Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Kyle
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	01 February 2024 and 02 February 2024
Centre ID:	OSV-0003625
Fieldwork ID:	MON-0033970

About the designated centre

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

Camphill Community Kyle provides long-term residential services for a maximum of 16 residents, over the age of 18, of both genders with intellectual disabilities, physical disabilities and autism. The centre is located in a rural setting and comprises five units of two-storey detached houses with each accommodating between one and five residents. All residents have their own bedrooms and other facilities throughout the centre include kitchens, dining rooms, sitting rooms, utility rooms, bathrooms and staff offices. In line with the provider's model of care, residents are supported by a mix of paid staff (including social care staff and care assistants) and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 1 February 2024	10:30hrs to 18:00hrs	Tanya Brady	Lead
Friday 2 February 2024	09:00hrs to 18:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This announced inspection was completed over two days, following an application by the provider to renew the registration of this designated centre. Overall the findings of this inspection were, that this was a well managed centre where residents were in receipt of person-centred care and support in line with their assessed needs. The buildings were warm, clean and decorated in line with residents' assessed needs, wishes and preferences despite some premises works still underway or being planned. Residents were supported by a staff team who were familiar with their care and support needs. They were engaging in activities they enjoyed both at home and in their local community.

With the exception of minor actions in medicines management and the need to implement a safeguarding plan which was in development, the provider was, via their auditing systems picking up on other areas where improvements were required. For example, they had identified that works were required in the heating systems and that works to ensure accessibility of premises remained outstanding, and that improvement was required in relation to staff numbers to ensure residents' changing needs could be supported by a full core staff team.

The inspector had the opportunity to meet with 14 of the 15 residents living in the centre over the two days of inspection. One resident had gone home to stay with their family and the inspector did not get an opportunity to meet them. Residents were observed to be busy but each had plans for their day and their evening which they were supported to achieve.

The centre comprises five houses located reasonably close to one another on a large rural site. One house is home to a single individual and the other houses are home to between two and five residents. The inspector visited and spent time in all of the houses over the two days. Each home had communal living areas and kitchens in addition to laundry facilities. Residents all had their own bedrooms and some of these were en-suite while others shared bathrooms. Some residents had individualised apartments located within larger houses. Residents showed the inspector their personal rooms and spoke of colours they had chosen or pictures or objects they liked, while others were proud of rooms that had been renovated in their home such as bathrooms or relaxation spaces.

The inspector met with staff in all houses that comprise this centre and also had an opportunity to meet with all members of the centre's local management team. Staff reported to the inspector that they felt 'proud of what had been achieved for residents' and that they 'felt committed to residents and can see the impact of the provider's improved systems'. Staff outlined the enhanced engagement of residents within their community over the last few years and spoke of supporting resident friendships and relationships with others either within the centre or within the community.

The staff team reported they had been in receipt of human rights training and gave the inspector examples of how they implemented learning from this into everyday life. This included how they offered choices to ensure that residents had control of their day and were afforded opportunities to make meaningful decisions. They also spoke of the importance of respecting people's choices. Staff who spoke to the inspector spoke of how they also used residents' meetings as opportunities to discuss resident rights.

Residents spoke to the inspector about how they liked to spend their time, things they had done and things they were looking forward to. For example residents were observed knitting or colouring, watching television or listening to music. Residents went out for walks and for drives. Some residents were supported by staff to go shopping or to attend activities such as art class or work on the farm. One resident told the inspector that they were working to complete their driver theory test and another resident explained that their parent was coming to visit them and they were planning for a meal together.

Residents were observed moving freely throughout their homes, accessing snacks, meals and drinks as they wished or relaxing in preferred locations. Throughout the inspection staff were observed to knock on residents' doors before entering their rooms and to treat residents with dignity and respect. Staff were observed to take the time to listen to residents and to pick up on their verbal and non-verbal cues. Residents were observed using their mobile telephones, using the Internet or accessing recordings of programmes they liked on their televisions. Staff spoke of reductions in restrictive practices in some houses that had a positive effect on residents lives.

