



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:	Unannounced
Date of inspection:	08 November 2022
Centre ID:	OSV-0003625
Fieldwork ID:	MON-0033975

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 17 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 six units of two-storey detached houses and standalone apartments 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:	16
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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
Tuesday 8 November 2022	09:00hrs to 14:45hrs	Tanya Brady	Lead
Tuesday 8 November 2022	09:00hrs to 14:45hrs	Conor Brady	Support
Tuesday 8 November 2022	09:00hrs to 14:45hrs	Sarah Mockler	Support

What residents told us and what inspectors observed

This unannounced inspection was completed to review the registered provider's progress towards meeting the requirements of a restrictive condition that had been applied at the point of the renewal of registration of this centre. The restrictive condition had tasked the provider with being in compliance with a number of stated Regulations by the end of October 2022. Three inspectors carried out this inspection and visited all houses that comprise the centre. The inspectors met with all residents present in the centre on the day and found that one unit was unoccupied. Some residents were at day services or engaged in the community so the inspectors did not get an opportunity to meet with them, however, in total 11 residents and 15 staff members were met on this inspection. In addition, the inspectors met with the providers Head of Service, Regional Manager and Person in Charge on this unannounced inspection. Inspectors also reviewed a considerable amount of documentary evidence provided to them both during and following this inspection by the registered provider.

The majority of residents spoken with and observed by inspectors were found to be safe and well cared for. The provider had clearly worked very hard at implementing new systems of oversight and ensuring that safety and quality of care was their paramount consideration. A number of residents told the inspectors that they were happy and felt safe and some indicated physical changes in their environment as positive. Residents were observed to be supported to come and go to activities within the centre and inspectors found evidence of activity schedules and residents leading busy and active lives. Inspectors observed residents using transport and coming and going to and from the centre. Other residents were going to healthcare appointments and attending pre arranged activities in the community. Residents observed coming and going presented as happy and content in the presence of staff and well cared for.

Overall inspectors found the residents to be kept safe, cared for and supported in this centre. Inspectors found substantive evidence of improvement and clear evidence of proactive and effective local management by the person in charge and registered provider. For example, inspectors found that a number of key actions and assurances previously given to the Chief Inspector of Social Services by Camphill Communities of Ireland had been completed.

In one house, the inspector met with two residents who were present at the time. One resident was in the conservatory area of the home flicking through magazines. Staff explained this was a preferred activity that the resident enjoyed. This resident primarily used non-verbal means to communicate and were seen to approach staff and use gestures to communicate their wants and needs. The staff present readily understood what the resident was requesting. The second resident in the home had recently moved in from a different location within the centre. They sat and chatted with the inspector and the staff present. They expressed to the inspector that they were happy with the move and enjoyed living with their peers. They stated that

having staff support them at all times was important to them. They spoke in detail about their own specific medical needs and relevant appointments with health professionals. They appeared very comfortable in the home, and explained to the inspector that they would directly approach the person in charge if they had any specific concerns. They had an active and busy week planned and they spoke of upcoming goals that they had recently decided to achieve during their annual review meeting. This included enrolling on a computer course. They spoke about staff that had recently left the service and seemed aware of ongoing staff changes.

In a second house two inspectors met with three residents that were present. One resident was watching their favourite film on television and the staff had ensured they had access to their augmentative communication system which they were observed to be supported to use. Another resident was supported by staff to clean their apartment and they showed inspectors their home pointing out photographs and personal items they were proud of. The third resident was being shadowed by a staff member. This resident was walking around their home. Staff were observed to gently guide the resident to the kitchen area to indicate when their meal was ready. Due to this person's specific needs some restrictive practices were in place. For example, there were alarms on external doors that activated when they were opened. Staff were seen to respond appropriately to these alerts during the course of the inspection. Residents were observed accessing snacks, drinks and meals at times that suited them.

However, inspectors also noted some ongoing issues and delays regarding the centres access to funding/resourcing, staffing/vacant posts and the providers difficulties in recruiting and retaining staff. Most notably, the timely transition of residents to planned onward placements in line with their respective assessment of needs was also found to still be an issue. These findings are outlined in more detail later in the report.

