

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Camphill Community Grangemockler
Centre ID:	OSV-0003622
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Lead inspector:	Noelene Dowling
Support inspector(s):	Rachel McCarthy
Type of inspection	Announced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 November 2016 09:30	08 November 2016 19:30
09 November 2016 08:30	09 November 2016 15:30

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

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

Summary of findings from this inspection

Background to the inspection;

This was the second inspection of this centre which forms part of an organisation which has a number of designated centres nationwide. This was an announced inspection undertaken to inform the Health Information and Quality Authority's (HIQA) decision to register the centre following the providers application.

As a result of concerns regarding overall safeguarding and governance arrangements in the wider organisation, the provider was requested to attend meetings with HIQA in April 2016 and on 16 October 2016. Following these meetings the provider was

written to regarding the consequences of continued non compliance.

The provider was requested to and submitted a plan to improve safeguarding systems within the organisation. This was duly received and regular updates were provided. Significant areas of the plan have been addressed at the time of this inspection. These included the appointment of a deputy national coordinator, systems for incident monitoring, training for managers in safeguarding procedures and a fulltime national safeguarding officer.

Inspectors also reviewed the 11 actions required from the inspection of 2014 and in all cases found the provider had completed all actions.

How we gathered the evidence:

Inspectors met with most residents and spoke with 5 residents. Other residents communicated in their own way and allowed inspectors observe some of their daily life and routines. Five residents also completed questionnaires with the support of their staff and four parents /relatives completed questionnaires.

Residents told inspectors they were very happy living in the centre and really enjoyed their activities, their work, going out for meals, looking after the animals and going for drinks with friends. They said the centre was their home.

They also said that the managers listen to them when they have concerns and do something about them. Relatives expressed their confidence in the staff and managers and confirmed that they were always consulted. They said that all efforts were made to address the needs of their relatives. They also commented on the how the recent staff changes resulted in more experienced personnel and also helped to reduce the impact on the residents when the volunteers leave after their agreed timeframe expires.

Inspectors also met with staff members, the person in charge, the deputy national social care manager and the health and safety officer. All five premises were reviewed.

Description of the Service:

This centre is designed to provide long term care for up to 21 adult residents, both male and female, of moderate intellectual disability ,autism, challenging behaviours and mental health support needs.

The person in charge informed inspectors that this number of residents will be reduced to 20 and the relevant revised documentation will be forwarded for the purposes of registration. The findings of the inspection indicate that the service provided is congruent with the statement of purpose.

The centre is comprised of 5 individual houses in a rural location on a large well developed site which also incorporates a working farm, horticultural services and weaving rooms.

Overall judgement of our findings:

This inspection found that the provider was in substantial compliance with the core regulations which had positive outcomes for the residents.

Good practice was observed in the following areas;

- governance systems were effective and robust which resulted in positive outcomes for the residents (outcome 14)
- residents had good access to healthcare and multidisciplinary specialists and good personal planning systems were evident which supported their wellbeing (outcome 5)
- Safeguarding and behaviour support systems were robust and responsive which helped to keep residents safe (outcome 8)
- risk management systems were effective and proportionate which helped to keep residents safe (outcome 7)
- medicine management systems were safe and monitored (outcome 12)
- numbers and skill mix of staff were suitable which provided continuity and supportive care for the residents (outcome 17).
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Some improvements were required in the following areas to improve the overall outcomes for residents;

- documentation of personal plans and healthcare reviews systems (Outcome 18)
- Details in contracts for additional costs

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)

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):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied from speaking with residents and information received from family members that residents rights to choice and autonomy were respected and supported. It was apparent that they had choices in their daily lives and routines and were consulted in regard to their living arrangements, work and recreation. This was done both individually and via meetings where this medium was appropriate for the residents. Their families or next of kin were also consulted on their behalf. Residents' meeting were held and there was evidence that key workers took trouble to support individual residents who could not participate in such forums. Residents maintained control of their own possessions and these were itemised

Residents were assessed for competency to manage their finances and in most instances could not do so. However there was evidence that staff supported them to hold their monies when this was needed and in this way they maintained their independence. Staff maintained detailed records and receipts of all financial transactions and there was also an overarching internal auditing system which inspectors saw was focussed on protecting residents finances.

The policy on the management of complaints was in accordance with the requirements with nominated officers and evidence of oversight. Any issues raised by residents were documented and a process for resolution implemented. The records available demonstrated what had been done to resolve the issues and the satisfaction or views of the complainant with the actions taken.

