

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Camphill Community Dingle
<b>Centre ID:</b>	OSV-0003609
<b>Centre county:</b>	Kerry
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Camphill Communities of Ireland
<b>Provider Nominee:</b>	Adrienne Smith
<b>Lead inspector:</b>	Louisa Power
<b>Support inspector(s):</b>	Geraldine Ryan; Vincent Kearns (Day 1)
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	1

## 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 un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
14 June 2016 09:00	14 June 2016 17:00
15 June 2016 08:55	15 June 2016 14:45

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 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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to the inspection**

This was a follow up inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The previous inspection was 3 and 4 February 2016 and, as part of the current inspection, inspectors reviewed the actions the provider had undertaken since the previous inspection. A provider led investigation was undertaken following the receipt of unsolicited information by the Authority and the actions undertaken by the provider as a result were reviewed by inspectors.

**How we gather our evidence**

As part of the inspection, inspectors met and interacted with eight residents who reported that they were happy with life in the centre and their choices were promoted. Inspectors reviewed documentation such as policies and procedures, personal plans, risk assessment and templates. Interviews were carried out with the

person in charge, social care coordinator, house coordinator and person nominated to act on behalf of the provider

#### description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. Inspectors found that the service was being provided as it was described in that document. The centre comprised three detached domestic style houses located in a rural seaside location close to a large town. At the time of the inspection, two service units were occupied by residents (service units A and B) and the remaining service unit (service unit C) did not accommodate residents. The service was available to adult men and women who have intellectual disabilities.

#### Overall findings

Inspectors found major non-compliance in four core areas. Fire safety precautions and procedures were inadequate. There was no link between residents' personal plans and the care and support delivered. Management systems were not adequate to support and promote the delivery of safe and effective services. A review of the skill mix was required to ensure that residents receive assistance, interventions, care and support in a respectful, timely and safe manner.

Inspectors were not satisfied that the provider had put systems in place to ensure that the regulations were being met in a number of areas. Therefore, while this did result in some positive experiences, however, this system also resulted in poor experiences for residents, the details of which are described in the report.

Good practice and improvements were identified in the following areas:

- contracts reflected the fees paid (outcome 3)
- medicines management practices were safe (outcome 10).

Inspectors found that ineffective governance and management systems had resulted in a lack of meaningful progress against the action plan from the previous inspection.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

**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):**

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

**Findings:**

At the previous inspection, it had been identified that a phrase used in documentation to describe a resident's needs was not respectful. Inspectors saw that the documentation had been changed to reflect appropriate and respectful language. The action plan also outlined that report writing training was to be scheduled and the time frame for this had not yet passed. The person in charge confirmed that this training was scheduled.

At the previous inspection, it had been noted that the information outlined in intimate care plans was not always comprehensive in relation to the support required for residents for a number of intimate care tasks and the related measures to be put in place by co-workers/staff to promote the resident's privacy and dignity during intimate care. The person in charge outlined that the intimate care plans were under review at the time of inspection. Inspectors noted that one intimate plan had been reviewed and was comprehensive in relation to the support required and the measures to be put in place to promote the resident's privacy and dignity. However, the person in charge confirmed that the intimate care plans for the other residents had not been reviewed and the proposed timescale as outlined by the provider in the action plan from the previous inspection had passed on 30 May 2016.

At the previous inspection, a clear documented rationale for the use of a listening device and a documented protocol were not in place to ensure the resident's privacy and dignity were maintained whilst the listening device was active. The person in charge confirmed that a clear documented rationale and protocol was not in place for the listening device at the time of the inspection and the proposed timescale as outlined by

the provider in the action plan from the previous inspection had passed.

At the previous inspection, the practice in relation to residents' finances was inconsistent as un-receipted transactions were not always countersigned by the resident or two senior co-workers as required by the centre's policy. An inspector examined a sample of residents' financial records and spoke with co-workers/staff. The inspector noted that the centre's policy was implemented and a robust system was in place in relation to residents' financial records.

