

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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Dingle
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	06 July 2022
Centre ID:	OSV-0003609
Fieldwork ID:	MON-0036887

About the designated centre

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

The designated centre is a large detached two-storey house located in a rural area outside a small town. The centre can provide residential services for a maximum of eight residents of both genders, over the age of 18. Residents with mild to moderate intellectual disabilities, physical disabilities, sensory disabilities and autism are supported. Support to residents is provided by the person in charge, a team leader, social care workers, social care assistants and volunteers. Each resident has their own bedroom. Other facilities in the centre include bathrooms, a sitting room, a dining room, a kitchen, a utility room and a staff office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 6 July 2022	10:50hrs to 19:10hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

A sociable atmosphere was present in this centre on the day of inspection. While overall the premises provided for residents to live in was generally seen to be clean, some areas were identified where further cleaning was required particularly regarding the utility room.

This inspection was focused on the area of infection prevention and control (IPC) and on arrival at the centre the inspector was greeted by a staff member who directed the inspector to sign in and take his temperature with a sign in log and digital thermometer available just inside the front door. Also present in the same area were face masks and a bottle of hand sanitiser. The inspector noted that this bottle of hand sanitiser appeared worn and in need of cleaning while no expiry date was indicated on it. As the staff member who initially greeted the inspector was supporting a resident, another staff member then directed the inspector to use a designated hand washing area in the centre.

During the early part of this inspection, it was noted that a dog, who belonged to a staff member, was present in the centre. At one point one resident let the dog outside but shortly after another resident let the dog back in. When the dog returned it was observed by the inspector that they were wet and was present in the dining area of the centre before moving upstairs for a period. The dog was taken out of the centre for much of the remainder of the inspection. Later on the inspector read a risk assessment related to the presence of this dog and it was noted that it did not take into account all IPC considerations. It was noted though that this dog was friendly towards residents with one resident seen to interact playfully with the dog.

The inspector met the five residents who were present in the centre at the time of this inspection. Some of these residents spent time away from the centre on the day attending appointments or going swimming. One resident did not interact with the inspector but was seen to move freely throughout the centre. Another resident spoke about doing some work on a farm while a third resident was met as they were having a meal and greeted the inspector. A fourth resident showed the inspector their bedroom and indicated that they were happy with this. This resident also indicated that they had gone swimming earlier in the day and again seemed happy with this.

A fifth residents told the inspector that they were getting on well and mentioned that some new staff had recently started working in the centre. The resident said they kept their own bedroom clean and would help out with other cleaning in the centre. When speaking with the inspector this resident said that house checks were carried out regularly to determine if the house was clean. This resident also spoke about how laundry was managed in the centre and during this inspection the resident was seen to be doing their own laundry. At one point during the inspection,

the inspector also overheard this resident asking a staff member what coloured coded cleaning equipment they were using.

Within the centre it was seen that signs were on display highlighting that particular colour coded cleaning equipment, such as mops and cloths, were only to be used in certain areas of this house. Such cleaning equipment was present in the centre and during this inspection a staff member was observed to be carrying out cleaning of the centre, particularly of residents' bedrooms. It was also seen that residents present seemed comfortable and relaxed in the presence of the staff members on duty who were observed and overheard to interact with residents in a pleasant and warm manner. For example, one staff member was overheard knocking on a resident's bedroom door before entering and later asked another resident for their permission before taking their temperature.

Such interactions contributed to a sociable atmosphere on the day of inspection and it was also noted that the centre overall was very homelike and well furnished with numerous photographs of residents on display in communal areas. Given that the centre had a maximum capacity for eight residents, it was a large premises and generally it was seen to be clean on the day of inspection including some resident bedrooms seen, although the inspector did notice some dust evident on some skirting boards with some skirting boards also being cracked in some areas. In addition, it was observed that a number of taps in the centre's bathrooms were either worn or needed further cleaning while some towel rails also had some rust evident. A step used in one bathroom and a weighting scales were also observed to require cleaning.