In some instances these issues related to shared living arrangements or the impact of behaviour on residents. There were strategies implemented to address the issues and

residents were asked how they felt about the arrangements. Inspectors were also told by residents that when they had raised issues they had been managed and they were happy with the outcome.

Advocates had been sourced as necessary and a resident was undertaking training in advocacy which she explained to inspectors.

Voting arrangements had been made to ensure residents could participate.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found that the residents' needs for support with communication were both assessed and attended to. A number of residents had received speech and language assessments and there were interventions available in the communication plans. Social stories and pictorial images were used effectively to help residents communicate and make plans or transitions.

Some residents had mobile phones and if they wished they could access the internet. It was apparent that staff understood the resident's communication and could effectively communicate with them. There were also tools available to help staff identify if residents who could not communicate verbally were in pain or unhappy.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that familial relationships and other friendships were maintained and supported by consistent communication with family members, support with visits home and phone contact. Inspectors met with no relatives during the process but information received from relatives via questionnaires indicated that they were consulted with and involved in plans and decisions regarding their family members. They attended reviews and were kept informed of any developments or appointments.

There was evidence that residents had opportunities to meet and engage with people in the local community via attendance at events and local facilities, shopping, and work. They told inspectors of their involvement and attendance at local events.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The action from the previous inspection had been resolved with amendments made to the admission policy. Inspectors reviewed the procedure used for the most recent admission and there was evidence of satisfactory assessment, sourcing of relevant information and a formal decision making process in order to ensure the residents needs could be supported in the centre.

A contract for the provision of care and the services to be provided was issued to the resident and or their representative for signing. While the contract identified the services to be provided it did not adequately outline the additional costs required. For example, residents were purchasing basic equipment such as bed linen and in some instances beds which would be considered a fundamental aspect of their fee payments.

There was detailed transfer information available should a resident require transfer to acute care services and transitions which had taken place had been managed in a planned and person-centred manner.

Judgment:

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The action from the previous inspection in relation to personal plans which were in an accessible format for the residents had been addressed.

Inspectors found that there was a proactive and responsive approach to meeting the resident's needs. There were comprehensive assessments of their health, psychosocial and mental health needs undertaken.

From a review of a sample of 8 personal plans and related documentation, inspectors found that resident's needs were identified and plans were made to address these. Annual or more frequent reviews were held as necessary and as needs changed. These were attended by the residents themselves where they wished to participate, family members, and external clinicians and were informed by the multidisciplinary assessments undertaken. The personal plans reviewed demonstrated that there was a significant level of consultation with the residents and their representatives as required by their needs.

The details seen of the review meetings demonstrated that all aspects of the residents' life and well-being were evaluated.

There were clinical assessments for speech and language, dysphasia, fall risks, or dementia onset. The outcomes were incorporated into the resident's daily care including strategies for choking risks, management of diabetes, skin integrity or decreased mobility. Inspectors found that staff were familiar with these strategies and implemented them. Support plans for personal care and day to day activities were also implemented based on each residents' assessed needs.

The records and subsequent plans demonstrated that all aspects of the resident's well-being and development were considered. However, the templates and documentation used did not support effective goal setting or monitoring of the outcomes for the residents. Inspectors were however satisfied that the needs of the residents were met

and the outcomes evaluated. This is a documentary deficit and is actioned therefore under outcome 18 records.

The social care needs of the resident were well supported. Inspectors saw and were informed by residents that they attended a variety of social events, went on holidays abroad of for weekends in the country often with friends of their choice in the community.

They went swimming and attended activities in the local towns. They also had access to activities on the campus each day but could if they wished simply stay at home sometimes and visit other houses as they wished. They helped with cooking and worked on the farm and with the animals, as they wished. There were sufficient staff to ensure these activities and choices were available to them.

Where residents' needs changed to the extent that the centre was no longer able to support them, inspectors saw that careful planning and transition plans were made to ensure both the most suitable placement and a supportive move for the resident. There was also evidence that every effort had been made to meet the resident's needs within the centre initially, including robust age related medical interventions and additional staffing.

Inspectors were satisfied that the assessed needs of the current residents could be met within the centre.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The actions from the previous inspection had been satisfactory addressed. The laundry room had been updated, units had been redecorated and all areas were seen to be clean and well maintained.

