Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Camphill Community Kyle
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	08 April 2019
Centre ID:	OSV-0003625
Fieldwork ID:	MON-0026095

About the designated centre

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

The providers statement of purpose describes the service as providing long-term residential services to 17 adult residents, male and female, with intellectual and physical disability, autism, and behaviours that behaviours. Nursing oversight is provided on a part time basis. The centre is located in rural setting and comprises of six units, accommodating between one and five residents. Staffing levels are arranged according to the residents' need for support.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16

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
08 April 2019	10:00hrs to 20:00hrs	Noelene Dowling	Lead
08 April 2019	10:00hrs to 20:00hrs	Conor Dennehy	Support

Views of people who use the service

Inspectors met with 12 residents in their homes at different times of the day including lunch time. A number of residents did not communicate verbally with the inspectors but inspectors observed that their interactions with the staff were relaxed and comfortable. The mealtimes were seen to be social and relaxed occasions with residents observed to be consulted with about their choices and communicating in their preferred manner with the staff. Two residents spoke with the inspectors and said they were very content with their lives currently. Residents were busy planning their activities and in one case explained to inspectors how they were purchasing new equipment for their own apartment to brighten things up. Inspectors observed the residents going about their routines and staff were supportive of them in doing so.

Capacity and capability

HIQA has engaged in a significant level of regulatory activity with this centre, following which it was granted registration in June 2018. However, in November 2018, a follow up inspection was undertaken which found significant non-compliance's and deterioration in crucial areas including governance, safeguarding, management of staff and risk management which impacted on residents' welfare and safety. A formal meeting was held with the provider in December 2018 at which they were informed of these concerns and requested to provide assurances to the Chief Inspector in relation to the failings identified. The provider duly submitted a comprehensive and time-bound compliance plan which addressed all of the matters identified.

This inspection was undertaken to ascertain the progress of the provider in completing these matters. To this end, improvements were found across all of the substantial areas which had a beneficial effect on the residents' lives.

A revised management structure had been implemented at local level. This included a new and suitably qualified and experienced person in charge, and the appointment of a new regional manager to oversee and monitor practices. In addition to this, the organisation had commenced a significant process of change with improved oversight and structures to support this. For example, a safeguarding and clinical operations team had been introduced and systems for analysis of information had been introduced to ensure there was effective management oversight.

A service improvement plan had been initiated in the centre which encompassed all factors which had led to the poor findings, such as lack of adequate management, accountability for practice, oversight of accidents or incidents and inappropriate cultural norms.

Therefore, at the time of this inspection the centre was well managed, with good structures; levels of accountability; appropriate direction of care practices; reporting and response systems evident, all of which supported residents' wellbeing and safety. This change had resulted in a more robust and effective response for any abusive interactions, and actions taken to prevent such matters re-occurring. Investigations into such matters were ongoing in conjunction with the HSE. HIQA will be notified of the progress of these investigations as they are concluded.

Improved quality assurance systems had been introduced with evidence of a prompt response to all accidents and incidents, improved reporting systems, attention to staff training needs, robust internal staff supervision systems and evidence of oversight by the regional manager at all levels.

There was sufficient staff with the training and skills to support residents with a significant ratio of one-to-one supports made available in accordance with their assessed needs. Where agency staff were used, they were consistent personnel which supported the continuity of care for the residents. Recruitment procedures were satisfactory with all of the required documents and checks being completed including for agency staff.

Staff supervision systems had also improved with regular formal systems being undertaken and monitored. The content was seen to be focused on residents care, staff development and their professional accountability. The person in charge had ensured that the staff providing this supervision had the necessary training to carry this out.

There were a minimal number of young volunteers working in the centre at this time. While the specific roles of the volunteers was still under review by the provider nationally, there were definitive rules and codes of conduct governing their off-duty behaviour and accommodation.

All mandatory training had been undertaken. Staff were also undertaking additional training in a behaviour support model deemed to be more suitable to the needs of the residents. From a review of the complaints records, inspectors were satisfied that the provider was dealing with relatives or residents concerns via a process of negotiation and consultation. Incident reports were also reviewed and there was evidence that the person in charge was now forwarding the required notifications to HIQA and that actions taken in relation to these were appropriate.