In one house residents explained that they liked to go to 'bingo' and that they had bought a 'Christmas jumper' to attend social events over Christmas. Residents were observed going out with staff in a small group for a cup of tea in a nearby town, others went out on their own supported with a staff member and others relaxed at home. The inspector observed mealtimes which were at times that worked for individual residents and also residents gathering to have a cup of tea in their kitchen. In another house a resident showed the inspector their DVD collection of films they liked and went to get cleaning materials to ask staff to help them dust these. They also showed the inspector their collection of 'cow related' objects that they were proud of. Another resident was planning a holiday and a night away.

In addition to meeting with residents, the inspector also met with family members who had requested an opportunity to speak to the inspector. They reported that their relative was happy in their home and loved living in the centre although they had concerns regarding the rate of progression in premises adaptations. Assurances were provided to the inspector over the course of inspection and documentation reviewed in relation to this matter. The inspector also heard about family member concerns related to the implementation of health related decisions. Decisions had been taken in line with health care plans however, the specific decisions were not matters that the inspector could address and as such the person in charge and area service manager made themselves available to deal with specific queries.

As this inspection was announced questionnaires about aspects of care and support in the centre were sent out in advance and 14 were received by the inspector. In these, residents stated that they were happy and felt safe in their home. They had fun with the staff team and liked them. one said 'I am happy in my home and I like my bedroom' another said 'I want to live here forever it is lovely'. One resident said that 'staff supported me to attend a funeral of [someone] who was important to me' and followed up by stating 'they let me talk about her'. Residents also made comments about 'wanting to choose a new colour paint' for their bedroom, an action that was planned and another said that it was difficult to have a private phone call with others around.

Overall, the inspector found that the residents were supported by a staff team who were familiar with their care and support needs. They lived in warm, clean and well-maintained homes. They were being supported to make choices and decisions in relation to their day-to-day life. They were also being supported to explore activities in their local community to see what they found meaningful. They were supported to spend time with the important people in their life. Two minor areas for improvement that of the provider's medication policy and the timely implementation of safeguarding plans.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall the findings of the inspection were that the residents were in receipt of a good quality and safe service. The local management team were identifying areas for improvement and taking action to bring about improvements. However, improvement was required in the provider's application of their systems in relation to safeguarding oversight and recording of use of over-the-counter medication.

The person in charge was full time and only had responsibility for this centre. They were supported in their role by a full time team leader and by an area service manager who held the role of person participating in management of the centre. The inspector met with all members of the centre management team over the course of the inspection. The person in charge and local management team had systems in place for the day-to-day management and oversight of the centre. They were completing regular audits and taking action to bring about improvements in relation to the premises and the residents care and support.

The statement of purpose and all of the required documentation for the renewal of the registration had been forwarded in a timely manner. The service was operated

in accordance with this statement.

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

There had been no change to the person in charge since the previous inspection of this designated centre. The person in charge is engaged in effective governance of the centre and has demonstrated that they can lead a quality service. This was outlined to the inspector by the staff team who spoke with the inspector during the inspection and through a review of centre documentation.

There is evidence that the person in charge is competent, with the appropriate qualifications and skills to oversee the centre and meet it's stated aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The provider and person in charge reported to the inspector that there was enhanced stability in the staff team which had in turn supported consistency in the provision of care and support to residents. Staff who met with the inspector also stated that they felt the consistency and familiarity of the staff teams within the houses was improved.

It is acknowledged by the provider that staffing vacancies remain, currently a deficit of 12 whole time equivalent positions are unfilled. Recruitment is ongoing and the centre has a clear management plan in place to address these deficits. The provider is engaged with the funder of their service and an up-to-date review of staffing needs is under review by both the service funder and the provider.

These deficits are well managed from within the core staff team, the core centre specific relief panel and a small number of core agency staff that are specifically allocated to individual houses. Planned and unplanned leave was being covered by regular relief and regular agency staff. The provider considered the resident at the

centre of their day and as such staff were also utilised to ensure the residents' activities could be planned and carried out at a pace that was preferred by them.

