Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Dingle
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	24 July 2020
Centre ID:	OSV-0003609
Fieldwork ID:	MON-0029905

About the designated centre

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

The designated centre is a large detached two-storey house located in a rural area outside a small town. The centre can provide residential services for a maximum of eight residents of both genders, over the age of 18. Residents with mild to moderate intellectual disabilities, physical disabilities, sensory disabilities and autism are supported. The designated centre provides a full-time residential service and offers an occasional respite facility for one specific individual. Support to residents is provided by the person in charge, a house-coordinator, social care workers, social care assistants and volunteers. Each resident has their own bedroom. Other facilities in the centre include bathrooms, a sitting room, a dining room, a kitchen, a utility room and a staff office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Friday 24 July 2020	09:30hrs to 16:30hrs	Lucia Power	Lead
Friday 24 July 2020	09:30hrs to 16:30hrs	Michael O'Sullivan	Support

What residents told us and what inspectors observed

The inspectors met with six residents over the course of the inspection and had the opportunity to meet most of the residents individually. The inspectors noted that all residents' were happy and this was evidenced from the discussions with residents and observing the residents taking part in activities in their home and surrounding area.

Staff interactions were observed to be gentle, respectful and unhurried. Residents were afforded time to respond and make their wishes known to staff. Residents were seen to be consulted and at the centre of decision making. All residents were observed to be very comfortable in the presence of peers and staff.

Residents stated that they felt very supported by staff. One resident clearly articulated the support that staff had given to assist them deal with personal issues and coping with isolation during COVID-19 restrictions. This resident stated they felt very happy and would not suggest any changes to the service they were in receipt of. This resident confirmed that they were not in agreement with restrictive practices in place as part of a safeguarding plan to protect their welfare, however stated that life was easier and they felt some pressures had been removed from them. This resident was also excited that they were temporarily looking after a staff members dog with the prospect of getting their own dog if this went well. This resident very much viewed the designated centre as their home and was busy making seafood linguine for lunch.

One resident gave inspectors a tour of the designated centre and the accompanying gardens, poly tunnels and farm attached to the service. This resident demonstrated extensive knowledge on horticulture and safety measures in place on the farm. This resident was very proud of the wide variety of crops tended to which ranged from root vegetables to fruits. A member of staff was observed to consult this resident on matters of planting, harvesting and storage of produce. This engagement emphasised a relationship based on equality, respect and independence.

Two residents were met in the company of the farm manager as they were preparing to milk two cows. These residents had just finished clearing out the stalls of the donkeys and a pony. One resident spoke of their plans to commence a third level college course in sports in the upcoming academic year. This resident stated that it was a possibility that they may go to live nearer the college. Another resident was relaxing in their bedroom and was getting support from a staff member who was reading to them. This resident used gestures to communicate with the inspector and indicated they were very happy in their home and with the service they were getting.

Overall, the inspectors observed a designated centre that was peaceful and conducive to the assessed needs of residents. This promoted residents' activation

and learning while also supporting residents' wishes and happiness.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to residents was to a good standard and ensured that their assessed needs were met at all times. The inspectors had in advance of the inspection requested documentation that was required for review at inspection. The person in charge ensured that all the information requested was available to the inspectors.

The designated centre's person in charge was suitably qualified and experienced as required by regulation. This person was both knowledgeable about residents' assessed needs and the day-to-day management of the centre. It was evident to the inspectors that since the person in charge took up this post, there has been significant improvements in the centre and an increase in compliance levels in relation to the Health Act 2007 (Care and Support of Residents in designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was further evidenced from speaking with staff who told the inspectors that there was better oversight, more consultation and better processes in place which provided support and guidance for the local staff. This ensured a better quality service for residents. The inspectors reviewed minutes of meetings that demonstrated that management systems were in place to ensure the service provided was safe and appropriate to residents' needs.This was evident through the review of notes of local team meetings with the centre's staff and weekly meetings between local management team and the senior management team.

