

**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 Ballytobin
<b>Centre ID:</b>	OSV-0003604
<b>Centre county:</b>	Kilkenny
<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>	Noelene Dowling
<b>Support inspector(s):</b>	Lorraine Egan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	18
<b>Number of vacancies on the date of inspection:</b>	3

## **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:
21 February 2017 09:30	21 February 2017 19:00
22 February 2017 08:30	22 February 2017 16:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Following poor findings from the inspections of a range of centres operated by Camphill Communities of Ireland, the office of chief inspector required the chairman of the board of directors and senior managers to attend a regulatory meeting in April 2016. The provider was required to submit a governance plan to ensure improved safeguarding arrangements to protect residents from risk of abuse across their centres. The provider was required to attend a follow up meeting in October 2016 to discuss poor progress on the implementation of that plan, and were issued with a warning letter.

In relation to this centre, inspectors had undertaken an announced registration inspection on 27 May 2016, but due to the level of concerns in relation to poor arrangements to protect residents from the risk of abuse, the registration inspection was suspended and inspectors focused on safeguarding issues for the remainder of that inspection. The inspection report identified a large number of non compliances with regulatory requirements and the provider was required to submit an action plan for 28 non compliant areas.

Inspectors undertook a further inspection of the centre in October 2016 and on this inspection, inspectors found that the provider had taken action to improve the quality

of service in the centre. A new safeguarding officer had been appointed in the centre and the provider had put new management structures in place. Inspectors saw that these new inputs had resulted in improvements in the way in which the service was delivered to residents. However, while there had been some improvements, safeguarding arrangements in the centre were not sufficient. In addition, improvements were also required in relation to the supervision of staff and voluntary co-workers.

Following the October 2016 inspection, information of concern was received which described incidents of questionable staff practices in the centre that could be considered abusive. These included issues relating to inappropriate practices around intimate care and inappropriate use of physical interventions to move residents. Inspectors found that the practices had been sanctioned by a manager without any risk assessment or consideration of the safeguarding issues. In addition, when the incidents had been brought to the attention of the provider, the provider took action to stop the practices but did not undertake an appropriate investigation of the incidents.

Given the failure of the provider to respond adequately to these specific safeguarding issues and previous findings of poor management of safeguarding in the centre, the office of chief inspector took a decision to issue a notice of proposal to cancel the registration of the centre on 14 December 2016. This is the first stage in the cancellation of registration and the provider submitted representation to the chief inspector setting out what they were doing to improve the safety of residents and requesting that the proposal to cancel the registration be reconsidered.

This inspection report relates to a follow up inspection on 21 and 22 February 2017 to verify whether the actions set out in the provider's representation had been implemented and whether they were effective in managing the risk to residents.

How we gathered our evidence:

Inspectors met with 7 residents and spoke with one parent. Residents communicated with the inspectors in their own preferred manner and inspectors observed that residents appeared to be at ease with staff who understood their non verbal communication very well.

Inspectors also met with the deputy person in charge, the provider's assistant national social care coordinator, health and safety manager, designated officer for safeguarding and welfare group manager.

Inspectors reviewed documentation including policies and procedures, health and safety documentation, residents' records and personal plans, incident reports , investigation report and managers meetings.

While the primary focus of the inspection was on safeguarding and governance other core outcomes were also reviewed.

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.

The service can accommodate 21 residents in five residential units and an individual apartment on their own grounds in a rural area. All of the premises are suitable for purpose, well maintained and in tranquil locations. As well as residents, the houses also accommodate co-workers who are voluntary workers that are considered part of the core staffing support for residents.

On the days of the inspection there were 18 residents living in the centre.

Overall judgement of our findings:

The governance structures had been improved since the Notice of Proposal was issued. The provider had appointed a new safeguarding officer and a new area manager. This had resulted in improved levels of accountability and oversight in the centre. At the time of inspection, the post of person in charge had been vacated but the provider had put suitable interim arrangements in place to fill the role of person in charge while recruitment was taking place. HiQA had been kept advised of all changes in the intervening period.