The centre roster was well maintained and and the inspector reviewed the actual and planned rosters. These showed consistency in the core staff team and in the support staff team (agency and relief). The rosters also showed that the numbers of staff required to meet residents' assessed needs were in place. There was evidence of the provider and person in charge reviewing staff numbers for potential changing needs as part of future planning with for example, waking night staff available in some houses.

The inspector reviewed a sample of staff personnel files and found that they were well maintained and contained all information as required by the Regulation and Schedule 2. The centre administration staff also ensured that the staff files for relief and agency staff were maintained to the same standard.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were completing training and refresher training in line with the provider's policy and the residents' assessed needs. For example, the team where required had completed diabetes awareness training or management of eating, drinking and swallowing training. All staff had also completed human rights training. The training needs of staff were closely monitored with training scheduled in advance of it or refresher needs being required. The training of agency staff was also monitored to ensure it met the assessed needs of residents.

Staff meetings were occurring regularly and staff were in receipt of regular formal supervision and on-the-floor mentoring and appraisal. Supervision schedules were in place and to date adhered to. Where required, performance improvement plans were in place and these contained clear learning goals and objectives and were reviewed regularly with the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure which identified the lines of authority and accountability. The centre was managed by a person in charge who

was familiar with the care and support needs of the residents. The person in charge was supported by a team leader and an area services manager. The local management team were monitoring the quality and safety of care and support for residents. Audits in the centre were completed by staff with specific responsibilities or the team leader and the outcomes reviewed by the person in charge. The person participating in management of the centre completed or had full oversight of quarterly compliance audits and the actions arising from these were discussed jointly with the person in charge and progression of these was regularly reviewed.

The provider completed audits of the quality of care and support provided to residents as required by the Regulation. These were found to be detailed and to take into account the views of the residents and their representatives. The provider had a number of specialised departments and these were also used as part of the governance and oversight systems such as health and safety, property and facilities or human resources.

Staff meetings were occurring in line with the provider's policy in addition to meetings with managers of all other designated centres operated by the provider to review the quality of services. There was evidence that issues identified by the staff team were recorded and flagged to the appropriate member of the management team with a corresponding action. For example, the inspector reviewed an action identified where one resident was not evacuating during fire drills. The person in charge arranged for a visit by the local fire engine with the fire ambassador to the centre to support education and skill development for the resident and their peers.

Judgment: Compliant

Regulation 3: Statement of purpose

This is an important governance document that outlines the model of care and support to be delivered to residents within the service. The statement of purpose was found to reflect the facilities and service provided and to outline charges or fees that were in place. The centre statement of purpose was available to all residents within the centre and to their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider and person in charge had effective systems in place for the management and investigation of complaints. Residents and their representatives

are supported to express any concerns or issues they may have. The complaints procedure is accessible and includes access to supports such as those provided by an independent advocate if required. The provider and person in charge ensure that the complaints procedure is reviewed and the outcomes are recorded.

The inspector reviewed the complaints register on the day of inspection and found that there was one verbal complaint recorded that was being investigated in line with procedures and one compliment had also been received.

Judgment: Compliant

Quality and safety

From what the inspector observed, was told, and from the documentation reviewed it was evident that every effort was being made by the provider, the person in charge and staff team to ensure that the residents were in receipt of a good quality and safe service. Work was ongoing with the residents to ensure they were developing and reaching their goals, gaining independence and engaging in activities they enjoyed in their local community. They were actively supported and encouraged to connect with their family.

The provider and person in charge were proactive in supporting residents with their communication needs to ensure they have a way to express themselves or to support them in understanding information. These supports were found to include active decision making by residents in all aspects of their lives.

Regulation 12: Personal possessions

The provider had a policy and procedures in place regarding the management of residents' personal possessions. Oversight systems were in place in the centre and the person in charge maintained authority over the systems. There were daily, weekly and monthly reviews of cash balances and receipted transactions. The provider also had systems of reconciliation in place against bank statements to support residents in ensuring their finances were safeguarded.

Residents all had a financial assessment in place which showed the level of support they required to manage their finances. Associated risk assessments were also in place that outlined the control measures that were required. For some residents in the centre the financial institution they had their personal account with had limited their access to their monies as an outcome of their procedures. The provider and person in charge were advocating on behalf of residents and had referred this

matter to advocacy services and to the financial institutions inclusion officers.

