



Office of the Chief Inspector

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

Name of designated centre:	The Bridge Community
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	26 June 2019
Centre ID:	OSV-0003605
Fieldwork ID:	MON-0027196

About the designated centre

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

The Bridge Community is located in a small town in Co. Kildare and provides residential, day and transitional training services to a wide range of people in need of support. There are five residential houses, three located within the main service and two houses located in housing estates in the community. There are various recreational and other facilities and workshops to provide work and learning experiences for the residents and day attendees. Residential services are provided to people with mild to moderate intellectual disabilities, physical and sensory disabilities and also those on the autism spectrum. The designated centre has capacity for 14 adults, male and female. Residents are supported by social care staff, care assistants and short term co-workers (volunteers).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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 June 2019	09:30hrs to 15:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The inspector met with four residents that lived in the designated centre. Residents stated that they felt safe in the centre and had been informed of the process on how to make a complaint or voice a concern if they needed to. All residents expressed that they were satisfied living in the designated centre and spoke fondly of staff members from whom support was provided. The inspector found that residents were informed of changes in the centre and were consulted with on these changes. One resident informed the inspector how they were supported to take an active role regarding formal consultation with the provider.

Residents also told the inspector about activities they did during the week which they enjoyed such as day services and visits to shops in the local town. One resident suggested an area for improvement they would like to see in their house, on discussion with the person in charge this had already been actioned and quotes received.

Capacity and capability

This focused unannounced inspection took place due to the receipt of solicited and unsolicited information in relation to staffing levels. Additionally, the provider had been issued with a provider assurance report in February 2019 due to a trend of non-compliance with the notification regulation and the oversight of safeguarding measures. The provider was required to submit a provider assurance report which outlined a clear time-frame to address these non-compliance's.

Overall the inspector found that some of the governance and oversight arrangements in the centre required improvement. While there was evidence of good management structures and accountability in the centre these were not fully effective in ensuring certain areas of service provision were meeting the regulations. The inspector also found that the governance systems in place required review to ensure that the service was adequately and effectively monitored at all times, especially out of office hours.

The organisation currently was going through a period of change management including key personnel, reporting structures and local and national policies and procedures. From a discussion with members of the management team, staff and review of rosters it was evident there remained a staffing deficit due to on-going funding restraints as identified on previous inspections. The inspector noted that staffing improvements had been made since the previous inspection; whereby volunteers were heavily relied upon at night time, employed staff were also rostered

for sleep over shifts. A financial and operational review of the centre had been completed which identified the need for additional staff; however this was awaiting approval.

Members of the management team spoken with demonstrated good understanding of the assessed needs of residents and their regulatory responsibilities. While the provider was complying with the requirement of the regulations to conduct six monthly unannounced visits to the centre, they had not conducted an annual review of the quality and safety of service provision since 2017. Improvements were also required in the auditing systems to establish what areas were effective and where improvements were required in the delivery of service.

A new person in charge was appointed to the role in January 2019, and they were found to be responsive in their interactions with the regulator. They held professional qualifications in social care, management and a number of years experience of supporting people with an intellectual disability.

On review of the action plan the inspector found that the majority of the actions had been completed in line with the stated time frames and had been effective in addressing the non-compliance's. It was identified that any actions outstanding were as a result of resource issues and time restraints. A house coordinator had recently been appointed.

Regulation 14: Persons in charge

There was a full time post of person in charge in place who was suitably qualified, skilled and experienced and engaged in the governance and operational management of the centre on a consistent basis.

Judgment: Compliant

Regulation 15: Staffing

Proposed staffing arrangements to ensure adequate staffing levels to meet residents' assessed needs were subject to funding and were not yet in place or approved at the time of inspection.

Judgment: Not compliant

Regulation 23: Governance and management

There was evidence of regular meetings between the person in charge and senior management. Some ongoing improvements were still required in the management systems and structures to ensure effective oversight of the service and completion of the annual review.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Amendments were required to the whole time equivalence of staffing levels and lay out of floor plans.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider and person in charge had ensured that appropriate notifications and quarterly returns had been submitted to the Chief Inspector as required by the regulations in line with the providers assurance report.

Judgment: Compliant

Quality and safety

While matters that impacted on the capacity and capability of the service were not fully resolved in terms of resources, it was noted that this did not effect the provider's ability to identify, respond to and implement appropriate measures to safeguard residents from harm or abuse.