The premises is located on its own grounds in a rural setting some miles from the nearest town. It comprises of five units which can accommodate between two and six residents and a number also contain live in accommodation for volunteers. One of the

unit contains two small apartments where residents live supported by staff but have full access to the remainder of the units. All residents have their own bedrooms and some have en suite showers and toilets. A number of the bathrooms have assistive facilities. Inspectors saw evidence that where a resident may require further assisted bathroom facilities this was being considered at the time of the inspection. They were seen to be comfortably decorated and maintained with ample space and appropriate storage for residents' personal belongings. The rooms were personalised with photographs of family and friends, souvenirs and various personal memorabilia.

Each unit contains suitably sized and homely sitting living, dining and kitchen areas. All the units are two stories.

It is a working farm so there were various outbuildings, cattle sheds, greenhouses and an orchard surrounding the units. Farm animals including cattle, donkeys, sheep and hens and geese and rabbits were present and residents have safe access to these. There were a number of suitable garden areas with seating/tables provided for residents' use located at a number of locations within the grounds of the centre.

There is a therapy and weaving room on site and also a hall is used for events and gatherings.

There was a satisfactory number of vehicles available for use and evidence of servicing and road worthiness of these. There was also evidence of servicing and maintenance of heating systems.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The actions from the previous inspection had been resolved with amendments made to the risk management policy.

Systems for identifying and responding to risk were found to be proportionate taking account of residents' rights and risk factors. They were also protective without infringing on residents' independence.

Fire safety management systems were found to be good with equipment including the fire alarm, extinguishers and emergency lighting installed and serviced quarterly and annually as required. Fire doors and compartments were installed in all units.

There were regular fire drills held at various times of the day. These were reviewed for effectiveness and issues identified such as the capacity of the resident to respond. The

fire plans for each unit were detailed in terms of the specific lay out and evacuation systems. Records showed that all staff had undergone fire safety training and a number of newly recruited co workers were scheduled for this training. Staff were very familiar with the fire evacuation plans and the residents' needs in relation to them. Manual handling training was also up to date and again the new staff were undergoing this. Daily checks on the alarms and the exits were undertaken by staff. Procedures for the management of infection were also evident and satisfactory.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices took place regularly. These were detailed and centre-specific and actions identified were promptly addressed.

The risk management policy complied with the regulations including the process for learning from and review of untoward events. Risks identified were pertinent and included environmental, clinical and behavioural issues. There were suitable controls in place to mitigate against these.

The risk register was also detailed and demonstrated a robust system for identifying and addressing any risks identified for the residents. Inspectors found that the policy was implemented in practice.

There was a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff.

Each resident had a comprehensive individual risk assessment and management plan implemented for risks identified as pertinent to them. These included the risk of self harm, falls, going absent or injury. The detail and control measures identified were seen to be satisfactory and pertinent to the specific risk or level of risk. These included such strategies as checking of dangerous items such as cutlery or chemicals, additional staff support and supervision, and door sensors.

A resident explained to inspectors how staff now accompanied all outings due to the recently identified risk of falls from illness. The rationale had been clearly explained in a way which was understood and this did not impact on the ability to participate in the chosen activities. Where an occasion of accidental absence had occurred this was promptly addressed but the remedial actions were proportionate and again allowed the resident to continue the chosen activities.

Systems for learning and review were evident and included responses to individual incidents of behaviour, accidental injury and detailed audits of such incidents. A detailed medication error audit had been undertaken with evidence of analysis of causal factors and robust actions taken to address these.

For example, a revised medicines dispensing system, nominated administration staff and systems for day to day oversight were implemented. It was apparent that the number of incidents had reduced significantly as a result. A review of behavioural incidents was also undertaken and this identified crucial periods when staffing arrangements had not been stable. This was addressed by changes to the annual leave arrangements.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that systems for the protection of residents were effective and responsive. Both the person in charge and the deputy had undertaken the Health Service Executive (HSE) training in the protection of vulnerable adults and persons with a disability. There was a designated adult protection officer. There was evidence of learning from the training with a review of incidents undertaken and where necessary appropriate safeguarding plans being implemented. There was also evidence of adherence to the HSE reporting requirements. There were no children living on the campus at the time of this inspection and no resident had a legal protection order in place.

Residents stated that they felt safe and a resident also said that where concerns had arisen the managers and staff had acted to make it better, and it was better.

As agreed in the providers safeguarding action plan to HIQA, the fulltime national case management officer had been appointed. Incidents were reported internally via this mechanism. Inspectors saw evidence of reviews of shared living arrangements where resident's wellbeing was impacted upon by the behaviour of others. The staff who spoke with inspectors articulated a good understanding of the types of behaviours which would be abusive and the reporting systems. They also expressed their full confidence in the local management team to address issues promptly.

