



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

## Issued by the Chief Inspector

Name of designated centre:	Camphill Community Dingle
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	23 July 2021
Centre ID:	OSV-0003609
Fieldwork ID:	MON-0032841

## About the designated centre

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

The designated centre is a large detached two-storey house located in a rural area outside a small town. The centre can provide residential services for a maximum of eight residents of both genders, over the age of 18. Residents with mild to moderate intellectual disabilities, physical disabilities, sensory disabilities and autism are supported. Support to residents is provided by the person in charge, a house-coordinator, social care workers, social care assistants and volunteers. Each resident has their own bedroom. Other facilities in the centre include bathrooms, a sitting room, a dining room, a kitchen, a utility room and a staff office.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 23 July 2021	9:40 amhrs to 5:05 pmhrs	Conor Dennehy	Lead
Friday 23 July 2021	9:40 amhrs to 5:05 pmhrs	Lucia Power	Support

## What residents told us and what inspectors observed

Residents were found to be well supported during this inspection in a homely environment with supports being given to participate in activities which were of interest to them. While the centre was overall presented in a homely manner, some aspects of the premises did need some improvement.

Throughout this inspection there was evidence that the residents living in this centre were being supported to do the things that they wanted to do. For example, activities such as farming and gardening were very important to some residents and it was seen that these residents were able to participate in these, with support where required, via the facilities that were available and operated by the provider in close proximity to the centre. It was also indicated to the inspectors that two residents were in the process of being supported to move to alternative settings in keeping with their wishes. Another resident had also recently signed up for a photography course and a food course which they wanted to do.

There were clear indications that residents were being supported to become involved in their local community. One resident, who had a very keen interest in farming, had been hugely involved in the sale of some cattle from the farm where they worked. As part of this the resident had handed over the necessary paperwork for these cattle to be transferred away from the farm and was then supported to watch the sale of these cattle at the cattle mart where these cattle were eventually sold. It was also noted that residents had previously availed of a swimming pool at a nearby hotel but because of COVID-19 this has been stopped. However, residents were supported to make contact with the hotel to enquire about the swimming pool's availability with a response received. Residents were hopeful of resuming swimming soon.

While present in the centre, inspectors met a total of four residents and had a conversation with some. One resident talked to an inspector about doing gardening that day and showed the inspector their bedroom which was noted to be clean. Another resident also spoke extensively to both inspectors. To one inspector they indicated that there was nothing they did not like about living in the centre and spoke about some of the things they liked to do such as cooking, gardening, using a weavery and walks to the beach with staff members. The resident said there were times when they disagreed with staff but where any disagreements arose the resident and staff worked together to come to an understanding.

This resident spoke a lot about their gardening and showed an inspector the area near the centre where they and other residents did gardening. In particular, the resident talked about growing vegetables and while present in the garden area they picked two large courgettes they had grown which they were going to use to make a courgette cake. In addition to picking these courgettes, the resident picked some flowers for the centre and while walking back to the centre with the inspector talked about getting on with the staff working in the centre and about recently have

completed a couch to 5K challenge. This resident was also involved in residents meeting that took place in the centre where residents were consulted and given information. Notes of such meetings were reviewed which indicated that these meetings took place on a regular basis, and it was evidenced through meeting notes and discussions with residents that they were consulted about matters relating to their home.

Amongst the other documentation reviewed relating to the designated centre was the most recent annual review conducted for the centre. Under the regulations such an annual review must provide for consultation with residents and their families. When reviewing this annual review it was found that some brief resident and family feedback was included which was noted to be positive. A provider unannounced visit for this centre conducted during 2020 also contained the views of three residents who were present in the centre when that visit was being carried out. All three residents gave positive feedback on the services provided to them in the centre and commented positively on areas such as activities and staff support.

While present in the centre, inspectors had some opportunities to observe interactions between residents and staff members. It was seen that residents appeared comfortable in the presence of staff members who were noted to be generally very respectful towards residents. For example, at one point in the inspection an inspector overheard a resident and a staff member engage in jovial conversation about an upcoming Kerry and Cork football match while two staff members were observed to knock on residents' bedroom doors and wait for a response before entering. However, an inspector did see one instance where a staff member entered a resident's bedroom while the resident was present in there without knocking or announcing their entrance. Overall though staff members spoke very positively and respectfully about residents which helped contribute to a homely environment.

The premises provided for the centre was generally noted to be presented in a very homely, well-maintained and well-furnished manner. Throughout the premises there was many photographs of residents on display on the walls with communal areas available for residents to relax in. For example, upon leaving the centre two residents were seen to be relaxing in the sitting room watching some television. However, some areas for improvement were identified relating to the premises provided. For example, the kitchen area was seen to be in need of some cleaning while maintenance in some areas such as addressing a rusty radiator was also required.

In summary, some aspects of the premises required some improvement although overall the premises was presently in a homely manner. Residents were seen to be treated well and were being supported to do the things that they wanted to do while also being consulted and given information about the centre..

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being

delivered.

