

**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>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>	26
<b>Number of vacancies on the date of inspection:</b>	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 following receipt of solicited information. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 02 February 2018 10:00 To: 02 February 2018 18:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection

This unannounced inspection was carried out to monitor on-going regulatory compliance with the regulations and standards following receipt of a notification of concern. This centre had previously been inspected and registered by HIQA as a residential service that provided care and support to adults. This designated centre consisted of a large rural development which provided residential care to 26 residents across multiple buildings. The previous inspection of this centre took place in 2016 following which the provider made a number of undertakings of improvement to HIQA in response to an action plan issued.

How we gathered our evidence

As part of the inspection, the inspector met with the residents, the person in charge, deputy manager, staff on duty, co-workers (volunteers), members of the providers management team and the person representing the registered provider. There were 26 residents in this centre at the time of inspection. Policies, procedures, personal planning, risk management protocols, safeguarding procedures, incident/accident and safeguarding reports and relevant documentation were reviewed as part of this inspection. The area of staff provision was assessed through reviewing rosters, meeting minutes, staff training and personnel files and speaking with staff and co-workers (volunteers) directly.

Description of the service

The provider had a statement of purpose in place that clearly explained the service

that they provided. This service consisted of a very large rural community whereby residents were accommodated in a shared living model with co-workers (volunteers) but were also supported by staff. In the areas inspected, the inspector found that the service provided was as it was described in the statement of purpose.

#### Overall judgment of our findings

Overall, the inspector found that this centre provided appropriate care and support to the residents in some areas however the notified incident which triggered this inspection gave rise to further concerns. While improvements had been made in some areas of governance, risk management and social care provision, a safeguarding incident that occurred in this centre was not appropriately responded to at registered provider level. Immediate action was required from the registered provider based on the findings of this inspection and an assurance report was submitted to HIQA following this inspection.

All inspection findings regarding compliance and non compliance are discussed in further detail within the inspection report.

**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 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:**

This centre was found to have measures in place for social care provision. Resident's personal plans were found to be comprehensive, up to date and reviewed. Residents were observed to be active and had good levels of social activation and community involvement. Residents had social goals set and achieved that included overseas holidays, attending social and sporting events and focusing on their health and fitness.

The inspector found that staff spoken with had good knowledge of resident's assessed needs and their likes/dislikes. Residents were observed doing activities and coming and going from the centre. Residents presented as content and comfortable with the staff supporting them.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there was a risk management policy in place and systems of oversight to monitor and review many prevalent risks.

There was a designated person with oversight over incidents and accidents and this person also had oversight over the management of the premises and environmental risks. For example, the felling of trees following recent stormy weather and a significant investment had been completed in fire safety upgrades since the previous inspection.

This centre consisted of a large rural site with a lot of activity and possible hazards. In general the inspector found an appropriate approach to the risk areas inspected aside from the significant risk outlined in Outcomes 8 and 17.

**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 while safeguarding and safety systems had been further developed and implemented, the control measures taken following a recent serious safeguarding incident that occurred in the centre did not give appropriate assurance regarding prevention of re-occurrence. This did not satisfy the inspector that all residents were appropriately protected by the safeguarding system in place.

The inspector reviewed the safeguarding policies, procedures and protocols in this designated centre. A new designated officer for safeguarding was put in place since the previous inspection. There was a clear system of reporting and recording all safeguarding concerns and the person in charge demonstrated good oversight of this system. The provider was continually reporting and liaising with the local HSE Safeguarding Team in terms of safeguarding referrals.

Regarding the incident in question (which prompted this inspection), the inspector reviewed all information submitted to HIQA and clarified all areas and details of the incident as part of this inspection. The inspector also viewed the area where the incident occurred and spoke to persons on duty the night the incident took place.

From the information inspected, this incident appeared to be managed appropriately by the provider once discovered. For example the resident was taken for medical assessment, their protection and safety was the paramount consideration, appropriate process was followed in terms of Gardai and HSE reporting and investigation. Following which the provider's management team invoked their disciplinary procedure with the relevant individual.

