



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

## Issued by the Chief Inspector

Name of designated centre:	Camphill Community Mountshannon
Name of provider:	Ard Aoibhinn Community Initiatives CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	16 March 2023
Centre ID:	OSV-0003828
Fieldwork ID:	MON-0039057

## About the designated centre

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

Camphill Community Mountshannon provides a residential service for up-to-four residents who have an intellectual disability. Residents may have a diagnosis of autism and the centre can also support residents who may present with behaviours of concern. A unique living arrangement is in place with both staff members, volunteers and families supporting the care of residents. An integrated social care model is offered and there are additional cabins available on-site for residents to engage in activities. There are up to four staff members and/or volunteers supporting residents during day time hours and there is a sleep-in arrangement to support residents at night. The centre is comprised of two houses and is located within walking distance of a small rural town, there is also transport provided for residents to attend community events. Each resident has their own bedrooms and there is ample communal areas for residents to relax. Each house also provides suitable dining and kitchen areas as well as additional garden and patio areas for residents use.

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

Number of residents on the date of inspection:	3
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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 16 March 2023	09:45hrs to 17:15hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

The inspector arrived unannounced to the centre and met with two staff members on arrival. Both staff were wearing a face covering and they completed the infection prevention and control measures with the inspector.

This was a follow up inspection resulting from urgent actions which were issued on the previous inspection in January 2023. On the day of inspection the inspector did a walk around of both houses to determine if there were improvements in line with the providers compliance plan. During the day the inspector met with two of the three residents residing in the designated centre. The residents were observed to be well dressed and well presented and there were adequate number of staff on duty to support their needs. They were observed to be interacting happily with staff and were smiling.

The resident whom the inspector met in the first house did not have the ability to communicate verbally but by their gestures and interactions with staff the inspector could tell they were in good form. The inspector was shown a residents' bedroom with their permission and on this occasion it was fresh and clean. The windows were open and the bedroom had been cleaned and the bed was freshly made up, the resident also had a new laundry basket.

In the second house the inspector met with another resident and interacted with them. They were observed to enjoy a very wholesome lunch with the staff and interacted pleasantly during their meal and sang 'grace before meal' with the staff. The resident appeared happy in their environment and with staff. The inspector was invited to view the self contained apartment which had been rearranged to make the space easier to clean. The kitchen cupboards had been cleaned, the bedroom was clean and all clutter and laundry had been removed.

In general the residents bedrooms were cleaner and fresher and the residents seemed happy with this. The inside of both houses was cleaner and the clutter and recycling had been removed. The kitchen and bathrooms were clean and some repair work had been completed.

The outside of the centre had been improved, the rubbish removed and the shed was being repaired when the inspector arrived. The outside of the properties had been improved significantly; some old machinery and rubbish had been removed. The centre looked generally much brighter, cleaner and provided a more appealing and stimulating environment for the residents.

In summary, the inspector found that the provider had begun the process of implementing their compliance plan from the January 2021 inspection. However there were still significant areas for improvement under the regulations on Infection prevention and control, premises and governance and management which will be

discussed further under the regulations.

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 to each resident living in the centre.

## Capacity and capability

Overall on this inspection it was noted the provider had implemented elements of its compliance plan relating to premises and infection prevention and control. However improvements were still required in relation to Regulation 23: Governance and Management as robust management systems were not in place in this centre.

This designated centre was previously inspected in January 2023 by the inspector. During the course of that inspection significant concerns were identified in the centre particularly in the areas of governance and management, premises and infection prevention and control. Given such concerns the inspector issued urgent actions on the day of inspection and the nature of the concerns were highlighted to the provider. A compliance plan response for the January 2023 inspection was submitted which was found to be satisfactory and a decision was made to carry out a follow up inspection of this centre in March 2023 which was to focus on the areas outlined above.

On the previous inspection there had been adequate staff on duty to support the residents however the rota was unclear and three weeks of the rota could not be located. On this occasion there was a planned rota in place which was clear and easily understood. It was located on the kitchen notice board and so was accessible to both staff and residents.

It was previously noted that there were gaps in staff training, these had been addressed and all staff had received the mandatory training including safeguarding of vulnerable adults training and infection prevention and control training. Staff spoken with were able to outline elements of the training and relate them to practice when asked about infection prevention and control. However staff had only completed the basic on line infection prevention and control (IPC) training as there was no guidance in relation to training in the infection prevention and control policy; there was more training available for completion which may further enhance the staffs understanding of IPC.

On the inspection in January 2023 the inspector noted that the annual review template used was not an effective tool for reviewing the quality of care of the service, this had not been reviewed or amended since the last inspection. Also the second unannounced audit in the 12 month period had still not been completed and similarly to the annual review template the first unannounced audit had limited

information.

