehensive review'. The inspector was therefore not fully assured that the systems of monitoring resident's healthcare were appropriately robust and formalised in line with regulatory requirements.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

The inspector did not find sufficient improvement in the area of medicines management in this centre. While policy review had taken place there was not a robust system of medicines management found to be implemented in the centre based on the practice evidence reviewed on this inspection.

For example, there were two different prescription records found in circulation regarding one resident with different medications on each record, there were not G.P. signatures for all medications on prescription records, residents who self medicated had no evidence of being assessed regarding same, medication was not found to be in a secure or safe environment and staff recording and practice regarding medication being signed in and out of the centre did not comply with best practices. This area was highlighted as major non complaint on the previous inspection.

Judgment:

Non Compliant - Major

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:

The person in charge had vacated their position since the previous inspection and there was no person in charge in post at the time of inspection.

The incoming person in charge was visiting the centre at the time of inspection and remained with the inspector for the duration of the two day inspection. The incoming person in charge presented as a professionally competent and knowledgeable person who possessed the requisite qualifications and experience to manage the designated centre. The person in charge outlined some plans in terms of new oversight and governance however as they had not commenced in their role yet the new person in charge used the inspection process as a learning experience.

In terms of the effective governance and management of the centre the inspector found that as evidenced in the non compliances found on this inspection and the previous inspection that a more professional and structured management system was required in this centre. As outlined in the findings across a number of non complaint areas in this inspection report, the levels of oversight and management did not demonstrate the effective and consistent monitoring and review of the centre.

There was a farm manager and administrator who were the most senior persons in the centre and these individuals clearly knew and cared for the residents and the centre a great deal (both were former co-workers with the provider).

While a new person in charge was planned to commence in the centre the inspector found a lack of qualified and professionally accountable persons managing this residential designated centre. While a new policy was found in place, there was not effective performance management observed in this centre and when the inspector questioned what happened when tasks, duties and plans were not completed the responses from persons participating in management (co-workers) while well intentioned, were vague and ambiguous. This did not ensure the appropriate oversight to ensure the centre was managed and operated in line with the requirements of the regulations and standards.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that the numbers and skill mix of residential staff in this centre were not based on any assessment of residents needs. This centre was not staffed by professionally qualified employees and operated almost solely (in terms of residential care) on a 'co-worker and shared living system'. The inspector found that while this model of service provision was inclusive in terms of interactions with residents it was heavily reliant on a small number of long and short term volunteers to provide services and ensure compliance with the Regulations and Standards. This was a difficulty for the provider in certain areas.

For example, following a brief induction period short term volunteers were given extensive responsibility in terms of the provision of care to residents. While all volunteers were vetted, arrangements in place were not found to equate to the provision of an appropriately resourced and qualified staff team. For example, in discussing this with a senior co-worker the inspector was informed of an occasion when a junior co-worker 'forgot' a resident was in the centre and left the centre leaving the resident completely unsupervised. The inspector was informed that this matter was addressed with the co-worker following this incident.

There were three long term co-workers who worked as senior persons in each of the accommodation buildings. This was a way of life to these co-workers who lived in the centre for many years. As the person in charge position was vacant at the time of inspection (the incumbent person in charge happened to be visiting on the day of inspection) the inspector found an absence of a clear person in charge to run the centre. The previous person in charge vacated the position and had been a long term 'co-worker' who lived in the centre with their family.

Based on evidence gathered on this inspection there was an absence of professional persons who reported to a person in charge regarding clear lines of accountability and responsibility. While short and long terms co-workers presented as very caring individuals who knew residents well, they did not demonstrate the necessary knowledge, skills and abilities in terms of professional accountability, performance management, supervision and knowledge of regulatory requirements.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspector found that further improvements were required pertaining to some of the records and documentation reviewed in the designated centre. As outlined earlier in this report, some aspects of residents personal planning pertaining to health and social care needs were not comprehensively or accurately recorded in the respective residents records. In addition, the resident's directory did not highlight when residents were admitted/discharged to and from the centre.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003621
Date of Inspection:	13 and 14 October 2016
Date of response:	01 December 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

All complaints were not managed and investigated in line with organisational policy.

1. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

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

- The registered provider has tasked the Person in Charge with ensuring that the centre operates its complaints process in line with the National Complaints, Feedback and Comments Policy and Procedure
- The person in charge:
 - Has undertaken a review of the complaint raised at the time of the inspection and ensured that it has been resolved to the satisfaction of the resident concerned
 - Will undertake re-training and regular refresher training of all staff, residents and families in the above stated policy to ensure that people are aware they can complain, that complaints from residents or their representatives are recognised and acknowledged as such and dealt with in a manner that brings about a satisfactory resolution
 - Will ensure there is live monitoring of all complaints in the Centre and a quarterly review all complaints to ensure they are managed and investigated in line with organisational policy
 - Confirms that the an audit of the communities complaints and associated processes will for part of the regular audit cycle of the National Safeguarding officer of the organisation.

Proposed Timescale: 06/01/2017

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was not comprehensive assessments in place for some residents in terms of their annual reviews.

2. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

The Person in Charge:

- Has commenced a process of auditing all existing comprehensive assessments to ensure that each resident has an adequate comprehensive assessment in place.
- Will devise a new schedule of comprehensive assessment, planning and review for all residents
- People and services with whom consultation is required as part of the assessment process will be identified within each persons personal plan.
- All appropriately qualified staff will be trained or receive refresher training in the use of Camphills Comprehensive Needs Assessment Tool

Proposed Timescale:

- Audits completed and new schedule devised by 23rd December 2016
- Comprehensive Needs Assessment Training by Friday 17th February 2017

Proposed Timescale: 17/02/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was not appropriate multidisciplinary input in personal plans.

3. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The Person in Charge:

- Acknowledging that accessing appropriate input from some identified members of multi-disciplinary teams, especially specialist clinicians can be challenging because of accessibility and other issues, will have systems and checks in place which will ensure that staff conducting Personal Plan reviews:
 - o Will consult any ongoing recorded feedback provided by MDT members through templates provided/completed at regular appointments, minutes from ongoing review meetings, reports etc.
 - o Invite the appropriate MDT team members to Personal Plan Reviews with the residents permission.
 - o Provide the appropriate MDT members with a pre-review feedback template asking for information and input consistent with the assessed needs of the resident.
- Will, based on having training and experience in the area of both the Callan Institute Multi Element Behaviour Support and Studio 3 Approaches to the Management of Challenging Behaviour, provide training and ongoing coaching and mentoring to all staff in the development and implementation Positive Behaviour Support Plans
- Will contract the services of Behaviour Support Specialist to offer support and guidance on the design, training and implementation of Behaviour Support Plans.
- Has, recognising that one of the centres failings is poor recording of received information, has contracted the services of Clara Learning Ltd to develop and deliver a professional report writing and record keeping training to all staff, ensuring that we better and more consistently record valuable resident information

Proposed Timescale:

- Implementation of Consultation/Feedback gathering systems – 27th January 2017 (Incorporated into Clara Learning Training Below)
- Clara Learning Training - 27th January 2017
- Positive Behaviour Support Training – 6th January 2017

Proposed Timescale: 27/01/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There were not clear and appropriate goals and objectives set and reviewed in respect of each resident's needs.

4. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

The Person in Charge:

- Will, on the basis of once being a CQL certified Personal Outcomes Trainer and having experience of leading an organisation to CQL accreditation, over the course of approximately 3 months, introduce staff to and train them in the use of a new way of engaging with residents to ensure that the plans and supports with which we provide them are truly person centred and aimed at improved life quality. The training will show staff how to use a set of life areas to understand the presence, importance and achievement of resident defined outcomes, involving choice, health, safety, social capital, relationships, rights, goals, dreams, employment and more. It will also help staff to be able to differentiate between developing goals with people which will have a genuine impact on quality of life as opposed to supporting people to achieve what they might otherwise expect to be typical activities of daily life. Goals developed using this system will be planned and those plans will be reviewed on a quarterly basis.

Proposed Timescale: 03/03/2017

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:

An audio monitor in use to monitor a resident at night was not reviewed formally and was implemented without attempting alternatives.

5. Action Required:

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

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

- Will initiate a risk assessment review to determine the ongoing need for the existing

listening system or indeed any other mechanism to be in place, to monitor and thus minimise the impact on the persons health, from risks associated with this residents health related condition of Epilepsy i.e. falls, so that an evidence based decision can be made as to the necessity for it to remain in place.

