



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Jerpoint
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	23 May 2024
Centre ID:	OSV-0003624
Fieldwork ID:	MON-0034854

About the designated centre

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

Camphill Jerpoint provides long-term residential care to 10 adults, over the age of 18, both male and female with intellectual disability, autism sensory and physical support needs. The centre is made up three detached two-storey houses each accommodating between one and four residents in a farmyard rural setting. Each resident has their own bedroom and other facilities throughout the centre include kitchens, dining rooms, living rooms, laundries and bathroom facilities. In line with the provider's model of care, residents are supported by a mix of paid staff (including house coordinators and social care assistants) and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Thursday 23 May 2024	09:30hrs to 18:15hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of the centre registration. The provider had submitted an application to renew the centre registration in advance of this inspection to the Chief Inspector of Social Services.

Overall the residents in this centre were in receipt of good quality, person centred care and support. Some improvement was required in the area of staffing and with the maintenance of premises to ensure that the service provided was of consistent high quality at all times. This centre is registered for a maximum of 10 residents and is currently home to eight individuals. During this inspection the inspector had the opportunity to meet and spend time with seven individuals and to meet some of the staff team over the course of the day. The inspection was facilitated by the person participating in management of the centre and the new to post person in charge.

This centre comprises three locations set within walking distance to each other on a rural site that also contains a farm. One large house is home to three residents, two of whom have self contained living areas, one apartment is above a day service building and is home to one resident and a final house is divided internally to provide two single occupancy apartments and one larger area for two residents. The inspector walked through all of the houses and apartments and viewed each location over the course of the day. A number of large premises works were underway on the site such as the building of new level access paths and patio areas.

Residents greeted the inspector as their homes were visited and the inspector had the opportunity to meet and speak with residents as they walked around the site completing tasks or visiting another house. In addition residents called to the centre office or were observed supported by staff to attend activities or go to appointments. The inspector observed that residents were joined by staff at their kitchen tables for a cup of tea and this routine and opportunity to have a conversation was very important to some residents. Other residents were observed relaxing in their homes either watching television or engaged in activities they liked such as art.

One resident moved freely through their home to get a snack for themselves and others were observed making a hot drink and taking it to a location they liked to relax in. The inspector observed staff or the centre volunteers preparing food and staff report that some residents enjoy helping in the kitchen and will take on tasks such as bringing vegetable peelings to the compost or setting the table.

Some residents showed the inspector their bedrooms and pointed out items or photographs they were proud of. Residents had access to sensory rooms, art rooms or areas for them to sit and play video games. The provider had endeavoured to personalise homes and create areas for the residents to participate in activities that were important to them or areas where they could be alone or spend time with their

peers.

Since the last inspection of the centre one resident had passed away. The inspector found that the provider, person in charge and staff team had worked to provide significant support to the other individuals living here. The residents indicated to the inspector which house their friend had lived in and they had mementos to share. There were easy-to-read stories about grief and staff had received information on how to provide support at a time of loss. One resident expressed a wish to write to the residents' family and this action was facilitated by staff in a caring manner.

Staff were observed supporting residents to carry out many tasks in their homes as independently as possible. This included bringing laundry to the utility room, placing a plate in the sink, help with peeling potatoes or arranging items in their personal rooms. Staff used personalised communication strategies and were familiar with resident communication strengths. Residents were supported on the day of inspection to engage in their community and visited the local cattle mart, were engaged in a photography course, went out to dinner with friends or attended their day service.

As this inspection had been announced residents and their representatives had been sent questionnaires in advance to further gather their views on what it was like to live in the centre. The inspector received eight completed questionnaires for review all of which contained a positive response when describing the centre. The questionnaires stated that the residents liked their home, liked living with each other or on their own and were happy and felt safe.

In summary while there had been a change to the residents living in this centre the person in charge and staff team were working to ensure that the residents who lived here were happy and in receipt of a good quality of care and support. The inspector observed residents being treated with dignity and respect during the inspection. Residents were being supported to make choices in relation to how, and where they wanted to spend their time.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall findings from this inspection were that the residents were in receipt of a good quality and safe service. The provider was monitoring the quality of care and support they received and working to support residents to gain independence and make choices in their day-to-day lives.

The centre was well run and the provider's systems were proving effective at capturing areas where improvements were required and bringing about these

improvements. A change to the role of person in charge had been notified to the Chief Inspector and the inspector had the opportunity to meet the new post holder over the course of the inspection day. They were to have responsibility only for this centre.

The local management team were found to be familiar with residents' care and support needs and were motivated to ensure that each resident was happy, well supported, and safe living in the centre.

