



# 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:	Short Notice Announced
Date of inspection:	07 September 2022
Centre ID:	OSV-0003607
Fieldwork ID:	MON-0036923

## 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 7 September 2022	09:00hrs to 17:00hrs	Tanya Brady	Lead
Wednesday 7 September 2022	09:00hrs to 17:00hrs	Louise Griffin	Support

## What residents told us and what inspectors observed

This centre was previously inspected in May 2022 to inform a decision regarding the centre registration however, due to fire safety concerns this decision was deferred to allow the provider time to complete all identified premises and fire safety works. As a result this focused inspection was carried out to confirm whether the provider had moved into compliance with specified Regulations.

Time had been spent with residents on the previous inspection and therefore this day was primarily focused on a premises, fire safety and documentary review. Inspectors visited all seven units that make up this centre to review the fire safety precautions and met with residents who were present, the staff team on duty and local management over the course of the day. All residents had been informed in advance that the inspectors would be present in their home and a small number of residents had requested to meet the inspectors. The inspectors therefore met with residents who had waited in their homes to meet with them. Other residents were either at day services or away on holidays. Residents used a mixture of verbal and non-verbal communication and the inspectors engaged with them using a total communication approach. For example, some residents were observed in their environments and in their interactions with staff while three residents spoke with the inspectors.

The residents who engaged with the inspectors indicated that they were happy living in the centre. These residents talked about some of the activities which they enjoyed such as going to music concerts, arts and craft, going for coffee with friends and planning holidays. Residents told the inspectors that they were aware of how to make a complaint and any issues they had raised had been resolved. One resident showed the inspectors the recent structural changes and was happy with these changes. Residents could point to work that had been completed and explained how workmen had been present in their homes. All residential properties were seen to have had substantial fire safety work completed and subsequent to this work decoration had been completed such as painting and in one home the residents were waiting for the painter to arrive.

Another resident told the inspector that they were looking forward to moving to a new home within the community and shared their holiday plans. Inspectors observed that residents were supported to participate in hobbies such as painting, building 'Lego' models, listening to and playing music, writing and sculpture. Evidence of these pursuits were displayed throughout residents homes. One resident had written and illustrated a book which was displayed in a number of the houses that make up this centre.

The staff team was observed supporting residents with preparing meals, going shopping, or completing household chores. Staff were at all times caring and respectful and ensured residents were provided with time to contribute to conversations and give their opinions. The staff who spoke to the inspectors were

very knowledgeable in relation to residents likes, dislikes and preferences.

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 the service being delivered.

## Capacity and capability

This was the second inspection completed to inform decision making with regard to the renewal of the centre registration. Particular focus of the inspection was on reviewing progress made by the registered provider against their stated action schedule. The inspectors found that assurances made formally to the Chief inspector by the registered provider were being implemented based on the findings of this inspection.

The findings of this inspection were that the registered provider and the local management team have been successful in improving levels of compliance with in particular, Regulation 28 within this centre. This provided assurance to the inspectors that residents were safe following the work now completed on the previously identified fire safety concerns.

This centre comprises seven units, two houses and five apartments. One house and one apartment are registered for multiple occupancy and the other five units are all single occupancy. All of these units are situated in and around a small town. The centre is registered for a maximum of 12 residents and is currently at full occupancy.

Staff who spoke with inspectors were knowledgeable in relation to residents care and support needs and were kind, caring and respectful when interacting with residents. Staff were observed to pick up on a resident's communication and to respond appropriately.

## Regulation 23: Governance and management

The provider had ensured there were clear lines of authority and accountability in place in this centre. While there had been a change in the person in charge since the last inspection, this had not impacted on the ability of the local management team to effect change in line with the provider's centre governance plan and their identified schedule of works.

There were systems in place for oversight of all areas that contribute to quality

improvement in the centre and for the focus of this inspection in Regulation 28 and Regulation 17. The provider was self identifying areas for improvement and putting action plans in place to bring about required improvements. Frequent audits were in place that monitored the premises and residents' environments and any actions identified were monitored until completed.

Fire safety audits were completed as part of the person in charge and provider oversight and these were completed alongside a walk through of premises. The provider's estates and property department were regularly present in the centre and completed their reviews as an additional quality measure. Where actions were identified these were prioritised and there was evidence that progress was reviewed.

Inspectors found that an action identified in previous inspections of this centre relating to oversight of residents' finance was continually being reviewed by the provider with support for residents now in place through the presence of an external advocate.

Judgment: Compliant

## Quality and safety

Overall, the provider and person in charge were working to ensure that the residents in this centre were in receipt of a good quality and safe service. In previous inspections, the key regulations reviewed as part of this inspection were found to be non-compliant which impacted on the safety of residents.