However the inspector was not satisfied that sufficient operational and practice changes had been implemented by the provider post incident to prevent similar incidents occurring in the future. For example, persons who were not on duty in the designated centre continued to have unsupervised access to vulnerable residents at night time. The consumption of alcohol and volunteers returning to the designated centre under the influence of alcohol was a concerning feature in this incident. The provider was issued specific and immediate instruction to submit a detailed response and assurance report regarding this safeguarding issue to HIQA. This was submitted by the provider following this 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):**

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

**Findings:**

The provider had a consistent person in charge in place and rectified the issue of outstanding documentation that was highlighted in the previous inspection report.

Many service monitoring and quality review improvements were noted in terms of local governance and oversight that were clearly demonstrated by the person in charge and deputy manager.

However as evidenced by the findings of this inspection, the registered provider had not appropriately responded to and implemented control measures to prevent the reoccurrence of further potential serious incidents to the one that triggered this inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed staffing levels, staffing rosters, spoke with staff and co-workers and reviewed a sample of staff and co-worker personnel files and training records as part of this inspection.

The inspector found that staff spoken with were very knowledgeable in their role and spoke to and about residents in a caring and respectful manner. Staff demonstrated good knowledge of resident's assessed needs and orientated the inspector through comprehensive and updated personal plans. Staff were observed supporting and caring for residents throughout this inspection.

All personnel files and training records were found to meet the requirements of the regulations.

The inspector was informed that staffing levels had increased in this centre since the previous inspection from approximately 30 to 42 employed and the majority were qualified staff.

A number of the 16 co-workers in this designated centre were also observed and spoken with as part of this inspection. The knowledge of co-workers was found to be of a baseline standard in most areas. However it took inspector prompting to highlight the area of safeguarding and the importance of the parameters and procedures of protecting and safeguarding vulnerable adults which was a concern.



The inspector was concerned that although inducted and provided with training courses these co-workers were in essence short term volunteers with very limited or no experience of working with people with disabilities. Knowledge of safeguarding demonstrated was inadequate for persons who were at times given equivalent responsibility and accountability as staff members.

**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>	A designated centre for people with disabilities operated by Camphill Communities of Ireland
<b>Centre ID:</b>	OSV-0003616
<b>Date of Inspection:</b>	02 February 2018
<b>Date of response:</b>	08 March 2018

### 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 08: Safeguarding and Safety

**Theme:** Safe Services

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

Residents were not appropriately protected by the measures taken by the provider.

**1. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

<sup>1</sup> 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:**

Following the inspection on 02/02/2018 an immediate action was required to provide HIQA with an assurance report in relation to supervision of Short term co-workers in the evening and at night particularly when off duty and returning to the designated centre. The following are the control measures we have put in place to alleviate the risk of reoccurrence of a similar incident that prompted the inspection. In addition, the inspector raised a concern regarding alcohol consumption when returning to the designated centre following an off-duty period. The following measures have since been implemented:

1. From midnight on the 6th of February 2018 the designated centre implemented a rigidly enforced no alcohol and recreational drugs policy in relation to all staff (volunteers and employees). Any breaches will be treated as gross misconduct and will be viewed as an instantly dismissible offence.
2. From Tuesday the 6th of February, in consultation with the residents in each part of the designated centre, an evening close down procedure has been implemented on a house by house basis. It is important to state that all residents have full access to their home at all times. However short-term volunteers, when off duty, will not be permitted to access any residential house in the designated centre after evening close down. Every residential house has a qualified experienced staff member on duty to ensure this measure is adhered to.
3. All off duty Short term volunteers will be accommodated outside of the designated centre when off duty. Completed 06/02/2018

The following measure is in the process of execution

4. Two waking night support people will be employed following a recruitment process. This post is currently being advertised externally, the date for interviews for these positions will be on the 20th of March 2018. These posts will supplement the increased supervision of short term volunteers as described above and will further reduce risk of potential safeguarding issues.