Since the previous inspection, no formal unannounced inspection had been undertaken by the provider. However, there was sufficient evidence of effective management presence, monitoring of all aspects of practice, and actions taken to provide assurance that the provider is currently monitoring the care delivered to the residents.

On this inspection staff and managers were seen to be very familiar with the residents' needs and preferences and fully engaged with them. Staff also expressed their confidence in the revised management structures which they said supported them effectively.

Inspectors outlined the improvements to the management at the feedback meeting and also informed them that this progress must be sustained and would be monitored by HIQA.

Regulation 15: Staffing

There was sufficient staff with the training and skills to support residents with a significant ratio of one-to-one supports made available in accordance with their assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

All mandatory training had been undertaken. Staff were also undertaking additional training in a behaviour support model deemed to be more suitable to the needs of the residents. Staff supervision systems were satisfactory and staff were being made accountable for their practice.

Judgment: Compliant

Regulation 23: Governance and management

At the time of this inspection the centre was well managed, with good structures; levels of accountability; appropriate direction of care practices; reporting and response systems evident. Managers were carrying out their respective roles effectively. However, there was no formal unnanounced review of the quality and safety of care undertaken on behalf of the provider.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A revised statement of purpose was forwarded following the inspection and this was satisfactory. Care was delivered in accordance with this statement.

Judgment: Compliant

Regulation 30: Volunteers

The volunteers were appropriately vetted and on this occasion had formal and focused supervision and codes of conduct to support them in their role.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors were satisfied that the required notifications were being forwarded to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

From a review of the complaints records, inspectors were satisfied that the provider was dealing with relatives or residents concerns via a process of negotiation and consultation.

Judgment: Compliant

Quality and safety

Inspectors found that the changes to the management structures, with the emphasis on accountability and practice within the centre was having a beneficial impact on the residents' quality of life and safety. Safeguarding systems had improved. There was evidence of an emphasis on retraining and awareness for staff

of what constitutes abusive interactions, including the management of behaviours that challenged and the management of peer-to-peer incidents. The provider was seen to be responding in a more robust and appropriate manner to any incidents of poor practice by staff which impacted negatively on the residents and the emphasis was on the prevention of such incidents.

One incident of inappropriate conduct had been reported prior to the inspection. On reviewing the details, inspectors found that the provider had taken actions to prevent a re-occurrence and provide insight as to the inappropriate nature of the staff behaviour. However, while this was appropriate to the specific incident, there was other information available which may have been useful in making a fully informed decision. This was discussed with the regional manager at feedback for future consideration. However, the overall response and actions taken were satisfactory.

There was also evidence that resident's individual needs and vulnerabilities were now recognised with suitable protection plans implemented to support them. Staff were undertaking work with residents in managing appropriate relationships, interactions and boundaries. This was undertaken alongside protective strategies. Appropriate training for staff had been provided to undertake this work. This was seen to be having a beneficial impact for the residents. Inspectors saw detailed intimate care plans which were respectful of residents' privacy and bodily integrity. Where these were not adhered to by staff, actions were taken to address this.

Behaviour support plans were also under review, and supervisory staff were being supported in learning a model of intervention more appropriate to specific residents' assessed needs. Residents' finances were managed safely but the oversight of these by the nominated person required review to ensure any discrepancies were noted and addressed.

The changes were also supported by an increase in access to appropriate clinical and therapeutic assessments for the residents, addressing risk and implementing detailed support plans in consultation with them.

Residents' quality of life and social care preferences were also being reviewed for suitability and their own preferences. Individual key working sessions were introduced to support residents in making their choices and preferences clear. A number of residents participated in activities such as weaving and cookery, which they told the inspectors they enjoyed. Some had responsibilities for the onsite shop. They participated in local community art schools and attended educational networks. They also had numerous social outings, such as shopping, going out for lunch, going to the seaside and trips away. The high staffing levels ensured theses activities could take place for the individual residents. Their independence was supported with training in road safety, using public transport and life skills development where this was appropriate for them.