- Will, should the risk assessment show that there is insufficient evidence existing for such monitoring to be in place, initiate removal of the listening system in consultation with the resident and their representatives.
- Will, should the assessment show that there is sufficient evidence to suggest that such monitoring should remain in place, trial a less restrictive method e.g. mattress or other sensor type system. We will consult with Epilepsy Ireland and companies who specialise in providing these monitoring systems to receive best practice advice.
- Once an effective, least restrictive method has been identified and as part of the persons Personal Plan appropriate support plan will be devised, trained , implemented and regularly reviewed.

Proposed Timescale: 23/12/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Training in the protection and specific procedures regarding the safeguarding and protection of children was required as there were children living in this centre.

6. Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

The Person in charge:

- Will ensure that the centre is compliant with the organisations policy on the Safeguarding and Protection of Children and that all staff are trained in both this specific policy and in recognised training on the National Guidance that promotes the protection of children from abuse and neglect i.e. 'Childrens First'
- Will ensure that all residents of the centre receive training in ways appropriate with their learning needs in the area of the Safeguarding and Protection of Children
- Will ensure that our risk assessment 'Children Resident at The Designated Centre' is reviewed regularly
- Will ensure that there is a 'Child Welfare Plan' in place for the Co-Workers child who is living in the centre and that this is reviewed on a regular basis

Proposed Timescale: 23/12/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Healthcare provision as outlined in personal planning did not reflect residents assessed needs in all cases reviewed.

7. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The Person in Charge

- Will, as part of the earlier stated comprehensive needs assessment audit, ensure that assessed healthcare needs have matching provided supports and that those supports are reflected accurately in Personal Plans
- Healthcare needs review and associated planning will form part of the newly defined Review and Planning schedule
- Has made contact with the family members of two residents in order to clarify roles and responsibilities associated with the health care planning and facilitation for those residents, to ensure that it is in line with the expressed wishes of the residents and to establishing clear lines of communication so residents healthcare needs are met and support plans are carried out by the centre effectively.
- Has, recognising that one of the centres failings is poor recording of received information, has contracted the services of Clara Learning Ltd (Colm Lehane) to develop and deliver a professional report writing and record keeping training to all staff, ensuring that we better and more consistently record valuable health related resident information

Proposed Timescale:

- Audits, Scheduling and Family Meetings - 23rd December 2016
- Clara Learning Training – 27th January 2017

Proposed Timescale: 27/01/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines in the designated centre were not robust. Medicines were not found to be stored securely.

8. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated

centre is stored securely.

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

The Person in Charge

- Has commissioned an external audit of our medication systems and practices which is now concluded.
- Has personally overseen that recommended actions from that audit have been carried out.
- Will appoint a suitably qualified Medication Officer who will audit systems and practices on a monthly basis and use this as an opportunity to regularly assess the competence levels of staff and offer appropriate coaching, mentoring and re-training where necessary
- Will ensure that monthly unannounced external audits continue for a period of 4 months after which, if evidence shows that systems and practice have reached satisfactory standards and are working effectively, will move to a regular 6 monthly schedule
- All staff with will receive re-training in the centres system specific medications policy, system and practice. This will be refreshed annually.
- Additionally all staff, on an annual basis, will be required to undertake the An Bord Altranas standard online medication systems management training on the HSELand platform which will refresh staff's knowledge as to the principles and importance of safe medication management and administration practice.
- For those responsible for performing this function, effective medication practice will become a review item in the supervision and appraisal cycle

Proposed Timescales:

- Initial External Audit, Action Implementation and second external audit – Completed since inspection
- System Specific Re-Training – 23rd December 2016
- Medication officer appointment – 27th January 2017
- HSELand Training – 27th January 2017

Proposed Timescale: 27/01/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents were self medicating with no evidence of risk assessment or assessment of capacity.

9. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

The Person in Charge:

- Has ensured that risk assessments and assessments of capacity, with input from the appropriately qualified clinicians, have been carried out and are now in place
- Has revised systems associated with the support, monitoring and management of those residents who self-administer their medication to better manage any risks identified and ensure that resident safety is optimised while autonomy is fully respected
- Will ensure, as part of the Personal Planning process for residents who self-administer their medication, that appropriate enablement support plans have been devised, trained and are implemented.