During the current inspection, it was found that the provider had taken action to respond to some of the issues of concern raised by HIQA. However on the day of inspection audit processes and written policies and procedures were still outstanding. Some progress had been made in relation to the policies however there was still no audit process in place for infection prevention and control. The inspector was not assured that the person in charge had oversight and monitoring of the centre as there was no audit system in place to ensure the service was safe for the residents. A review of the policies had begun in line with the compliance plan and there was an improvement noted in the quality of the guidance they provided however this process was not complete. The Safeguarding Policy and the Visitors Policy were in the process of being reviewed and amended to include the safeguarding measures to be adhered to such as supervising residents in the presence of people who were not staff members.

### Regulation 15: Staffing

There was adequate number of staff on the day of inspection and the inspector was provided with a copy of the actual and planned rota which was clear and easily understood. The staff were aware of the hours they were working and the residents could be informed who was supporting them on any given day which was particularly important to one resident. The inspector also requested the rota for previous weeks and these were available for review and were noted to have been planned and clear.

Judgment: Compliant

### Regulation 16: Training and staff development

The staff team had received all mandatory training including safeguarding of vulnerable adults and infection prevention and control. There was a training record available for the inspector to review. Staff with whom the inspector spoke were able to outline the process of recognising a safeguarding issue, recording and reporting it. They spoke with the inspector about the cleaning rota but had limited knowledge of laundry management and colour coded mop usage in relation IPC. They had a better awareness of their responsibilities in terms of infection prevention and control since their recent training. However the staff team required further guidance in relation to staff training in IPC as there was no guidance available in the IPC policy. They had completed the basic IPC module on line; there were several more modules available which would support their practice in this regard.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider had not ensured that there were robust management systems in place to ensure the service was safe, appropriate to the resident's needs, consistent and effectively monitored. The person in charge had not implemented an audit system to ensure that they had oversight of the centre and the practices in operation within it. Also the person in charge had not ensured the second unannounced inspection was completed following review and amendment of the template. The annual review template had still not been amended to include a more detailed overview of the quality of care the service users received. Medicines management practice required improvement and the policy reviewed and updated. Regulation 5 was also found not compliant given the lack of multi disciplinary involvement and requirement for update of the support plans and goals. Given the level of non compliance on this inspection Regulation 23 is found not compliant as there is insufficient oversight of the quality and care provided to the service users.

Judgment: Not compliant

### Regulation 4: Written policies and procedures

While a review of the policies was ongoing and there was some progress evident, the policies still had not been updated and amended fully. These included safeguarding and protection of vulnerable adults, infection prevention and control, visitors and medicines management policy. Within the policy on infection prevention and control there was no guidance on staff training or what cleaning products to you use in the event of an infection outbreak. The Safeguarding Policy and the Visitors Policy both referenced friends and family visiting the centre however neither policy clearly outlined the safeguarding measures to be adhered to such as supervising residents in the presence of people who were not staff members.

Judgment: Not compliant

### Quality and safety

On this inspection infection prevention and control and the premises had improved somewhat and the safety and welfare of residents was maintained in the centre. The residents were happy in the centre, had meaningful activities in their day and



overall had a good quality of life.

The residents in the centre were very active in their local community and on the day of inspection one resident was attending college which was indicative that the resident had meaningful activities in their day. The other two residents were out on various activities during the day including for walks and shopping.

In relation to regulation 5 the provider the provider had ensured that there was an assessment of need in place and there was 'visioning day' once per year from which the personal plan was developed. This was very person centred process and reflected the resident's needs and outlined the supports required to maximise the resident's personal development. The inspector reviewed the personal plan and found while there was very valuable information in it regarding the supports the residents required to live an active an meaningful life, some of the information was out of date and had not been reviewed. The residents goals were carried forward from previous years; there were no progress notes or evidence of evaluation or achievement.

During the January 2023 inspection of this centre it was found that the centre cleanliness was not conducive to maintaining good Infection, prevention and control and the premises were not maintained to a good standard. Three urgent actions were issued on the day of inspection in relation to premises, IPC and governance and management.

On the day of this inspection the inspector found improvement to the premises, the rubbish and clutter had been removed. The kitchen drawers and cupboard doors had been repaired. The shed was being repaired when the inspector arrived that morning and overall there was an improvement in the premises internally and externally. The boiler had been serviced and although it was deemed safe, it was old and the provider had purchased a new boiler for installation.