**Judgment:**

Non Compliant - Moderate

**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:**

At the previous inspection, the training matrix indicated that twelve co-workers/staff members had not completed training in communication with residents. On this inspection, the training matrix confirmed that all co-workers/staff had completed relevant training in communication with residents.

At the previous inspection, the information contained in personal plans was limited and did not sufficiently outline the resident's individual requirements, interventions and goals in relation to communication. The person in charge outlined that the personal and communication care plans were under review at the time of inspection. Inspectors noted that one communication plan had been reviewed and was comprehensive in relation to the resident's requirements, interventions and goals in relation to communication. A portable communication passport for the resident had been developed to augment the plan. However, the person in charge confirmed that the communication plans for the other residents had not been reviewed and the proposed timescale as outlined by the provider in the action plan from the previous inspection had passed on 30 May 2016.

At the previous inspection, there was no evidence that access to specialist input had been considered and sought from speech and language therapists to ensure that the most appropriate and effective interventions, including assistive technology, aids and appliances. The person in charge confirmed that, at the time of the inspection, input had not been sought from speech and language therapists and the proposed timescale as outlined by the provider in the action plan from the previous inspection had passed on

30 May 2016.

**Judgment:**  
Non Compliant - Moderate

**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):**

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

**Findings:**

At the previous inspection, the contracts reviewed did not accurately reflect the fees paid on or behalf of a resident. Inspectors reviewed a sample of residents' contracts and saw that contracts had been updated since the last inspection to accurately reflect the fees paid on or behalf of a resident.

**Judgment:**  
Compliant

**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):**

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

**Findings:**

At the previous inspection, some personal plans were not updated to reflect the changing needs of the resident. The person in charge and social care coordinator outlined that the personal plans were under review at the time of inspection. Inspectors noted that one personal plan had been reviewed and did reflect the changing needs of the resident. However, the person in charge confirmed that the personal plans for the other residents had not been reviewed and the proposed timescale as outlined by the provider in the action plan from the previous inspection had passed. Inspectors reviewed a selection of personal plans and noted that, due to the lack of a regular and ongoing review of personal plans, there was no link between the residents' personal plans and the care and support delivered to them. For example, where significant input had been sought and recommendations implemented for a resident with behaviours that challenge, the personal plan had not been updated to demonstrate the significant positive impact of these interventions. Inspectors observed residents throughout the two days of the inspection and noted that the information and care interventions outlined in the personal care plans did not reflect the support afforded in seven of the residents.

At the previous inspection, inspectors noted that, where a resident was unable to express their views verbally, the information gathered during the assessment was limited to the key worker's observation. Evidence based tools were not used to support the assessment. The proposed timescale as outlined by the provider from the previous inspection had not passed. Inspectors noted that one resident's assessment and personal plan had been reviewed but evidence based tools and specialist input in relation to continence management, in line with the resident's individual needs, had not been used to support the assessment. The person in charge confirmed that the assessment for all other residents was not reviewed at the time of the inspection.

At the previous inspection, the person responsible for supporting the resident in pursuing goals and the timeframe was not always clearly identified. The person in charge and social care coordinator outlined that the personal plans and residents' goals were under review at the time of inspection. Inspectors noted that one personal plan had been reviewed and the section relating to goal setting was blank in this personal plan. The proposed timescale as outlined by the provider in the action plan from the previous inspection had passed. The person in charge confirmed that the goals for all other residents had not been reviewed at the time of the inspection.

At the previous inspection, it was identified by inspectors that goals were not holistic and focussed on limited aspects of the resident's life. The person in charge and social care coordinator outlined that the personal plans and residents' goals were under review at the time of inspection. Inspectors noted that one personal plan had been reviewed and the section relating to goal setting was blank in this personal plan. The proposed timescale as outlined by the provider in the action plan from the previous inspection had passed. The person in charge confirmed that the goals for all other residents had not been reviewed at the time of the inspection.