Aside from these areas, it was noted that the utility room area required particular attention from an IPC perspective. Early into the inspection the inspector noted two clearly marked baskets for the disposal of used cloths and mop heads before washing which were present just outside the door into the utility room. Located right beside these baskets were clothes horses which were used to dry clothes that had been washed with a resident later seen to be using these clothes horses for such purposes. Given the proximity at which the clothes horses were initially seen to be stored alongside these baskets, this did not provide assurance that used mops and cloths would not come into contact with these clothes horses.

Within the utility room it was seen that there were separate washing and machines present along with electronic ventilation. However, it was observed that a sink also present was visibly worn and in need of cleaning or replacing. In particular it was seen that while this sink was naturally white there was a notable patch of brown evident within the sink. Some presses in the utility room also appeared worn with some dust clearly evident in places. Located under the sink was a bucket with a plastic bag inside of it. The inspector was later informed that this intended to operate as a bin for the utility room. When the inspector first viewed this utility room a noticeable amount of moths were present although on a later viewing these had gone.

In summary, while large parts of the centre were seen to be homelike, well-furnished and clean, particular areas were observed which required improvement

from an IPC perspective. Residents spoken with appeared happy or gave positive views while staff members on duty were seen to interact with residents appropriately throughout while also doing some cleaning and taking residents' temperatures.

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

Capacity and capability

The provider had a COVID-19 committee in place and had ensured that staff had undergone relevant training related to IPC. Improvement was required in some areas including monitoring of IPC practices and the centre's contingency plan.

This designated centre was registered until December 2022 and had recently applied to renew its registration for a further three years. During its current registration period the centre had been inspected on four occasions which generally found that residents were well supported and happy. However, the previous inspection in January 2022 identified some areas for improvement particularly in the area of IPC. Following receipt of some notifications by HIQA since then which related to IPC matters, HIQA decided to conduct a further inspection focused on the 2018 National Standards for infection prevention and control in community services in line with a programme of inspections commenced by HIQA in this area in October 2021. Under the regulations providers must ensure that IPC practices and procedures within designated centres are consistent with these standards.

It was seen that the provider had an IPC policy which is important to provide guidance on the practices to be followed in this area. This policy was last reviewed in December 2020 and covered relevant areas such as standard precautions, personal protective equipment (PPE) and cleaning. It was noted though that the policy did not directly reference the 2018 national standards and, while the policy set out responsibilities for certain post holders, one post listed was a quality and safety officer position which the inspector was informed was no longer associated with this centre. The provider also had various standard operating procedures in place related to COVID-19 but it was noted that some of these needed updating to reflect developments in relevant national guidance.

Such standard operating procedures had sheets attached for staff to sign to indicate that they had read and understood these but the most recent signatures on these seen by the inspector was dated January 2022 with the inspector informed that new staff had started working in the centre since then. It was also indicated to the inspector that, while there had been some improvements and recruitment efforts were ongoing, there were some staff vacancies at the time of this inspection. This was an issue that had been raised on previous inspections and as a result this

meant that there was a reliance on some agency staff (staff employed by another body) and volunteers to support residents.

Despite this staff members spoken with on the day of inspection demonstrated a good awareness around IPC practices and COVID-19. It also noted that staff working in this designated centre had completed relevant training in areas such as hand hygiene, PPE and the 2018 national standards. It was noted though, from records reviewed, that matters related to IPC were not discussed at all staff supervisions that were taking place. In addition, while there were weekly house meetings with staff taking place where a monthly audit on IPC was listed as a standing agenda items, notes of some recent meetings did not indicate if IPC or the results of these audits were being discussed or not.

It was seen that such audits were taking place along with various other weekly and daily checks but for some of the daily checks completed it was unclear who had actually carried out these checks. IPC practices was also monitored via regulatory requirements such as annual reviews and unannounced visits to the centre by a representative of the provider. A recent self-assessment on IPC had also been completed the month before this inspection. While such monitoring systems did identify some areas for improvement, they did generally indicated that effective IPC practices were being followed in this centre. However, this HIQA inspection found a number of areas which were in need of improvement to ensure that the 2018 standards were being met.