Proposed Timescale: 02/12/2016

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:

Management systems in place required review as they did not ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored. More robust and explicit oversight and lines of direct supervision and accountability were required in this centre.

10. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The Registered Provider

- Has appointed a new Person in Charge who has been in role now for 6 Weeks at date of action plan submission
- Has tasked the Person in Charge with revising current management structures in the centre to bring them into line with the organisations recently revised Policy and Procedure on Line Management, Supervision and Appraisal
- Has tasked the Person in Charge with revising residents needs with a view to putting in place management systems and personnel with the appropriate competencies to provide safe, consistent and effectively monitored services

The Person in Charge

- Will conduct a competency analysis with all current members of the Management Group with a view to developing individual support and learning plans aimed at increasing their level of their overall competency to be effective in both their day to day and management roles.
- Has confirmed that systems are in place which support the regular review of all elements of good leadership, governance and management i.e. Resident Welfare and Development, Staff Welfare, Health and Safety and Safeguarding, Training and Supervision, Service Quality Improvement and Financial management

Proposed Timescale: 20/01/2017

Theme: Leadership, Governance and Management

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

There was not a system or culture of performance management in this centre.

11. Action Required:

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

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

The Registered Provider

- Has tasked the Person in Charge of the centre to put into practice the procedures associated with Staff Appraisal as outlined in the organisations recently revised Policy and Procedure on Line-Management, Supervision and Appraisal

The Person in Charge

- Will revise the line management structures in the centre and develop an appropriate Appraiser/Appraisee structure and schedule of appraisals
- Will ensure that all staff attend the training in Appraisal and Supervision which is being arranged by the national office and details of which will be available imminently.
- Will revise the induction process for all staff and most especially those who are Short Term Volunteer Co-Workers to ensure that it is of an adequate standard to safely and successfully meet the needs and desired outcomes of residents.

Proposed Timescale:

- Line Management structures 30th December 2016
- Appraisal and Supervision Training – Dates pending from National Office
- Induction Process Review – 30th December 2016

Proposed Timescale: 30/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing provision was not based on any assessment of need. There was not an appropriate skill mix of staff as this centre was largely operated by volunteers.

12. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the

statement of purpose and the size and layout of the designated centre.

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

The Registered Provider:

- Has tasked the Person in Charge with conducting a staffing and resource audit with a view to highlighting existing skills gaps at the centre and as a result identify methods to raise the skills and competency levels of existing staff and also identify the type and number of additional staff required.

The Person in Charge has completed an initial audit needs analysis and:

- Is working with existing staff on defining individual Learning and Support Plans that are aimed at raising their skills and competencies to required levels
- Has identified that, to bring the centre up to a minimum human resource capacity to safely meet the needs of residents and support them in planning for and achieving their desired outcomes, we need to recruit up to 160 hours of additional support per week to come from appropriately qualified, trained & experienced social care staff.

Proposed Timescale:

- Interviews will take place w/c 5th December 2016 with appointments made to enable starts in w/c 2nd or 9th January Subject to Satisfactory Garda and Reference Checks
- Individual Learning and Support Plans – 30th December 2017

Proposed Timescale: 09/01/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Ensure appropriate supervision arrangements are in place with all staff/co-workers.

13. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The Person in Charge

- Will revise the supervision structure within the centre to appropriately account for line management implications as set out in the organisations recently revised Policy and Procedure on Line Management, Supervision and Appraisal
- Will define a supervision schedule which is regular in nature but also allows for flexibility to meet the needs of specific people and their roles at any given time

Proposed Timescale: 20/01/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff did not demonstrate appropriate understanding of regulations and standards.

14. Action Required:

Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

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

The Person in Charge

- Will provide re-training to all staff on the Regulations and Standards which guide our management of and practice in the centre
- Will ensure that a copy of the standards is made available to every staff member in a format that is appropriate to their needs i.e. Document, Audio etc. A copy of the HIQA standards will also be placed in each house in both standard and easy read format and information about audio versions will be posted on house notice areas.

Proposed Timescale: 23/12/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Directory of residents did not include all of the required information.

15. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The Registered Provider

- Has requested that the Person in Charge revise the Residents Register to account for information relating to dates of admission and discharge.

The Person in Charge:

- Has revised the register

Proposed Timescale: 02/12/2016