Residents had access to mental health specialists including psychiatry, and psychology. A member of the management team had professional training in behavioural support and at the time of the inspection a schedule had been agreed for an external specialist to commence reviews with a number of residents.

There were very detailed and pertinent behaviour support systems implemented and additional resources and one to one staffing made available. Inspectors observed some of these being implemented effectively.

The use of restrictive practices was minimal and where used were implemented in a considered manner. For example, some door sensors were used which alerted staff to residents movements but did not impinge on the resident unduly or on other residents.

There were satisfactory assessments and reviews of the practices evident. Staff were very familiar with the support plans and staffing arrangements were found to be organised so as to ensure these could be implemented.

Inspectors also saw that incidents of challenging behaviour were carefully reviewed and any deviations from the support plans were noted and acted upon. There was evidence that staff sought to understand both the meaning of the behaviour and any potential underlying causes such as pain were fully investigated.

The records available indicated that staff had training in challenging behaviours and in the use of MAPA (a system for the management of behaviours). The person in charge informed inspectors that the organisation is considering revising the training to incorporate another model. This was also agreed in the providers safeguarding plan. Pro-re-nata (administered as necessary) medicine was not used inappropriately to manage behaviours and such medicine was reviewed by the prescribing clinician.

A range of other systems were in place to protect the residents. There was regular access to managers for oversight of their care and safety; evidence of good communication with families, external advocates had been sourced for some residents and there were safe recruitment procedures used.

Judgment:
Compliant

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:
A review of the accident and incident logs, resident's records and notifications forwarded to the Authority, demonstrated that the person in charge was not fully in compliance with requirement to forward the required notifications to the Authority. However, on discussion the rational for this oversight was due to a misunderstanding as to the precise requirements. Inspectors were satisfied that this had now been addressed. All incidents were found to be reviewed internally.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents' preferences, capacities and age were considered when planning and implementing residents daily and long term activities. A number had responsibilities on the farm such as grass cutting and tending the animals. Some do cookery with the centre chef, some did weaving and made gifts for family, and others attended at outside day centres specific to the particular needs. Some residents worked in the garden, or attended at art classes and sold their works.

They could also have breaks from their routines if they wished and this was clearly detailed in the plans. If they expressed a wish to discontinue or change their work or activity this was agreed. Life skill development was supported with training and supports for self care, household tasks and money management.

The person in charge informed inspectors that it was their intention to review the day activities and structures to ensure it was the most suitable for the residents.

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 residents had healthcare needs related both to illness and in some instances advancing age. Inspectors found evidence that these were very well supported and responsive to their changing needs. There are a small number of local general practitioners (GPs) responsible for the healthcare of residents. Records and interviews

indicated that there was frequent, prompt and timely access to this service.

There was evidence from documents, interviews and observation that a range of allied health services was available and accessed promptly in accordance with the residents' needs. These included occupational therapy, physiotherapy, speech and language, neurology, psychiatric and psychological services. However a significant number of these were paid for privately by the residents. Inspectors fully acknowledged the benefit of these to the resident and also the fact that either they or their representatives agreed payment. The number of interventions sourced in this manner was considerable. This was discussed with the person in charge and the deputy national social care manager at feedback in relation to the responsibility to support access either via the Health Service Executive (HSE) or via the provider.

Chiropody, dentistry and ophthalmic reviews were also attended regularly. Healthcare related treatments and interventions were detailed and staff were aware of how to implement these. These included dietary supports, fluid monitoring, and skin integrity and mobility. Suitable care plans were implemented and evidenced based assessment tools were also used for example, for increased dependency and falls. Where ongoing treatment was recommended this was also facilitated, for example, physiotherapy.

Inspectors saw evidence of health promotion and monitoring with regular tests, vaccinations and interventions to manage both routine health issues and specific issues relating to medication. Staff were very knowledgeable on the residents and how to support them. Where necessary detailed daily records of, for example, dietary intake or weights were maintained and reviewed.

Where a resident's healthcare needs had deteriorated inspectors saw that all the required additional allied health support and equipment had been sourced in order to support the resident.

Main meals were prepared in one of the units each day by a suitably qualified person. Inspectors found that the nutritional needs and preferences of the resident were known and catered for. Food was freshly prepared and in many instances grown on the farm by residents. Pictorial images were used in some instances to help residents' make choices. Some residents used adapted crockery and cutlery to enable them to stay independent. They said they liked the food. At the weekends and for special occasions inspectors saw that they go for meals out.