Positive outcomes for residents were noted in the following areas:

Resident's healthcare and medicines management had been improved and they were responsive, timely and safe (outcome 11 & 12)

There had been improvements in how residents' social care needs were being identified and responded to, which ensured more meaningful personal connections and activities (outcome 5)

There were regular multidisciplinary reviews for residents which supported their ongoing care needs being met more effectively (outcome 5)

The levels of fulltime and suitably qualified staff had improved which was leading to better consistency and suitability of care (outcome 17)

Risk management systems had been improved (outcome 7)

While there continued to be concerns about safeguarding arrangements, the provider was taking measures to improve and re-evaluate those arrangements.

However, improvements were still required in the following areas:

- The appointment of a fulltime and experienced person in charge which would ensure the continuity of the changes currently being implemented (outcome 14)
- Adequate clinical oversight, guidelines and training for staff in responding to behaviours that challenge (outcome 8)
- Supervision systems for senior staff and the supervision of all other staff to ensure practices were safe and appropriate to the support needs of residents (Outcome 14)
- Adequate assessment and on-going planning for younger persons (outcome 5)

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 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):**

No actions were required from the previous inspection.

**Findings:**

There was evidence that most residents had access to a range of multidisciplinary assessments and support and that these were reviewed as needs changed. However, in the unit designated for children, assessments agreed as part of the service agreement had not been provided. These included speech and language, occupational therapy and sensory assessments.

In addition, the transition plans being considered for a number of young adults in this unit for their longer term care and support had not been progressed since the previous inspection. The inspector accepts that the function of this unit within the centre is being reviewed. None the less these assessments and plans remain crucial to the current status of the residents.

In other respects however inspectors were satisfied that the care and support arrangements in this unit were suitable with appropriate access to education training and play and staff supports and social services interventions. Personal plans were compiled which provided details of resident's preferences and assessed needs and these were reviewed frequently. There was evidence that the goals set by and on behalf of residents were monitored and amended accordingly.

Annual and more frequent reviews took 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 were also attended by allied practitioners or were informed by the intervention of these practitioners. Residents had regular access to interventions such as physiotherapy on

site. A number of residents were in the process of having communication plans devised with the support of speech and language therapists.

In the main the goals were pertinent to the residents' needs and aspirations and included matters such as activities, holidays and the attainment of important life skills.

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

Residents' social care needs were very well supported with a significant number of activities and meaningful daily routines and occupation which was supported by the staffing levels available. Residents had access to horse riding tailored to their abilities, swimming and attended numerous events within the centre and in other centres attached to the community. They participated in the farm and horticultural works, did weaving, craft making and baking and their preferences were taken into consideration in regard to these activities. There was access to recreation and activities in close proximity to the houses.

There was pertinent information available in the event of a resident being transferred to acute care and inspectors saw that staff attended at and remained with a resident in this instance.

**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):**

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

**Findings:**

There were two specific actions required from the previous inspection and the provider had put systems in place to address these and monitor further risks.

These included more effective systems for the prevention of and management of medicines errors or incidents. In one instance staff were not allowed to administer medicines when it became apparent that this would not be carried out safely. The risk register had been amended to include risks identified at the previous inspection and the evacuation plan for a dependent resident had also been amended.

There was a more robust system in development for reporting and auditing of all incidents or untoward events including challenging behaviours. While this was at an



early stage it was apparent both locally and nationally that reporting systems were being more robustly implemented and incidents monitored by senior personnel. This would support learning and practice review.

Health and safety risks were also on the agenda at the weekly welfare group meetings.

Works continued on the fire safety management systems. Inspectors reviewed records of servicing of the fire alarm systems and emergency lighting and fire fighting equipment which took place quarterly and annually as required. The necessary fire doors had been installed in all areas including bedrooms and linen rooms. Remaining works were scheduled and agreed with the fire safety officer and were being implemented according to the agreed time scales. There was evidence of fire drill practices occurring regularly in all units in the centre and any issues noted were referred for action.

There was an environmental, unit and resident based risk register which was appropriate and very specific, pertinent to the individual residents and actions evident to mitigate the risks.

The risk management policy and emergency plan was satisfactory.