At the previous inspection, it was noted by inspectors that the review of the personal plan was not multidisciplinary. The proposed timescale as outlined by the provider in the action plan from the previous inspection had not passed. The person in charge outlined to inspectors that links had been made with members of the multidisciplinary team and



a multidisciplinary review of the personal plans would be undertaken.

The person in charge and social care coordinator outlined that some residents were to transition from the existing service units to service unit C. The social care coordinator outlined that she was working with house coordinators to develop transition plans for the relevant residents. Inspectors reviewed a sample of transition plans. Information was gathered in relation to background information, reason for transition, preferred options, identified needs, family/advocate involvement and proposed transition plan. A number of the transition plans seen were comprehensive and individualised. However, other transition plans lacked detail in a number of areas and some sections were not completed or left blank such as proposed transition plan and family/advocate involvement.

**Judgment:**  
Non Compliant - Major

**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):**

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

**Findings:**

At the previous inspection, it had been identified that one of the occupied service units was in a poor state of repair throughout. A number of aspects of décor, including uncovered floors, detracted from the homely atmosphere. The proposed timescale in the action plan submitted by the provider had not yet passed.

Inspectors noted and a house coordinator reported that homely touches had been added to communal areas such as residents' artwork. However, inspectors observed that some floors remained uncovered with scuffed paint and a door in the living room of one of the service units was damaged.

Inspectors viewed service unit C in conjunction with residents, co-workers/staff and the person in charge. The service unit was completed but a number of areas required attention by the builders. The centre was finished to a high standard throughout with modern décor. Adequate private accommodation was provided as each resident had their own bedroom with ample personal storage. Suitable and sufficient fixtures and fittings were provided. Appropriate assistive equipment was provided in line with the

assessed needs of potential residents. Appropriate ventilation, heating and lighting were provided in all parts of the centre.

Adequate sanitary facilities, including en suite facilities, were available to meet the needs and abilities of the residents. A separate kitchen area was provided with suitable and sufficient cooking facilities, kitchen equipment and tableware. Co-workers/staff outlined that residents would be encouraged to participate in preparing meals.

Laundry facilities were provided and co-workers/staff reported that residents would be supported to do their laundry in accordance with their wishes. There was adequate communal space provided with a large sitting room and separate dining area. Pleasant and accessible outdoor facilities were accessed via the sitting room or dining area. Adequate storage for equipment was provided.

**Judgment:**

Non Compliant - Moderate

**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:**

At the previous inspection, it had been identified that the risk management policy did not include the measures and actions in place to control the aggression and violence, unexplained absence of the resident and self-harm. An inspector reviewed the risk management policy which had been reviewed since the last inspection to include the risks required by the regulations.

At the previous inspection, a number of risk assessments viewed were not complete and details such as the additional controls in place, the person responsible for implementing the controls and the date of implementation for these controls were omitted. An inspector reviewed the risk assessments and saw that improvements had been made in relation to the completion of risk assessments.

At the previous inspection, some risks in the centre had not been assessed. Inspectors noted a number of risks in the unoccupied service units that were not included in the risk register and, therefore, had not been risk assessed. These included unrestricted windows, unrestricted access to household chemicals and a glass panel in en suite sanitary facilities. In addition, a number of individualised hazards for residents had been identified but a comprehensive risk assessment had not been completed to outline the

controls in place and a risk rating for these risks. These hazards included residents' phobias and use of dining utensils.

At the previous inspection, the systems in place for the identification, reporting, investigating and learning from incidents and accidents were not always followed. An inspector reviewed a sample of incident forms and saw that adequate arrangements were in place to respond to incidents and accidents. The person in charge outlined that he had met with all co-workers/staff to outline the process to be followed in case of an incident or accident. Incidents and accidents were discussed at the weekly management meetings and learning to prevent recurrence was identified and implemented.

