



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Callan
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	28 February 2024
Centre ID:	OSV-0003607
Fieldwork ID:	MON-0038323

About the designated centre

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

Camphill Community Callan consists of two residential units and five individual units for single residents located in a small town. Overall this designated centre provides a residential service for up to 12 residents, both male and female, over the age of 18 with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. In line with the provider's model of care, residents are supported by a mix of paid staff and volunteers. The centre does not accept emergency admissions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 28 February 2024	09:00hrs to 18:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to review the provider's compliance with the Regulations and the quality of care and support offered to residents living here. The centre is registered for a maximum of 12 residents and is currently at full capacity. Overall the findings of this inspection were, that the residents appeared happy in the centre and were engaging in activities they enjoyed both in the centre and in their local community. The majority of Regulations reviewed on this inspection were found to be compliant with the exception of Regulation 17: Premises where some action was required in the management of external aspects of the centre.

The residents live in either one of five single occupancy homes or in a large house or large apartment, all seven premises combine to make up this designated centre. The inspector had the opportunity to visit all seven homes and met with nine of the 12 residents. One resident was present in their home but asked not to meet the inspector and this was respected, one resident was currently staying with family and one was engaged in their day service. The inspector also met with the local management team, the National head of services and the staff team over the course of the inspection.

In the multiple occupancy homes the inspector observed staff supporting residents with exercise programmes or preparing food for meals. Where one resident was unwell and spending time in bed the staff were seen to ensure that they were comfortable and warm and could access help and support while watching favourite films on television. Residents had made plans to meet with friends, to attend a local farm or shops or to go out for coffee in the nearby town.

Over the course of the day a number of residents came into the office space where the inspector was reviewing documentation in order to have a conversation and later some also met the inspector in their home. All residents told the inspector that they were happy and felt safe in their home in addition to being very well supported by the staff team. One resident was reviewing their financial receipts and supported by staff to manage their budget when the inspector arrived to their apartment. They explained how important their independence was and how staff helped them to maintain this. The resident also showed the inspector their medication folder and their medicines and explained how they managed this themselves. They told the inspector what their medicine was for and what times they took it. The resident has a landmark birthday this year and they spoke about their plans for a party and celebration and how staff were helping them to plan.

Another resident who also lived in their own individual home told the inspector that they had been out for the morning on a walk and at a local farm, they said they were going to rest for a while before planning their afternoon. They were supported by a staff member who asked for clarification about the inspection process so that they could further discuss this with the resident to support their understanding. One

resident who had only moved into the centre within the last year showed the inspector how they had decorated their apartment and how they managed storage for their bed linen and had set up a make-up station in a small room. They spoke about their love of making ceramics and how they had a specific streaming platform on their television so they could watch favourite television programmes.

Another resident explained that they loved sport, in particular basketball with another resident talking about their love of Liverpool football club. One resident was navigating the television guide to plan their viewing of Gaelic football and hurling. The inspector observed residents playing board games, planning sporting viewing on television, engaging in art or building Lego models. They were also observed engaging in household tasks such as loading the dishwasher or sweeping a floor. One resident spoke of how they liked music and played the guitar. The inspector found that some residents were supported to volunteer locally or take on part time employment such as in a local barber. Residents were also facilitated to engage in education or learning opportunities that arose such as 'online safety training'.

Residents spoke of holidays they had taken in the last year and some spoke of holidays that were upcoming this year. Residents spoke of day trips they had enjoyed and of activities they liked to engage in on a regular basis. They told the inspector that they liked to take the train or go on the bus as well as having access to the centre vehicles if they wanted to go out. Other residents explained that they liked time at home and had a number of preferred activities they engaged in. All residents who spoke to the inspector said they would change nothing about their environment although one would like additional storage to display models they built.

The inspector observed that the residents were relaxed and comfortable in the presence of the staff team. Kind and warm interactions were observed between residents and staff. The staff team spoke with the inspector over the course of the day and they were aware of resident likes, dislikes and preferences, and they were motivated to ensure that residents were happy, safe, and engaging in their community and participating in activities they enjoyed. Staff had, for the most part, completed human rights training and gave the inspector examples of how they used this training as part of the support they offered. This included for example ensuring multiple options for activities were offered for resident's or supporting residents in making choices that were important to them or in developing skills that promoted independence.