For some residents who are supported by a representative the provider and person in charge had completed reviews of their financial oversight systems and were working in collaboration with residents and representatives to ensure bank statements could be reconciled and that residents had full access to information about and to their monies.

Where the provider and person in charge had identified one safeguarding risk in relation to the financial oversight of one residents finances this is referred to under Regulation 8.

Judgment: Compliant

Regulation 17: Premises

This centre comprises five houses and a large rural site. There have been ongoing concerns related to required premises works over the previous number of inspections completed within this centre. The provider and person in charge have been overseen significant work to the premises including upgrades to bathrooms, some external path resurfacing and fire safety work in addition to decoration and upgrades.

While it was clear that substantive work remains to be completed this has now all been identified, an action plan in place and is scheduled. This included ensuring that the accessibility of aspects of some houses was in line with the physical assessed needs of individuals. Upgrades to all pathways and pedestrian areas was scheduled to be carried out within a few weeks of the inspection and upgrades or replacements of the heating systems was also seen to be scheduled. A number of houses were planning for the fitting of new kitchens and some bathroom refurbishments had been completed with others under construction.

The provider has systems in place for the ongoing review of the premises and had identified areas that required replacement or review on an ongoing basis. Continuous maintenance and decoration systems were in place and residents remarked that they liked their homes and their personal spaces.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which contained the required information. There was a risk register in place; it was found to be detailed and to

relate to this centre where required.

In line with a review of incidents and through discussions with staff the inspector found that risks identified were reflected in the risk register, in either general risk assessments or in the resident's individual risk management plans. The risk rating for risks were found to match the risks in the centre. In addition, the control measures listed could be fully implemented. Risk assessments and safety plans were in place that aligned to residents' personal plans.

Where residents had for example, falls risk assessments these were up-to-date and actions or measures in place were found by the inspector to have been implemented such as review of door saddles or flooring. Where general risks were identified such as the poor quality of some kitchens these were linked to the property and facility department risks and reviewed accordingly, with the identified actions and control measures monitored on an ongoing basis.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had a policy, procedures and systems in place for the receipt, storage, return and administration of medications. The staff in discussion with the inspector outlined their knowledge of the medication practices in place and how to implement these. The providers policy gave guidance related to the use of over-the-counter medicines which related to a need for these to be prescribed. This was an area that required review as not all over-the-counter medicines in use had a corresponding prescription in place, although the inspector acknowledges that the GP had reviewed the use of these and possible contra-indications.

All residents had up-to-date prescriptions in place with clear systems to manage rapidly changing medications associated with changing complex health needs. There were records in place to indicate when medications were administered as prescribed. Where residents were supported to take some control of their medicines there were clear records of the supports in place around these also.

There were clear systems in regards to the storage of medicinal products with medicines returned to the pharmacy once they had expired. Where some minor improvement was required relating to the storage of fluid thickening agents this was completed on the first day of inspection and reviewed by the person in charge. There was an opening date noted on labelling of any medicinal products ensuring there was a means to record how long a product had been open.

The documented care plans associated with medication management for the individual residents were detailed and subject to regular review. The provider and person in charge had ensured that the details regarding staff guidance for the

administration of 'as required' (PRN) medicines were in place and guided practice.

Judgment: Substantially 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. Daily and 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 these were associated with making choices and positive risk taking. The inspector found for instance one resident had set the goal to go swimming and the staff supported them to achieve this by breaking it into smaller steps, reviewing local amenities, exploring different times to go and extending the goal by considering the use of the Jacuzzi also. Residents had been supported to take short holidays and a number of residents spoke to the inspector about hotels they had visited. Residents had certificates on display to celebrate achievements they had such as literacy attainments or attendance at courses.

