



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	25 November 2022
Centre ID:	OSV-0003609
Fieldwork ID:	MON-0038477

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 team leader, 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:	5
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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 (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 25 November 2022	09:30hrs to 16:30hrs	Deirdre Duggan	Lead
Friday 25 November 2022	09:30hrs to 16:30hrs	Lucia Power	Support

What residents told us and what inspectors observed

From what inspectors observed, residents in this centre were being provided with a good quality service that was appropriate to their assessed needs. Residents were seen to be happy in their home and were supported by a committed staff team. Some issues in relation to the transcribing of medication records were identified and these will be discussed further in the main body of the report.

This was an unannounced inspection that was carried out following the receipt of some information of concern about the centre. This inspection was focused on the key area identified in that concern. Inspectors adhered to infection control and prevention guidance, including the use of appropriate personal protective equipment (PPE) as required.

The centre comprises a large detached two-storey house located in a rural area. Residents living in the centre had access to amenities including a working farm, gardens and a day service building. The centre could accommodate up to eight residents and also accommodated some live-in volunteers as part of the model of care provided by this community.

On arrival to the centre, the inspectors were greeted at the door by a resident and a staff member. The staff member requested the inspectors to complete a temperature check, sign a visitor's log and complete hand hygiene on entering the centre. Hand sanitiser was available on arrival to the centre as well as hand washing facilities so that visitors, staff and residents could attend to hand hygiene on entering the centre. The person in charge was present in the centre when the inspectors arrived.

There were a number of residents present in the centre on the day of this inspection and throughout the day inspectors met with five of the residents. Some residents had departed or were preparing to depart to attend to their daily activities on the farm and in day services. Residents were observed to enter and leave the centre throughout the day and move freely about their home and residents were seen to be busy carrying out their usual activities and spend periods of time relaxing also. Some residents independently walked to the day service or the farm and other residents were supported by staff when leaving the house as per the assessed needs of residents. Residents were observed preparing and eating home cooked meals and relaxing in communal areas of the centre throughout the day. Where assistance with preparing or eating meals was required, staff were observed to provide this in a respectful manner. Two residents gave an inspector a tour of the centre and some residents chose to show the inspectors their bedrooms.

On the day of this inspection all of the residents that inspectors met presented as content and relaxed in their home, and residents communicated with indicated that they were happy in their home. One resident who spoke at length to inspectors told the inspectors that they felt safe and well supported in the centre. Inspectors were

told that one resident, who was listed in the directory of residents, had expressed a wish to leave the centre and was not currently availing of services in the designated centre. This will be discussed in further detail in the next section of this report.

The centre was seen to be homely and decorated in a manner that suited the residents that lived there. Personalised artwork and photographs were seen on display around the centre and communal areas were large, bright and airy. Residents bedrooms were seen to be decorated in line with residents own preferences and one resident told an inspector about how they had been given the opportunity to move bedrooms if they wished.

The centre was well maintained and the inspector noted that the centre presented as clean overall. It was evident that the centre was being regularly cleaned. Staff were observed to use appropriate personal protective equipment (PPE) throughout the day. Hand sanitiser dispensers were located at appropriate points throughout the centre, such as in hallways and at entrance and exit points to the centre.

Staff in the centre were observed to interact positively with residents throughout the day and from speaking to staff and residents it was clear to the inspectors that the staff working in the centre on the day of the inspection were familiar with the support needs of the residents. Interactions were observed to be respectful and residents were seen to be comfortable in the presence of the staff that supported to them. Staff were familiar with the communication styles of residents. Residents were also seen to enter the office where the person in charge was based to chat to them and a resident told inspectors about how staff were supporting them to access appropriate external supports as desired.

Overall, this inspection found that residents in this centre were being provided with a good quality and safe service. There were some improvements to be made to ensure that the medication practices in the centre were consistent with the provider's policy and this will be discussed in the quality and safety section of this report.

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

This inspection found that there was a clear management structure present in this centre and overall this centre was found to be providing a responsive service to the residents living there. The team leader reported to the person in charge, who in turn reported to a person participating in management of the centre.

A new person in charge had recently been appointed to this centre in the weeks

preceding the inspection and inspectors met with this person on the day of the inspection. Inspectors found that in the short time since their appointment to the role this person had made good efforts to familiarise themselves with the residents and their support needs, and had a good understanding of the requirements of their role. The previous person in charge had been appointed as a person participating in management for the centre and had completed a period of induction with the incoming person in charge. However, on the day of the inspection, inspectors were told that this person had commenced a period of long term leave. There were arrangements in place for the person in charge to report to the head of services. The team leader was not present on the day of the inspection and inspectors did not have an opportunity to meet with this individual on the day of the inspection. Staff members spoke positively about the management team in place and the support that they provided to the staff team.

