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Camphill Community Ballytobin

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**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Camphill Community Ballytobin
Centre ID:	OSV-0003604
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Lead inspector:	Noelene Dowling
Support inspector(s):	Paul Pearson
Type of inspection	Announced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 October 2016 09:30	18 October 2016 20:00
19 October 2016 08:30	19 October 2016 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the Inspection

This was the third inspection of this centre. A monitoring event was undertaken in 2014 and the registration inspection was commenced but not completed on 27 May 2016. Based on the initial findings the inspection in May 2016 instead focused on core safeguarding areas. Risks were identified in Governance, Safeguarding and Health and Safety with major non compliances evident in these areas. There were 28 actions identified at that inspection.

In line with HIQA policy, concerns regarding overall safeguarding systems and

governance arrangements in the organisation resulted in two meetings being held with the provider in April 2016 and October 2016. Following these meetings the provider was issued with written notification of HIQA's concerns.

The provider was requested to submit a plan to improve safeguarding systems within the organisation. This was duly received and regular updates were provided.

How we gathered our evidence

Inspectors met with 8 residents and spoke with three parents.

Inspectors also reviewed one questionnaire completed by relatives and three completed by residents with staff support. All of the responses were very positive regarding the quality of their lives, the environment, their support staff, their opportunities to make decisions, visit their friends and the activities which they had access to.

Two of the residents who could communicate verbally with inspectors stated that they enjoyed their activities. They also said that they know what staff to tell if they had any issues and that staff would support them. Inspectors observed that residents appeared to be at ease with staff who understood their non verbal communication very well.

Inspectors also met with the person in charge, staff, the deputy person in charge, the health and safety representative and the national deputy social care coordinator. Inspectors reviewed documentation including policies and procedures, personnel files, health and safety documentation, residents' records and personal plans. Internal action plans and outcome reports on a number of allegations and incidents were also reviewed. The providers safeguarding plan was also reviewed to ascertain the progress which had been made.

The actions required following the previous inspection which took place in May 2016 were reviewed. Twenty eight actions had been required. Significant progress had been made on all actions but some improvements were still required in relation to safeguarding practices and risk management.

Description of the service

The statement of purpose states that the service is designed to provide long term residential services to children and adults with moderate to severe intellectual disability, people on the autism spectrum and physical and sensory disabilities. One house is currently dedicated to children and younger persons.

Service is provided to 21 residents in five residential units and one individual apartment on their own grounds in a rural area. All of the premises are suitable for purpose, well maintained and in tranquil locations. The units all accommodate co-workers as well as the residents.

On the days of the inspection there were 19 residents living in the centre.

Overall judgement of our findings:

Overall, inspectors were satisfied that governance systems had been implemented to improve the quality and safety of the service provided and promote accountability. The inspectors also acknowledge the significant amount of work undertaken by all concerned to make the changes necessary.

The inspectors found that this had resulted in:

- Availability of advocates and systems for consultation which helped to ensure residents' views were heard (Outcome 1)
- Increased multidisciplinary assessments and focused planning which helped to ensure residents needs were being addressed (Outcome 5)
- Access to meaningful activities and recreation which provided a quality of life for residents (Outcome 5)
- Good access to healthcare which promoted residents well being (Outcome 10)
- Suitable staffing and skill mix to provide care for residents(Outcome 17)
- Comfortable and suitable premises and grounds (Outcome 6)
- Good fire management systems which helped to ensure residents were safe (outcome 7)

Some improvements were required in the following areas:

- Processes for identifying and addressing risks including medicines management which could have a negative impact on residents
- Safeguarding of vulnerable persons and children which could place residents at risk

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were three actions required following the previous inspection. Inspectors found that progress had been made on all areas. A number of advocates had been sourced where necessary based on residents vulnerability and need for support. There was evidence that the number of restrictions used in the units had lessened the impact on some residents. The complaints process was in place and the records of complaints showed that they were managed appropriately with evidence that the complainant was consulted in regard to the outcome.

Inspectors saw and residents confirmed that they had choices in their daily lives and their wishes and preferences were considered. There were a number of systems for consultation both formal and mainly informal which took account of residents' capacity and communication needs. Due to the residents complexity of need and disability there is a high dependency on parents or representatives to act on behalf of residents.