## Capacity and capability

Overall this inspection found evidence that residents were being well supported but during the inspection it was identified that a resident was being supported in part of the premises that was not designated as part of this centre.

The designated centre was registered until December 2022 with no restrictive conditions and had last been inspected by HIQA in July 2020 where an overall good level of compliance was found. However, owing to concerns that had been identified relating to the provider overall as part of a National Regulatory Programme that the provider had been subject to since that time, a further inspection of this centre was decided upon to review compliance with the regulations in more recent times.

Since the previous inspection the person in charge had changed for this centre with the previous person in charge having taken up a regional position within the provider. As a result the former person in charge had been appointed as a person participating in management for the centre but at the time of inspection also been notified as holding a similar role for another of the provider's designated centres in Co. Wexford. However, inspectors were informed that this person participating in management had attended regular management for the centre and had visited this centre since taking on their new role. It was indicated to inspectors that visits from some senior management of the provider to this centre could not be recalled.

Despite the change in person in charge, it was found that there was a consistency in the overall management of the centre at a local level. This ensured familiarity for the residents living in this centre and contributed to the overall compliance levels found on this inspection. It was noted though that as a result of the change of the person in charge a specific role previously assigned to the centre covering quality and safety was vacant at the time of this inspection and there was some uncertainty as to whether or not it would be filled. While a direct negative impact on the running of the centre was not found on this inspection owing to this vacancy, the absence of this role did have the potential to stretch local management's oversight for this centre.

There was evidence though the provider did have systems in place to maintain oversight of this centre at a national level. For example, two provider unannounced visits had been carried out for the centre since the July 2020 HIQA inspection. The most recent of these had been conducted in the weeks leading up to the current HIQA inspection and while a final written report was not available during the inspection, inspectors were provided with preliminary feedback relating to this provider unannounced visit. However, despite these monitoring systems, during the inspection it was found that one resident was being supported in a part of the premises provided that had not been designated as part of the centre. This was not in keeping with the centre's registration conditions which also amounted to a breach

of the Health Act 2007. Following the identification of this, further regulatory activity was undertaken with the provider.

While improvement was identified relating to this aspect of the provider's management systems, it was found that there was regular supervision of staff working in the centre including the person in charge since the previous HIQA inspection. Staff members spoken with during the inspection demonstrated a good understanding of residents' needs. It was highlighted to inspectors though that the staffing compliment for this centre was currently under what was outlined in the centre's statement of purpose. While efforts were being made to address this, it was also noted that there was a reliance on some volunteers to supplement the employed staff but some of these volunteers had left the centre prior to this inspection meaning that there were times when overall staffing levels were lower than was required.

It was also indicated to inspectors that new residents may be transitioning into the centre in the future. Were this to happen the staffing levels and skills mix would need further review to ensure that the needs of residents could be adequately met. However, training records reviewed indicated that all current staff had been provided with relevant training to support residents in areas such as fire safety, first aid and manual handling amongst others. An inspector also reviewed a sample of staff files and found them to contain all of the required documents required by the regulations such as written references, photographic identification and evidence of Garda Síochána (police) vetting.

### Regulation 15: Staffing

Rosters were maintained in the centre and staff files reviewed contained all of the required information. However, the staffing arrangements in place were not in keeping with the statement of purpose.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

There was regular supervision of staff members while training in various areas was provided for.

Judgment: Compliant

### Regulation 23: Governance and management



The provider's monitoring systems had not identified that one resident was being supported in a part of the premises provided that had not been designated as part of the centre.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

While contracts for the provisions of services were in place for residents, some of these were noted to required updating to accurately reflect the fees that residents were paying.

Judgment: Substantially compliant

### Regulation 30: Volunteers

Evidence of Garda vetting was in place for volunteers working in the centre with arrangements also made for supervision to take place.

Judgment: Compliant

## Quality and safety

Residents were being well supported in this designated centre and there had been a reduction in the number of safeguarding incidents occurring in this centre. Some improvement was required in the guidance available to promote positive behaviour support.

As required by the regulations all residents had individual personal plans in place which are important in providing guidance for staff in meeting the needs of the resident. An inspector reviewed a sample of such plans and noted them to be of a good standard. There was evidence that residents were involved in the development of these plans with specific goals identified for residents to achieve which were meaningful to these residents. For example, one resident had a long standing desire to live in an alternative setting and this had been identified as goal for this resident with progress towards the goal being made. It was noted that these personal plans contained guidance on how to support residents in various areas such as promoting positive behaviour although it was noted that, while various review meetings took place, some additional guidance in this area was required to ensure staff had the

necessary knowledge to encourage residents to engage in positive behaviour.

Despite this, overall inspectors were satisfied that appropriate arrangements were in place to meet residents' assessed needs. For example, the range of activities which residents participated in such as gardening, farm work and particular courses provide for their personal development, skills learning and social needs. In addition, residents' assessed health needs were also being adequately supported. Where residents had a particular health need identified, a clear plan was in place to direct support in this area while there was evidence of good collaboration between the centre and relevant health and social care professionals where required. Any health concerns related to residents and their potential impact on residents had also been risk assessed.