Evidence was seen that where any possible safeguarding concerns arose, the person in charge ensured that all reasonable and proportionate interim measures were taken to ensure residents were protected pending the outcome of relevant investigations. Appropriate safeguarding measures were observed to be in place at the time of inspection and recommendations as outlined by the safeguarding team in the safeguarding plan had been implemented into practice.

The provider ensured that residents were supported in regards to self care and protection by encouraging residents to raise any concerns should they arise. Staff spoken with had a good understanding of safeguarding and of the providers reporting procedures. Residents told the inspector that they were happy living in the centre and who they would contact if they needed to make a complaint.

It was identified that the provider respected and promoted residents rights. This was seen in the way that residents were consulted with on a weekly basis of various aspects of the service. Residents had direct access to the management team and attended meetings chaired by the management team. One practice observed during inspection required review to ensure that residents' personal information was maintained in a secure manner to maximise the privacy and dignity of residents.

Regulation 8: Protection

There were systems and measures present to ensure that residents were protected from possible abuse. Any safeguarding situations were recognised, reported and assessed. Staff were facilitated with training in the safeguarding of vulnerable persons and were found to be knowledgeable in safeguarding matters.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be treated in a respectful manner throughout inspection. There was evidence that residents were consulted with, and participated in the organisation of the service. The displaying of personal information required review to ensure that each resident's privacy and dignity is respected.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Bridge Community OSV-0003605

Inspection ID: MON-0027196

Date of inspection: 26/06/2019

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment drives are ongoing to ensure staffing levels of cover meet the assessed needs of residents in all four residential houses. Any gaps in staffing are currently being filled by core social care team, relief panel and agency social care staff. Recent measures have been approved at National level as of 01/08/2019 to improve attraction and retention of qualified and experienced staff to the Bridge community by increasing rate of pay to competitive levels with other local organizations. Organizational plans and associated funding discussions are progressing with HSE at national lead level. A head of HR has been appointed commencing 6/08/2019. A key function of this role will be the securing of a staff team with the skill mix against the assessed needs of residents for each CCoI community.</p> <p>This recruitment drive is advertising for Social care workers x 2, social care assistants x 4 and day service facilitator x 1.</p> <p>The latest recruitment drive is currently taking place from 07/08/2109 with applicants being invited to interview by 13/09/2019.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There are weekly conference call meetings for Persons in charge which is chaired by a National office representative. Regional managers chair monthly community learning</p>	

group (CLG) meetings.

Regional Manager has oversight of all submissions to HSE safeguarding and HIQA notifications.

Safeguarding and NF06 notifications are monitored and audited by Principal Social Worker to ensure consistent quality in reporting.

A new safeguarding tracker has been designed and will be rolled out across the organization by 30/09/2019.

Clinical lead monitors the register of incidents of behaviours that challenge on a weekly basis and link in with Person in Charge regarding questions, observations or follow ups.

In response to recent events that required increased oversight of out of office hours, a waking night staff and two additional sleepover social care staff were introduced on 08/07/2019. This additional staff adds oversight to the current night-time security policy by increasing social care supervision of the four residential houses during night-time hours.

The person in Charge is beginning a self-auditing tool based on the National Standards for Residential Services for Children and Adults with Disabilities. This will begin on 20/08/2019 to be completed by 22/10/2019.

The annual review of quality and safety will be completed by the provider on 22/08/2019.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

There is a National operational review currently taking place. The whole-time equivalents of staffing levels are being reviewed under proposed community management structures and pending agreement at National level on whole time equivalents for social care staff.

The lay out of floor plans has been reviewed and SOP updated.

All changes to whole time equivalents will be updated in Statement of Purpose by 30/09/2019.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The displaying of personal information on community timetable is being reviewed and a new individualized timetable for each resident is currently being developed. In the interim period, personal information detailing resident appointments outside the community has been removed and instead the timetable declares the person "out of the community".

The timetable has been used as a communication and planning tool for the residents in the community for several years and the new timetables will need to be tailored to the individual's needs, personality and communication profile.

The new timetables will be in place by 30/09/2019.

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 15(1)	The registered provider shall 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.	Not Compliant	Orange	13/09/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	22/10/2019
Regulation 23(1)(d)	The registered provider shall	Not Compliant	Orange	22/08/2019

	ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/09/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/09/2019