A twice yearly parent's forum was held. Parents told inspectors this was very informative, an opportunity to raise issues and also to meet other parents. The records showed that it was a very transparent process with full and frank information shared regarding changes and developments to the organisation, finances or any areas of concern.

The provider had initiated a survey of parents and some residents as to the impact of having a shared living experience which included young children. The response was very positive. This is further detailed however in outcome 8 Safeguarding.

Throughout the inspection staff members were seen engaging with residents in a respectful caring and sensitive manner.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

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

Findings:

There was evidence that resident's communication needs were understood and that they were supported to communicate in their own way. Staff used sign language and those who were familiar with this helped new staff /volunteers to use this medium.

Technology had been trialled with a resident in accordance with the speech and language therapist recommendation. However, this had not been successful for the residents. Other residents did use internet systems.

The units did not have communal televisions. However, there were areas in the units where residents could watch DVDs or televisions if they wished and number had radios in their rooms.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors saw evidence from records reviewed and information received from family members that familial and other significant relationships were supported and the residents' wishes in relation to this were respected. There was evidence of regular communication with families by the staff and they confirmed this to the inspectors.

Supervision of contact was undertaken where deemed necessary by the statutory agencies for younger persons. However, the decisions and instructions of the statutory agency to undertake this had not been maintained and were not at the time evident on the resident's records. This was rectified during the inspection. Residents could if they wished have friends to visit in the centre.

Residents have free access to other houses within the centre and can visit other residents and co-workers as they wish. Residents were observed to cycle, sometimes on a tandem or walk between the houses, independently or accompanied by a co-worker. There was a concert hall on the site with resident's regularly attending events that are held there. Local music and drama groups also use the facility and residents can access the productions held here.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The admission policy was in accordance with the regulations including the process for ensuring compatibility and protection of residents. The records of the most recent admission were reviewed at the safeguarding inspection. These demonstrated that the process was managed as outlined in the policy. There were opportunities for the resident and family to visit the centre a number of times and speak to co-workers/staff prior to admission. Detailed referral information and consultation was available from a range of persons including family, social work and psychology.

All residents had a signed contract of care in place. The contract set out the monthly charges/contribution to be made by each resident towards this resident/placement in the centre. The contract specified that the contribution may be revised in line with increases or decreases in the disability allowance.

Inspectors were shown records where a number of residents and their representatives had reviewed the monthly contribution amount. These signed agreements set out the monthly contribution. On reviewing the residents' accounts, inspectors noted that in some instances residents had a financial agreement in place with the provider that pre-dated the signed contracts on record for the residents. In some instances the monthly contribution was not revised downwards to meet the agreement laid out in the contract. This resulted in some residents contributing more per month than they would have if the financial agreement in the contract of care was followed.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were three actions required from the previous inspection and these had been addressed. There was evidence of a more robust system in place for monitoring residents care needs with house coordinators re-evaluating the plans to ensure all identified or outstanding needs were being followed up on.

Pertinent multi-disciplinary assessments had been sourced including speech and language, mental health or physiotherapy as required from the previous inspection.

Annual reviews had taken place for the residents and both the reports and the review records were very detailed and were informed by the residents' assessed needs. Families and residents where appropriate attended the review meetings which in most cases were also attended by allied practitioners where possible.

Planning documentation entitled "personal support plans" were implemented. While these were very comprehensive they were primarily personal and health information on the residents. It was however evident those personal goals were being reviewed and plans made for the residents to achieve them. In the main the goals were small but

fundamental and included such matters as activities, holidays and the attainment of small but very important life skills.

Parents who communicated with inspectors acknowledged the importance of these small but very worthwhile achievements.

There were need assessments undertaken for daily living skills, behaviour supports, and healthcare needs. There was evidence that where the needs of residents could no longer be met, despite the provision of significant additional resources a suitable transition plan was agreed. All relevant personnel had been involved in the decision. The personal plan for the younger resident was age appropriate and suitable for the residents needs.