**Judgment:**

Compliant

**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:**

The primary focus of the Notice of Proposal was the providers' failure to implement systems to safeguard residents and to take appropriate actions in the event of potential or actual abuse and oversight of the welfare of children. While there had been some improvement since the notice of proposal to cancel the registration had been issued, further improvements were required to safeguard residents from the risk of abuse and to ensure an appropriate response to incidents or allegation of abuse.

A manager told the inspector about a residential placement that had broken down because of difficult peer to peer interactions and behaviour issues. The manager explained that there had been discussions with the Health Service Executive in relation to achieving adequate staffing to enable this person return safely and provide the necessary reassurance to a relative that this would be a safe placement. However, the layout of the physical environment in the unit concerned had not been improved to ensure optimum support for a resident and prevent further distress by virtue of the behaviours of other residents. This issue had been noted at previous inspections and external reviews and had not been satisfactorily addressed.

Some residents required positive behaviour supports and on previous inspections, inspectors found that residents with behaviour issues were not being appropriately supported and cared for. At the previous inspection clinical oversight and support for the implementation of behaviour support plans had commenced. However, this had not been progressed satisfactorily. For example, in one instance the clinician had requested that a recording chart be maintained of specific behaviours in order to assess the resident's presentation and provide guidance based on this. This had not been implemented which meant that the clinician did not have the required information to inform a therapeutic support plan for the resident.

Some residents were not being supported appropriately and as a consequence, their behaviour presented a risk to the safety and quality of life of other residents. On a previous inspection, the manner in which staff responded to these incidents was identified as a risk which could result in safeguarding concerns. The provider stated that they would provide further clinical supervision and training for staff to ensure improved outcomes for residents in such situations. This had not been provided and managers were unsure whether it would be provided.

Where P.R.N. (administered as required) medication was prescribed for the management of behaviours records indicated that this was used in an appropriate manner as prescribed on this inspection.

A number of unsuitable restrictive practices had been discontinued. Some audio alarms were still being used to alert staff in the event of significant seizure activity. Inspectors saw evidence that alternatives had been trialled but had not been found effective in one instance. However, this was partly due to the lack of an adequate maintenance system for the unit.

A suitably qualified social worker with experience had been appointed as safeguarding officer. Following the issuing of the notice of proposal to cancel the registration of the centre, inspectors had required the provider to undertake a full review of all incidents of alleged staff misconduct or alleged allegations of abuse. The newly appointed safeguarding officer had commenced this process and had started to identify some not previously known incidents in relation to residents' welfare and to staff misconduct. Senior managers acknowledged that there were deficits in implementation of procedures and actions taken.

One of the outcomes of the review was the initiation of investigations into a number of

previous incidents. At the time of inspection, those investigations were being managed by specific personnel with appropriate experience and knowledge of the management and reporting of safeguarding concerns.

Safeguarding plans for children were devised in conjunction with the HSE and these were seen to be satisfactory. There was evidence of good inter-agency collaboration being established which should support further adherence to safeguarding systems.

The office of chief inspector had received information of concern about inappropriate practices relating to the provision of intimate care for residents which may be considered abusive. Since the notice of proposal to cancel the registration had been issued, the provider had arranged for a full review of the intimate care plans for residents. Inspectors reviewed a sample of these and found that while they were not yet fully implemented, they were detailed and should guide safe and suitable practice. There were also rules drafted to ensure that such plans would be implemented appropriately by all staff including the volunteer co-workers.

Induction and supervision systems for staff had been improved since the previous inspection. Inspectors saw evidence where management had taken actions to provide additional supervision, to limit access to residents or disciplinary action as a result of alleged inappropriate conduct towards residents.

Inspectors had previously identified concerns about the welfare of the children of voluntary co-workers living in houses with residents and had reported this to the Child and Family Agency. The provider had implemented measures which they told inspectors had been agreed with the HSE to improve the living arrangements for the voluntary co-workers and address the concerns about the welfare arrangements for those children.

Overall inspectors found that there was an improved understanding and transparency in regard to safeguarding systems and monitoring and fundamental rules for behaviours.