As highlighted in previous inspection reports resident transitions on safeguarding, compatibility and assessment grounds were an issue in this centre. Two residents had transitioned (one out of the centre to a new home and one internal move from one unit to another) since the previous inspection with a further five residents assessed as requiring transitions to alternative support accommodation by the registered provider. The inspectors found that of these planned resident transitions, one was classified as 'urgent' by the provider. The provider had clearly self identified and cited reasons including the unsuitability of the current premises to the resident's placement, the risks to the resident (due to rapid deterioration of the resident's healthcare needs) and their enhanced support needs. Inspectors found this resident was not being supported in line with their assessed needs and that despite the efforts of staff, the resident's basic needs and rights were being compromised. Inspectors observed that this matter had been escalated to the relevant Health Service Executive (HSE) personnel in their capacity as the funder of the service.

The condition of the premises was of particular concern in this centre and had been highlighted as an area requiring specific focus during previous inspections and was named on the restrictive condition of the centre registration. The inspectors found that a substantial amount of progress had been made in this regard with further

programmes of works planned and costed. Time lines for completion were very much dependant on the release of capitation according to the registered provider. Inspectors were shown all plans and proposals submitted to the providers funder in their monthly meetings and correspondence.

Overall Camphill Community Kyle was found to have made significant progress since its last inspection. The issues outstanding were also found to be self identified by the provider and evidence of escalation and solutions were evident.

Capacity and capability

Overall this centre was found to be well managed with a clear and competent governance team in place. The registered provider's Head of Service, Regional Manager, Person in Charge and Team Leader were all met as part of this inspection. A significant effort had been made by the provider's management team to implement actions related to the assurances made to the Chief Inspector. A large volume of these committed actions were found to have been completed which moved this centre towards compliance with Regulations and Standards.

Inspectors found that these changes had led to a number of positive changes in the centre and improved the quality and safety of care delivered to residents. However, the provider had written to the Chief Inspector in January 2022 citing that issues regarding access to funding/resources were hampering full implementation of all assurances made. Nonetheless this centre was found to have made good progress and the scale of improvement was very evident on this inspection.

This inspection found that the predominant remaining challenges facing the centre were associated with resourcing, resident changing needs/pending resident transfers, staff turnover and in particular the providers ability to competitively recruit and retain competent and suitably qualified staff.

Regulation 15: Staffing

The registered provider had completed an up-to-date comprehensive review of residents' assessed needs since the last inspection had adjusted staffing levels to best meet resident needs. Staffing levels had been determined by the provider to be 44 whole time equivalent (WTE) posts. The provider informed the inspectors that there is currently a staff deficit of 15.4 WTE which is a 35% shortfall currently in the centre. The provider said there has been a lot of resignations and staff moving to services with better pay and conditions and this has impacted on service provision. For example, this has led to daily use of agency in the centre and these staffing challenges have been placed on the centres risk register by the person in charge.

The inspectors reviewed the staffing rosters and found a number of days where the person in charge was not in a position to provide the rostered numbers of staff however, they did not fall below the assessed safe minimum levels.

This issue is therefore actioned under Regulation 23 in terms of staff resourcing.

There were appropriate numbers and skill mix of staff found on the day of inspection. Regular staff spoken with and observed were found to be competent and knowledgeable in their respective roles. Furthermore residents presented as comfortable with the staff supporting them.

Judgment: Compliant

Regulation 23: Governance and management

The provider had clear overall lines of authority in place with lines of accountability also in place for the designated centre at individual, team and organisational level. The inspectors found that the management team in place were striving to ensure positive outcomes for residents through the provision of care and support that was person-centred.

The registered provider and person in charge were operating governance systems that ensured the service delivered to residents was safe and effective through completion of ongoing audits and via the application of an effective quality assurance system.

