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:	Dunshane Camphill Communities of Ireland
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	18 April 2024
Centre ID:	OSV-0003616
Fieldwork ID:	MON-0043174

About the designated centre

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

Dunshane Camphill Communities of Ireland is a designated centre that provides 24-hours a day, seven days a week care and support for up to 17 residents in a rural location in Co. Kildare. The designated centre consists of eight residential buildings situated on over 20 acres of farming land in a campus style setting. The centre also provides day activation services from 9am to 5pm Monday to Friday, on site. Some residents participate in these day activities, such as baking, cooking, pottery, basketry, and farming within the grounds of the designated centre or are supported in other interests in the community. The site also contains extensive gardens, walk ways, forest trails, farm land and fields. The centre can accommodate residents, aged 18 and over with intellectual disabilities. Residents are supported by a team of social care workers, assistant support workers and voluntary workers. In line with the co-living model of care residents share communal living spaces with the volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

How we inspect

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
Thursday 18 April 2024	09:15hrs to 15:00hrs	Marie Byrne	Lead
Thursday 18 April 2024	09:15hrs to 15:00hrs	Michael Keating	Support

What residents told us and what inspectors observed

The findings of this unannounced risk-based inspection were that the provider had improved its levels of compliance across a number of regulations since the last inspection. The provider had taken a number of responsive steps to increase staffing numbers and to support a resident to transition from the centre in line with their assessed needs, wishes and preferences. However, improvements continued to be required in relation to safeguarding and protection. The provider was aware of this and outlined steps they planned to take to reduce the presenting risks. These will be discussed in the body of this report.

The designated centre consists of eight premises on a large site in a rural area of County Kildare. Dunshane provides 24/7 residential services to adult residents with intellectual disabilities. The designated centre has 18 registered beds and there were 17 residents living in the centre at the time of the inspection. In the majority of houses there were two to four residents living together, and two residents were living in single-occupancy dwellings. the inspectors of social services had an opportunity to visit each of the eight premises and to review some documentation in a central office on site.

There is a working farm on the campus and a number of buildings including accommodation for live-in volunteers. There were a number of different animals on the farm including sheep and chickens. There are a number of areas where flowers, fruit and vegetables are grown. Residents can get involved in sowing, weeding, planting and harvesting fruit and vegetables. Where possible, fruit and vegetables from the garden and meat and eggs from the farm are used for cooking in the houses.

The inspectors had an opportunity to meet and engage with 10 residents over the course of the inspection. There was a warm and welcoming atmosphere in each of the houses visited by inspectors. Two residents were having a lie on and five residents were attending day services when inspectors visited their homes. Throughout the inspection residents appeared happy and comfortable in their homes and in the presence of staff.

Residents in the centre communicated using a variety of methods of communication including speech, eye contact, body language, vocalisations, gestures and behaviour. For some residents, it was of significant importance for them to have staff who knew them and their communication signals well to best interpret those communication attempts and to respond appropriately. Throughout this inspection, staff were observed by inspectors to be very familiar with residents' communication preferences and to pick up and respond to their verbal and non-verbal cues.

Inspectors observed kind, caring and warm interactions between residents and staff throughout the inspection. This included interactions between regular agency staff and residents they were supporting. Staff used positive, person-first language when

speaking with inspectors about residents likes, wishes, preferences and support needs. They described how important it was to them to support and encourage residents to be as independent as possible in their day-to-day lives. They described how they support residents to try different activities to support them to find the ones they enjoyed best. They also spoke about supporting residents to develop and achieve their goals such as going on holiday, completing courses and seeking work experience.

Residents can choose to attend day services on a sessional basis if they wish to. They can also choose to take part in the upkeep of their home, or the day-to-day running of the farm. Activities offered at home or in day services include weaving, cooking, baking, candle making, basketry, and arts and crafts. While visiting the houses, inspectors observed board games and arts and crafts materials. Some residents had televisions in their bedrooms and there were televisions in shared areas. Some residents also had games consoles and tablet computers.

Residents' bedrooms were highly personalised and every effort was being made to ensure that residents' homes were homely and comfortable. The provider was aware that significant works were required in some of the premises and this formed part of their service operational plan for 2024. In the interim, they were completing maintenance and repair works to ensure that residents' homes were as comfortable as possible.