Residents, staff and co workers shared all meals together and these were social and dignified experiences as observed.

There was a policy on end of life care. No resident was receiving palliative care at the time of inspection but tentative discussions had taken place in relation to specific preferences where this was appropriate.

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:

The action from the previous inspection had been addressed. Administration charts were revised to include the timing of administration, and prescriptions were signed by the prescribing clinician.

There was a policy on medicines management which was in accordance with legislation and guidance. Systems for the receipt of, management, administration, safe storage and accounting for all medicines was found to be satisfactory. Inspectors saw that there were appropriate documented procedures for the handling, disposal of and the return of medicines.

Inspectors saw evidence that medicines were reviewed regularly by both the residents GP and the prescribing psychiatric service. Potential risks or side effects were carefully monitored and were known by staff. There was data provided to staff to ensure they were familiar with the nature and purpose of the medicines and any medicines required to be administered in an altered format were adhered to.

Sealed systems for dispensing of most medication were used to support the non nursing staff in administration.

Regular audits of medicines administration took place which detailed any discrepancies noted. The healthcare assistants had training in medicines management and a number of staff also had specific training in the administration of emergency medicines. There were detailed protocols in place for the administration of this medicine. Complimentary medicines were not used unless agreed by the GP.

Inspectors noted that one medicine was being administered contrary to the prescription available . This was brought to the attention of the deputy manager who stated that the prescription had been altered by the prescribing clinician but on review by the GP the previous cardex had been reissued. Inspectors were satisfied with this information and that the medicine had been administered as required by the prescriber. This is actioned therefore under Outcome 18 Records.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose required some minor amendments to ensure it was compliant with the requirements to reflect the proposed changes to the centres numbers of residents and the current governance structures. It was agreed that this would be forwarded following the inspection.

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):

No actions were required from the previous inspection.

Findings:

There was evidence from the findings of the inspection that the governance systems were suitable, effective and accountable to ensure the safe effective delivery of care. The action from the providers safeguarding plan had been addressed with the post of deputy national social care manager filled with a suitably qualified person appointed. This was a pivotal aspect of improving the capacity of the organisations governance structures.

The centre was managed by a suitably experienced and qualified person in charge who is full time in post. She was supported by a full time deputy manager who was also suitably qualified and experienced. It was evident that roles were clearly defined and

responsibility and accountability evident. Staff commented very positively on the support from and clarity of the management functions. Resident and parents also commented on the availability and support of the local management team.

Both were found to be very familiar with the residents needs and proactive in planning, decision making and oversight of the service.

As required from the provider's action plan an internal line management supervision system had commenced. The details available showed that it was focused on professional development, and performance management in relation to resident care. The person in charge was aware that this needed to be further developed with training made available for supervisors.

Changes to the management structures and rostering arrangements at unit level had also been enacted .There was a suitably qualified and experienced coordinator and deputy coordinator in each unit responsible for oversight of care delivery. In addition, rostering changes had been made to ensure persons with responsibility were available on the campus at all times including weekends. On call was shared between the manager and deputy. While some of the post holders were new they had a good knowledge of their own roles and the resident's needs.

The reporting and planning systems were clear and formal with all areas clearly carrying out their respective duties to a good standard. This was demonstrated by the cohesive systems for quality improvement, health and safety reviews, reviews of accidents and incidents and safeguarding systems

.Both the provider nominee and the person in charge demonstrated their knowledge of their responsibilities under the Health Act. All of the required documentation for the process of registration had been provided.

The provider had commissioned two unannounced visits since 2016 which was a detailed review of pertinent issues for residents and actions were identified as a result of this. An annual report for the quality and safety of care for 2016 was available. This included an overview of resident's needs and supports, staff training and incident reviews. These were in process. The views of residents and relatives had been sought and summarised in the report. The systems for oversight were satisfactory.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors were informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. The provider had made suitable arrangements for periods of absence of the person in charge. All documentation had been forwarded and was satisfactory.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The findings of the inspection indicate that the provider had the necessary resources and had deployed them in a manner so as to ensure the needs of the residents are met. This included a reduction in the numbers of volunteers and an increase in employed staff and house coordinators.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors found that the staffing arrangements were suitable both in skill mix, numbers and defined areas of responsibility to meet the needs of the residents.

The staffing arrangements in the centre have traditionally been a mixture of short or long term volunteers and some employed staff. Changes had been made by the person in charge to ensure the number and experience of staff was suitable.