The inspector observed residents being treated with dignity and respect during the inspection. Staff were observed to knock before entering rooms and to offer residents choices in relation to how and where they spent their time. There was information available on the availability of advocacy services.

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. The inspector found that there had been a gap in some systems of oversight over the preceding year which was due to a gap in a key position, that of team leader. The provider and person in charge had self-identified that this gap was having an impact on the oversight mechanisms in place to monitor care and support. Actions were identified to up-skill staff members in other roles to take on delegated duties and on the day of inspection all audits and governance mechanisms were now in place.

The person in charge was supported by an area services manager and three house co-ordinators with the position of team leader vacant. The person in charge reported to the area services manager who was present in the centre on the day of inspection. They were available to the person in charge and staff team as required. The provider's systems to monitor care and support included audits, six-monthly and annual reviews which had been completed with action plans arising from these.

Regulation 15: Staffing

The provider had ensured that the centre was well resourced and a consistent staff team was in place based on the assessed needs of the residents. The staff team had a small number of vacancies namely the team leader and one other position with a second position recently recruited for and the new staff scheduled to start. Vacant hours on the centre roster were covered as required by consistent relief staff or two named agency staff if needed.

There was evidence of ongoing review of the assessed needs of the residents and consideration to changes to rostered staff as required to meet these 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 person in charge also maintained a 'house timetable' as given the large number of different premises and with a number of residents not requiring full-time care and support needs the staff may be located in more than one premises per shift.

The inspector reviewed a sample of staff files and found these to contain all information as required by Schedule 2 of the Regulation.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of training and refresher training in line with the organisation's policies, the centre's statement of purpose, and residents' assessed needs. The person in charge and the office administrator maintained an action plan arising from audits based on the training records. This ensured training was scheduled when required and current. Training for example had included human rights training and also training on the management of eating, drinking and swallowing difficulties.

Staff were also in receipt of regular formal supervision in line with the organisation's policy in addition to having annual performance evaluation meetings and informal support was also provided if required. Areas where staff were performing well and areas for further development were discussed during supervision sessions.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there was a well defined management structure in place with clearly identified lines of authority and accountability. As stated the team leader position was currently vacant and the provider had reviewed the house co-ordinator positions allocating some additional areas of responsibility and providing protected time for the completion of these. This had ensured that audits and other oversight mechanisms were completed as required by the provider.

The provider's systems for oversight and monitoring were found to be effective in this centre and were picking up areas for improvement in line with the inspectors findings. An annual review of care and support had been carried out for the previous year and six monthly unannounced provider visits had also been completed as outlined in the Regulation.

There had been a recent change to the person participating in management for this centre who also held the role of area services manager. The inspector found that there had been a clear and detailed handover and there was a schedule in place for the manager to be present in the centre and a schedule for meetings with the person in charge.

Staff meetings were taking place in line with the provider's policy and there were clear systems for communication with the staff team. The person in charge met with

other persons in charge employed by the provider in the region on a monthly basis and there was evidence of shared learning.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a policy and procedure in place for the management of complaints including some easy-to-read documents. The inspector found that residents and their representatives were aware of how to make a complaint if they wished to. Details of who to complain to was available in the centre, in addition to information on accessing advocacy or other supports.

The inspector reviewed the centre complaints register and found that a comprehensive tracking system was in place that monitored the progress of complaints. In 2023 there had been 11 complaints submitted of which 10 were resolved locally and one required further review by the provider. All of these were now closed to the satisfaction of the complainant and had been managed in line with the provider's policy.

In 2024 one complaint to date had been received and the resident spoke of their complaint on the day of inspection. The resident had met with the person in charge and agreed actions that were to be put in place. The resident called to the office on the day of inspection to ask about progress on some of these actions and stated they were satisfied with the engagement they had had. This complaint was also found to have been managed in line with the provider's policy.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences. The provider and person in charge supported and encouraged residents' opportunities to engage in activities in their home or local community.