Significant improvements were noted by the inspectors since the previous inspections in July 2019 and January 2020. On the January 2020 inspection it was noted that maintaining consistency of staffing was an issue and that agency staff were not as knowledgeable about residents. The inspectors reviewed the actual and planned rosters during this inspection and noted that the provider had a consistent staff team to support the individual needs of residents. The inspectors observed interactions between staff and residents and it was evident that staff had a good knowledge of residents' needs. This was also evident when the inspectors met with staff who were able to tell the inspectors about the individual needs of residents and how best to support them. On the day of inspection the inspectors met with ten staff and had the opportunity to speak with five staff about the service provided to residents. All staff told the inspectors that they noted improvements over the last year and attributed it to local leadership, clear guidance, communication, learning from internal audits and the outcome of the Health Information Quality Authority (HIQA) inspections. Overall staff highlighted the importance of the social care approach in place and having the opportunity for reflective practice.

As noted in the previous inspection, the provider had an increased emphasis on

training and supervision. From review of documentation and discussion with staff it was evident that this standard was been maintained. Under the regulations the registered provider is required to have specific written policies and procedures which shall be reviewed at intervals not exceeding 3 years. From a review of requested documentation it was noted that such policies were in place, however the inspectors noted eight policies that had not been reviewed within the three year period. The provider had in place a policy for developing and implementing policy, procedure and protocol. This policy stated that the council of Camphill was ultimately responsible for the governance, planning and reviews of policies. The provider was not adhering to their own policy. However, it was evident that the person in charge of the centre implemented the required polices and it was also noted that staff had signed a recording sheet stating they had read and understood these policies.

The provider is required under the regulations to carry out an annual review of the quality and safety of care and support in the designated centre. The provider must also carry out an unannounced visit to the designated centre at least every six months. The inspector noted that the registered provider had not carried out this visit in the first 6 months of 2020. The last unannounced visit by the provider was on 2 December 2019 which was referred to in the previous HIQA inspection of January 2020. The local management team had carried out a safety, health and welfare audit in December 2019. This was also recorded in the last inspection. The inspectors reviewed the actions from this audit and noted that local management were actively reviewing the actions that arose from this audit. A number of these actions were closed.

Each resident had a signed contract in place that stated the contribution they were required to make in line with their terms and conditions of residency. The contracts were in an easy to read format and social stories had been used to inform and assist residents' consent.

The inspector reviewed the complaints register and noted that a good system was in place for the recording, review and follow up of complaints. The provider had an easy read visual aid to support residents express their satisfaction or dissatisfaction with reference to how the complaint was managed by the provider. Complaints made in the current year that related to alleged historical concerns were subject to thorough investigation in line with the provider's complaints policy and findings awaited a response from the complainant, prior to closure.

Regulation 14: Persons in charge

The post of the person in charge was full-time and the person had the necessary skills, qualifications and experience to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. The person in charge ensured that the residents received continuity of care and that there was an actual and planned rota showing staff on duty during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had access to appropriate training as part of their continuous professional development. Staff also had access to appropriate supervision.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had in place a directory of residents and this was made available as requested on the day of inspection.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that records specified in Schedule 2, Schedule 3 and Schedule 4 were maintained and available in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured their was a clear management structure in place in the designated centre, however the registered provider did not carry out an unannounced visit as required by the regulation at least every 6 months.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had in place an agreement in writing for each resident that included the terms on which the resident resided in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider prepared in writing a statement of purpose that contained all of the required information.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge gave notice in writing to the chief inspector of any adverse incidents within the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

Arrangements for the management of complaints received at the centre were comprehensive in nature. Information was available on how a complaint could be made as well as information on how to access advocacy services if required. Where complaints had been received, these were investigated in a timely manner and subsequent outcomes recorded, including the complainant's satisfaction with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider did not review policies and procedures in a timely manner and update them in accordance with best practice.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that a high standard of care and support was delivered by staff who demonstrated commitment and enthusiasm in their approach to assisting residents live productive and safe lives as well as achieving regulatory compliance. Residents appeared happy and relaxed in their home. Care was observed to be person-centred and specific to the identified needs of the residents. The premises was clean, well decorated and maintained. The atmosphere was homely and safe. Bedrooms were individualised and decorated to the preferences of residents.