All financial irregularities noted previously had been or were in the process of being addressed. Safeguarding plans to avoid such issues arising in the future were also being reviewed in conjunction with the HSE.

All staff including new volunteers had training in safeguarding. Additional training was planned for staff and in particular for managers on the national safeguarding policy.

Staff who had been nominated as designated safeguarding officers had been provided with appropriate training for that role..

**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:**

Inspectors had previously found that the provider had not notified HIQA of specific incidents as required by the regulations. However, on this inspection, this was being rectified by the current managers and all retrospective notifications were being forwarded to the office of chief inspector.

**Judgment:**

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 outcome in terms of residents' overall healthcare needs and residents had good access to appropriate general medical and allied healthcare services.

Records and interviews demonstrated that staff were vigilant and responsive to changes in healthcare status. Residents' healthcare needs were reviewed at a minimum annually and as required.

There was good access to GP services and regular monitoring of haematology and neurology as necessary. Where specific support plans for healthcare needs were required, they were available and staff were familiar with the protocols required. This included pressure area risk, and modified dietary requirements.

Where necessary staff undertook monitoring of food and fluid intake and weights and the outcomes were monitored. Inspectors found that staff were knowledgeable on residents individual healthcare needs and this was supported by the presence of the deputy person in charge who was a qualified nurse.

In line with their needs inspectors were satisfied that residents had ongoing access to allied healthcare professionals including dentists and chiropodists. Records of referrals and reports of these interventions were maintained in residents' files. There was evidence of health promotion with vaccinations provided.

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

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 necessary although some access to the kitchens was restricted. Where specific dietary needs were identified by dieticians these were seen to be adhered to with a residents' and there was access to assistive crockery or cutlery as necessary.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were systems in place for the safe receipt, storage administration and return of medicines. Staff had received training in medicines management and staff also received training in the administration of emergency medicines. Where this was required the rosters ensured that the appropriate staff were available to do so.

However, inspectors found that the protocol for medication administration was not specific enough to guide staff. This could place residents at risk of either over or under administration. The deputy person in charge agreed to have this rectified at the inspection.

Most medicines were dispensed in blister packs to support correct administration and where medicines were required to be administered in an altered format this was correctly prescribed. There were identification charts of medicines available for staff to assist with ensuring that the correct medicines were being administered. Inspectors were informed that no residents were assessed as being able or wished to manage their own medication at the time of the inspection.

**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:**

Significant progress had been made in arrangements for managerial accountability, monitoring, oversight and review of practices. However, there continued to be deficits in the supervision of house coordinators who had a key function in implementing appropriate care and support practices and in monitoring the safety and quality of the service.

Since the previous inspection, a detailed description of the role and responsibilities of house coordinators had been developed. However, there were inadequate arrangements for the supervision of house coordinators to support them to ensure staff and voluntary co-workers adhered to the appropriate care practices, the delivery of effective induction to new staff and to implement competency assessments for voluntary co-workers.

A specific template was being used to document staff supervision and to record professional development issues and work practice. Supervision meetings were scheduled to take place every four to six weeks. From a review of a number of such records, inspectors found that there was an inconsistency in the quality of those meetings and many were not being used to improve the quality of care and support for residents or to inform quality improvement.

At the time of inspection, the role of person in charge was being filled by a competent person with support from other managers in the organisation. The post had been vacated since the notice of proposal to cancel the registration had been issued and the provider was in the process of recruiting to the post.

The management team was being led by the deputy national social care co-ordinator under the direction of the provider nominee. Inspectors found that this team had been given the authority to make any necessary changes and additional resources were also

made available. The changes that had been implemented included the appointment of a fulltime safeguarding officer with specific responsibilities and autonomy. An increased role for the human resource manager in ensuring that required staff disciplinary actions were taken and that codes of conduct adhered to. A welfare officer had been appointed whose function was to ensure issues were reported, information shared and actions taken as needed.

Further increases in employed and qualified staff were also evident. This was expected to result in more effective supports for residents and to reduce the dependency on the voluntary co-workers.