From speaking with residents and staff, and from a review of a sample of residents' assessments and daily records the inspector found that residents had regular opportunities to engage in meaningful activities both inside and outside of the centre. They were attending activities, day services, using local services, and taking part in local groups. In addition, residents had meaningful goals documented in their

personal plans that they had an active part in developing.

Regulation 17: Premises

As stated this centre comprises seven different homes. Five homes are single occupancy with three of these located in one building close to a large multiple occupancy apartment in the town. One single occupancy home is located next door to the multiple occupancy three storey house in the town and the final single occupancy home is a cottage located a few minutes drive away on the outskirts of town.

Internally the provider has been completing a schedule of maintenance and decoration projects with evidence that painting and minor upgrades to bathrooms or kitchens had taken place. Residents' homes were comfortable and personalised with residents pointing out items that were important to them. Painting of wardrobes and other furnishings was taking place on the day of inspection. There was a clear system in place for the person in charge to flag jobs that were required and the inspector reviewed this on the day. Where residents' needs had changed and assessments completed by health and social care professionals the provider had ensured works such as widening doors or creating wet rooms to ensure accessibility was carried out.

Some external works had also been identified and were scheduled such as the repair and painting of windows and patio doors or balcony repair. However other external works were not fully identified and were found to be required such as courtyards needing clearing with rubbish and debris present and posing risks. Access to some areas was restricted due to these risks with bins or other items used to create a barrier. In one garden there were broken items and debris waiting removal with the area also containing some rubbish. Pathways required cleaning to ensure they were not slip or trip hazards.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the policies, procedures and practices relating to risk management in the centre.

The provider and person in charge were identifying safety issues and putting risk assessments in place. Arrangements were also in place to ensure that risk control measures were relative to identified risks. The inspector found one potential risk had not been identified in relation to security of one premises where staff or the resident

left windows open while the premises was unoccupied. This was reviewed and addressed on the day. In addition there were two systems in place between two homes for the storage of prescribed thickening agents, the person in charge had reviewed and updated the risk assessment prior to the inspection concluding.

The inspector reviewed a sample of both individual and centre specific risks and found that these were regularly reviewed and there was evidence of the risk ratings increasing or decreasing in line with changing needs. All actions for each risk were noted to be clear and detailed in guiding staff practice. There were systems to ensure vehicles were roadworthy and well maintained. This had been a concern previously with the wheelchair accessible vehicle not consistently available to residents, however, the person in charge and provider had ensured maintenance had been completed.

There were systems in place for responding to emergencies and feedback and learning from incidents was shared amongst the team at team meetings. A recent serious incident in the centre which had been notified to the Chief Inspector had been appropriately responded to, risk assessments updated and new control measures were in place. This is detailed under Regulation 8.

Judgment: 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.

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 over the counter medicines which were recorded when administered on a provider supplemental form in use within this centre. These products were all reviewed by the residents GP in advance and signed as not having contra-indications with other medicines and safe for use. This was an area the provider had under review following learning in other centres operated by them.

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 and the inspector was told by one resident that this was

important to them whereas another resident said they liked that they had the choice but preferred to have staff support.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments and personal plans and found that they were person-centred and detailed in nature. Residents' abilities, needs, wishes and preferences were highlighted in their plans. There was evidence of a clear link between assessments and plans, and evidence of ongoing review and evaluation of them. Assessments were occurring at least annually and were multidisciplinary including the resident and their representative.

Residents' opportunities to develop and maintain relationships and to hold valued social roles formed part of the development of residents' goals and these were regularly discussed at meetings between residents and their keyworkers. There was evidence that some residents had been supported to get part time employment or to volunteer with others wanting to do their driving licence test. Daily or weekly schedules and options to support choice making were available for all residents. All individuals have a support and action plan in place that guides assessment and directs the provider as to further supports that may be required.

Residents had set personal goals and these were associated with making choices and positive risk taking. Residents goals were divided into long, medium and short term aims and this supported the staff in working towards the end goal. The inspector found for instance one resident had visited the zoo, with another wanting to visit an art gallery or one resident wanted to go to a particular music event. Residents goals also included activities at home such as baking or watching favourite films or series.