Registration Regulation 5: Application for registration or renewal of registration

A complete application for the renewal of registration for this centre had been submitted to the Chief Inspector of Social Services. It had been submitted within the required time frame and reviewed by the inspector in advance of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The provider was endeavouring to ensure that the centre was resourced to a level that met the assessed needs of the residents living here. There were however, a substantial number of vacancies in the core staff team which had been assessed as required and this impacted to some degree on the consistency of support for residents.

The assessed number of staff required was stated as 18.5 whole time equivalent (WTE) staff however, currently there were only 10.5WTE in post. The gaps on the roster were filled by consistent relief staff where possible but also by a number of agency staff. The provider endeavoured to ensure that for some residents where consistency was particularly important they were only supported by core staff. In addition the provider endeavoured to use consistent relief or a small number of agency staff on a regular basis so that they were familiar with the residents and their needs.

The inspector reviewed a sample of centre rosters and found these were well maintained and clearly indicated the skill mix of staff on duty. The staff team were for the most part found to be familiar with the residents and the relief and agency staff who provided support on a regular basis were familiar with the provider's systems and documentation.

The inspector reviewed a sample of staff files and found them to contain all documentation as required by the Regulation and to be well maintained.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider and person in charge ensured that staff had access to training and refresher training as required. The inspector found that all staff had completed mandatory and resident specific training.

The provider and person in charge had a clear system in place to track staff training requirements and to ensure that refresher training was scheduled as needed. The provider reviewed their training matrix on a regular basis and identified any potential gaps in advance, there were written communications with staff demonstrating that they endeavoured to ensure that all training requirements were met.

There was a system in place to ensure that all staff were in receipt of formal supervision and support in line with the provider's policy. Informal and on-the-job supervision was also in use. Where staff were new there was a detailed induction and probation programme that was monitored and recorded when completed.

Judgment: Compliant

Regulation 23: Governance and management

The management structure in the centre was clearly defined, and identified lines of authority and accountability among the team. There was a full time person in charge in post who was new to the role and had responsibility for this centre only. They were supported in their role by house co-ordinators and by a person participating in management for the centre.

The provider had systems for monitoring the quality and safety of care and support for residents and these were being utilised effectively. The inspector found that there were clear systems for communication with the staff team and minutes or records of all communications and meetings were kept.

The local management team were completing regular audits, were reviewing incidents, trending and sharing learning with the staff team. The provider had completed an annual review and six-monthly unannounced visits in line with regulatory requirements. They had a system for tracking actions developed as part of their audits and reviews. The actions taken were bringing about improvements in relation to residents' care and support and their home.

Judgment: Compliant

Regulation 30: Volunteers

The provider operated a system whereby volunteers were part of the centre and their stated role was to enhance the quality of life for the residents. The presence of volunteers ensured that residents were fully supported to participate in their community and in activities that were important to them. On the day of inspection there were four volunteers working in the centre across all of the premises.

The provider ensured that the volunteers were in receipt of comprehensive information regarding their role and responsibilities. Volunteers had access to and completed the relevant training including safeguarding and were in receipt of formal supervision.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were supported and encouraged to engage in activities of their choosing. Residents appeared comfortable and content in their home. Residents and staff engaged with the inspector over the course of the inspection and residents were observed to be out and about and to lead active lives.

As part of overall reviews of documentation the inspector reviewed residents' assessments and read a sample of residents' personal plans and found that they positively described residents' needs, likes, dislikes and preferences. The personal plans described residents' communication and behaviour support needs. Positive communication practices were observed over the course of the day between residents and staff.

Regulation 17: Premises

As already stated this centre comprises three premises located a short distance apart on a rural site, that also contained a farm. The premises are large and while there is a system for ongoing maintenance and decoration a number of works remained outstanding. The inspector acknowledges that the provider has self-identified what was required and identified works were documented there were a

substantial number of areas requiring attention. These included cracked tiles on some bathroom floors, grout required on tiled areas or worn paint on internal doors.

External works on paths and patio areas was being completed and internally there had been some new carpet and painting completed. Work had commenced on a laundry/utility area in one house. The provider and person in charge had ensured that cleaning schedules were being adhered to and the premises were clean.

Residents personal rooms were decorated in line with their wishes and were found to be comfortable and warm.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the receipt, storage, administration and disposal of medications. The inspector found that there were good medication practices in this centre which ensured that this area of care was held to a good standard at all times. In each of the houses there was an established area for medicine storage and this ensured staff could prepare for administration without interruption. Residents were welcome into these areas if they wished and encouraged to observe as part of their education and development of their skills in this area if this was an aim for them.

