



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

Issued by the Chief Inspector

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| Name of designated centre: | The Bridge Community |
| Name of provider: | Camphill Communities of Ireland |
| Address of centre: | Kildare |
| Type of inspection: | Unannounced |
| Date of inspection: | 13 July 2022 |
| Centre ID: | OSV-0003605 |
| Fieldwork ID: | MON-0028453 |

About the designated centre

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

The Bridge Community is located in a small town in Co. Kildare and provides residential, day and transitional training services to a wide range of people. There are five residential houses, three located within the main site and two houses located in housing estates in the community. The local town offers an array of amenities such as shops, a supermarket, bank, post office, public library, and community health services. There are various recreational and other facilities and workshops on the main site to provide work and learning experiences for the residents and day attendees. Residential services are provided to people with mild to moderate intellectual disabilities, physical and sensory disabilities and also those on the autism spectrum. The designated centre has capacity to provide full-time residential services for a maximum of 15 adults, male and female, and to provide respite for one adult. Residents are supported by social care staff, care assistants and short-term co-workers (volunteers).

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 15 |
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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 |
|------------------------|----------------------|-------------|---------|
| Wednesday 13 July 2022 | 09:30hrs to 18:50hrs | Marie Byrne | Lead |
| Wednesday 13 July 2022 | 09:30hrs to 18:50hrs | Erin Clarke | Support |

What residents told us and what inspectors observed

From speaking with residents and staff, from reviewing documentation, and from what the inspectors of social services observed, this was a well run centre where residents were provided with a good standard of care and support. A number of residents told inspectors that they were well supported, happy, and felt safe living in the centre. The registered provider was aware that improvements were required in relation to some areas of residents' homes, to some documentation relating to risk management, and to the staff skill mix in the centre and were in the process of implementing a number of actions to bring about these improvements at the time of the inspection.

In addition to having an opportunity to meet and speak with twelve residents over the course of the inspection, inspectors received five completed questionnaires in relation to the quality and safety of care and support in the designated centre. The questionnaires indicated residents had been in receipt of services with the provider for between 19 and 29 years. Feedback in these questionnaires was very positive, particularly relating to the comfort of the centre, food and mealtimes, residents' rights and choices, access to activities, personal planning, staff and complaints management. A number of residents stated in their questionnaires that they would not change anything about the centre and they each indicated that they were happy with staff and how aware they were of their likes and dislikes, and how they listened to them. Residents also indicated in their questionnaire that they were aware of the complaints process and made comments about their experience of using the process such as, "it was dealt with in a timely fashion" and that staff "listened and supported".

Inspectors observed residents to spend time relaxing in their homes, to take part in the upkeep of their homes, and to freely move around their homes and the campus during the inspection. Residents told inspectors about activities they enjoyed both at home and in their local community. They also included some of these in their questionnaires. Examples of these included, walking, baking, swimming, shopping, and going to the pub. Inspectors found that there were arts and crafts supplies, board games, books, computer games and other supplies available in the houses, should residents wish to use them.

A number of residents showed inspectors around their homes, including showing them their bedrooms. Some spoke with inspectors about their love of music and showed them their music and poster collections. Others talked about their love of movies and showed inspectors their televisions and DVD collections and talked about their favourite movies and going to the cinema. Residents' bedrooms were personalised to suit their tastes and a number of residents talked about how important it was to them to keep their rooms tidy, while others said they had to work hard to make sure they remembered to clean their rooms. They said staff were there to support them with this, should they need their support.

Residents spoke with inspectors about things they were enjoying doing and about things they had to look forward to over the summer months, including holidays with their families and friends. One resident spoke about a recent holiday abroad with their family, and another resident spoke about their plans to go abroad to visit members of their family later in the summer. Residents spoke about how important being part of their local community was and about how they loved going for lunch locally, having their hair and nails done locally, and spending time in the town.

On the morning of the inspection one resident spoke with inspectors about how important it was to them to be a member of the local gym, and said they loved going swimming there. At the time inspectors visited their home they were just getting ready to leave to go swimming with two of their friends.