Judgment: Compliant

Regulation 6: Health care

The provider and person in charge ensured that residents were being supported to enjoy best possible health. An annual overview of assessed health needs and supports was in place and this was also used to maintain an overview of appointments and other health related matters.

The inspector found that the provider was recognising residents' current and changing needs and responding appropriately by completing the required assessments and supporting residents to access health and social care professionals

in line with their assessed needs. Residents had their healthcare needs assessed and were supported to attend medical appointments and to follow up appropriately. Records were maintained of residents appointments with medical and other health and social care professionals, as were any follow ups required.

Health related care plans were developed and reviewed as required. The inspector reviewed a number of health related care plans and found them to be detailed and to guide staff practice. Where required plans were linked to risk assessments or infection prevention and control guidance. The inspector observed residents taking responsibility for aspects of their own health care with minimal staff support, for example, selecting food and drink in line with safe swallow guidance or recognising symptoms of recurrent infection so that the resident could flag to the staff the need for early intervention by a GP. Residents were supported to access national screening programmes in line with their health and age profile, in line with their wishes and preferences.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents had access to appointments with psychiatry, psychology and behaviour support specialists as needed. Positive behaviour support plans were in place for those residents who were assessed as requiring them and they were seen to be current and detailed in guiding staff practice. Plans included long term goals for residents and the steps required to reach these goals in addition to both proactive and reactive strategies for staff to use.

There were a number of restrictive practices in use in the centre and the inspector found these had been assessed for and reviewed by the provider, when implemented, and in an ongoing review and monitoring basis. There were systems for recording when a restriction was used out of context or unexpectedly and evidence that restrictions were reduced or removed where possible. Residents were supported to understand the reasons why a restrictive practice was considered and their consent was sought.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre. The provider had systems to complete safeguarding audits and there were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. Safeguarding was a standing topic at staff meetings to enable ongoing discussions and develop consistent practices.

Where any allegations were made, these were found to be appropriately documented, investigated and managed in line with national policy. Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines. Safeguarding plans that were in place were reviewed and implemented in line with National guidance and there was clear guidance for staff to follow.

There was evidence of learning from incidents and accidents within the centre. There was evidence of the person in charge having put in place robust investigations in relation to any allegation, incident or suspicion of abuse. Where ongoing safeguarding concerns were identified as part of the provider's review, due to for example potential resident incompatibility. The person in charge and provider had completed a comprehensive review of living together and these arrangements were currently under review with staff supports in place. The inspector found that the provider responded comprehensively to serious safeguarding incidents. In one case where an incident was notified to the Chief Inspector of Social Services via the notifications process which involved online abuse including financial abuse. This was found by the provider to require a response from An Garda Síochána. The provider had comprehensively identified and responded to concerns, ensured safety of the resident and all their peers, implemented education and support systems. This was spoken about by the resident on the day of inspection who stated they were safe and protected by staff.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents was being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights and their responsibilities through residents' meetings and discussions with staff and their keyworkers.

Over the course of the inspection the inspector observed that residents were treated with respect and the staff used a variety of communication supports in line with residents' individual needs. 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. Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a need-to-know basis.

Residents had access to information on how to access advocacy services and could freely access information in relation to their rights, their responsibilities, safeguarding, and accessing advocacy supports. There was information available in an easy-to-read format on the centre in relation to infection prevention and control, and social stories developed for residents in areas such as living with someone else, making a complaint and fire safety.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Camphill Community Callan OSV-0003607

Inspection ID: MON-0038323

Date of inspection: 28/02/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Work plan with weekly premises and maintenance calls between PiC, National Property and Facilities Manager and ASM. All maintenance requirements are recorded using the affinity system and the allocation of maintenance support and resources required for Callan is monitored within the above planning calls. Works to begin end of April start of May to replace the named windows and balcony. A further full site walk around was completed and all areas identified to have restrictions as outlined have been noted for a safer alternative such as a fence to be fitted in this area.</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 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	11/09/2024