

**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 Grangemockler
<b>Centre ID:</b>	OSV-0003622
<b>Centre county:</b>	Tipperary
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Camphill Communities of Ireland
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	19
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was 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: 09 January 2018 10:00 To: 09 January 2018 14:00

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

Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to Inspection:

This was an unannounced follow up inspection in order to assess ongoing compliance with regulations. The centre was last inspected in August 2017, where significant levels of major and moderate non-compliance were found across the five outcomes assessed. In particular, serious concerns were raised by HIQA with regard to medication management practices which required an immediate action.

This provider undertook to address areas of concern as a matter of urgency and put in place systems to ensure that medication management practices were safe and in line with best practice. They also submitted a detailed action plan to HIQA detailing how they would address all concerns found in the last inspection.

This inspection was to assess the effectiveness of those actions taken by the provider to address those concerns and to ensure that the centre was being appropriately monitored as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The Regulations).

How we gathered evidence:

The inspector spoke at length with the person in charge, the volunteer coordinator, the staff nurse (who was also a person participating in management), an administrator, a social care worker (who was about to transition into the role of safeguarding officer and a deputy house co-coordinator).

The inspector also spoke to the named provider via telephone towards the end of the inspection process. Two residents were also briefly met and spoken with as part of this inspection.

A small sample of policies and documents were viewed as part of the process including staff training records, staff rosters, residents' medication files and a sample of multi-disciplinary/allied health care appointments/ records.

#### Description of the service:

The centre comprised of 4 large separate detached houses supporting 19 residents in total. For the purpose of this inspection the inspector visited two of those houses. All houses were in a rural location in Co. Tipperary and within walking distance to each other.

The centre was in close proximity to a small nearby village however, transport was also provided so as residents had access to nearby larger towns and villages.

#### Overall judgment of our findings:

The inspector found that a number of systems and resources had been put in place to promote the quality and safety of service delivered to residents. Additional staffing resources had been deployed to the centre and new systems of medication management practices were found to be safe and effective. Staff had also received additional training in medication management since the last inspection.

This inspection found that the person in charge was implementing and sustaining the actions as identified in the last action plan submitted to HIQA in September 2017.

It was also found that the number of adverse incidents with regard to medication practices had reduced considerably and where an error did occur, it was being appropriately recorded and managed in the centre. Additional staffing resources had been deployed to the centre which meant that the reliance on volunteers in carrying out core tasks had also been reduced considerably albeit there was still a reliance on the volunteers to cover some core working hours. There are 2 employed staff available in the centre and one of these is available to support all units.

However, resident's assessed needs had changed considerably and due to environmental constraints the centre was struggling to meet those assessed needs and this situation was this also impacting negatively on other residents.

Of the five outcomes assessed three were found to be compliant, including Risk Management, Governance and Management and Medication Management. Safeguarding was found to be moderately non-compliant due to the environmental constraints as identified above and at times and there was still some rare occasions where volunteers were required to cover core working hours in some parts of the centre. Thus, Workforce was found to be substantially compliant.

Overall however, this inspection found that since August 2017 the person in charge

and staff team had put systems and resources in place to considerably improve the quality and safety of care provided to the residents living in this centre.

**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 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 last inspection found that the systems in place for assessing, reviewing and managing risk associated with adverse medication incidents and errors occurring in the centre were not adequate and placed residents at risk as a result.

However, this inspection found that these issues had been addressed and the number of adverse incidents with regard to medication practices had reduced considerably.

It was found on this inspection the centre had put in place a number of systems and audits to ensure that the medication management practices were safe and where or if an error was to occur, it was being recorded accurately and reviewed accordingly.

There was now a designated person assigned responsibility for the administration of all medication per shift in each house that comprised the centre. All persons involved, including the volunteers are trained and assessed for competency to do so. This meant that there was no ambiguity as to who had the responsibility and resulted in the number of adverse incidents reducing significantly.

It was also observed that in one house that comprised the centre, two recent drug errors had been recorded. (These were minor and were found by the provider to be documentation issues). Such incidents were discussed at residents' welfare meetings and the inspector found that where required the staff nurse or person in charge would meet with the staff member who made the error and agree a plan of action to mitigate a re-occurrence.

The nurse on duty also informed the inspector that there was one more serious drug error that occurred since the last inspection where a staff member forgot to administer a resident's medication.

However, this was reported and recorded accordingly and the member in question was

required to attend refresher training in the safe administration of medication so as to ensure this mistake would not reoccur.

Overall the inspector was satisfied that the risks associated with medication management practices had been addressed and the number and seriousness of medication errors occurring in the centre has reduced significantly. Where an error might occur, there were robust reporting and recording procedures in place to manage it and mitigate a re-occurrence.

**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 issues with regard to safeguarding and medication practices had been addressed by the time of this inspection (as detailed in Outcome 7: Risk Management). While the centre did not have a psychologist and/or behavioural support specialist on site to support residents experience best possible mental health, the person in charge was now sourcing these allied healthcare professional supports on a private basis as required.

From a small sample of documentation viewed, the inspector saw that one resident who required a lot of support to experience best possible mental health had recently been reviewed by a psychiatrist and a private appointment has been made for them to see a behavioural psychologist.

However, as found in the previous inspection this resident had significant complex changing needs and required a 'calming' environment as part of their therapeutic and positive behavioural support plan. This was not always possible to provide as there were other people living in the house who preferred a busier and more loud environment.

It was also found that at times, due to the changing needs and behaviours presented, staff would have no option but to ask other residents to leave communal rooms or to

rearrange dinner times because of incidents of behaviours of concern occurring.

While the person in charge and staff of the house were actively managing this situation, it had resulted in some safeguarding issues and notifications concerning psychological and or verbal abuse being experienced by some residents which were notified to HIQA.