One unit is defined as a children's only unit. On this inspection there was one child and three residents who had reached over eighteen years. Current living and support arrangements were suitable to meet the needs of all. Arrangements were being made in consultation with relevant persons to transition the young adults to other units in the centre within a year.

From records available and from speaking with some relatives it was apparent that they were included in the planning process where they wished to participate.

Residents' social care needs were well supported with a significant number of activities and meaningful daily routines and occupation. They went on holidays, went horse riding, played basketball and attended numerous events within the centre and in other centres attached to the community. Residents' attended activities or events alone with staff. They participated in the farm work, worked in the gardens, did weaving, craft making and baking and their preferences were taken into consideration with these activities.

There was pertinent information available in the event of resident being transferred to acute care and inspectors saw that staff had been allocated to remain with the residents in this instance.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre is located circa five miles from the nearest rural village and has a number of vehicles to ensure residents can access the community.

It comprises of five houses set in the countryside with three units on the grounds and two others at separate locations in close proximity. All units are fully self contained. There are farm buildings, and working gardens surrounding the units. Overall the houses were in a good state of repair, with evidence of ongoing maintenance and upkeep.

There was adequate communal space for all residents within each house. The houses were homely and comfortably decorated. Residents and co-workers shared the communal space inside and around the houses that made up the designated centre. Residents had the freedom to access the grounds surrounding their houses independently or with support. The centre provided areas for recreation and activities within close proximity to the houses. There was an intricate forest walk, with prepared pathways and small bridges across drainage culverts constructed through a woodland area surrounding one house. There was a picnic table provided along the woodland trail for residents to enjoy spending time outdoors.

Each resident had their own private bedroom which was decorated and personalised according to the resident's tastes. Residents' bedrooms were spacious with adequate storage for personal possessions.

The dining areas in each house were adequately equipped with large range cookers/ovens used to prepare fresh home cooked meals for all of the occupants of the house.

Inspectors observed that there were adequate bathrooms and toilet facilities provided in each house. The bath/shower rooms were of a good size, clean and in a good state of repair. (A cracked shower drain cover was observed on the first day of inspection in one house, this was repaired by the morning of the second day of the inspection, and this had been reported by co-workers for repair prior to inspection.)

A new heating system monitoring and control method was being trialled in the houses,. There was twenty four hour access to a hired generator in the event of power failure. Other equipment necessary was serviced as required.

Judgment:

Compliant

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):

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

Findings:

There were five specific actions required from the previous inspection. Inspectors found that significant work had been undertaken but some matters required further attention.

Actions not satisfactorily resolved were the systems for identifying and management of risk and learning from incidents.

This was demonstrated by the following:

The number of medicines errors had reduced since the previous inspection to five. There were primarily omissions and they were noted promptly. However, while they were reviewed the actions taken to prevent reoccurrences in all cases were not effective but were repetitive despite this.

Inspectors also found the manner in which prescriptions were managed posed a potential risk to residents. There was confusion in one unit as to whether the medication administration sheet used to administer the medications was accurate when compared to the prescriptions available. The person in charge did agree to clarify and remedy this on the day of inspection.

Another potentially very serious medicines incident took place outside of the centre. However, when staff noted this on the resident's return they could not ascertain whether the resident had in fact taken the amount of medicines missing from the blister pack. On review of the records and from speaking with the staff the initial response was not sufficient and systems for monitoring the resident for adverse impact were not implemented. The coordinator took prompt action to ensure such an event could not reoccur but the incident and the response on the day was not actually reviewed for one month.

Where a very ill resident required additional night monitoring the inspector could not ascertain how or if this had been undertaken.

The providers overarching systems for incident monitoring had been implemented. A number of learning notices were issued following some untoward events. However, while there was a significant amount of data collated on incidents including challenging behaviours the findings above indicate that the data was not used effectively to identify time frames or the effectiveness of response.

Other actions had been promptly and satisfactorily resolved. A suitable number of staff had been trained in the administration of emergency medication and staff also had training in the management of choking.

Considerable work had been done on the fire safety management systems. Inspectors viewed records of servicing for fire alarm systems and emergency lighting which took place quarterly and annually as required. The provider was in the process of working through fire safety upgrades with their contracted agents and agreed following the previous inspection.