Amongst these was that the contingency plan in place for the centre required updating in some areas. For example, it was noted that the isolation arrangements outlined in this for one resident were different to the isolation arrangements for the same resident that were outlined by some staff. In addition, it was indicated that while a review had taken place following one IPC related outbreak since the January 2022 inspection, it had not taken place for another. Conducting such reviews is important so that any learnings arising from the management of such outbreaks can be identified and shared amongst staff. It was noted though that the provider did have a COVID-19 committee in place.

Under the terms of reference for this committee it was indicated that its responsibility was to design, develop and oversee implementation of national governance in response to IPC. Notes reviewed indicated that committee met regularly and discussed relevant topics such as PPE and audits. This committee was linked into the provider's overall organisational structure and reported to the provider's Chief Executive Officer while its membership included one of the persons participating in the management of this centre. This centre also had a person in charge who had recently taken up the position. This person led a role in the management of three of the provider's other centres located elsewhere in the country. It was indicated though their primary focus would be on this centre and that it was hoped that their role as person in charge would be temporary.

Quality and safety

There were clear indications that residents were being given relevant information while records indicated that there was regular symptoms monitoring and cleaning being carried out. Despite this, based on observations of the inspector and the cleaning records provided, some improvement was needed regarding aspects of the cleaning practices and processes being followed.

As mentioned earlier in this report, large parts of the centre were seen to be clean although some areas were identified that did require improvement such as the utility room and dust on skirting boards. It was seen that a schedule was in place for cleaning duties to be assigned and completed with records reviewed indicating that these were done consistently. However, it was noted that such records indicated that dusting of skirting boards was done regularly but based on observations of the inspector, this did not appear to be the case in all rooms.

It was found also that specific COVID-19 cleaning on regularly touched surfaces such as door handles and light switches was carried out multiple times a day. To support this the provider had a specific standard operating procedure available setting out what surfaces were to be cleaned as part of this. However, from the records provided it was not always indicated if all of the required surfaces were being cleaned consistently while the utility room was not included in the COVID-19 cleaning to be carried out. None of the cleaning schedules or records seen by the inspector included the step in one bathroom and the weighing scales mentioned earlier.

While these were areas for improvement, it was noted that there was regular monitoring of residents and staff for symptoms of COVID-19 with records provided indicating that this was generally being conducted twice a day. The centre also had stocks of PPE and hand sanitiser available. The inspector reviewed a sample of such PPE which included gowns, gloves and face masks which were generally found to be in date. He did note though that some specific PPE to be used in the event of a suspected or confirmed case of COVID-19 had recently passed their expiry date while some of the contents of a first aid kit had also expired. While multiple bottles of hand sanitiser were available throughout the centre, no expiry date was indicated on a number of them with one bottle in particular appearing worn and in need of cleaning.

Aside from supplies of PPE and hand sanitiser, it was seen that the centre was provided with various bins for the disposal of waste and PPE if required. It was observed though that a number of the bins in the centre were not pedal operated bins although it was noted that the centre did have access to more of these bins if required. Numerous signs related to COVID-19 and hand washing were on display in the centre and it was seen that some of these were in Irish to suit the communication preferences of some residents. Notes of regular residents' meetings were reviewed by the inspector and, while IPC was not a standing agenda item, it was noted how the importance of cleanliness was discussed often with residents.

while some notes clearly referenced residents being informed about matters related to COVID-19.