Residents were consulted in the planning and running of the centre along with decisions regarding their own care through individual care planning and at monthly resident meetings which had recorded agenda's, attendance and minutes. The inspectors saw that residents were supported to achieve personal goals and participated in activities matched to their wishes, abilities and needs. Individual care plans were clear and in an easy-to-read format. The goals defined were person-centred and specific to the individual resident. Plans were specific and time bound. The care plans of four residents were reviewed. All plans had been subject to review and updated in the current year. These plans demonstrated a good standard of review and attention to detail. The detail recorded was comprehensive, easily understood and files were well maintained and accessible. Each resident had a comprehensive healthcare plan in place where all necessary multidisciplinary input was well recorded and presented. A lead support person was named in each care plan. Residents were supported to be as independent as possible. There was evidence that residents were supported in line with current COVID-19 public health guidelines. Residents were supported to maintain links with their family, friends and the wider community through the use of the internet and mobile phones. Outings and events to involve residents in their wider community were subject to risk assessment and the safe integration of residents back to their preferred activities, were planned.

Residents were afforded time to respond and make their wishes known to staff. Residents were seen to be consulted and at the centre of decision making. All residents were observed to be very comfortable in the presence of peers and staff. Residents moved freely throughout the designated centre and its external environment. Residents also had autonomy in the clothes they choose to wear. Residents enjoyed having their own bedroom, influencing its design and finish. Residents appeared healthy and actively engaged in the running of the designated

centre.

Individual safeguarding plans were well known to residents and to staff. One resident spoken to by inspectors demonstrated a good understanding of the risks identified in their safeguarding plan and the rational behind it. Since the previous inspection, the registered provider had self identified areas of safeguarding to be improved. It was evident that each resident had a risk assessment to support the plan. A virtual multidisciplinary meeting conducted weekly recorded both the positive and negative impacts of the safeguarding plan on residents. This information was clear and comprehensive. The person in charge was advised by the inspectors that individual risk assessments, positive behaviour support plans and restrictive practices to safeguard residents should be subject to review to ensure consistency with the safeguarding weekly records. The inspectors were assured that staff referred to the safeguarding meeting records for the most current information. The person in charge had also clearly summarised all safeguarding issues relating to each individual resident. Risk control measures were proportional to the risks identified with the impact on each resident considered and reflected in personal care plans, healthcare plans and intimate care plans. Detailed risk assessments supported the care planning process as previously referred to.

Restrictive practices were subject to ongoing and regular review. There was clear documentary evidence and a rational for the introduction of an emergency restrictive practice to safeguard a resident, ahead of discussion at the restrictive practices forum. Residents were requested to consent to restrictive practices in place. One resident was aware of their consent being requested but continued to refuse to sign the consent form. Five trust in care investigations initiated by the registered provider had adhered to the trust in care process, had preliminary screening in place and demonstrated the appropriate appointment of an independent external investigator.

The focus of care was person centred that enhanced residents' general welfare. Residents were proud of the work they undertook daily. Residents had schedules of activation and socialisation within day services adjacent to the designated centre, on the farm, in the gardens and the community. Residents could choose their interests and activities to partake in, supported by staff. All activities undertaken by residents were recorded which allowed for a realistic appraisal of whether residents had a meaningful day. On the day of inspection, residents were engaged in household activities including meal preparation, farming and horticulture. Residents were also availing of relaxation and downtime.

Each resident had been subject to a money management assessment in keeping with the provider's current policy. Each resident had their own personal bank account which they managed with staff support. All bank statements and transactions were accurately recorded and signed off by two staff members. Financial records were subject to monthly audit by the person in charge. All purchases and transactions were clearly documented and supported by receipts. There was evidence that copies of these records were provided to residents' families. There was also evidence demonstrating the referral of one resident to the National Advocacy Service. This was to support a resident gain further autonomy

over their finances. Each resident had an identified support person to assist them with their finances. All residents also had current lists of all property and personal possessions which was supported by photographs that were kept in their file.