However, as already stated above the impact of insufficient resources and staffing conditions has resulted in the provider not being in a position to meet all residents' assessed needs. In addition, the facilities and premises in the designated centre require resources to ensure they are fit for purpose to meet the needs of residents.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspectors reviewed the complaints procedures in place following receipt of solicited information submitted by the provider to the Chief Inspector through the notifications process and receipt of unsolicited information of concern submitted via the concerns process.

Inspectors found the provider had a clear complaints procedure in place and there was evidence of follow up whereby complaints were made. Both the centre and wider service has gone through substantive changes in recent years which has led to an understandable increase in concerns and complaints. However the evidence

reviewed suggests that all actions taken by the provider have been balanced, fair and resident focused.

Judgment: Compliant

Quality and safety

Due to the centres regulatory history and previous findings of non-compliance with Regulations, a restrictive condition was placed on the conditions of the centre's registration. This specific condition required the provider to come into compliance with a total of seven Regulations by the end of October 2022. This would ensure that the lived experience of residents would improve and that consistent safe services could be provided. This inspection was carried out to determine the levels of compliance with the specific regulations as set out in the restrictive condition. Overall it was found that the provider had made considerable efforts to ensure compliance with Regulations. However, on the day of inspection two Regulations remained non-compliant, Regulation 17, premises and the resources available to the provider under Regulation 23 Governance and Management. The impact on the unsuitability of the premises was attributable to poor levels of safe care for a small number of residents. These risks has been identified by the provider and evidence was provided in relation to this.

This centre comprises six properties set around a working farm on a rural location in Co. Kilkenny. Inspectors visited all locations as part of this inspection and found the provider has completed significant improvement works since the previous inspection. For example paths and walkways had been repaired and replaced to ensure that the large site was now overall safe to walk around. However, the inspectors noted that given the large size of the premises and grounds continual maintenance work would be required to ensure that the substantively large site, buildings and grounds would continue to be well kept and maintained. For the most part the premises were clean and well kept. Painting works had been completed in many areas and a number of new bathrooms had been installed or renovated. However, aspects of the premises were not conducive to promoting safe and appropriate care to all residents within the designated centre.

Regulation 17: Premises

Over the course of this inspection the inspectors had an opportunity to inspect all six buildings and the substantive rural grounds that comprise this designated centre. The provider had completed a significant programme of premises works and also had a costed programme of works for further work plans/resident transitions that were all reviewed on this inspection.

The works completed since the previous inspection included:

- A full fire safety upgrade to all premises including fire proofing, fire alarms, fire safety equipment and fire containment. Given the size and nature/layout of some of the buildings this matter will require continual review. For example, the changing needs and mobility of an aging population of residents.
- A full health and safety review and upgrade of a number of footpaths/pathways identified as hazardous.
- A complete newly installed effluent, septic tank and waste water treatment system.
- The renovation/upgrade of seven resident bathrooms.
- The painting/decoration and upgrade of a number of residents bedrooms.
- Various premises works to buildings, communal spaces, doors, entrance/exits, general maintenance and upkeep.

On the day of inspection multiple works and workers were observed undertaking various necessary premises tasks such as door work, carpentry, gutter repairs and flooring. Further required works were scheduled for the days following inspection such as replacing a floor in one residents room. As reflected in previous reports the large scale and size of this centre meant that premises works, renovation and maintenance/upkeep needs are considerable.

Notwithstanding the considerable work completed, inspectors again found a direct link between some residents assessed needs/changing needs and the suitability of their living environments being unable to effectively meet these needs. For example, one resident who was a wheelchair user had inadequate living space, their bedroom was located on a corridor that was too narrow for their power wheelchair and their bedroom and en-suite did not meet accessibility guidelines and were too small for their power wheelchair and hoisting equipment (necessary for everyday personal and intimate care) to be used in unison. Furthermore another resident who had deteriorating physical, medical and cognitive needs and was assessed (by the provider) as very high risk and unsuitably placed, was observed to be residing in an environment that was at odds with their assessed needs. Due to the environment, appropriate care planning, supports/supervision or facilities for this resident's increased changing needs were not in place. For example, there were inadequate facilities to ensure that the resident's personal intimate care needs were being appropriately met. The arrangements in place saw staff attempting to do their best but due to the premises constraints were compromising the residents privacy and dignity. The provider showed inspectors several records of correspondence to the HSE regarding this residents need for a suitable placement.