This formed part of the risk management process that was being followed in this designated centre. As part of this various risk assessments were in place relating to identified risks which were noted to have been recently reviewed. A system was also in operation for any accidents and incidents occurring in the designated centre to be recorded and reviewed. There was evidence of a positive approach to risk taking for the overall benefit of residents while the risk related to COVID-19 had been assessed and were being appropriately managed at the time of this inspection. Such measures helped to ensure the safety of residents and it was noted that there had not been a confirmed case of COVID-19 associated with this centre since the onset of the COVID-19 pandemic.

Measures were also in place to help safeguard residents from abuse. Where necessary safeguarding plans were in place for residents and staff members spoken with demonstrated a good knowledge of these. Records reviewed indicated that all staff working in the centre had undergone safeguarding training while further training was taking place in this area on the day of inspection. Measures were also in place to safeguard resident's finances with a sample of financial records reviewed indicating that generally there was appropriate oversight in this area. However, the provider's most recent unannounced visit for the centre had highlighted one instance where a resident's own money had been used to pay for an item that should have been paid for the centre. This had not been rectified at the time of this inspection. Overall though, it was noted that incidents of a safeguarding nature in this centre had decreased from 2020 into 2021.

## Regulation 12: Personal possessions

While generally good practices were noted in relation to residents' personal possessions, a resident's own money had been used to pay for an item that should have been paid for the centre.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

Residents were being supported to engage in activities which were of interest to them such as farming, gardening and courses. Residents were also being involved in their local community.

Judgment: Compliant

### Regulation 17: Premises

The kitchen area of the centre required cleaning while some maintenance issues, such as a rusty radiator were also observed during the inspection.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Systems were in operation for accidents and incidents occurring in the designated centre to be recorded and reviewed. Various risk assessments were also in place relating to identified risks which had been recently reviewed. Positive risk taking was provided for.

Judgment: Compliant

### Regulation 27: Protection against infection

Appropriate infection and prevention control practices were being followed at the time of this inspection. Staff members had undergone relevant training in areas such as hand hygiene and personal protective equipment (PPE). Checks were carried out on any visitors to the centre and PPE was seen to be used by staff while in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which were subject to regular review. Goals were identified for residents which were meaningful to them with support given to progress towards such goals.

Judgment: Compliant

### Regulation 6: Health care

Where residents had a particular health need identified, a clear plan was in place to direct support in this area while there was evidence of good collaboration between the centre and relevant health and social care professionals where required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

While positive behaviour support plans were in place, some additional guidance was required in this area.

Judgment: Substantially compliant

### Regulation 8: Protection

There had been a reduction in the number of safeguarding incidents occurring in this centre. Where necessary safeguarding plans were in place and staff had a good knowledge around these. Relevant safeguarding training was provided.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were generally observed to be treated in a respectful manner and were consulted and given information during regular resident meetings that took place.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Camphill Community Dingle OSV-0003609

Inspection ID: MON-0032841

Date of inspection: 23/07/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• We will continue to have open recruitment drive until open positions are filled using Ocupop and regular review of activity within this format.</li> <li>• We have expanded our recruitment drive to include a wider range of recruitment platforms</li> <li>• We have established engagement with the Institute Technology Tralee for potential newly qualified Social Care Applicants</li> <li>• We aim to liaise with Kerry Education Training Board for potential new Social Care Assistants</li> <li>• We are seeking to secure consistent agency cover to cover gaps on Rota inclusive of full schedule 2</li> <li>• A full review of the WTE allocation for Dingle was completed on 20th July which included the new admissions to the service.</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Application of submission to Vary has been submitted. CMSN returned in the interim of awaiting approval of application to registered bed within Designated Centre.</p>	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• Full internal contract audit for all residents to ensure correct schedule of fees are reflective on all contracts, any issues identified to be rectified and discussed with CMSN's and also Circle of support.</li> </ul>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> <li>• A Full refund has been provided to the CMSN's further supports have been requested from Clinical support to identify further and additional educational pieces that can be utilized to support CMSN's.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• All metal fixtures in Designated Centre bathrooms deep cleaned or replaced where necessary</li> <li>• Kitchen presses have since had a deep clean and a clearer weekly timetable of scheduled cleaning to ensure all areas including Kitchen are deep cleaned regularly</li> <li>• Splash Back purchased for area in kitchen where bins are stored to maintain to ensure hygienic surfaces</li> <li>• Residents' bedroom doors and bedrooms will be repainted where necessary</li> </ul>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive</p>	



behavioural support:

- Routine Clinical support and reviews will be better recorded to reflect the supports in place for the staff team to support the presenting behaviors and needs of the CMSN's. This will also ensure that information is more accessible to staff team within CMSN's files as opposed to current recording system.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	13/08/2021
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	15/12/2021
Regulation 17(1)(b)	The registered provider shall	Substantially Compliant	Yellow	30/09/2021

	ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	28/07/2021
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/08/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date	Substantially Compliant	Yellow	31/08/2021

	knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
--	--	--	--	--