An audit schedule was viewed and it was seen that a number of audits were being completed on a regular basis in the centre including monthly infection prevention and control (IPC) audits, quarterly safeguarding audits and medication audits. An unannounced medication audit had been completed in the centre by a representative of the provider on the day before this inspection. This audit had identified some actions and the person in charge spoke openly about this to inspectors and showed them a draft copy of the audit findings. Some actions had already been completed and the person in charge told inspectors about plans to address the remaining actions. This showed that the provider were proactive in identifying and rectifying issues. Some issues in relation to medication documentation will be discussed in further detail in the next section of this report.

There was a complaints log kept in respect of the centre and it was seen that complaints were being recorded and were being responded to. It was seen that the provider response to complaints were focused and rights based.

Some residents lived in this centre part-time and were not present in the centre every night. There was a nightly attendance book in place to document what residents were present each night. However, there were some gaps noted in this log and it was not always clear what residents had been present in the centre on a given night.

Staffing levels in this centre were seen at the time of the inspection to be appropriate to the needs of the residents. In keeping with the model of care provided in this centre, some volunteers provided supports to residents also. There were ongoing active efforts to recruit staff in this centre. The person in charge spoke about some vacancies on the staff team that had recently been filled and others that were being covered by the existing staff team or regular agency staff in order to maintain consistency for residents. The inspectors had an opportunity to speak with some of the staff members working in the centre. These individuals presented as committed in their roles and were knowledgeable about the residents that they supported.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this

designated centre.

Regulation 15: Staffing

This centre was staffed by a suitably skilled, consistent staff team. Continuity of care was provided. Staffing levels on the day of the inspection were appropriate to meet the needs of the residents.

Judgment: Compliant

Regulation 21: Records

Records, including those specified in Schedule 3 & Schedule 4 were kept in this centre. However, the registered provider had not ensured that all records as specified in Schedule 4 of the Regulations were fully maintained in the centre. Not all dates during which residents were not residing at the centre were recorded.

Judgment: Substantially compliant

Regulation 23: Governance and management

A previous inspection had found that for period in late 2021, a resident had been residing in a part of the premises provided that was not registered as part of the designated centre at that time. Action had been taken since that time to bring the centre back into compliance with the regulations in this matter. A clearly defined management structure was in place in the designated centre and management systems such as auditing schedules were in place to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. The incoming person in charge had been provided with a robust induction prior to commencing their role.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective and accessible complaints procedure in place. Complaints were seen to be appropriately recorded and responded to in a timely

manner.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents was maintained by a good standard of evidence-based care and support. On the day of this inspection it was seen that safe and good quality supports were provided to the residents that lived in this centre. A sample of personal plans were viewed. These were seen to be person centred and were presented in pictorial and easy-to-read format to make them accessible to residents. Comprehensive needs assessments had been completed and the person in charge showed inspectors updated drafts of some of these documents that were under review at the time of the inspection. Residents were involved in the personal planning process and a resident told inspectors about a recent planning meeting that had taken place and the people that they had invited to take part in this meeting.

A sample of healthcare records were also viewed. There were comprehensive plans in place to support residents with specific health concerns such as diabetes and epilepsy. Some residents' hospital passports were viewed and these were seen to be comprehensive and provide clear information about supporting residents should a resident have to transfer to hospital.

An inspector viewed the medication storage room in the centre and spoke with a staff member in detail about the medication procedures in place in the centre. The staff member spoke about how medication was received into the centre and the administration practices in place. Another staff member when asked about a specific medication practice also appeared knowledgeable in this area. The use of psychotropic PRN (Pro re nata-medication taken as needed) medications was not common practice in this centre and where these medications were prescribed, appropriate protocols were in place around their use and staff were familiar with these.

The inspectors viewed a sample of medication prescription and administration records. The inspectors were told that medication prescription records were transcribed on a computer by staff in the centre and then checked and signed by the resident's doctor. Where a change in medication occurred, staff changed the prescription and administration records and these were checked by other staff and the prescription records sent to be signed by the doctor. Inspectors saw a document titled 'Medication Management Policy and Procedures'. Transcribing is described in this policy as an 'act by which medicinal products and instructions are written from one form of direction to another'. The medication policy clearly set out that transcribing was not permitted to be undertaken by employees of the provider. Inspectors were shown a standard operating procedure regarding the practice of

transcribing. This document was out-of-date and superseded by the medication management policy and procedures in place. Inspectors were told that transcribing of medication records was still occurring in the centre due to issues with residents' general practitioners (GP) and pharmacy agreeing to supply the required documentation to the centre. Inspectors were also shown details of communication between the local dispensing pharmacy used by most residents in the centre and the centre management from the previous January where it was clear that some efforts had been made to cease the practice of transcribing in the centre.