Judgment: Compliant

Regulation 6: Health care

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, as part of a pre-surgery requirement one resident was taking responsibility for following a weight loss plan. Another resident who had long standing skin integrity difficulties was supported to attend multiple appointments weekly and they took the lead in ensuring they adhered to guidance such as wearing waterproof coverings while showering. 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

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Staff had attended training in de-escalation and intervention. Residents had positive behaviour support plans in place and behaviour support plans had recently been reviewed. These clearly guided staff to support individuals to manage their behaviour. The person in charge had ensured that residents attended specialist appointments and that findings from these were incorporated into the resident personal plans. The consistent implementation of these plans and supports in addition to the impact of consistent staffing had seen positive changes for some residents for example, with staffing support reduced from 2:1 to 1:1.

Residents were supported through the use of 'social stories' or easy read documents to help them in understanding how to use positive behaviour changes. The inspector reviewed a sample of these including 'my mouth is not for spitting' or 'other people's personal space'.

There were a number of restrictive practices in operation in the centre to promote the safety of residents which included the use of monitors or sensors, locked doors and fluid or food restrictions. These were found to have been assessed and were subject to regular review. The provider also facilitated a restrictive practice review meeting that also provided oversight and review of all restrictive practices in place. All restrictive practices in use in the centre had been referred to the provider's committee.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had ensured that residents were protected for the most part by the policies, procedures and practices relating to safeguarding and protection in place.

Safeguarding plans if required were developed and reviewed. Staff had completed training in relation to safeguarding and protection, and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. The provider and person in charge had completed review of all plans that were in place over the course of 2023 together with the Health Service Executive's safeguarding and protection team. Following this review, 26 plans had now been closed with five active plans remaining open and the centre had been complimented on their implementation of good safeguarding practice.

The inspector reviewed a number of residents' intimate care plans and found they were detailed, attached to an appropriate personal care plan and guiding staff practice in supporting residents.

The provider and person in charge had however, identified a safeguarding concern that related to a resident which included a number of different safeguarding concerns including financial safeguarding as outlined under Regulation 12. While a comprehensive approach was being discussed by the provider and a safeguarding plan being developed, on the day of inspection despite the ongoing identified safeguarding concerns, neither protective actions nor a plan had as yet been implemented. The person in charge and provider gave verbal assurances on the day of inspection that this plan would be made available for review if required as part of the monitoring programme for the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was evidence that residents were supported to make decisions in their day to day lives. There was a clear decision making process to guide staff when supporting residents with decisions. This included prompts to use such as 'who do I tell about my decision', what prompts were used to help me make/understand a decision and what alternatives could I consider. 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, whether they chose to adhere to medical guidance and how involved they were in the day-to-day running of the

centre. Individual rights assessments were completed and where restrictions were in place these had been referred to the provider's human rights committee.

Staff roles and responsibilities were discussed within staff meetings. The specific contributions team members were making to the residents' care and support and the day-to-day management of the centre were celebrated, and challenges they were facing with their roles and responsibilities were also discussed.

Resident's consent was sought through the use of easy read and symbol supported forms. Some residents had accessed independent advocates, and there was information available and on display in relation to independent advocacy services and the confidential recipient. There was evidence of education sessions available within the centre for instance a visit by The Fire Service about fire safety or attendance at literacy skills courses to support residents in signing their name.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Camphill Community Kyle OSV-0003625

Inspection ID: MON-0033970

Date of inspection: 01/02/2024 and 02/02/2024

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 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The provider is currently reviewing the Medication Policy and has added measures to ensure all processes for management of medications including over the counter medicines are in place and guidance provided within the reviewed policy.

This reviewed policy with updates will be available to all staff when signed off the board of Camphill Communities of Ireland.

Regulation Heading	Judgment
Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The safeguarding concern discussed on the day of inspection had been notified to the HSE Safeguarding and Protection team on 27/02/2024. Further notification will be made following consultation with the HSE Safeguarding and Protection team if required.

The PIC is supporting the resident to promote their independence and to make choices in line with their individual will and preference.

The Area Services Manager has contacted the person allegedly causing these concerns and invited them to a meeting to provide details of the concerns identified and detail action being taken by Camphill Communities of Ireland to safeguard the resident.

The Area Services manager has contacted the Independent Advocate and invited them to a meeting to provide details of the concerns raised. The independent advocate will be supporting the resident only and will remain impartial to the provider and the person allegedly causing the concerns.

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 29(4)(b)	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 medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/04/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/04/2024