The necessary fire doors had been installed in all priority areas and others were in the process of being installed or replaced with additional works on compartmentalising undertaken. Inspectors were provided with a comprehensive assessment of works to be completed.

Inspectors observed that the majority of improvements and upgrades had been completed as planned with the remaining works planned for completion on a phased basis. The provider had a nominated person assigned to follow up any action in relation to these improvements.

There was evidence of fire drill practices occurring in the centre regularly. All residents had personal evacuation plans in place which were detailed and pertinent. The evacuation plan for one resident required review however as the doors through which the resident's bed was to be evacuated did not open and no assessment of whether this would facilitate the bed had been undertaken. This posed a potential risk to the residents as the evacuation plan could not be implemented as directed. A mitigating factor in this instance was that staff were knowledge of the resident's needs and stated that a single staff member could evacuate the resident using their wheelchair if required.

Some additional risks unique to each house and the surrounding grounds were required to be included on the risk register for each house with mitigating management systems implemented. These included the use of the stoves.

The risk management policy and emergency plan was satisfactory.

Judgment:

Non Compliant - Moderate

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:

There were five actions required following the previous inspection. There was evidence of significant progress made in systems for recognition, reporting and response to

allegations or peer to peer assault and evidence of improvements in the use of restrictive practices. The previous action in relation to the resident finances had been fully rectified following the previous inspection and inspectors were informed that that no further arrangements of this nature had been entered into.

However, there were still improvements required in the timely response to, avoidance of and management of situations of harm or potential abuse.

This is demonstrated by the following:

The process used to manage the impact of behaviours and acknowledge reasonable fears by other residents was not satisfactory in all cases. A number of behavioural incidents had occurred in one unit which both impacted on others privacy and dignity as well as being of a threatening nature. However, while some efforts to address the residents stated fears and anxieties were made these were not sufficient and further significant action was taken by a representative as a result.

Staff informed the inspector that this had taken place as a result of the incidents and concerns. However, there were no records maintained to indicate that attempts had been made to address the issues and reassure the representatives who raised the concerns prior to the removal.

One record seen stated that the resident's representative requested that "several measures" would have to be in place if the resident was to return. However, despite numerous requests inspectors were not able to ascertain what these were or if they were being implemented.

HIQA acknowledges that some of the restrictions the resident had been subjected to had been mitigated and waking night staff had been employed to lessen the impact of these and manage behaviours. An advocate had also been sourced during the intervening period.

However, the suitability of the accommodation given the behaviours of other residents and the restrictions involved in this unit had not been reviewed despite being raised in 2015 by an external consultant and again by HIQA in May 2016. Although an annual review was held during the resident's absence the records of the review did not demonstrate that these issues were addressed. The lack of adequate records and documentation in this instance was of concern as to how seriously the provider was taking the residents' fears and experiences into account in order to adequately protect all residents.

Suitability of living arrangements and safeguarding of children in the centre remained of concern. Staff had training in Children First and a suitably qualified person was the designated officer for the protection of children and vulnerable adults. However, inspectors found that young children were still subject to potentially injurious situations including witnessing very aggressive incidents and being woken during the night by behaviours that challenge. In one such incident the risk assessment and management

plan was only implemented a month following the incident. The systems were neither robust nor adhered to.

From a review of the use of Pro-re-nata (administered when necessary) sedative medicine for the management of behaviour that challenges inspectors found that this was not administered appropriately or in accordance with the protocol provided. The inspectors were informed that the prescription available and being used was the correct prescription. However, the administration records indicated that the medicine was administered on consecutive days at regular periods and mostly at night and not on a PRN basis as dictated by the prescription record used.

From a review of residents' daily records the behaviours or symptoms which the medicine was prescribed for were not demonstrated on all occasions. There was no oversight of its usage despite a number of medicines monitoring systems in place. The provider had agreed to implement a number of practices designed to improve safeguarding. These included safeguarding and behaviour support training for staff, a national incident management system and the appointment of a national safeguarding officer. These had been implemented. Policies were in place and satisfactory.