Residents had frequent multidisciplinary reviews of their health and psychosocial care-needs undertaken. Since the previous inspection, access had been made available to additional psychiatry and sensory supports for the residents, some of

this sourced privately by the provider, to ensure their care needs were being met within the centre. Their personal support plans were very detailed and had a positive impact on their quality of life with their goals and plans being achieved.

Resident's healthcare needs were monitored with gender and age appropriate screening accessed. Staff supported residents with physiotherapy exercises to help them maintain their mobility. The residents dietary needs were known by staff and speech and language assessments had been undertaken and the inspector observed these been implemented by staff. The food was freshly cooked and of a good standard, residents helped to prepare the food if they wished.

Staff had commenced using pictorial images and social stories where this was deemed to be helpful to the residents. Staff were seen to be attentive to the residents' non-verbal communication. Advocates had been sourced to help a number of residents with specific personal matters affecting their future.

Risk management systems were satisfactory. There was a detailed risk register which was kept under review. Inspectors saw that where risks were identified remedial actions were taken to address them. For example, door censors had been placed at strategic locations to alert staff if necessary, and arrangements were made to ensure residents could contact staff if they needed to when they were in the local community. Each resident had a risk management plan pertinent to them, for personal safety or clinical risks, including falls or self-harm. Incidents were carefully reviewed and discussed at the formal weekly welfare meetings to ensure issues were being addressed.

All of the required fire safety management equipment and systems were in place and serviced as required. Staff undertook regular drills with residents and any problems identified with evacuation were addressed. Resident had suitable personal evacuation plans available.

Regulation 10: Communication

Staff had commenced using pictorial images and social stories where this was deemed to be helpful to the residents. Staff were seen to be attentive to the residents' non-verbal communication.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents' dietary needs were known by staff .Where necessary speech and language assessments had been undertaken and the residents were seen to have choices at meals.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were satisfactory and all residents had individual risks assessments for their own assessed needs and vulnerabilities.

Judgment: Compliant

Regulation 28: Fire precautions

All of the required fire safety management equipment and systems were in place and serviced as required. Staff undertook regular drills with residents and any problems identified with evacuation were addressed

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management systems were safe, medicines were reviewed frequently and where errors occurred these were addressed with a view to prevention of a recurrence.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had more consistent multidisciplinary reviews of their health and psychosocial care needs undertaken.Their personal support plans were very detailed and their individual plans and aspirations were being supported.

Judgment: Compliant

Regulation 6: Health care

Resident's healthcare needs were monitored and supported with gender and age appropriate screening accessed.

Judgment: Compliant

Regulation 8: Protection

Safeguarding systems had improved.There were a range of protective systems being implemented to prevent and to respond appropriately where residents suffered abusive interactions.However, systems for oversight of residents finances required review to ensure it was safe and responsive.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Advocates had been sourced to help a number of residents with specific personal matters affecting their future and this having a positive impact for the residents.residents were sported by key workers to be able to communicate their own preferences for their daily lives, and staff were ensuring that this was heard and responded to.

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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Camphill Community Kyle OSV-0003625

Inspection ID: MON-0026095

Date of inspection: 08/04/2019

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: On the 26/04/19 an unannounced Internal Audit took place. This Audit was conducted by Two members of the National Team. A number of residents, employees and volunteers were interviewed. The focus of this Audit was to perform a formal unnanounced review of the quality and safety of care undertaken on behalf of the provider. The PIC received feedback on the day from this audit and has received written recommendations. 26/04/2019 Completion of actions from Provider Unannounced by: 16 July 2019	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: A Performance Improvement Plan outlining the protective measures in Camphill of Irelands policy on safeguarding Residents Finances will be put in place with the person responsible for resident's accounts conducted and reviewed over a two-month period with person responsible for financial oversight of residents accounts in the service. 03/05/2019 An Emphasis has been placed on improving all employee's awareness of these protective measures this is occurring at the weekly management meetings and mandatory monthly Team meetings. The PIC completes a weekly spot check on a resident finances – check that the agreed	

policy and procedures are being carried out and are evidenced in the weekly spot check.

Completed by: 16 July 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 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	26/04/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	16/07/2019