



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:	27 January 2022
Centre ID:	OSV-0003609
Fieldwork ID:	MON-0035735

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 house-coordinator, 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
--	---

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 27 January 2022	15:40hrs to 00:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents met during this inspection appeared to be content in the designated centre which was seen to be presented in a homely manner. Staff and volunteers present were seen to interact with residents respectfully.

On arrival at the designated centre, the inspector was requested to sign in and to check his temperature given the ongoing COVID-19 pandemic before being directed to a toilet to wash his hands. At this time some residents were away from the centre in a nearby town while some were just returning from an outing. While the centre had a maximum capacity for eight residents, on the day of this inspection only five residents were staying in the centre overnight while the other three residents spent time with their families. Of the five residents that were present during this inspection, one of them spoke with the inspector shortly after their arrival.

This resident told the inspector that things were going well and that they spent part of the day in a nearby town. The resident also talked about a course they were taking part in and said that they enjoyed doing their own cooking in the centre. It was also mentioned by the resident that they did not like HIQA unannounced inspections taking place but they asked about another HIQA inspector who had attended a previous inspection. The bedroom of this resident had recently had new wallpaper put up which the resident showed the inspector and said that they were happy with.

It was noted that this bedroom was very well-maintained and personalised as were other resident bedrooms seen during this inspection. The premises provided for residents to live in was presented in a very homelike manner with plenty of photographs of residents and drawings on display throughout. Rooms visited were also seen to be well furnished. Since the previous HIQA inspection in July 2021 it was observed that doors within the premises had been painted in bright colours which contributed to the homely feel.

The premises overall was seen to be clean but during an initial walk through of the premises shortly after the inspection commenced, it was seen that some bins outside the utility room needed cleaning as did a recycling bin in the kitchen. In the same kitchen it was also observed that a hand washing basin required cleaning although on a later visit to this kitchen it was noted that this basin had been cleaned. Cleaning supplies were available within the centre with storage facilities also present.

When reviewing the storage area, the inspector observed a sign on display indicating that certain that colour-coded equipment, such as brushes and mops, was to be used to clean different areas of the centre. For example, red or white for the house generally, green for the bathrooms and blue for the kitchen. Such use of colour-coded equipment is intended to reduce the potential for cross contamination between different areas. Despite this sign, at one point during the inspection a staff

member was seen brushing a hall using a red dustpan with a brush that was colour-coded green. The same brush was later seen stored in the kitchen.

Throughout this inspection staff and volunteers present were seen to be wearing appropriate personal protective equipment (PPE) in line with relevant national guidance with stocks of these also available in centre. It was indicated to the inspector that no issues were being encountered when it came to getting supplies of such PPE. Hand gel, to sanitise hands, was also seen to be available throughout the designated centre.

As the inspection progressed, some of the residents who had been out when the inspection started began to return. Before the inspection was completed, a further three residents were met by the inspector. None of these three residents engaged meaningfully with the inspector but did appear to be calm and comfortable in their environment and in their interactions with staff and volunteers present. One of these residents was met in their bedroom and was seen to smile as the inspector was leaving there.

Staff and volunteers present were seen to interact with residents in a positive and respectful manner while the inspector was in the centre. For example, before one staff member entered a resident's bedroom they knocked on the resident's bedroom door. It was also indicated to the inspector that residents were being supported to remain active with social faring, concerts, art lessons, music lessons and horse riding cited as activities that residents were either pursuing or were planning to participate in.

In summary, residents were treated in an appropriate manner by the staff and volunteers present during this inspection. The house provided for residents to live was seen to be well-furnished and homely as were the resident bedrooms seen.

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

While there was evidence of oversight from the provider found during this inspection, improvements were identified relating to notifications and staffing while for a period a resident was availing of part of the premises that was not part of the designated centre.

This designated centre was last inspected by HIQA in July 2021 owing to concerns that had been identified relating to the provider overall as part of a National Regulatory Programme that the provider had been subject to previously. The July 2021 found that residents were well supported which was reflected by an overall

good level of compliance. However, during that inspection it was identified that one resident was being supported in a part of the premises provided that had not been designated as part of the centre. This was not in keeping with the centre's registration conditions which amounted to a breach of the Health Act 2007.

In light of this the provider was issued with a warning letter. In response the resident moved back into a part of the premises that was part of the designated centre while the provider submitted an application to vary to increase the footprint of the centre in order to include the part of the premises that was previously unregistered. Upon receipt of all of the necessary information, HIQA granted this application, which in accordance with the provisions of the Health Act 2007, took effect on 21 December 2021. Since that time information of concern had received by HIQA relating to this centre raising concerns in particular areas such as staffing. Given the nature of these concerns, it was decided to carry out an inspection focused on the key areas raised.

