

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Camphill Community of Ireland Greenacres
Centre ID:	OSV-0003623
Centre county:	Dublin 14
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:	3
Number of vacancies on the date of inspection:	0

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 March 2017 10:00 To: 29 March 2017 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

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 the third inspection of this designated 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 resident who resided in this centre and happened to be present at the time of this unannounced inspection. Other residents were in college and attending pre-arranged programmes. The resident spoken with by the inspector offered very good insights into what it was like to live in the centre. The inspector met the person in charge, incoming house coordinator and an administration staff member. The provider nominee was also spoken with (by phone) for preliminary feedback following this inspection.

The inspector reviewed documentation completed by the provider, person in charge,

staff and co-workers over the course of this inspection and discussed practice approaches with a resident living in this centre in terms of their 'lived experience'. 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, 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. The centre had capacity to provide residential places for three residents at the time of inspection and there were no vacancies. The centre was a well maintained, bright and clean large three story detached home in a housing estate in an urban city suburb. According to the centres statement of purpose the service operates to support persons with a disability 'to live their lives as they choose' in a 'life-sharing' and 'social model'.

Overall judgment of our findings:

Overall, the inspector found that this centre provided a good standard of care to the residents who lived in this service. The resident spoken with on the day of inspection stated they were very happy living in the service and with the persons supporting them. The inspector found a homely and inclusive approach to care was delivered in the centre. Some minor improvement was requirement to elements of resident's social care planning however overall the areas reviewed were found to be in compliance with the regulations and standards. 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):

No actions were required from the previous inspection.

Findings:

The inspector found good levels of consultation with the residents in this designated centre. The person in charge had regular house meetings and weekly 'community suppers' so there was an on-going inclusive approach to consultation. The person in charge ensured regular contact with the residents on an individual and collective basis. The inspector spoke to a resident present on the day of inspection who highlighted that they really enjoyed living in the centre and identified the person in charge and a staff member as persons they would go to if they needed support.

The resident was observed completing a shopping list and making plans with the person in charge regarding upcoming activities for the day and week ahead. The inspector found an inclusive, relaxed and homely atmosphere in this centre.

Each resident's privacy and dignity was supported through individualised planning and the provision of appropriate personal and communal space for residents living in this centre. Residents had their own bedrooms that were found to be of a good standard. Residents informed the inspector they were very happy with their home.

The inspector found that there was an ethos of respect, dignity and shared living promoted in this centre. The person in charge maintained a log of all complaints and the inspector reviewed a number of complaints and found evidence of appropriate follow up of same.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents enjoyed active lifestyles and that there was good social care provision taking place in this centre. The inspector found that some personal planning was being updated at the time of inspection to introduce new planning templates. Some minor improvement was required to ensure all plans were clearly defined in terms of goals set with residents and persons responsible to support same.

A resident told the inspector they had a good quality of life and enjoyed the freedom and independence of living in this centre. The resident described enjoying going for walks, dining out, going shopping and regularly visiting the library. The resident travelled on the bus independently and often visited family. The resident informed the inspector they were attending music classes on the day of inspection and also enjoyed cooking in the house. The resident highlighted that they were very happy where they lived and with the staff whom were supporting them on a daily basis.

The inspector found that there were comprehensive care plans in place for all residents which provided guidance for aspects of social, health, behavioural and emotional support. New planning templates were being introduced at the time of inspection and the inspector found evidence of goal setting and planning with residents. This area of personal planning required some minor improvement to ensure each plan was consistently reviewed and had clear persons responsible identified to support residents with their goals and objectives in all cases.

Judgment:

Substantially 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 health and safety of residents, visitors and staff was promoted in this centre. The person in charge had good systems of review of risk and a risk management framework and policy was in place. The inspector reviewed a detailed risk register and found that a clear log of all accidents, incidents and near misses was completed.

The inspector found that risks such as falls, minor burns and injuries, lost money and peer interactions were featured in the areas assessed and reviewed. Residents had individual risk assessments in place for travelling independently and safeguarding plans were individually designed based on assessed needs. The inspector found a very good system of the on-going review of risk.