When inspectors visited residents in their homes some residents smiled as they were greeting them, other shook hands or gave a thumbs up and a number of residents spoke with inspectors about what it was like to live in the centre. Overall, they were complimentary towards the support they received from the staff team. They spoke about their plans for holidays and spending time with their family and friends. Some residents were watching television while they waited to go to day services. Others were was getting ready to go spend time with their family. A number of residents spoke about the support they receive from the staff team, their experience of using the complaints process and their plans to start training courses they were interested in. They told inspectors they were happy living in the centre, and with staff supports.

An inspector met a resident who had transitioned to a self-contained apartment since the last inspection. Through discussions with staff and a review of the residents' daily notes it was clear that the resident was settling well into their new home. The inspector had an opportunity to briefly meet the resident as they were going to day services. They appeared content and comfortable in the presence of the staff members supporting them. Significant work had been completed to their apartment prior to them moving in including works relating to fire containment. Their apartment was designed and laid out to meet their needs. They had access to a number of communal spaces to spend their time, and their apartment was personalised to suit their taste.

Residents and their representatives views were sought by the provider on an ongoing basis and their views were captured as part of the provider's annual and six monthly reviews in the centre. Residents could access information on complaints,

accessing independent advocacy services, infection prevention and controls and residents' rights in the an easy-to-read format in their home. There was information on display in the houses about the complaints process, including pictures of the local complaints officer. Picture rosters were on display in some of the houses. Resident meetings were occurring regularly and an inspector heard a resident asking staff if they could have a meeting today to discuss menu and activity planning.

An additional two vehicles had been made available in the centre since the last inspection. Residents and staff told inspectors about the positive impact this had in relation to additional opportunities to engage in activities in the local community.

In summary, residents were keeping busy and had things to look forward to. There were a number of committed and motivated staff supporting residents. Attempts were being made to ensure continuity of care and support through regular staff completing additional hours and regular agency staff completing the rest. The provider was aware of the areas where improvements were required in relation to staffing, safeguarding and protection and the premises. They had taken a number of responsive steps to support residents in line with their changing needs and were putting supports in place to ensure that a number of residents were supported to move to alternative accommodation in line with identified risks relating to compatibility and safeguarding.

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

Capacity and capability

Overall, the findings of this inspection were that the provider was aware of areas where improvements were required and had a clear time-bound plan to bring about these improvements, particularly those relating to staff and safeguarding and protection. Improvements were noted since the last inspection, particularly relating to staffing numbers and continuity of care and support for residents. Inspectors met and engaged with 10 residents, 10 staff and the person in charge during the inspection. Inspectors were made to feel welcome by residents and staff in each of the houses visited.

This unannounced risk-based inspection was completed following receipt of both solicited and unsolicited information by the Chief Inspector of Social Services relating to this designated centre. This information related to notifications of allegations of abuse and a unsolicited information which outlined concerns relating to staffing numbers and continuity of care and support for residents, the quality of care and support for residents, governance and management and communication and supports from the senior management team. In addition to the solicited information, following the last inspection on the 24 January 2024, there was a continued trend of allegations of abuse notified to the Chief Inspector which resulted

in a provider assurance report being issued to the provider in March 2024. The provider submitted a detailed response and the actions outlined in this response were reviewed during this inspection.

This was the third risk-based inspection in this centre over a period of 9 months. Each of the inspections were completed following receipt of solicited and unsolicited information from the centre. As previously mentioned, the findings of this inspection were that the provider was continuing to self-identify areas where improvements were required and had taken a number of responsive steps to address some of these areas. More time was required to implement some of the actions to bring about the remaining required improvements, particularly those relating to staffing and safeguarding. They had filled a number of staff vacancies and were recruiting to fill the remaining three vacant posts. They were implementing a number of control measures to reduce risks relating to safeguarding and protection in the centre. However, some risks remained and the additional controls identified by the provider to reduce these risks involved building works to support a number of residents to move to alternative accommodation on the campus. The builders were on site on the day of the inspection and inspectors were informed the works were on target for completion by the date identified in the provider assurance report.

The person in charge had resigned their post since the last inspection and the provider had identified an interim arrangement where the area service manager was identified as person in charge while they recruited to fill the vacant post. They were also identified as person participating in the management of two designated centres close to this one. Staff who spoke with inspectors informed them that the interim person in charge was on site at least two days per week and available by phone and e-mail outside these times. The person in charge was supported by a local management team consisting of two team leaders and four house co-ordinators. The majority of time the team leaders were not counted in the staffing quota in the houses. They were each completing one sleepover shift per week in the houses. The house co-ordinators had recently started having eight hours for administration every two weeks.

