



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

Name of designated centre:	Grangebeg Camphill Community
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	26 April 2018
Centre ID:	OSV-0003621
Fieldwork ID:	MON-0023828

About the designated centre

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

Grangebeg Camphill Community has a statement of purpose in place highlighting that it is a residential service inspired by Christian ideals where people of all abilities, many with special needs, can live, learn and work with others in healthy social relationships based on mutual care respect and responsibility. The centre is a registered designated centre to provide residential services to up to 13 residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
26 April 2018	10:00hrs to 16:30hrs	Conor Brady	Lead

Views of people who use the service

There were 10 residents residing in the centre on the date of inspection. The inspector had the opportunity to meet with seven residents who resided in the designated centre. Some residents spoke openly about their experiences and were mostly complimentary, some residents presented as anxious. Some residents spoke of the changes in staff and management of the centre. Residents who spoke with the inspector presented as somewhat indifferent to the questions asked in terms of the service they received. Some residents were observed engaging in activities and some were not.

Capacity and capability

The inspector found that the governance, management and oversight of the centre was not adequate, appropriate or effective.

While a new person in charge had recently commenced in post (six weeks) and had begun to identify and address some issues in this centre, there were a number of regulatory breaches found on this inspection. HIQA were not notified of this new person in charge appointment as is required by the regulations.

The findings on this inspection did not demonstrate good levels of governance and oversight from a registered provider perspective regarding areas of resident safeguarding, risk management, staffing provision, management and oversight, resident admissions and discharge and statutory notifications.

The centre had undergone a lot of change since the previous inspection with the previous person in charge, house coordinators and some members of staff all leaving their positions within the last 12 months. Unsolicited information was received by HIQA citing staffing and safeguarding concerns in this centre. A review of staff files and supervision records was conducted by the inspector and a number of concerns were brought to the providers attention.

There were not an appropriate number or skill mix of staff in this designated centre at the time of inspection. This was reflected in rosters, discussions with staff and the person in charge. The inspector found that the changes of personnel that occurred in this centre had a direct impact on service provision and on residents. The previous person in charge had not been appropriately supported in terms of a functional and professional management structure of support and appropriate resource provision.

The centre had made a number of inappropriate admissions that were not based on clear and comprehensive assessment and were furthermore not matched with the centres statements of purpose in terms of the service that could be provided. This resulted in two failed placements that had a negative impact on this centre, the residents in question and the residents living in the centre.

Regulation 31: Notification of incidents

Some incidents that should have been notified to HIQA had not been appropriately notified.

Judgment: Not compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

A new person in charge was in post and HIQA had not been notified appropriately.

Judgment: Not compliant

Quality and safety

The quality and safety of care delivered in the centre was found to be compromised by poor safeguarding practices and non-adherence to regulatory requirements.

The inspector issued an immediate action on safeguarding grounds to the provider on this inspection due to the absence of appropriate response, reporting and investigation of alleged abuse that occurred in this centre. Safeguarding policy and procedures had not been followed regarding the reporting and investigation of alleged abuse.

In addition, there was evidence of inadequate oversight and corrective action taken in respect of areas of safeguarding and risk to residents. In reviewing the risk register with the new person in charge some steps were being taken to address this issue but the absence of appropriate staffing and workforce resourcing was cited as causing huge difficulties.

In reviewing resident admissions and discharge plans the inspector found that there had been admissions to the centre that were not based on comprehensive assessment and in line with the centres statement of purpose. This resulted in inappropriate admissions to the centre that had a negative effect on the centre and these placements broke down leading to discharge.

Regulation 25: Temporary absence, transition and discharge of residents

Admissions of residents were not based on clear and comprehensive assessment in

line with the centres purpose and function.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 31: Notification of incidents	Not compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Not compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant

Compliance Plan for Grangebeg Camphill Community OSV-0003621

Inspection ID: MON-0023828

Date of inspection: 26/04/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Notification of change of PIC (In post on the 5th March) was not completed at the time of inspection was completed with the relevant documentation receipted 26th June 2018.</p> <p>Regional manager to monitor future notifications of absence and change of PIC. Provider to ensure implantation (April 2018)</p>	
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent:</p> <p>Regional manager to monitor future notifications of absence and change of PIC and provider to ensure implementation April 2018</p>	
Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:</p> <p>Transition planning for discharge of residents to be undertaken using approved CCOI transition planning process. this process endeavors to provide a comprehensive process of discovery that is needs led and inclusive of all relevant stakeholders overseeing transition and discharge. in the process ensuring a needs-based transition/discharge of residents. This process will be clearly documented and include an easy read format and inserted in the residents personal file. April 2018</p>	

Section 2: Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 25(4)(e)	The person in charge shall ensure that the discharge of a resident from the designated centre is in accordance with the terms and conditions of the agreement referred to in Regulation 24(3).	Not Compliant	Orange	31/05/2018
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	01/05/2018
Regulation 33(2)(b)	The notice referred to in paragraph (1) shall specify the arrangements that have been. are proposed to be, made for appointing another person in charge to manage the designated centre during that absence, including the proposed date by which the appointment is to be made.	Not Compliant	Orange	01/05/2018