Judgment: Not compliant

Regulation 26: Risk management procedures

Overall risk was being managed in this centre. The provider had systems in place for the identification, review, assessment and management of risk. Risk was escalated and responded to locally and control measures were put in place. The risks associated with inappropriate resident placements are reflected under the judgement against Regulation 23 in this report. These risks were found to be self identified, recorded, reported and escalated both internally and externally by the registered provider.

Judgment: Compliant

Regulation 27: Protection against infection

Overall the centre was found to have made a number of improvements in terms of protection against infection. A number of staff and residents were observed over the course of inspection and appropriate hand sanitising and donning/doffing of PPE (personal protective equipment) was in place. Staff were observed implementing cleaning routines in line with guidance and best practice guidelines. The centre was found to be for the most part clean. The condition of the premises was impacting on the staff team's ability to effectively clean to the standards required in areas such as bathrooms. The centre had supported a number of residents through COVID-19 and contingency plans were in place that had been reviewed and amended following each outbreak.

Judgment: Compliant

Regulation 28: Fire precautions

A full fire safety upgrade to all premises including fire proofing, fire alarms, fire safety equipment and fire containment measures were observed. A clear approach was in place regarding fire safety identification and risk assessment. Substantive works and funding had been completed and signed off by competent fire persons.

Given the size, building styles and nature/layout of some of the buildings that comprise this centre, fire safety arrangements will require continual review. For example, the changing needs and mobility of an aging population of residents and their continued ability to safely evacuate. At the time of this inspection, the measures observed provided assurance that all residents could be safely evacuated in the event of a fire. One resident had recently been transitioned to ground floor accommodation due to a deterioration in mobility.

Judgment: Compliant

Regulation 8: Protection

From a safeguarding and resident protection perspective all residents were found to be appropriately safeguarded. The provider had put significant time and energy into this area. Staff spoken with were knowledgeable on the types of abuse and systems in place to protect residents. Training programmes and staff induction reflected safeguarding as of paramount importance. There were systems of reporting and recording in place. Residents told inspectors they felt safe in the centre. Residents were observed to be well supported and cared for and identified safeguarding matters were found to be followed up and control measures put in place. Residents finances were checked and balances/ledgers were all found to be correct and good systems of managerial oversight were in place.

Judgment: Compliant

Regulation 9: Residents' rights

Resident rights were found to be upheld in this service in the majority of cases reviewed (aside from residents highlighted earlier in the report who had been assessed as inappropriately placed and awaiting discharge). Inspectors found assisted decision making advisory groups, the use of independent advocacy, consultation and choice promotion and the clear recording of residents will and preference to all be in place. Residents' rights were found to be well promoted and respected by staff and management in this designated centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Camphill Community Kyle OSV-0003625

Inspection ID: MON-0033975

Date of inspection: 08/11/2022

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>CEO of CCOI has sent communication to the HSE on 08/12/22 outlining the insufficient resources available to meet the needs of the residents in Camphill Kyle. Options have been presented to the funder for action with a defined date.</p> <p>Camphill continue with ongoing recruitment drives. Open days have been held in Hotels, advertisements on the local radio stations, social media platforms. There are future dates planned for recruitment drives as well as other recruitment plans taking place. The PIC reviews the rosters daily to ensure that there are safe minimum levels as per risk assessment in the Community.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>CEO of CCOI has sent communication to the HSE on 08/12/22 outlining the insufficient resources available to meet the needs of the residents in Camphill Kyle. Options have been presented to the funder for action with a defined date.</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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/06/2022
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.	Not Compliant	Orange	30/06/2022
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids	Not Compliant	Orange	30/06/2022

	and appliances to support and promote the full capabilities and independence of residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/06/2022