Overall, while a lot of the issues pertaining to safeguarding found in the last inspection had been addressed by the time of this inspection, it was found that due to the changing and complex needs one resident presented with, it was not always possible to meet their assessed needs in line with their positive behavioural support plans.

It was also found that because of this issue other residents could be subject to psychological and verbal abuse at times.

**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:**

This inspection found that the procedures in place for the management of medication, to include ordering, storing and administration were now safe and the issues identified in August 2017 had been addressed.

The last inspection found that there were a significant level of medication errors occurring in the centre and that medication auditing systems were ineffective as they did not inform what staff member was responsible for making such errors.

However, by the time of this inspection all issues found with medication management practices had been addressed, there were robust auditing systems in place, where a drug error was to occur it was being managed effectively and a new system was in place which identified a staff member / or volunteer per shift who would have sole responsibility for the administration of medication per house.

This had resulted in the number of adverse medication incidents reducing significantly.

All staff had also received additional training on safe medication management (and it was observed that further training would be provided in Spring 2018).

It was also found that audits and checks were being carried out on all medication in the centre on a regular basis. It was also found that all p.r.n. medication had up-to-date protocols in place for their use and administration.

Overall, the inspector was satisfied that the issues as found on the previous inspection had been addressed and the practices in place for the safe administration of medication were safe. There were also robust systems in place to records, report, manage and learn from a medication error if one should occur in the centre.

**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:**

This inspection found that there were systems of government and management in place so as to ensure the service provided to the residents was safe and appropriately monitored.

There was a skilled, experienced and qualified person in charge in place, who was supported in her role by a person participating in management (a registered nurse), a volunteer co-ordinator, an administrator and a qualified social care worker (who was soon to transition into the role of safeguarding officer on completion of training for this role).

There were clear lines of authority and accountability and the person in charge informed the inspector each house that comprised the centre had a house co-ordinator and a deputy house co-ordinator.

The person in charge was found to be responsive to the inspection process and informed the inspector that there were provisions in place for the provider to undertake 6 monthly audits of the centre and the annual review of the quality and safety of care provided to the residents.



Since the last inspection a comprehensive piece of work had been undertaken so as to get the residents opinions about the service provided. The results of this audit was not available at the time of this inspection as they were being assessed and analysed so as to prepare a report and draw up an action plan based on the findings.

Local audits were also routinely being carried out and all results/reports were sent to the person in charge for review and analysis.

The person in charge expressed and escalated her concerns about a shortfall in allied healthcare support for residents at the last inspection. However, this inspection found that were allied healthcare support was required, the centre was now sourcing it privately for the residents.

An issue was identified with regard to peer-to-peer verbal and psychological abuse occurring in one house that comprised the centre however, this was discussed and dealt with under Outcome 8: Safeguarding.

Overall the inspector found that the governance and management arrangements had improved and many of the concerns identified in the last inspection had been addressed.

**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):**

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

**Findings:**

This inspection found that the numbers and skill mix of staff working in the centre had been reviewed and improved upon considerably since the last inspection however, it remained that there were occasions when the centre still had to rely volunteers to provide cover, care and support to the residents.

Since the last inspection a number of new staff had been secured to work in the centre including qualified social care personnel and a registered nurse. The inspector spoke

with one of the social care workers (who was a qualified professional and working as a deputy house co-ordinator) on the day of this inspection. He was found to be knowledgeable of and attentive to the needs of the residents in his care and spoke about them in a caring, dignified and professional manner.

The inspector also spoke with the nurse during the course of this inspection. She was found to be responsive to the inspection process and provided oversight, support and guidance to staff with regard to the management of medication practices.

While it was observed that one core staff member has recently left the service and one was due to leave, the inspector saw that there were contingency plans in place to address this issue and it was observed that the centre had already advertised to fill these vacancies.

From a small sample of files viewed and from speaking with a number of staff members, staff had received training in safeguarding, fire safety, manual handling and medication management. The inspector also observed that additional training was to be rolled out in safe administration of medication and FEDs.

While it was observed that significant improvements had been made to compliment of staff working in the centre it remained that there were occasional times when they had to rely solely on volunteers to provide cover.

For example, on the day of this inspection some core staff were required to go off site to support residents with medical appointments. This meant that a volunteer was required to provide cover in one house that comprised the centre for a short period of time. Although such incidents were rare, the inspector was concerned about this situation and its impact on the continuity of care provided to the residents.

Overall however, the staffing compliment and arrangements had improved considerably since the last inspection and of the staff spoken with and volunteers met with on this inspection they were found to be responsive to the inspection process, knew the needs of the residents at an intimate level and interacted with in a caring, warm and professional manner.

**Judgment:**

Substantially 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:***

Raymond Lynch  
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-0003622
<b>Date of Inspection:</b>	09 January 2018
<b>Date of response:</b>	30 January 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:**

Due to the significant complex and changing needs being supported in the centre, other residents could be subject to peer-to-peer psychological and verbal abuse at times.

**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:**

The PIC has been working on a transition and discharge process with the HSE for 6 months for the gentlemen in question. The HSE have confirmed on 29/1/18 that they accept this person needs to move to a service more suitable for his changing needs and they are now progressing this, on foot of a 28 discharge notice.

**Proposed Timescale:** 01/02/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The numbers and skill mix of staff required further review as at times, there remained an over reliance on volunteers to provide cover in the centre.

**2. 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 PIC will organise for a review of the required staffing levels in Grangemockler, to identify the required number of staff to move to a paid model of service, and reduce the over reliance of volunteers.

The cost of each new staff will be linked to an individual living in the Community and a business case will be submitted to the HSE

**Proposed Timescale:** 31/03/2018