At the previous inspection, it was identified that improvements were required to prevent and control infection in line with the Standards issued by the Authority. The proposed timescale in the provider's action plan from the previous inspection had not passed. A number of improvements were noted including the implementation of a cleaning schedule and the management of household pets. The person in charge confirmed that training for co-workers/staff in relation to infection prevention and control had not yet taken place. Local operational procedures in relation to pets and cross contamination had not been developed.

At the previous inspection, adequate fire safety measures, including emergency lighting, were not in place. The proposed timescale in the provider's action plan from the previous inspection had not passed. The person in charge provided evidence that emergency lighting was to be installed in service units in June 2016.

At the previous inspection, the training matrix indicated that two co-workers/staff had not received fire safety training. The training matrix was reviewed by an inspector which indicated that four co-workers/staff, including the person in charge, had not received fire safety training. The person in charge confirmed that he had received fire training in his previous employment but had not received fire training specific to the centre.

The person in charge outlined to inspectors that he had taken over the responsibility for health and safety within the centre. A review of accidents, incidents, health and safety was discussed at the weekly management meetings. The report for the environmental audit undertaken by the person in charge in one service unit was reviewed by an inspector which considered a number of areas including the garden, communal facilities, entrance, hallway and sanitary facilities. The person in charge confirmed that the actions emanating from the audit had been completed. However, inspectors noted a number of risks in the unoccupied service units that were not included in the risk register and, therefore, had not been risk assessed. These included unrestricted windows, unrestricted access to household chemicals and a glass panel in en suite sanitary facilities.

Inspectors reviewed the fire safety measures in place in the service unit C. It was identified that fire safety signage was not consistent and would not adequately guide co-workers/staff, residents and visitors for safe evacuation in the event of a fire which could have a potentially catastrophic impact.

**Judgment:**

Non Compliant - Major

**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:**

At the previous inspection, training records confirmed that not all co-workers/staff had completed training in the management of behaviours that were challenging including de-escalation and intervention techniques. Inspectors reviewed the training records and saw that all co-workers/staff had received training in the management of behaviours that is challenging including de-escalation and intervention techniques.

At the previous inspection, training records indicated that not all co-workers/staff had completed training in relation to responding to incidents, allegations and suspicions of abuse. The proposed timescale in the action plan submitted by the provider had not yet passed. The training matrix indicated that three co-workers/staff had not received safeguarding training. The person in charge confirmed that he had not yet received safeguarding training specific to the organisation. The social care coordinator outlined that she had attended a recent training session in relation to the national policy and procedures in safeguarding vulnerable persons at risk of abuse. The person in charge confirmed that training in relation to the national policy and procedures had not been rolled out to all co-workers/staff at the time of the inspection.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

At the previous inspection, it had been identified by inspectors that the aspirations of a resident in relation to education had not been adequately explored. The person in charge and a house coordinator informed inspectors that the resident was enrolled to attend a local third level institution in September 2016.

At the previous inspection, a robust assessment process was not in place to ensure that appropriate opportunities were made available in relation to new experiences and social participation in line with the resident's needs. The proposed timescale as outlined by the provider in the action plan from the previous inspection had not yet passed. Inspectors noted that one resident's comprehensive needs assessment had been reviewed and the personal plan did identify opportunities for new experiences and social participation.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

At the previous inspection, a plan had not been completed for residents capturing residents' wishes in relation to care at times of illness and at end of life. The proposed timescale as outlined by the provider in the action plan from the previous inspection had not yet passed. Inspectors reviewed a sample of personal plans and saw that plans had not been reviewed to capture information in relation to care at times of illness or end of

life. Therefore, information was not available to guide co-workers/staff in meeting each resident's needs whilst respecting their dignity, autonomy, rights and wishes.

**Judgment:**  
Substantially 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:**  
At the previous inspection, the date of prescription was not present for two prescriptions reviewed in line with the Medicinal Products (Prescription and Control of Supply) Regulations. An inspector reviewed a sample of prescriptions and saw that prescriptions contained all the required information.