Practices in the use of restrictions had been reviewed and there was evidence that that they had been reduced following this. The unsuitable bedrail and an audio alarm was removed as they were no longer necessary. Some audio alarms remained in use but inspectors saw evidence and was informed by the person in charge that more appropriate, less intrusive but effective systems such as censor alarms were being investigated and would be sourced as an alternate.

Some internal door locks had also been removed and in one instance waking night staff had been employed to reduce the need for this. As required by the previous inspection a specialist in behaviour supports had been sourced and had commenced the process of reviewing the residents support plans and assessing the resident's needs.

The provider managed the financial accounts for some residents in the centre. Other residents were assisted to manage their finances by their families. There were systems in place to ensure all expenditure was accounted for and this was regularly audit with account withdrawals, daily personal expense and petty cash balances which were all audited frequently.

There was a policy on the provision of intimate care and support to residents and in practice their wishes and preferences were respected.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that the person in charge had complied with the responsibility to forward the required notifications to the Chief Inspector. A number of required follow up reports were not forwarded and this was rectified.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents' opportunities for new experiences, social participation, training and employment were facilitated and supported pertinent to their assessed needs and capacities. However, for the young adults there was not a consistent approach to planning and development based on their capacity or preferences. One resident had a detailed leaving care and transition plan and was in the process of making decisions regarding future accommodation, education and training. While another resident had a skill based plan devised there was no programme set out as to how this would be implemented to achieve the goals outlined.

Inspectors observed that residents received practical training in horticulture, food preparation, agriculture and animal care. The crops harvested were used in the food preparation.

Residents had also undertaken short courses in art. A child attended a specialist school and there was evidence of good communication and reporting between the school and the centre staff. One resident is assigned a specific staff each evening to work on specific tasks including exercise and outdoor work.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was compliant with this regulation in terms of residents' overall healthcare needs and residents had access to appropriate general medical and allied healthcare services. Residents healthcare needs were reviewed at a minimum annually and as required. There was good access to GP services and regular monitoring of, for example, bloods where this was indicated. From a review of daily records, inspectors found that there was a prompt response by staff to changes in resident's health.

Where a specific care plan for healthcare needs was required it was available and staff were familiar with the protocols required such as skin care regimes.

In line with their needs inspectors were satisfied that residents had ongoing access to allied healthcare professionals including dentists and chiropodists or neurology and speech and language assessments had been reviewed where required. Records of referrals and reports of these interventions were maintained in residents' files.

There was evidence that where treatment was recommended and agreed by residents this treatment was facilitated.

There was evidence on documentation that residents and their representatives were consulted about their health and medical needs.

A protocol was in place for the management of epilepsy and the use of emergency medication and training has been provided to staff in its use.

As observed by inspectors and confirmed by the residents the food was nutritious, fresh, and choices were accommodated. Residents helped to prepare the food with staff assistance where this was possible. Where specific dietary needs were identified by dieticians these were seen to be adhered to with residents' on a diet plan and prescribed nutritional supplement given. Staff were familiar with residents' needs for modified foods. Where necessary weights were monitored.

Inspectors' found that where palliative care was required there was access to all necessary medical and emotional supports. Additional and specific care plans had been implemented as necessary. While there was evidence of advanced planning, consultation and decision making the required documentation, signed by the relevant clinician, was not available to guide practices or emergency services. This could have resulted in actions contrary to those agreed. The person in charge remedied this during the

inspection.

Judgment:

Compliant

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:

The action from the previous inspection had been resolved with the required staff having training in the administration of emergency medicines. There were systems in place for the safe receipt, storage administration and return of medicines. Staff had received training in medicines management.

Most medicine was dispensed in blister packs to support the non nursing staff. There was identification of medication on each of the medicines dispensing pack. Inspectors were informed that no residents were assessed as being able or wished to manage their own medication at the time of the inspection.

Inspectors were informed that a number of medicines audits had taken place. However, issues with the administration of medicines and in particular the use of pre-re-nata (administered as required) were found. These are detailed and actioned under outcome 7 Health and Safety and outcome 8 Safeguarding.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose required some amendments to accurately describe the service to be provided including the number of residents, adult and children, the role of the children's unit and the precise accommodation to be provided to residents.