There was a revised system for monitoring of incidents. A weekly welfare group meeting which comprised of both managers and house coordinators took place. From the records seen and from speaking with staff this promoted a more transparent sharing of pertinent information from each house and prompted a review of actions taken.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

The issues identified in the notice of proposal to cancel registration were in relation to the recruitment and induction of voluntary co-workers and the monitoring of these workers to ensure the implementation of good care practice and safeguarding measures. Guidelines in relation to the functions and responsibilities of voluntary co-workers were being developed. The inspector was also informed that the process for recruitment of such volunteers was being revised to ensure only persons suitable would be recruited for direct work with residents.

An audit of the number and skill mix of staff had been undertaken and this had identified deficits in staffing arrangements. Further recruitment had taken place and two additional qualified, paid staff were due to commence work. This would significantly increase the number of such staff and reduce the dependency on voluntary co-workers, especially for evening and weekends. The provider was also making staffing

arrangements to support a resident who required additional nursing support at night.

Inspectors saw suitable rosters which were available and which identified the persons responsible for care of the individual residents.

While inspectors were satisfied that training including mandatory training was provided, there was a need to identify who was responsible for oversight of this and agreed timescales for updates of this training. A number of residents used sign language and some relevant staff did not have training or knowledge of this way of communicating. However, in another house staff were teaching themselves with the help of the coordinator and practicing to ensure they could communicate with residents.

While recruitment procedures were not fully reviewed at this inspection, files seen indicated that the requirement for the procurement of references and Garda Síochána vetting and other documentation had been complied with.

**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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Camphill Communities of Ireland
<b>Centre ID:</b>	OSV-0003604
<b>Date of Inspection:</b>	21 and 22 February 2017
<b>Date of response:</b>	15 March 2017

### 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 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 a need to source and provide the required and agreed assessments for a younger person to ensure their care needs are identified and being met.

**1. Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

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

assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Appointments arranged made to ensure that the required assessments are carried out by 31/05/2017.

**Proposed Timescale:** 15/03/2017

**Theme:** Effective Services

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

Transition and discharge plans for younger adults were not devised and implemented taking account of the assessed needs of the residents.

**2. Action Required:**

Under Regulation 25 (4) (c) you are required to: Discharge residents from the designated centre in accordance with the resident's assessed needs and the resident's personal plans.

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

Transition Plans have been commenced and will be completed within two months.

**Proposed Timescale:** 05/05/2017

**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:**

Training in and clinical oversight for staff in implementing and adhering to behaviour support plans for residents was not sufficient.

Such behaviours impacted on other residents and also on residents who presented with such complex behaviours.

**3. Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

All House Co-ordinators are to be trained in Behaviour Management commencing on the 5/4/17.

A recording chart will be maintained for specific behaviours as required. To be

implemented by end 31/04/2017

An existing co-worker who is qualified and experienced in managing complex behaviour has been redeployed to the role of Behaviour Support Specialist.

**Proposed Timescale:** 01/04/2017

**Theme:** Safe Services

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

Environmental conditions which impacted on the safety and welfare of residents were not considered in safeguarding planning.

**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 reintroduction programme has been put in place for the resident involving the family and local HSE Safeguarding Team.

Two additional staff have been employed to support the resident.

Two alternative residential places within the community have been identified. These alternatives will be trialled

**Proposed Timescale:** 20/03/2017

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

Adequate guidance was not in place for the administration of emergency medications.

**5. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

All emergency medication protocols have been rewritten (15/03/2017) to give clarity about the amount of emergency medication that can be administered within 24 hours.

**Proposed Timescale:** 15/03/2017

**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:**

There was no person in charge appointed.

**6. Action Required:**

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

A new Person in Charge has been appointed (13/03/2017). She due to start by the beginning of May 2017.

**Proposed Timescale:** 15/03/2017

**Theme:** Leadership, Governance and Management

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

Current systems for supervision and monitoring of coordinators and staff was not sufficient to ensure their duties were carried out effectively, safely and with responsibility.

**7. Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

A programme of planned supervision has been put in place for all co-ordinators and staff.

All supervisors will be given training in supervision and performance management. The supervision timetable is reviewed at every management meeting to ensure that planned supervision is occurring.

**Proposed Timescale:** 15/03/2017