Since the last inspection, the registered provider had addressed issues in relation to gaps in fire doors. Each resident had a fire risk assessment and a current personal emergency evacuation plan in place. Some residents had undertaken training and received certificates in the management of fire and safety. Staff training records for mandatory fire safety were current and in date. Fire drill evacuations were within acceptable times. Fire extinguishers and fire blankets were checked and certified annually by a registered contractor. All rooms had smoke detectors in place and there was sufficient emergency lighting throughout the designated centre.The registered provider had in place a current risk register that was subject to regular review.

The risk register had also been updated to reflect current risks pertaining to COVID-19.The registered provider had stringent precautions in place to safeguard residents from infection. All staff had undertaken training in relation to hand hygiene, infection control, breaking the chain of infection and the donning and doffing of personal protective equipment (PPE). All areas of the designated centre were clean. There were accessible supplies of PPE gear and cleaning products throughout. Residents and staff demonstrated good hand hygiene practices and residents reminded the inspectors to attend to their hand hygiene after returning to the designated centre from outside. Each resident had a risk assessment in place in relation to COVID-19 and the centre's risk register had been updated to reflect these risks. There was evident of increased cleaning schedules and weekly online COVID-19 review meetings. There was controlled access, sign in and recording of temperatures in place. Staff were deployed in separate pods to minimise the effects on staffing should an infection outbreak occur. Information for residents regarding COVID-19 was in an easy-to-read format.

Regulation 12: Personal possessions

The registered provider ensured that each resident had an agreement in writing stating the terms and conditions of residency.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had the appropriate care and

supports in place with regards to the residents' assessed needs and wishes.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the objective of the service and the assessed needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that the designated centre had systems in place to assess and manage risks to residents.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were safeguarded against the risk of healthcare-associated infections, including COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that effective fire and safety systems were in place in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that each resident had a personal plan that was

subject to a comprehensive annual review.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that each resident had access to appropriate healthcare and had a current healthcare plan in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that staff had up to date knowledge and training to manage behaviours that challenge while restrictive practices in place were for the least period of time necessary.

Judgment: Compliant

Regulation 8: Protection

The person in charge ensured that safeguarding measures were in place for all residents, while all allegations were thoroughly investigated.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the designated centre was operated in such a manner that respected all residents.

Judgment: 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Camphill Community Dingle OSV-0003609

Inspection ID: MON-0029905

Date of inspection: 24/07/2020

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: There will be a national schedule to ensure that Reg 23 Unannounced Inspections are completed 6 monthly in all Communities. An annual review reflecting local priorities and feedback from all stakeholders will form the basis of an annual service plan developed by PIC/RM. New CCoI operations management and governance structure is being rolled and the first 3 Communities started an implementation plan on the 23/7/2020.This involves a systematic approach to operating and managing services. Standard documentation have been put in place for daily reporting, house, and community level management together with a standard PIC/Q&S Officer audit, which involves documented checking of all documentation regarding schedule 2 (staffing), training, risk management, residents finances, residents files, clinical support and records. A community SharePoint site is in the process of development for Dingle creating the infrastructure for increased oversight. Where all records are stored, increasing the level of oversight for the PIC at house level, and above.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:	

The CCoI Leadership Team commenced a process of updating overdue policies starting 13th July 2020. A part Time policy developer has been employed at national level

Revised residents finance policy is complete, the associated SOP is being finalized and will provide a more robust money management assessment, daily and monthly reconciliation and sign off by PIC, with the records being maintained on an electronic system stored on SharePoint. Dingle will engage in this process when it has been implemented.

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 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/10/2020
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit	Substantially Compliant	Yellow	30/10/2020

	to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/12/2020