As previously mentioned, inspectors had an opportunity to meet and speak with ten staff during the inspection. Inspectors found that they were committed and motivated to ensure residents were happy and safe living in the centre. They were found to be knowledgeable in relation to residents' care and support. Some described the steps they were taking to ensure that residents were safe and enjoying a good quality of life, such as supporting them to take part in their local community and to try different activities in order to identify and build on their hobbies and interests. There were systems in place to ensure that staff had access to training identified as mandatory by the provider, and additional training in line with resident's assessed needs. There was a supervision schedule in place to ensure they were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Regulation 15: Staffing

There were three staff vacancies at the time of the inspection. This included the person in charge vacancy. Inspectors reviewed a sample of rosters for each house between January 2024 and the 17 April 2024. These were well maintained. On occasions, in the months prior to the inspection, there was a heavy reliance on agency staff and regular staff completing additional hours; however, rosters in the weeks prior to the inspection demonstrated that this dependence was decreasing, staff also reported this and it was recorded in a sample of staff supervision records reviewed by inspectors.

Inspectors were informed by staff that the provider was working with a number of agencies to ensure that the same agency staff were covering the required shifts, where possible. The sample of rosters reviewed showed the same agency staff covering numerous shifts. On the day of the inspection, inspector met two agency staff who had been consistently supporting one resident for a number of months and observed that the resident appeared very comfortable and content in their presence. There were five live-in volunteers at the time of the inspection who were spending time with residents and supporting them to take part in activities they enjoyed. Residents and staff were complimentary towards the live-in volunteers and what they brought to the community.

Inspectors reviewed a sample of four staff files and found they contained the information and documents specified in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of the staff training policy, the staff training matrix, and through discussions with staff it was evident that staff had access to training in line with what was identified as mandatory in the provider's policy. In addition, staff had completed additional trainings in line with residents' assessed needs. For example, a number of staff had completed diabetes and epilepsy awareness training. The provider had plans to roll out bespoke training on human rights across their services.

There was a supervision policy and a centre specific staff supervision schedule. Staff told inspectors they were in receipt of regular formal supervision. Inspectors reviewed a sample of four staff supervision records and found that agenda items were focused on staff's roles and their responsibility for the quality and safety of care and support they are delivering. There were opportunities to discuss staff's learning and training needs. Staff who spoke with inspectors said that they were well supported by the local management team which consisted of two team leaders and four house co-ordinators. They said they were facilitated to raise their concerns about the quality and safety of care and support provided for residents. However, some staff stated they would be reluctant to raise concerns to the senior

management team.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors reviewed the statement of purpose and spoke with residents and staff and found that there was a clearly defined management structure in the centre. Staff had clearly defined roles and responsibilities for all areas of service provision. The provider had further strengthened local management structures since the last inspection by employing an additional house co-ordinator.

The management systems in place included a number of area specific audits, an incident recording system, six-monthly unannounced visits and an annual review by the registered provider. Inspectors viewed a sample of audits completed since the last inspection and found that they were self-identifying areas for improvement in areas such as safeguarding, the premises, staffing numbers and continuity of care and support. They were developing action plans and clear timescales to bring about these improvements. For example, in line with the ongoing trend of safeguarding incidents they had started building works to support a number of residents to move to alternative accommodation. There had not been a six-monthly or annual review by the provider since the last inspection, as they were not yet due.

Judgment: Compliant

Regulation 31: Notification of incidents

There were systems in place to ensure that the person in charge and staff comply with statutory notification requirements. Staff who spoke with inspectors described good reporting practices and notifications which were submitted to the Chief Inspector were detailed in nature, described any impacts for residents and detailed the actions taken by the provider to safeguard residents or mitigate risks. Inspectors reviewed a sample of incidents since the last inspection and found that the required notifications were submitted to the Chief Inspector within the required timeframes.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents were supported and encouraged to engage

in activities of their choosing and making decisions about how they wished to spend their time. However, compatibility issues remained between a number of residents and there remained and ongoing trend of allegations of abuse relating to interactions between peers.

The sample of residents' personal plans reviewed by inspectors described residents' communication support needs, and what messages they may be sending when using behaviour as a means of communication. The provider and person in charge were recognising that positive behaviour support assists with understanding the reasons for individuals behaviours of concerns, and that by having this understanding supports can be put in place for residents to assist them to come up with different strategies to communicate their needs. Inspectors were informed by staff and the person in charge that the behaviour specialist was on-site at least once per week.