Judgment:

Substantially 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):

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

Findings:

Inspectors found that the actions required from the previous inspection had been satisfactorily progressed although not entirely completed. Inspectors were satisfied that significant progress had been made with improved levels of accountability evident. However, the findings in Outcome 7 Health and Safety and 8 Safeguarding indicate that further work is required locally to ensure the systems are effective.

The actions from the provider's safeguarding plan had been addressed with the post of deputy national social care manager filled with a suitably qualified person appointed. This was a pivotal aspect of improving the capacity of the organisations governance structures.

The agreed care coordinator post in the centre had not been filled although recruitment had been undertaken and this process was on-going.

Internal governance structures had been improved with defined roles, responsibility and accountability evident. The internal line management supervision system had commenced with the expectation of a definitive link between this process and the ultimate responsibility of the person in charge. From a review of these records at manager level the focus was relevant with the emphasis on addressing deficits and planning for the centre. The effectiveness of staff supervision systems however are detailed under outcome 17 workforce.

House coordinator meetings took place regularly and again these records as seen indicated that they were focused on improving care practise, consistency and addressed staffing levels and residents care needs. There were also systems for reporting and review evident. The co-ordinators spoken with confirmed these systems and said they promoted accountability.

The role of the co-coordinators had also been redefined and inspectors found that they had clear areas of responsibility and demonstrated a good knowledge of these. The person in charge was experienced and qualified for the role.

The provider nominee had undertaken the required unannounced inspection which was reviewed at the previous inspection. This had identified pertinent issues such as access to multidisciplinary services and the need to review the skill mix of staff .Both were on this occasion found to be in progress. A further review was being undertaken during this inspection.

The annual report for 2015 had also been completed and it was seen that the views of residents or where appropriate their representatives had been sourced and the findings were very positive.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors were informed that there had been no period of absence of the person in charge which required notification to HIQA. In the event a suitably experienced person was available and all the required documentation had been forwarded to the Authority.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence that the provider had deployed sufficient resources to manage the services and provide the care and supports necessary for the residents. Where necessary additional staff had been provided and private services sourced in order to ensure residents received the necessary services.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were 3 actions required from the previous inspection and these were satisfactorily resolved.

An audit on staff /numbers and skill mix had been undertaken as agreed and this had detailed deficits in numbers and responsibilities. As a result recruitment had taken place and additional suitably qualified house coordinators appointed and three additional care assistants. Two of the house coordinators are long term co-workers with the service.

The staffing structure remains with a significant number of volunteers who undertake to spend a minimum of one year in the centre. The number of employed staff has however also increased. Rosters had been revised to specifically detail the persons responsible for care as opposed to those persons present in the units. Where co workers lived with their own children there were arrangements in place to separate duty time and personal child

mindings/ family time.

New volunteers outlined the induction training they received and this was very thorough. The intake of volunteers was staged to ensure the least disruption to the residents.

Training requirements had been addressed. The records of staff training showed that recent and ongoing training for staff in the centre had been progressed . The majority of staff and co-workers had completed training in first aid, choking, or occupational first aid. Where the residents support needs dictated, staff had received training in behaviour support techniques including minimal physical interventions.

Staff and co-workers had completed training in safeguarding and children first. A number of staff had been trained as safeguarding officers.

The majority of the staff had as undergone training in fire safety. A number of staff records were reviews to assess compliance with Schedule 2. Most of the records reviewed met the requirements of the regulations. One file reviewed did not have two written references on record but this staff member had worked for the provider for over 30 years.

Inspectors found that current Garda Síochána vetting was in place for all staff files viewed. The provider had ensured that Garda Síochána vetting or police clearance was in place prior to new staff or volunteers most of who came from other jurisdictions arriving in the centre.

While supervision for staff had been commenced with clear line management focus the records indicated that this remained primarily a supportive and facilitative process. The goals for learning and development of the staff members' competency and the goals for improving the service were not always clear. However, there was evidence of more robust day to day monitoring of practice which was satisfactory. There were regular co - workers meetings held which were focused on residents care and improvements of service.