**Judgment:**  
Compliant

### **Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
At the previous inspection, inspectors noted that the annual review of the quality and safety of care in the centre was not in accordance with the standards. The proposed timescale as outlined by the provider in the action plan from the previous inspection had

not yet passed. The person in charge confirmed that this had not yet been completed.

At the previous inspection, it was identified that robust management systems were not in place. A new person in charge had been recruited and stated in post on 11 April 2016. The person in charge met the requirements of the regulations. He had attained a qualification in social care and had a number of years' experience supporting people with disabilities in a residential setting. The person in charge was employed full time. The person in charge has implemented a number of positive changes including a restructuring of the management team which co-workers/staff outlined was beneficial and ensured that decisions were made in a timely and collaborative manner.

As outlined throughout the report, the proposed timescales had passed in relation to a number of actions in the provider's action plan following the previous inspection. These actions related to a number of areas which could have a potentially major impact on residents including social care needs, intimate care provision, residents' rights and communication. Inspectors concluded that, despite the positive changes made by the provider in relation to the governance and management in the centre, the management systems at the time of the inspection were not robust and ensured that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. This was acknowledged by the national social care coordinator who undertook to support and review the management systems to ensure robustness and safety for residents.

**Judgment:**  
Non Compliant - Major

### **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:**

At the previous inspection, gaps were identified in relation to training and development in accordance with resident's needs including training in medicines administration, manual handling and first aid. The training matrix confirmed that these gaps had been addressed.

The person in charge outlined the staffing complement and skill mix to inspectors. The workforce for the residential service comprised four paid employees, six long term co-workers and six short term co-workers. The paid employees have qualifications and experience in supporting people with a disability and their approach had demonstrated a positive impact for a number of residents. One long term co-worker has completed a diploma in disability studies. The long term co-workers have significant experience in supporting people with a disability. The short term co-workers are school leavers or students who wish to gain experience in the area of disability and many do not have experience or qualifications in this area. The person in charge outlined that support was directed by the paid employees or long term co-workers.

Inspectors reviewed a sample of personal plans and saw that the plans developed by the paid employees demonstrated an individualised, person centred and evidence based approach. However, the plans developed by co-workers lacked sufficient detail and were not individualised to the resident's needs, wishes and aspirations. In addition, inspectors observed that short term co-workers lacked confidence and competence when supporting residents in their day to day activities. Inspectors concluded that a review of the skill mix in the centre was required. This was discussed with the provider who acknowledged the findings made by inspectors. Due to the potential major impact of inappropriate skill mix which may lead to assistance, interventions, care and support that would be unsafe, this was deemed to be at a level of major non compliance.

**Judgment:**  
Non Compliant - Major

**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) Regulations 2013.*

**Theme:**  
Use of Information

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
At the previous inspection, it was identified that correction fluid and pencil was used in records which may lead to inaccuracies. Inspectors reviewed a sample of residents' records and saw that pencil was used to complete contemporaneous records.



<b>Judgment:</b> Non Compliant - Moderate
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### **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:***

Louisa Power  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Camphill Community Dingle
<b>Centre ID:</b>	OSV-0003609
<b>Date of Inspection:</b>	14 June 2016
<b>Date of response:</b>	02 September 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The information outlined in personal care plans was not always comprehensive in relation to the support required for residents for a number of personal care tasks and the related measures to be put in place by staff to promote the resident's privacy and dignity during personal care.

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

A clear documented rationale for the use of a listening device and a documented protocol were not in place to ensure the resident's privacy and dignity were maintained whilst the listening device was active

**1. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- Listening device removed and replaced with non-invasive pressure alarmed mat if placed on the floor of the residents bedroom. Local protocol to be put in place for use of bleep mat to ensure the resident's privacy and dignity are maintained. 15/8/2016
- All personal plan to be reviewed to reflect each resident's individual personal care supports and to ensure to promote the resident's privacy and dignity during personal care. 30/7/2016

**Proposed Timescale:** 15/08/2016

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

The information contained in personal plans was limited and did not sufficiently outline the resident's individual requirements, interventions and goals in relation to communication.