The staffing complement for this centre was outlined in its statement of purpose which indicated the particular levels of social care workers and social care assistants to support the residents living in this centre. Based on details provided during this inspection, the staff compliments for the centre were less than half of what was outlined in the statement of purpose. While acknowledging the wider challenges posed by the COVID-19 pandemic and active recruitment efforts made by the provider, the staffing arrangements for the centre not in keeping with the statement of purpose which had also been raised during the July 2021 inspection. On the current inspection, it was indicated to the inspector that the centre had "a large staffing deficit currently".

Efforts were being made to compensate for this by using staff that were employed in a day services located beside this centre and operated by the same provider as well as using some volunteers. Such volunteers occasionally filled shifts on rosters including sleep over shifts to support one waking night staff each night. As such, as highlighted during the July 2021 inspection, there remained a reliance on such volunteers although it was indicated that such volunteers did not administer medicines nor provide intimate personal care. The reliance on volunteers did have the potential to stretch available staff resources given that some residents in this centre required 1:1 support while there could be up to eight residents residing in the centre. It was noted though that some residents were very independent while not all residents used the centre seven days a week.

The staff members and volunteer spoken with during this inspection generally demonstrated a good knowledge of the residents they were supporting. Given the concerns received by HIQA and the start time for this inspection, a particular focus on this inspection was the night-time staffing arrangements. During this inspection the inspector was informed that a staff member who had been scheduled to work a waking night shift on the night of the inspection would not be able to attend. The inspector was informed that this was first time this had occurred. As such to ensure that their shift was covered another staff member on duty who had commenced their shift earlier in the day worked on for a period.

Given the staffing shortfall highlighted during this inspection and the potential impacts this could have it was noted that staffing concerns were not specifically included in the operational risk register for the centre. It was seen though that the provider did have systems in place to monitor the services provided in this centre which included various trackers, annual reviews, provider unannounced visits and audits. Amongst such monitoring systems was a review of fire safety for this centre carried out by an external contractor although the inspector was informed that the external contractor had not provided the provider with the report of this review at time of this inspection.

Despite the monitoring systems that were in place, during the inspection it was noted that HIQA had not been notified about an allegation of misconduct relating to this centre. Under the regulations such matters must be notified within 3 working days although a retrospective notification was submitted in the days following this inspection. In addition, it was also noted during this inspection that despite the findings of the July 2021 inspection related to the use of part of the premises which was not registered and the warning letter issued in response, a resident had begun availing of this premises area again in October 2021 before the relevant registration application had been finalised. While this had been done with good intentions, it did raise a concern as to whether the provider was fully aware of the requirements of the Health Act 2007.

Regulation 15: Staffing

Staffing was not in keeping with the centre's statement of purpose while was indicated to the inspector that the centre had a large staffing deficit.

Judgment: Not compliant

Regulation 23: Governance and management

For a period in late 2021, a resident had been residing in a part of the premises provided that was not registered as part of the designated centre at that time, HIQA having previously issued a warning letter about this.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that contained all of the required information.

Judgment: Compliant

Regulation 31: Notification of incidents

HIQA had not been notified in a timely manner about an allegation of misconduct relating to this centre.

Judgment: Not compliant

Quality and safety

While measures were in place to support residents with their medicines and to promote infection prevention, some improvement was required in both areas particularly the latter.

Appropriate facilities were provided in this designated centre for medicines to be stored securely with each resident having their own separate locker for their medicines which was contained within a locked staff office. The inspector viewed some of these lockers and noted them to be reasonably organised while all the medicines contained within them were seen to be in date. A sample of documentation relating to residents' medicines was also reviewed which was noted to be of a good standard while containing all of the required information. It was noted though when reviewing one resident's medicines records that they were prescribed a particular PRN medicine (medicine only taken as the need arises) but this was not present in their medicine locker. It was later confirmed by a staff member that this medicine was not present in the centre at the time of inspection.

Records reviewed also indicated that such PRN medicines had specific protocols in place outlining the circumstances when these medicines were to be used. Amongst these was a protocol for the use of a particular rescue medicine for one resident which, depending on the circumstances, could be administered twice on a given day. A staff member spoken with was aware of when the first dose of this medicine was to be given but was unsure as to when the second dose would be given if required. It was noted though that the resident involved had not required this particular PRN medicine in some time. In addition records provided indicated that staff members had received relevant training for administering medicines including rescue medicines.

Such records also indicated that staff members and volunteers had undergone relevant infection prevention and control training in areas such as hand hygiene, standard precautions and PPE. Measures were also being taken within the centre to reduce the possibility of residents to impacted by COVID-19. For example, records

reviewed indicated that there was regular temperature checking of residents given the ongoing pandemic while records provided indicated that the centre was being cleaned daily. Despite such measures during the inspection some areas were identified where infection and prevention control practices could be improved.

For example, while an infection prevention and control audit had been carried out in December 2021, a self-assessment in the same area had not been completed since September 2021 with HIQA having requested such self-assessments to be completed every 3 months. The person in charge subsequently reviewed the self-assessment during this inspection. A specific COVID-19 tracker was in place recording recording any potential cases of COVID-19 but despite this it was noted that HIQA had not been notified of previously suspected COVID-19 cases related to the centre. Log sheets were maintained for any visitors to the centre but when reviewing a sample of these it was seen that visitors were not always signing out which impacted the logs' accuracy for contact tracing. Under relevant national guidance staff's temperatures are to be checked twice a day. Records of such checks were unavailable on the day of inspection but staff spoken with indicated that they only checked their temperatures once a day.