A detailed health and safety audit tool was completed and detailed various risks and issues. The provider followed up on risk areas and there was evidence of learning and appropriate actions taken in areas whereby risk was identified.

Arrangements regarding fire and the prevention and detection and provision of fire safety equipment was found to meet the requirements of the regulations. The inspector found fire panels, extinguisher, fire blankets, alarm system, emergency lighting and fire doors throughout the centre.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were policies and procedures in place regarding the safeguarding and protection of vulnerable adults. The resident spoken with highlighted that they felt safe and well protected living in the centre.

The inspector found that safeguarding matters under investigation at the time of inspection were being managed appropriately and in accordance with national policy.

The inspector found various educational and developmental plans and programmes were developed and promoted to support residents in terms of understanding issues such as intimate relationships and online risks.

The person in charge highlighted various steps and individualised support sessions in supporting residents regarding safeguarding matters and the inspector found safeguarding plans were in place.

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 supported to pursue individual wishes, interest and objectives.

Residents attended educational and college programmes and the provider had a day service close by whereby some residents participated in activities.

Residents told the inspector they enjoyed several activities like walking, dining out and going to the cinema. Residents had weekly schedules that were planned and developed in consultation with the residents.

Residents individual support plans outlined their likes/dislikes and support needs in terms of their daily lives.

Residents presented as well cared for and comfortable in their home.

<p>Judgment: Compliant</p>

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):

Findings:
The inspector found that residents were promoted to enjoy best possible health in this designated centre.

The inspector reviewed resident's healthcare planning and found residents were supported with their healthcare needs. For example, catheter care, physical health and social and emotional support for residents going through periods of change.

Residents had appropriate access to allied health professionals and the inspector found residents had seen their GP, dentist, specialists, psychology and counselling support services. Clear healthcare planning and guidance was maintained in resident's personal plans.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:

The inspector found that the governance and management arrangements in place ensured that the quality of care and experience of residents was appropriately monitored in line with residents needs.

The person in charge stepped into the role following the departure of the previous person in charge and has been in the role for almost five months. The person in charge worked full time and had relevant qualifications up to PHD level in psychology and also demonstrated appropriate experience in supervisory and management within disability services.

The person in charge outlined the supervision arrangements in place with all staff and co-workers and demonstrated on-going performance management and supervision. All staff were being managed and supervised in the performance of their duties and records of these were reviewed by the inspector. A roster was reviewed which highlighted the staffing arrangements in the centre.

The person in charge had audits and systems in place regarding the review of risk management, health and safety, medication management practices, personal planning and safeguarding. A provider unannounced visit was also reviewed on inspection.

A new house coordinator was also met as part of this inspection. This person had just commenced working in this centre and outlined plans to improve and contribute to the effective delivery of care in this centre.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found in reviewing the designated centre rosters and speaking with the person in charge and a resident that there were appropriate numbers and skill mix in place to meet the assessed needs of residents.

The centre operated with both paid professional and volunteer 'co-workers' who were recruited and vetted in accordance with best practice. Two life sharing co-workers staffed the house at night time and both were qualified nurses. There were two social care workers and a recently recruited house coordinator who possessed appropriate qualifications and experience commensurate to their role.

Staff had completed mandatory training in key areas such as manual handling, first aid, managing behaviours, fire safety, safe administration of medications and epilepsy care.

Appropriate arrangements were in place regarding staff supervision and performance management. The inspector reviewed all staff and volunteer files and found that they contained the necessary Schedule 2 requirements of the Regulations.

A resident gave examples and instances of how they would seek out staff for support and gave examples of how staff treated them fairly and in a caring and respectful manner.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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-0003623
Date of Inspection:	29 March 2017
Date of response:	18 April 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

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

Further improvement was required to ensure all goals and objectives have clear timelines and accountable persons identified.

1. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out

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

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:

PIC and House Coordinator along with residents have completed the Person Centred Plans in new format. Review meetings with families have been completed. Personal Plans are now on file in residents folders.

Proposed Timescale: 18/04/2017