One resident spoke about how they were supported to move from one house in the designated centre to another since the last inspection. They spoke about how well supported they were with their transition and about how much they loved their new home. They told inspectors that it was "a big move" and that they had no intentions of moving again. An inspector also spoke to a resident who had just moved house at the time of the last inspection. They told an inspector that they were still happy they had moved and said "I love it here".

Residents' meetings were occurring regularly and they were meeting with their keyworkers regularly to discuss their care and support, and their wishes and goals. Residents were choosing to attend day services, to attend workshops in the centre, working in their local community, or working on the farm and grounds. One resident had gained employment since the last inspection and it was reported by staff that they were really enjoying their new job. An inspector spoke to one resident who had just arrived home from work. They were happy to be home and spoke about their plans for the following day including going out for a drive with staff and out for lunch.

Overall, inspectors found that residents were involved in the day-to-day running of their home and making decisions in relation to where and how they spent their time. Residents were observed to seek out staff support when they required it and to be supported and encouraged to be as independent as possible by staff members. Residents were keeping in touch with and meeting their family and friends regularly in line with their wishes. There was evidence of increased oversight and monitoring by the provider, and they were aware of areas where further improvements were required and had plans in place to address these.

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

Capacity and capability

Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. The management systems were ensuring that there was oversight of care and support for residents living in the centre. The provider was self-identifying areas for improvement and had action plans in place to address these.

This unannounced inspection was completed following the provider's application to renew the registration of the designated centre and to follow up on the actions identified by the provider in their compliance plan following the last inspection in November 2021. Inspectors found that the majority of actions following the last inspection had been completed with the exception of some actions relating to the premises and staffing numbers which the provider was aware of and working to progress. For example, they had a maintenance priority list for planned premises works and a meeting scheduled with the relevant parties the day after the inspection to discuss residents' changing needs and staffing supports.

The provider had recruited to fill a number of staff vacancies since the last inspection, and were actively recruiting to fill the remaining vacant posts. In the interim, staff were completing additional hours and a small number of shifts were being covered by relief and agency staff. In addition, the provider was recognising the staff skill mix in the centre required review and had escalated this to the relevant parties. Residents who spoke with inspectors were very complimentary towards the staff team and said they were available to them should they require support. Throughout the inspection warm and caring interactions were observed between residents and staff, and staff took every opportunity to talk with inspectors about residents' strengths, goals and aspirations.

There were systems to ensure that staff were recruited and trained to ensure they were aware of, and competent to, carry out their roles and responsibilities in supporting residents in the centre. Improvements were noted in relation to staff uptake of training and refresher training since the last inspection. The provider had a system for alerting them when staff were due training or refresher training and for booking them onto these.

The person in charge had systems in place to monitor the quality of care and support for residents. They were based in the centre and visiting each of the houses regularly. They were found to be familiar with residents' needs and motivated to ensure they were happy, well supported, spending their time as they wished, and achieving their goals. Residents were observed to be very familiar with the person in charge, and to approach them during the inspection to chat and to ask them questions. A number of residents and staff told inspectors that they would have no problem going to the person in charge if they had any worries or concerns.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had employed a full time person in charge who had the qualifications, skills and experience to fulfill the role. They were found to have systems in place to ensure the effective governance, operational management and administration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

Some improvements were found in relation to staff numbers and continuity of care since the last inspection. At that time there were 9 whole time equivalent (WTE) vacancies and there were 4.5 WTE staff vacancies at the time of this inspection. This WTE vacancy number included the need to increase the WTE in line with the admission of a new resident to the centre since the last inspection. The provider was in the process of recruiting to fill these staff vacancies, and in their interim they were using regular relief and agency staff, where possible, to fill the required shifts.

In addition to the current vacancies, the provider had identified that the skill mix in the centre was no longer suitable in line with residents' changing needs. They had identified that the skill mix needed to change in order to ensure that residents' healthcare needs continued to be appropriately assessed and met. They had a meeting scheduled with the relevant parties the day after the inspection to discuss the skill mix in the centre.