In terms of infection prevention and control the house was much cleaner and there was a cleaning schedule in place which was signed and maintained by staff. The bathrooms and kitchen had been cleaned in both houses; mould had been cleaned from ceilings and the ceilings were repainted. An extractor fan was put into one house to prevent this issue from occurring again. The self contained apartment was now bright and clean and laundry had been washed and laundry bins provided. The kitchen cupboards had been washed down and the cooker cleaned. There was fresh bed linen which had been recently changed. There was a general improvement in the maintenance of infection prevention and control. However there were no systems in place for color coded mops usage and laundering of same.

The inspector reviewed regulation 29 on the day and found that the storage and administration of medicines was not in line with good practice. The medication management policy required review and update to include staff training on the safe administration of medication and more detailed guidance on storage of medicines.

## Regulation 17: Premises

The registered provider had ensured the premises laid out to meet the aims and objectives of the service and the number and needs of residents. The premises of the centre were of sound construction and kept in a good state of repair externally and internally and clean and suitably decorated. The inspector noted that the centre had been de-cluttered and items which had been designated for recycling had been removed. The outside area had been improved by removing rubbish and repairing old sheds to maintain safety.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had ensured that the residents were protected from healthcare associated infections by ensuring that the centre had a cleaning schedule in place, which was completed regularly and signed by the staff. The centre had still not completed an infection prevention audit but there was an audit tool available to use and the person in charge had scheduled a date to complete it. The person in charge had made improvements in this area and the centre was clean and sanitised on the day of inspection. Staff members also used face masks and hand sanitizer during the course of the inspection. However more processes for color coded mops and laundry management needed to be implemented.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector was not assured regarding the safe storage and administration of medicines in the centre. There was a locked cabinet however it was very small and it held medicines and other unrelated items. The cabinet was unorganised and there was a folded sheet of paper which was the medication administration record. Staff had not been formally trained in the safe administration of medications but the person in charge, who is not a medical professional had given them a brief overview of how to administer the residents' medication. The medication management policy was out of date and also did not mention staff training in safe administration of medication.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that there was a personal plan for each resident which reflected the resident's needs however some of the information was dated. The personal plan was developed through a person centred approach with the participation of each resident at an annual 'visioning day'. However there was no multidisciplinary involvement in the development of the personal plan or in the needs assessment. The person in charge completed the needs assessment and there was no evidence the plans in place were effective.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant

# Compliance Plan for Camphill Community Mountshannon OSV-0003828

Inspection ID: MON-0039057

Date of inspection: 16/03/2023

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The person in charge has ensured that staff have access to appropriate IPC training, including updated guidance in the IPC policy, refresher training in laundry monitoring and colour coding, as part of a continuous professional development programme.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The management audit system implemented by PIC has been updated. Audits of the centre are taking place regularly and issues are being prioritised and resolved.  2. The registered provider is ensuring that management systems are in place ensuring that the service provided is safe, appropriate to residents' needs, and effectively monitored.  3. The registered provider has ensured that the template of the annual review has been amended to include more detail information regarding the quality of care the service users received.  4. The provider representative has carried out an unannounced visit to the designated centre and prepared a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.  5. The medicine policy has been reviewed and updated.	

6. The support plan & goals have been updated & the multidisciplinary team involvement is ongoing.	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>1. The registered provider has reviewed the policies and procedures referred to in paragraph (1) and update them in accordance with best practice. In particular, the safeguarding and protection of vulnerable adults, infection prevention and control, visitors and medicines management policy.</p> <p>2. Within the policy on infection prevention and control there is improved guidance on staff training including what cleaning products to use in the event of an infection outbreak. Within the Safeguarding Policy and the Visitors Policy, references to friends and family visiting the centre clearly outlines clearer safeguarding measures to be adhered to such as supervising residents in the presence of people who were not staff members.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>1. The registered provider has ensured that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards including the updating of policies, training, and audits.</p> <p>2. The PIC has implemented more processes for colour coded mops and laundry management.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The person in charge has taken further steps to ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines so that any medicine that is kept in the designated centre is stored securely. Steps have also been taken for additional training of the handling and administration of medication and the medication cupboard has been correctly organised.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>1. The person in charge is ensuring that a comprehensive assessment, by an appropriate</p>	

health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances.

2. The personal plans and needs assessment document have been updated to reflect changes and by reviewing tools to highlight the ongoing development and achievements.

3. The person in charge is ensuring that the personal plan is the subject of a review which is multidisciplinary.



## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/05/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/05/2023
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and	Not Compliant	Orange	31/05/2023

	support in the designated centre and that such care and support is in accordance with standards.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	31/05/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	31/05/2023

	published by the Authority.			
Regulation 29(4)(a)	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 any medicine that is kept in the designated centre is stored securely.	Not Compliant	Orange	31/05/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	31/05/2023
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to	Not Compliant	Orange	31/05/2023

	reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Not Compliant	Orange	31/05/2023