There were current prescription records available. In addition there were records in place to indicate when medications were administered as prescribed. There were systems in place for the administration of 'as required' medicines with details on which was a first choice for residents in addition to a warning system to ensure nothing was given within an incorrect timeframe.

The storage of medicinal products was clear and in line with the provider's policy with medicines returned to the pharmacy once they had expired. There were clear opening dates noted on labelling of any medicinal products so there was a means to record how long a product had been open.

All residents' had been assessed to review their ability to self administer or manage their own medicines. Residents had access to easy-to-read information and had access to their current medication list that outlined what they were taking and why. Members of the staff team had responsibility for completing audits within the houses and staff spoke to the inspector about what these included and what they reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. Language in residents' plans was person-first and positively described residents' care and support needs, and their likes, dislikes and preferences.

These plans are reviewed on a quarterly basis to consider progress against residents stated goals and steps in place to meet these. All residents had long term and short term goals set and worked towards both. These goals were varied and reflected residents' interests such as going to social farming, engaging in a knitting project, planting flowers around their home or meeting friends. Residents also had set home related goals such as participating in household tasks or developing personal care skills. In all instances residents had the opportunity to guide and direct their day.

All residents had personal communication passports in place and there was an outline of each individuals' day and week available to guide staff and volunteers.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge ensured residents had support to maintain best possible mental health. There were appropriate supports in place for residents in relation to positive behaviour support. Residents had their needs assessed and behaviour support plans were in place for those who required them. These were detailed in nature and clearly guiding staff practice. Residents had access to psychiatry and psychology in addition to behaviour support specialists where required.

The person in charge had access to systems for the identification and monitoring of restrictive practices. There were a number of identified restrictive practices in place which were recorded on the centre register. The inspector found that the register was reviewed in line with the providers' policy. The staff who spoke to the inspector were clear on how restrictive practices should be used and all residents had restrictive practice support plans in place if required.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had policies, procedures and practices in place to protect residents. These included policies regarding the management of residents

personal possessions and finances, the provision of personal and intimate care and safeguarding.

Allegations and suspicions of abuse were reported and followed up on in line with the provider's and national policy. Safeguarding plans were developed as required. Staff had completed training and those who spoke with the inspector were aware of their roles and responsibilities should there be an allegation or suspicion of abuse. The person in charge and person participating in management completed regular reviews of all safeguarding plans that had been open in the centre and linked with appropriate external agencies to review and close these as indicated.

A sample of residents' intimate/personal care plans were reviewed and found to be suitably detailed to guide staff practice to support residents in line with their wishes and preferences, while ensuring their privacy and dignity was maintained.

Staff spoke to the inspector regarding the systems they followed to safeguard residents' finances and these were found to be comprehensive. The completion of records detailing residents' possessions had been identified as requiring review, and the inspector found that work was beginning on the action identified as required to update these registers.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the rights and diversity of residents was being respected and promoted in the centre. Residents' personal plans, key-worker meetings and their goals were reflective of their likes, dislikes, wishes and preferences. Residents had support plans in place titled 'my rights' and 'maximising my independence'.

Discussions were taking place to support residents in understanding their rights and these conversations were supported with easy-to-read and picture supported information. There was evidence that residents had access to advocacy services when indicated and there were records maintained of asking for an individual's consent in all areas. The provider had a system in place that detailed the supports in place when residents were making decisions and these were clearly documented as part of key-working sessions.

Residents were very complimentary towards how staff respected their wishes and listened to what they had to say. They talked about choices they were making every day in relation to areas such as where and how they spent their time, what they ate and drank, and how involved they were in the day-to-day running of the centre.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Camphill Jerpoint OSV-0003624

Inspection ID: MON-0034854

Date of inspection: 23/05/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Continued efforts to recruit new staff members to meet the WTE, including advertisements being refreshed regularly by the local administrator overseen by the PIC and Area Services Manager.</p> <p>Since the inspection one new staff member is currently being onboarded and further interviews are scheduled on an ongoing basis including two on 28/06/2024.</p> <p>The community will continue to use utilize regular relief and agency staff until WTE is achieved, all agency staff have completed CCOI training and are supported with regular supervision in line with organisational policy.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All identified maintenance requirements are escalated to the properties and maintenance department. These actions are scheduled for completion in line with completion dates as per schedule of works.</p> <p>All identified areas for improvement including replacing cracked tiles, upgrading of grout and painting of internal doors are included for action.</p> <p>Weekly meeting are held with the PIC, ASM and National Maintenance team to review progress of works and agree actions.</p>	

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 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	30/09/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2024