Inspectors reviewed a sample of staff files and found that they contained the documents specified in Schedule 2 of the Regulations. There were planned and actual rosters and they were well maintained.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were in receipt of training and refresher training in line with the organisation's policies and residents' assessed needs. Staff were also in receipt of regular formal

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| supervision in line with the organisation's policy. |
| Judgment: Compliant |
| Regulation 21: Records |
| Inspectors found that records were well maintained and available for inspection. They were also found to be well maintained, accurate and up to date, and to be kept secure but easily retrievable. |
| Judgment: Compliant |
| Regulation 22: Insurance |
| There was written confirmation that valid insurance was in place against the risks in the centre, including injury to residents. |
| Judgment: Compliant |
| Regulation 23: Governance and management |
| <p>The centre was well run and managed by a suitably qualified, skilled and experienced person in charge. The quality of care and experience of residents was being monitored and developed on an ongoing basis. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with inspectors were aware of their roles and responsibilities and how to escalate any concerns they may have. The provider had made a number of changes to staff roles and responsibilities since the last inspection, including increasing the number of social care workers in the centre and identifying shift leads in the houses.</p> <p>The inspectors found that the provider had systems in place to complete audits and reviews. These included systems to ensure that an annual and six monthly reviews were completed in relation to residents' care and support, and that the local management team were completing regular audits in key areas of service provision. As previously mentioned, the provider was self-identifying areas for improvement and the provider's systems were generating action plans which clearly identified who was responsible for completion of the actions, and by when.</p> |
| Judgment: Compliant |

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the Regulation.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers had their roles and responsibilities in writing. They were in receipt of supervision appropriate to their role and level of involvement in the centre and had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the quality and safety of care provided for residents was of a good standard. Residents were supported to be aware of their rights and to make choices in their lives. They lived in warm, clean and comfortable homes. As previously mentioned, the provider was aware of a number of areas where improvements were required and had plans to bring about these improvements.

For the most part, residents were protected by the risk management policies, procedures and practices in the centre. Some improvements were required in relation to the risk register and risk assessments in the centre and this will be discussed later in the report.

Residents were encouraged to build their confidence and independence, and to explore different activities and experiences. They were also supported to hold valued social roles and to build on their friendships and relationships both within the centre, and in their local community. A number of residents were accessing the support of independent advocates in line with their wishes and there was information available and on display in relation to the complaints process and how to access advocacy services.

Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were in receipt of person-centred care and supports, and

their opinions were listened to and valued by staff. Staff who spoke with the inspector focused on residents talents and achievements. Residents' assessments and plans were found to be person-centred. Positive behaviour support plans were developed and reviewed as required and restrictive practices were regularly reviewed. Residents' healthcare needs were assessed and care plans were developed and reviewed as required. They were supported to access allied health professionals in line with their assessed needs.

There was a culture of openness in the centre and 'how to keep yourself safe' was regularly discussed at residents' meetings. Allegations and suspicions of abuse were reported and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required.

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose and there was adequate private and communal accommodation. For the most part, the premises were accessible; however, plans were in place to improve accessibility to one of the premises as the external ramp was steep and presenting as a potential falls risk. While waiting for these works the provider had a risk assessment and additional controls such as staff supporting some residents to use the ramp, and the availability of salt for time when the area may be frozen.

The provider had completed a number of works to the premises including some fire upgrade works that were being completed on the day of the inspection. A maintenance priority list was place for planned refurbishments and works to a number of the premises in 2022. This list included the works to the ramp, refurbishment of a number of bathrooms, some tiling, painting in a number of areas, and works to a kitchen in one of the houses.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide was available in the centre and contained the required information. It contained a summary of the services and facilities provided for residents, the terms and conditions of residency, arrangements for resident involvement in the running of the centre, how to access any inspection reports on the centre, the procedure respecting complaints, and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy which contained the required information. There was a risk register in place and general and individual risk assessments were developed as required. However, the risk rating of some risks in both the risk register and risk assessments required review in line with the control measures in place. This was not found to be presenting as a significant risk for residents, as the appropriate control measures were being implemented.