**2. Action Required:**

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

- All personal plan to be reviewed to reflect each resident's individual communication supports.
- Communication passport to be developed to reflect each residents preferred style of communication.

**Proposed Timescale:** 30/07/2016

**Theme:** Individualised Supports and Care

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

There was no evidence that access to specialist input had been considered and sought from speech and language therapists to ensure that the most appropriate and effective interventions, including assistive technology, aids and appliances.

**3. Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

- An updated comprehensive needs assessment to be completed to reflect each resident assessed needs in relation to communication. 30/9/2016
- Referrals to be sent to speech and language therapist for all residents requiring speech and language input. 30/7/2016

**Proposed Timescale:** 30/09/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

There was no link between residents' personal plans and the care and support delivered to them.

**4. Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

- All personal plan to be reviewed to reflect each resident's individual care and support delivered to them. 30/7/2016
- An updated comprehensive needs assessment to be completed to reflect each resident assessed needs in relation to the care and support given to each resident. 30/9/2016

**Proposed Timescale:** 30/09/2016

**Theme:** Effective Services

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

Where a resident was unable to express his/her views verbally, the information gathered during the assessment was limited to the keyworker's observation. Evidence based tools and specialist input was not used to support the assessment.

**5. Action Required:**

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

- A review of the comprehensive needs assessment to reflect each resident assessed needs to be completed. 30/9/2016
- A review of the personal plan for each resident to ensure a multi-disciplinary approach is adhered too. 30/7/2016
- Social care coordinator to complete a Using your environment document with each resident and keyworker in correlation with Multi-Disciplinary input. 20/9/2016

**Proposed Timescale:** 30/09/2016

**Theme:** Effective Services

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

The person responsible for supporting the resident in pursuing goals and the timeframe was not always clearly identified.

**6. Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

- A review of the key working system underway to ensure that goals are met and with the timeframes set out by residents and keyworker. 30/7/2016
- Goal setting training to be scheduled for all staff and co-workers to reflect meaningful person centred goal settings. 2/9/2016

**Proposed Timescale:** 02/09/2016

**Theme:** Effective Services

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

Goals were not holistic and focussed on limited aspects of the resident's life. Therefore residents' personal development was not maximised.

**7. Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

A review of all personal plans and goals for each resident to be completed to ensure to reflect on all aspects of the residents life.

**Proposed Timescale:** 30/07/2016

**Theme:** Effective Services

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

The review of the personal plan was not multidisciplinary.

**8. Action Required:**

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

- Referrals to be sent to ensure each resident has the appropriate Multidisciplinary input in relation to their assessed needs.

**Proposed Timescale:** 30/07/2016

**Theme:** Effective Services

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

Some transition plans lacked detail in a number of areas and some sections were not completed or left blank such as family/advocate involvement.

**9. Action Required:**

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

- Transition plans to be reviewed and completed to reflect the supports required for each resident through the transition process.

**Proposed Timescale:** 30/08/2016

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Parts of the centre were poorly maintained and in need of repair.

**10. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- A schedule of maintenance and repairs to be developed for the designated centre to address any maintenance issues

**Proposed Timescale:** 30/07/2016

**Theme:** Effective Services

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

A number of aspects of décor in parts of the centre detracted from a homely atmosphere.

**11. Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

- A schedule of maintenance will be developed to ensure décor will reflect a homely atmosphere.

**Proposed Timescale:** 30/07/2016

## 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:**

A number of risks in the unoccupied service units were not included in the risk register and, therefore, had not been risk assessed.

A number of individualised hazards for residents had been identified but a comprehensive risk assessment had not been completed to outline the controls in place and a risk rating for these risks.

### **12. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

- A review of risks and comprehensive risk assessments to be completed for the unoccupied house and residents transitioning to the house to ensure outline the controls in place and a risk rating for these risks are in place. 15/9/2016
- Risk and control measures to reflect in risk register. 15/9/2016
- An independent health and safety audit to be completed by outsourced health and safety auditor (Diamond Health and Safety) to reflect any potential risk in the community and review risk management in the community. This will include a Health and Safety report and Up to date Risk Action Plan. 30/9/2016
- Risk Action plan and risk management to be reviewed as part community management meetings by the management group.