Inspectors reviewed the safeguarding procedures in the centre. There had been some peer-to-peer incidents that had been reported to the Chief Inspector. Safeguarding plans were seen to have been put in place where appropriate following incidents of concern and staff were aware of these. It was seen that one open safeguarding plan did not have an associated individual risk assessment. Intimate care plans were in place for residents and were being reviewed. A staff member spoken to during the inspection was familiar with safeguarding procedures and told inspectors that they would be comfortable to report any safeguarding concerns that they might have. A resident spoke to the inspectors about specific measures that had been put in place to protect them from abuse and it was clear that they had a good understanding of why these measures were in place and had consented to them.

Positive behaviour support plans were in place for some residents in this centre and these were seen to be person centred and practical documents that provided good guidance to staff about how to support residents in a manner that would reduce or eliminate behaviours of concern. The plans viewed by inspectors had been reviewed regularly to include any changes or new learning. One resident had in place a comprehensive 'Risk Management Plan' to guide staff while a positive behaviour support plan was being developed in line with the recommendations of an appropriate professional. Several residents had recently taken part in sensory occupational therapy assessments.

Regulation 26: Risk management procedures

The Provider had risk management systems in place and these were updated in line with the needs of residents. From the risk assessments reviewed on the day of inspection they were individualised to the needs of each resident taking into account the identified areas of concern.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacist in this centre. Most residents availed of the services of the local pharmacy and one resident had chosen to continue using their own pharmacy. Medicines were stored securely in this centre. Staff were familiar with the medicines being administered to residents and with the medication procedures in place. However, some improvements were required to ensure that the designated had appropriate and suitable practices relating to the prescribing and administration of medications. The practice of transcribing was occurring in this centre and this was not in line with the providers own policies. This presented an increased risk of medication errors occurring.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Individualised plans were in place for residents that reflected their assessed needs. These were comprehensive and person centred and were regularly reviewed to take into account changing circumstances and new developments. Personal plans were reviewed at least annually with the resident and their representatives through scheduled person centred planning meetings.

Judgment: Compliant

Regulation 6: Health care

Inspectors viewed a sample of healthcare records and these showed that residents were supported to access appropriate healthcare. Residents were supported to attend appointments and were facilitated to make choices in relation to the medical care that they received. For example, one resident told inspectors that they had chosen to change who would provide them with specific mental health supports based on their own preferences and that the team leader and staff had supported them to do this.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. Positive behaviour support plans were in place or in the process of being put in place for residents that required them.

Judgment: Compliant

Regulation 8: Protection

The residents in this centre were protected from abuse. The inspectors were satisfied on the day of this inspection that safeguarding concerns are treated seriously and in line with national policy. Where required, appropriate safeguarding plans were in place. Suitable intimate care plans were in place to guide staff. Staff in the centre demonstrated a good understanding and commitment to their responsibilities in this area. However, the inspectors saw that a resident required further support to develop knowledge, self-awareness, understanding and skills for self-care and protection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were seen to be treated respectfully and offered choices in this centre. Residents were consulted with about the decisions that involved them. Overall, there was a strong emphasis in the centre on supporting residents to exercise choice and control over their daily lives and participate in meaningful activities.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Camphill Community Dingle OSV-0003609

Inspection ID: MON-0038477

Date of inspection: 25/11/2022

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: -Team Lead to ensure all records are reflective and accurate of the Designated Centre daily. -PiC to sign off and approve that these records correlate accurately - including daily logs, conversation records, medication records, fire register logs, and nightly attendance record. - Report writing awareness training to be refreshed and implemented for all staff by 1st of June, 2023. -Directory of Residents up to date and will be monitored regularly by PiC -Letter requesting discharge for one CMSN sent to HSE, HSE has responded and has arranged to visit the Designated Centre on the 17/01/2023 to progress discharge.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: -PiC sent all CMSN's GPs a letter on 14th December 2022 requesting changes in transcribing practice. Currently awaiting further correspondence to initiate GP transcribed MARs going forward. Will aim to get all GPs to transcribe Kardex directly, before signing and providing to Camphill staff for collection as per policy.	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> -Clinical Support officer in the process of updating behavioral support plans that will outline how CMSN shall be supported following a BOC or safeguarding incident. -All risk assessments reviewed and updated re: safeguarding and BOC. -PiC will link with Team Lead to support Social Care staff in the implementation of BSP, along with creation and use of social stories to communicate with CMSN following an incident. 	

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 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	01/06/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	01/03/2023

Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	28/02/2023
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