Staff were very knowledgeable on the residents care needs and the commitment of all was evident.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities)

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that the records required by regulation in relation to residents, including assessment and care plans were available. Any records noted to be not available were rectified during the inspection. Records of personal belongings were maintained and records required by Schedule 2 in relation to staff were found to be complete.

All of the required policies were in place.

Documents such as the residents guide and directory of residents were available and up to date. The inspector saw that insurance was current. A visitors log was available and used.

Judgment:

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:

Noelene Dowling
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 report¹

Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003604
Date of Inspection:	18 and 19 October 2016
Date of response:	02 December 2016

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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The fees being charged were not congruent with those detailed in the contract. Any resident or representative who contributed more than the amount specified in a current or previous contract must be informed of this discrepancy and be provided with the opportunity to be refunded the amount.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:

In any case where the incorrect fee has been charged, the resident concerned will be offered the opportunity of refund.

Proposed Timescale: 20/12/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Some risks identified were not satisfactorily managed and reviews of incidents did not demonstrate robust systems for adequate analysis and management of risk:

These included but were not exclusive to:

- Agreed systems for night monitoring of very ill residents
- Management of prescriptions for medicines
- Management of suspected adverse medicines incidents
- The safe use of the stoves to prevent injury.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

Where a resident is very ill and requires monitoring the house coordinator, in discussion with medical professionals will establish a system for, and record of night monitoring.

When new prescriptions are issued the medication coordinator will double check that they are correct.

A protocol for the management of suspected adverse medicines incidents has been drawn up.

Risk assessment has been drawn up by a suitably qualified person and appropriate risk management measures such as fireguards have been put in place, where necessary.

Proposed Timescale: 20/12/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The effectiveness of evacuation plans for more dependent residents was not considered.

3. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:

The evacuation arrangements as set out in PEEPS will be tested and amended where necessary.

Proposed Timescale: 20/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The systems for the protection of residents were not robust or consistently adhered to in regard to the following:

safeguarding systems for children:

4. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:

A Risk assessment focussing on living in a predominantly adult community will be conducted in relation to the child resident and a safeguarding plan will be developed to address any issues of concern that arise.

The newly appointed safeguarding officer has experience working with children's safeguarding issues in Tusla.

An individual welfare plan will be put in place for all children of resident co-workers.

The plan will be reviewed monthly by the parent(s) and the Person in Charge.

Rosters will clearly set out who has responsibility for any children of co-workers who are within the designated centre.

Any incident reports where children of resident co-workers are impacted will be forwarded to the National Case Management Team.

An impact review will be conducted by the Person in Charge annually in each house where children of co-workers live to determine the impact on the residents. Any findings will be acted on.

Proposed Timescale: 20/12/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was no satisfactory review of incidents which resulted in a resident not feeling safe in the living environment.

5. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:

Incident reports will be used to record any situations where residents feel unsafe. The incident reports are reviewed at the management meeting. Staff will be informed of this procedure.

Records will be kept of interactions with residents, family members/representatives and concerns recorded and communicated to management.

A full systems review will be conducted by the Deputy National Care Coordinator to identify why the specific situation occurred. Any learning from the review will be acted on.

Any restrictive measure protocols will have an "impact on other residents" section. Any new restrictive measure protocols must be reviewed and agreed by the Deputy National Care Coordinator and the National Case Management Team.

Relevant staff will have been retrained in the administration and recording of PRN medication.

Proposed Timescale: 20/12/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not satisfactorily outline the number of children and adults to be accommodated and the accommodation to be provided for the residents.

6. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

The Statement of purpose will be amended to accurately reflect the status of the children's house and the accommodation provided for the residents.

Proposed Timescale: 20/12/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Monitoring systems were not consistently implemented to ensure the service was safe.

7. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

All risk assessments will be reviewed at the weekly management meeting.

All incident reports will be reviewed at the weekly management meeting.

All complaints will be reviewed at the weekly management meetings.

Any restrictive measure protocols will have an "impact on other residents" section. Any new restrictive measure protocols must be reviewed and agreed by the Deputy National Care Coordinator and the National Case Management Team.

Proposed Timescale: 20/12/2016