This included a reduction in the number of volunteers and an increase in employed suitably qualified and experienced staff to provide for a qualified house coordinator and deputy and also to ensure there were three qualified staff on the campus at all times.

These systems also ensured that the volunteers were adequately supported, not given responsibilities above their function but were available as a significant additional resource to the residents, which was seen to be of good benefit to the residents.

A review of staff files and the training matrix showed that there was evidence of a commitment to mandatory training with all pertinent staff up to date in safeguarding, fire safety, manual handling and first aid.

Any deficits noted for new staff or volunteers were already scheduled to take place.

The newly employed staff had relevant qualifications in social care, psychology or a related discipline and were experienced in working with persons with a disability.

The recruitment processes were satisfactory with the required references, Garda Síochána vetting proof of identity and qualifications.

The systems for the recruitment of the volunteers was also robust. All the required documents were available including police clearance from the relevant jurisdiction.

The person in charge outlined the fundamental requirements she insisted on when recruiting volunteers which included adequate spoken English, and an interest in pursuing a career in a related discipline. In this way and with the formalised staffing structures the benefit to the residents was enhanced. A number of residents had one to one supports for activities and behaviour supports.

Based on residents need there was waking night staff available in one unit.

There was evidence that there was regular and good communication and contact between the management team and the staff in the units and day services to promote continuity of care for the residents.

Systems for communicating and monitoring were effective and included welfare meetings and team meetings which were formal and focused and discussed all issues including accidents and incidents ,complaints, medical needs and general housekeeping issues.

All staff including volunteers were observed to be very knowledgeable of and diligent in addressing the residents' needs and of their own roles and responsibilities.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Inspectors found that the records required by regulation in relation to residents, including medical and personal plans were not completed and satisfactorily informative. The correct records in relation to residents prescribed medicines were not consistency available.

All of the required policies were in place. Documents such as the residents guide and directory of residents were available. Inspectors saw that insurance was current. Reports of other statutory bodies were also available.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003622
Date of Inspection:	08 and 09 November 2016
Date of response:	06 December 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Residents were paying for fundamental items which were not outlined in the agreement and which could reasonably be considered to be included in the fees agreed.

1. Action Required:

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

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

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

The detail contained in the resident's contracts is to be reviewed and more detail provided relating to expenses and costs. Where changes to a contract are required a review meeting schedule will be put in place for all residents to discuss any required changes to ensure they are in agreement and all such changes are in the resident's best interests. Family members, friends, MDT members and advocates will be invited to attend such reviews with the residents, based on their wishes. All of these details to be outlined in residents contracts. Each resident's contract will now be included in the bi-annual and annual review as a point for discussion and amended/adapted where required. This will ensure that all residents have a fully up to date contract at all times. The PIC will bring the issue of personal expenditure to the monthly national Collaborative Learning Group for discussion and organisational agreement, through the provider nominee / designate on what core items the services should provide and what residents can be reasonably expected to pay for.

Proposed Timescale: Implementation by February 2017. National discussion scheduled for discussion in the December 2016 CLG meeting.

Proposed Timescale: 28/02/2017

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:

Some access to allied health care services and interventions was only available if residents paid for this privately and not made available by the provider.

2. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Formal representation to be made to the local CHOs detailing the unacceptable waiting list for individuals required treatment to expedite waiting times. Risk assessments will be conducted to assess the risk posed to an individual if they have to wait for specified periods of time for a treatment to be received through the medical card scheme.

Where there is deemed a low risk the treatment will be scheduled based on wait lists and where the risk is deemed to be high and at a level of impacting on an individual's health and wellbeing the treatment will be paid from private funds.

Proposed Timescale: From 01st January 2017

Proposed Timescale: 01/01/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Residents personal plans, records of medical interventions and prescriptions were not maintained in a discreet and complete format.

3. 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:

Medication audits to continue to be conducted on a 3 monthly basis by a dedicated person from the organisation. Schedule to be put in place that each house coordinator reviews prescriptions, PRN protocols and Kardex's on a weekly basis and reports to the weekly welfare meeting to confirm full compliance. If issues are discovered then the immediate action plan planned /undertaken by the house- based staff team to be outlined at the welfare meeting. Follow up on such actions to be discussed and detailed in the following week's welfare meeting. The care coordinator to manage this process through the weekly welfare meeting and to liaise with the person in charge if any persistent issues arise. The PIC will intervene in relation to such issues.

Proposed Timescale: 31 December 2016

Proposed Timescale: 31/12/2016