There were systems in place for the oversight of incidents in the centre and emergency plans in place. There were systems to ensure vehicles were serviced and roadworthy.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with appropriate healthcare, having regard to their personal plan. They were supported to access a General Practitioner (GP) of their choice and medical treatment recommended and agreed by residents was facilitated. The provider was found to be recognising residents' changing needs and supporting them to access allied health services in line with their assessed needs and their wishes. The provider was aware that the skill mix of the centre required review to ensure that residents' healthcare needs continued to be appropriately assessed and met in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to access allied health professionals in line with their assessed needs. They had support plans in place which were being regularly reviewed and updated. Staff had completed training and more training was planned with the provider recently training a number of staff to become trainers in this area.

There were a number of restrictive practices in place and they were reviewed regularly to ensure they were the least restrictive for the shortest duration. The provider was in the process of implementing a new system to ensure all the relevant parties were involved in the regular review of restrictive practices in the centre.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the safeguarding policies, procedures and practices in the centre. Allegations and suspicions of abuse were reported and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required. Staff had completed training to ensure they were aware of their roles and responsibilities and safeguarding was regularly discussed at residents' meetings.

Judgment: Compliant

Regulation 9: Residents' rights

Residents could freely access information in relation to their rights, safeguarding, and accessing advocacy services in each of the house. These topics were also regularly discussed at residents' meetings. A number of residents had accessed independent advocates to support them in line with their wishes.

Residents told inspectors about how they were supported to exercise choice and control over their day-to-day life. They talked about their involvement in the running of their home and about their opportunities to engage in activities in line with their interests.

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 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 30: Volunteers | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for The Bridge Community OSV-0003605

Inspection ID: MON-0028453

Date of inspection: 13/07/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 15: Staffing | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> Continued efforts to recruit new staff members to meet the WTE, advertisements are refreshed regularly by the local administrator. Continue to use utilize regular relief and agency staff until WTE is complete, all agency staff have completed CCOI training. <p>A meeting with the commissioning agency was held on the 14th of July 2022 to discuss the additional skill mix requirements to meet the needs of a resident. Approval to buy in a clinical resource was provided and is being sourced presently.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> Maintenance property plan is updated regularly to include all works required. Works are prioritised and regular meetings take place with the property and leadership team of the organisation to review, and plan works within the resources available to CCOI Works scheduled for completion at the Bridge Community include <ul style="list-style-type: none"> In one house Wooden flooring in the living and sitting room area to be buffered and polished to restore the wooden floor. Floor tiles are scheduled to be painted with specialized paint, the paint will seal and cover all cracks and damage to the tiles. | |

- Kitchen countertop will be replaced in one house. Wall tiles surrounding the countertop will also be replaced
- New kick board to be placed under kitchen sink.
- Bathroom upgrade programme to be costed and scheduled in line with available resources
- Painting schedule to be created and rolled out across the community
- Engineer to examine existing Ramp, propose remedial works, costs, and alternatives to be reviewed by property and leadership team. A review of current control measures to be undertaken to minimise risk.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- A review of the risk registers to take place before 31/08/22 to review risk ratings.
- Risk assessments that were noted on the day to have incorrect risk ratings have now been reviewed and amended to reflect the correct risk rating as per the risk rating matrix.
- A review of all personal risk assessments to be completed by 31/08/22.

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. | Not Compliant | Orange | 31/01/2023 |
| Regulation 15(2) | The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided. | Substantially Compliant | Yellow | 30/10/2022 |
| Regulation 15(3) | The registered provider shall ensure that residents receive continuity of care and support, particularly in | Substantially Compliant | Yellow | 30/11/2022 |

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| | circumstances where staff are employed on a less than full-time basis. | | | |
| Regulation 15(5) | The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2. | Substantially Compliant | Yellow | 30/11/2022 |
| 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 | 30/03/2023 |
| Regulation 17(1)(c) | The registered provider shall ensure the premises of the designated centre are clean and suitably decorated. | Substantially Compliant | Yellow | 31/01/2023 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 30/09/2022 |