The centre overall presented as warm and homely. All residents had been supported to decorate their homes in accordance with their wishes and interests with some residents pointing out to inspectors changes that had been made. There was evidence that referrals had been made to relevant health and social care professionals and that premises reviews had formed part of their assessments. Additional changes were implemented or planned for residents with increased mobility needs such as doors that could be held open or made easier to open independently. These changes were in line with the fire safety works. In one house the inspectors found that an upstairs window in a resident's bedroom was open with the safety catch undone. This was discussed on the day and inspectors acknowledge that the provider did have a secondary safety measure of a bar over the frame in place. This was for immediate review by the provider's health and safety department and assurances were given to inspectors on the day. In addition a risk assessment for this was to be completed by the person in charge.

Previous inspections of this centre in 2022 had raised concerns around the management and oversight of residents finances. During this inspection however, inspectors found that there were improved processes in place and ongoing engagement with residents with the support of an external advocate.

## Regulation 17: Premises

This centre comprises seven units, five of which are single occupancy and two are for more than one resident. The inspectors visited all seven units over the course of this inspection. All residents had their own bedrooms and access to areas for relaxation which they had personalised to their individual preferences. There was evidence of painting which was in progress and not yet completed. There was also evidence of furniture and fixtures in process of being moved, replaced or repaired. The inspectors acknowledge that maintenance required had been self-identified by the provider and this was progressing in line with the time lines they had identified.

On the day of inspection, inspectors observed that the maintenance of an external courtyard had been completed and residents had photographs of social events they had held here in the summer. Another premises had paths resurfaced and external lighting works also had been completed making access to this house safe for the resident.

Judgment: Compliant

## Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to COVID-19. Staff had completed a number of additional infection prevention and control related trainings.

There were cleaning schedules in place that identified areas for daily and weekly cleaning, these were found to have been consistently completed. Some additional areas were observed however, by inspectors as not identified on the cleaning schedules such as extractor fans some of which were observed to be visibly unclean. Equipment used for the cleaning of different areas within the units was found to be colour coded. Some improvement in one unit was required as the used mop heads were placed in a swing top bin that was next to resident coats and these were found to be touching.

In addition areas of the premises were worn and damaged which did not allow for the completion of effective cleaning practices. While these had been self identified and scheduled for completion by the provider the work remained outstanding. Maintenance work to a number of bathroom floors had not yet been completed since last inspection. One unit required maintenance work to kitchen cupboards

where the laminate surface was seen to be peeling and a kitchen floor required repair work due to wear and tear damage. Another unit had wooden panels on a bath that had exposed edges and wear and tear.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The registered provider had completed works to ensure that effective fire safety management systems were in place in the centre since these had been identified as being required.

On the day of the inspection, the provider and their property project manager gave verbal confirmation that all fire safety actions, identified in previous inspections and in the compliance plans submitted following the previous two inspections, had now been completed to the standards as outlined. In addition, the provider was working with the external specialist firm who had overseen the works to furnish them with final written certification confirming completion of works to the required standards. Once certification of fire works has been completed, the provider gave an assurance that they will submit confirmation of certification to the Chief Inspector.

Inspectors completed a visual review to ensure that all the fire safety upgrades identified on the previous report and in the external specialist review had been completed. All required certification by the builders and trades people involved in the works were present in the centre and were reviewed by inspectors. The fire doors that were being fitted during the previous inspection or had yet to be fitted internally were now all in place and equipped with the required door hardware such as hinges or new handles. Other units where fire doors had no systems for closure had mechanisms now in place and units where pipes or housing for wiring ran between floors had systems for fire stopping in place.

Electrical reviews had been completed with new housing on fuse boards and replacement or new emergency lights in place. Additional fire proofing had been added to attic hatches and to cupboards under stairways. In one of premises a storage shed that was attached to the resident's living accommodation used for storage of combustible material had been locked and secured. In units where residents preferred to keep internal fire doors open there was a self closing mechanism in now place.

The inspectors were assured on completion of the inspection that the provider had completed all actions as identified on previous inspections and by external specialists. The provider will submit written assurances on receipt of final certification to the Chief Inspector.

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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant

# Compliance Plan for Camphill Community Callan OSV-0003607

Inspection ID: MON-0036923

Date of inspection: 07/09/2022

## 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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: - Work plan remains in place to ensure the fittings and fixtures as outlined in this report are completed within all named residences of Callan - Cleaning schedule updated to include the extractor fans for CCoI Callan	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	01/06/2023