**Proposed Timescale:** 30/09/2016

**Theme:** Effective Services

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

Improvements were required to prevent and control infection in line with the Standards issued by the Authority.

Training for staff/co-workers in relation to infection prevention and control had not yet taken place.

Local operational procedures in relation to pets and cross contamination had not been developed.

### **13. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections



published by the Authority.

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

- Infection control training to be scheduled for all staff. 30/8/2016
- Local operational procedure to be developed to ensure cross contamination from pets is developed. 30/7/2016

**Proposed Timescale: 30/08/2016**

**Theme: Effective Services**

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

Adequate fire safety measures, including emergency lighting, were not in place.

**14. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- All fire safety measures have been reviewed by fire engineer and addressed in relation to emergency lighting.

**Proposed Timescale: 30/07/2016**

**Theme: Effective Services**

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

Four co-workers/staff, including the person in charge, had not received fire safety training.

**15. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Fire safety training to be scheduled for all co-workers and staff.

**Proposed Timescale: 15/07/2016**

**Theme:** Effective Services

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

Fire safety signage in service unit C was not consistent and would not adequately guide staff, residents and visitors for safe evacuation in the event of a fire.

**16. 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:**

All fire signage to be reviewed by fire engineer and addressed to provide safe evacuation for staff, residents and visitors.

**Proposed Timescale:** 25/07/2016

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Not all staff had received safeguarding training.

**17. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

- Training to be scheduled to ensure all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Proposed Timescale:** 30/08/2016

### **Outcome 10. General Welfare and Development**

**Theme:** Health and Development

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

A robust assessment process was not in place to ensure that appropriate opportunities were made available in relation to new experiences and social participation in line with the resident's needs.

**18. Action Required:**

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

- PIC has appointed A social care trained staff to promote and ensure that appropriate opportunities are made available in relation to new experiences and social participation in line with the resident's needs. 24/7/2016
- Each resident will complete a 'Using you're in environment' document with their keyworker and natural supports to guide staff in relation to achieving such opportunities for each resident. 15/9/2016

**Proposed Timescale:** 15/09/2016

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

A plan had not been completed for residents capturing residents' wishes in relation to care at times of illness and at end of life.

**19. Action Required:**

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

- A end of life and times of illness care plan will be developed for each resident to ensure that each resident is supported

**Proposed Timescale:** 30/09/2016

**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:**

The annual review of the quality and safety of care in the centre was not in accordance with the standards.

**20. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Annual Review to be completed in accordance with standards.

**Proposed Timescale:** 30/08/2016

**Theme:** Leadership, Governance and Management

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

The management systems at the time of the inspection were not robust and ensured that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**21. 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:**

- Provider to review management systems to ensure the service is provided is safe, appropriate to the resident's needs, consistent and effectively monitored. 30/6/2016
- Local management team has been restructured to ensure an even mix of social care trained staff and co workers. 30/5/2016
- A review of the skill mix and housing status of the designated centre to be completed to ensure the service provided is safe consistent and effectively monitored. 30/6/2016
- Regular communication between Provider Nominee and Person in Charge to ensure effective management. 30/6/2016

**Proposed Timescale:** 30/06/2016

## **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

A review of the skill mix was required.

**22. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- A review of the skill mix to be completed by PIC and Provider Nominee. 30/6/2016
- Two social care positions and one House Coordinator to be advertised to ensure appropriate skill mix in relation to the number and assessed needs of the residents. 30/9/2016

**Proposed Timescale:** 30/09/2016

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

Records were maintained but the use of pencil could lead to inaccuracies.

**23. Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

- All records and personal plans to be maintained using pen.
- Report writing training to be scheduled for all co-workers and staff.

**Proposed Timescale:** 30/08/2016