There were a number of restrictive practices in place which were documented and regularly reviewed. Residents' rights and the possible impact of restrictive practices were considered, documented in their care plan and reviewed by the provider's restrictive practice committee. Residents have a consent to restrictive practice form in their personal plan. The steps taken to include residents in the implementation and review of restrictive practices was also recoded in their plan.

Since the last inspection, there were a high volume of peer-to-peer safeguarding incidents occurring in the centre. Documentation reviewed by inspectors indicated this was having a negative impact for some residents, and this was confirmed by staff. Incidents were identified, reported and investigated in line with national policy. Safeguarding plans were developed and regularly reviewed. However, the control measures in some of these were not proving fully effective, as similar incidents continued to occur between peers. The provider had implemented some of the actions which it committed to in the compliance plan from the previous inspection and the provider assurance report to reduce the risks relating to compatibility and safeguarding issues in the centre. These had resulted in positive impacts for some residents; however, the other actions needed to progress in a timely manner to reduce the presenting risks. The provider was aware of this and they were in the process of completing building works to support a number of residents to move to alternative accommodation.

Regulation 7: Positive behavioural support

There were a number of restrictive practices in use and these were recorded and reviewed at least quarterly by the provider's restrictive practice committee. They restrictive practices in place on the day of the inspection were in line with those notified to the Chief Inspector on a quarterly basis. Through discussions with residents and staff and a review of documentation it was clear that alternatives were considered before restrictive practices were used, and that the least restrictive procedure was used for the shortest duration. Staff who spoke with inspectors were familiar with the restrictive practices in place in the centre. Restrictive practice

reduction plans were developed and implemented, where possible.

Residents who required it had access to a behaviour specialist and they had a positive behaviour support plan in place which was reviewed and updated regularly. Inspectors reviewed three residents' positive behaviour support plans. It was determined during a recent review of one resident's positive behaviour support plan that it was no longer required.

The plans reviewed were detailed in nature and set out communication styles and approaches that best supported the resident. Inspectors found that staff who spoke with them were knowledgeable in relation to the proactive and reactive strategies detailed in residents' positive behaviour support plans.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that staff, including regular agency staff had completed safeguarding training. This training was repeated every three years and the provider's regional safeguarding lead was on-site regularly and completing bespoke training to staff based on individual allegations and trends in the centre. Staff who spoke with inspectors were aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider was reporting allegations and suspicions of abuse in line with the provider's and national policy. Inspectors found through a review of documentation that for each allegation or suspicion of abuse there was a preliminary screening and a safeguarding plan was developed. Inspectors reviewed a safeguarding tracker which was found to be accurate, up-to-date and comprehensive in nature. It demonstrated that all safeguarding plans were being reviewed in line with the dates identified on the plans.

Since the last inspection, the provider had successfully implemented additional control measures which reduced the safeguarding risks in two of the houses. They were also in the process of completing building works to support three residents to move to alternative accommodation on-site. However, in line with the findings of the last inspection the provider had identified compatibility issues between a number of residents and there continued to be a trend of incidents of a safeguarding nature between these peers, who continued to share their homes. The provider had communicated this ongoing risk with the funder and were in the process of working with them to secure the required funding.

Judgment: Not 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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Dunshane Camphill Communities of Ireland OSV-0003616

Inspection ID: MON-0043174

Date of inspection: 18/04/2024

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 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The construction for two new apartments is near completion. Works have been completed for one apartment downstairs for the two CMSN's identified. We are now in the process of choosing furniture as per the wishes and needs of the CMSN's. The move should happen prior to the dates outlined below. This will remove safeguarding concerns due to combability issues for the residents in their current home.
The work upstairs is ongoing with a view to moving the CMSN when complete.
Safeguarding concerns have reduced in another residence that raised concerns. The reduction has been due to in the input of PIC/MDT and the staff team and new approaches that we devised early in the year.
We have also addressed safeguarding concerns in a third residence where there was an increase in safeguarding incidents. There was a period of unexplained bruising that we suspected was caused by another peer. This was addressed by consultation with psychiatric services and requesting a reduction in one medication which was agreed on. We also moved the office and used that space as an extra sitting room that is having a positive effect. Communication between the team and management is consistent and leading to higher vigilance and awareness of the needs of the CMSN's living there.
A recent 'discovery' training day was held with 8 staff from the team. The purpose was to focus the thoughts of the staff team on a person-centred approach. This has had a positive effect on the staff members who attended.
The PIC/Team Leads and MDT meet every day or so to discuss any safeguarding incidents that arise and to plan any investigations that may need to be carried out.

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 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	17/06/2024