Regulation 27: Protection against infection

Taking into account the findings of this IPC focused inspection, improvement was required in some areas including the following;

- Monitoring systems in place were not ensuring that all relevant IPC issues were being identified
- The centre's contingency plan required review while a review of an IPC related outbreak had not taken place
- IPC matters were not consistently discussed at staff supervisions or staff meetings
- Some IPC related policies and standard operating procedures required review and updating
- Not all staff had signed to indicated that they had read and understood relevant standard operating procedures
- From records provided it was not always indicated if all of the required surfaces were being cleaned consistently as part of specific COVID-19 cleaning while the utility room was not included in the COVID-19 cleaning to be carried out
- Some specific PPE to be used in the event of a suspected or confirmed case of COVID-19 had recently passed their expiry date
- Not all bins in use were pedal operated bins
- Some taps in bathrooms were worn or needed further cleaning while some towel rails were rusted in places.
- A step used in one bathroom and a weighing scales needed further cleaning
- The storage of clothes horses required review while the utility room required improvement from an IPC perspective
- A risk assessment related to a the presence of a dog in the centre had not taken into account all IPC considerations.

Judgment: Not 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	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Camphill Community Dingle OSV-0003609

Inspection ID: MON-0036887

Date of inspection: 06/07/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> Monitoring systems in place were not ensuring that all relevant IPC issues were being identified <p>A full and comprehensive review of the audit system and schedules in place in Dingle has been conducted by the PiC with the support of PPIIM, a number of changes have taken place locally for Dingle's oversight schedules. A number of these audits have been removed or merged to make for a more comprehensive review of the management of IP&C with clearly defined actions and follow ups overseen by the local management.</p> <ul style="list-style-type: none"> The centre's contingency plan required review while a review of an IPC related outbreak had not taken place. <p>PiC has completed a review of the local contingency plan and updated to reflect the measures and learnings from previous outbreak. Full review of management of each individual CMSN's in the event of suspected or confirmed Covid has been completed and these changes circulated and reviewed with supporting staff of Tearmann an tSolais.</p> <ul style="list-style-type: none"> IPC matters were not consistently discussed at staff supervisions or staff meetings <p>PiC has reviewed all minutes of meetings, and learnings provided to the supporting staff team and re circulation of the SOP and appropriate completion of the House meeting template to ensure weekly review of all matters pertaining to IP&C. Monthly Premise and environmental audit is also shared with the supporting staff team for learnings, actions and follow ups. Evidence of these actions are uploaded for oversight from the PPIIM before any action is closed.</p>	

- Some IPC related policies and standard operating procedures required review and updating

This information is currently with the IP&C/Covid committee for review.

- Not all staff had signed to indicated that they had read and understood relevant standard operating procedures

All staff have been reinducted in all SOP's and policy pertaining to IP&C within Dingle, with a full training provided by the PiC on 02.08.2022. This will completed with evry new recruited staff member to the supporting team.

- From records provided it was not always it was always indicated if all of the required surfaces were being cleaned consistently as part of specific COVID-19 cleaning while the utility room was not included in the COVID-19 cleaning to be carried out

Full review of the cleaning schedule for Tearmann an tSolais completed and a new schedule providing clarity and consistency with the inclusion of the laundry room.

- Some specific PPE to be used in the event of a suspected or confirmed case of COVID-19 had recently passed their expiry date

All expired PPE has been appropriately disposed off and replaced.

- Not all bins in use were pedal operated bins

New pedal bins have been ordered and will replace the swing bins in two areas.

- Some taps in bathrooms were worn or needed further cleaning while some towel rails were rusted in places.

Towel rails to be removed is on the work schedule for premise upgrade due to be completed in August 2022

Taps to be replaced and is on the work schedule for premise upgrade due to be completed in August 2022

- A step used in one bathroom and a weighing scales needed further cleaning

This has been completed and a new step ordered for the bathroom as despite cleaning still appears to be discoloured. Weighing scales has been deep cleaned.

- The storage of clothes horses required review while the utility room required improvement from an IPC perspective

Clear direction provided to the supporting team in the management of laundry, most notably the areas allocated for the use of drying clothes within Tearmann an Tsolais which is not located with in any close proximity of the laundry bins.

- A risk assessment related to a the presence of a dog in the centre had not taken into account all IPC considerations.

Risk Assessment for the dog has been updated to include IP&C measures of the dog moving in and out of the house and management of the hygiene required for the dog that needs to be met prior to entering the building.

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 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.	Not Compliant	Orange	30.09.2022

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