**Proposed Timescale:** 01/04/2018

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The registered provider did not effectively and safely implement appropriate control measures following a serious incident.

**2. 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:**

Following the inspection, the inspector issued an immediate action for an assurance report to be submitted by the Registered Provider detailing steps to be taken within the organisation to reduce the risk of a similar incident, of that which prompted this inspection, within the organisation. The registered Provider issued this assurance report to HIQA on February 6th 2018. Furthermore, a directive was issued by the Chief Operations Officer of Camphill Communities of Ireland detailing immediate actions to take effect in all communities of CCOI from February 6th 2018. Measures included in the directive are:

- A rigidly enforced no alcohol or recreational drug use, policy in relation to all staff (volunteers and employees).
- Residential houses within the designated centre will close down at a time decided on a house-by-house basis but will not be less than 11pm each evening. This action ensures no Short term co-worker have access to any of the residential houses in the designated centre unsupervised.

The directive also states 'off duty short term co-workers will be accommodated out of the designated centre's residential homes'. This is to be rolled out throughout CCOI within a timeframe judged appropriate by the Chief Operations Officer of CCOI.

The designated centre has implemented all aspects of the directive with immediate effect from February 6th, 2018. In order to ensure compliance, close down protocol checklists have been implemented which are signed off by the responsible staff member on duty in each house ensuring each room is appropriately occupied and that no unauthorised personal are present at time of close down. Completed 06/02/2018

In addition to this, the designated centre proposes to install CCTV points across the community which will allow for increased supervision and security throughout the centre by night duty staff, particularly in times of traditionally reduced oversight between the hours of 11pm and 7am.

**Proposed Timescale:** 01/04/2018

## **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Residents were not being sufficiently supervised and supported by appropriately skilled and knowledgeable staff in all instances.

### **3. 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:**

In relation to skill mix we have increased staffing within the designated centre from 30-42 full time staff, this increase in experienced and skilled personnel has allowed us to significantly diminish the role of the short-term volunteer from one of direct front line support to one of enabling the residents to participate fully in social aspects of the residential and wider community. The role of the short-term volunteers within the designated centre enhances service delivery and the quality of life of residents. The social interactions and meaningful relationships formed between the volunteers and residents is supported and supervised by suitably qualified staff members.

In May 2017 the management introduced a comprehensive induction pathway for all new volunteers and staff members, which demonstrates oversight in the completion of mandatory training inclusive of safeguarding, awareness and understanding of all national and local policies and a clear understanding of the comprehensive needs of each resident they may come into contact with within the designated centre. Once complete it is reviewed and signed off by a senior staff member or the person in Charge.

Following a collaborative dialogue process with the provider and the regional managers the following actions have been agreed in relation to short term volunteers.

Agreed actions.

1. The management group will review the role and responsibility of the short-term co-workers within the designated centre ensuring their roles and responsibilities are clearly defined and thoroughly understood by each short-term volunteer. This review process will support the national strategic plan regarding short term volunteers within camphill communities of Ireland. 13/04/2018.
2. The recruitment and interview process off short term volunteers will reflect current regulation and guidance provided by the regulatory body. It will also provide a clear definition of the role and responsibility of a short-term co-worker within a designated centre. Prior to arrival all volunteers will complete online safeguarding with an external agency (the open training college) and online HSE children's first training.
3. We will introduce a co-worker evidence workbook on the principles of safeguarding and health and social care. This workbook will be externally accredited. All volunteers will be required to undertake this assessment within four weeks of start date following their training.
4. From January 2018 we have moved our internal facilitation of safeguarding to an external accredited agency (the open training college) this will be supplemented by an increase in internal interactive training days, regular assessment of safeguarding knowledge overseen and facilitated by the communities designated safeguarding officer. All current short volunteers will receive a refresher training in relation to safeguarding through this external college.
5. As part of the volunteers ongoing supervision, safeguarding will be added as a standing item for discussion to encourage open communication in relation to any safeguarding issues or concerns and to underline training received.

**Proposed Timescale:** 01/05/2018