Regulation 17: Premises

The premises provided was generally seen to homely, well-maintained and well furnished but some items within the house such as bins were seen to require cleaning.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risks relating to the staffing deficit for the centre were not included in the centre's operational risk register.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Some colour-coded cleaning equipment for specific areas of the house was observed not be used correctly. A self-assessment around infection prevention and control had not been completed in over 3 months. Some suspected cases of COVID-19 had not been notified to HIQA. Visitors to the centre were not always signing out on visitors' logs which impacted their accuracy for contact tracing. Staff spoken with

indicated that they only checked their temperatures once a day and not twice as outlined in relevant national guidance.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

A prescribed PRN medicine for one resident was not present in the centre on the day of inspection. One staff member was uncertain as to when a second dose of a PRN rescue medicine was to be administered if required.

Judgment: Substantially compliant

Regulation 8: Protection

No safeguarding concerns were identified during this inspection.

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	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Camphill Community Dingle OSV-0003609

Inspection ID: MON-0035735

Date of inspection: 27/01/2022

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • A rolling recruitment process will continue using a variety of platforms until staffing levels are in line with statement of purpose • A review of rosters for all services has been completed to ensure the most effective deployment of resources across the community. • A recruitment agency has been engaged to advance recruitment of all open positions • Service provider will ensure recurring advertisement of open positions in local papers, social media, and colleges • PiC has been authorized to continue use of consistent agency staff to ensure a safe level of staffing appropriate to established needs of the residents. • A National Volunteer Co-Ordinator for Camphill has been appointed to oversee, coordinate and ensure the Volunteer Model is implemented in each Community • Agency staff and volunteers receive a standard range of induction, training and supervision supports in line with core staff and aligned with their roles and responsibilities 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • CcoI recognises that they failed to make representations to waive the 28-day notice period following the notice of proposed decision to vary on 18th October 2021 and moved the resident into this space within this 28-day period. • The registration team at CcoI will review all notices of proposed decision to ensure that this does not recur. 	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of	

<p>incidents:</p> <ul style="list-style-type: none"> • Immediate action has been taken to address this. The PIC has reviewed the regulatory notification requirements to ensure no late notifications are submitted. • The Area Service Manager will provide oversight to ensure notifications are made within the appropriate timeframe. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Immediate response to this action has occurred by the local management team within Dingle, PIC will conduct daily environmental walk arounds and ensure the range of IPC and environmental audits are completed and actions addressed • HACCP training is in place for all staff & volunteers in relation to correct usage of color-coded cleaning equipment. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Operational risk register has been updated to identify all risks related to this community. • Risk Management will remain an agenda item within bi-weekly Community Management Meetings and at a National Operational level. • Review of community risks is a standard item on the monthly one to one meeting with the Area Services Manager and PIC • CcoI communities are required to escalate all incidents to the Area Services Manager, functional leads and Leadership team on a same day basis, a review of all incidents takes place at the monthly CcoI Quality and Safety Committee • CcoI operate a standard calendar of audits which enable the organisation to apply a proactive approach to identifying and managing risk 	
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"> • An unannounced IPC audit was completed by CcoI on 21st December 2021, an IPC self-assessment by the community will be completed Friday 18th March 2022 • The PIC will ensure that the visitors log is signed daily with evidence for contact tracing through daily and weekly checks • All staff record temperatures twice on shift or every 4 hours. This is recorded on staff sign in book and submitted to CCOI national database. The PIC will ensure this is completed through daily and weekly checks • Immediate response to color coded use of cleaning materials action has occurred by the local management team within Dingle. Oversight within this area is to be heightened 	

using the environmental walk arounds and in line with appropriate IP&C tools and audits.

- The Area Service Manager will provide the required oversight of these actions with the PIC
- Monthly IPC audits are in place at community level
- The Area Service Manager will provide the required oversight to ensure notifications are issued within the appropriate timeframe

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 PIC to ensure that all staff operate to the standards outlined in CcoI's medication management policies and procedures and are familiar with the requirements and protocols of each resident.
- The PIC to ensure full review of all stock counts and checks completed on site with clear direction and evidence of follow up where applicable
- Monthly Medication audit in place and additional annual Medication audit to be completed by Clinical Support Officer by 30th April 2022
- Medication incidents, and near misses are reviewed at Community Management meetings, and staff areas for development to be addressed through supervision, retraining or through CcoI's performance management systems

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/06/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/01/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate	Not Compliant	Orange	28/01/2022

	to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/02/2022
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	18/03/2022
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	Substantially Compliant	Yellow	30/04/2022

	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.			
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.	Not Compliant	Orange	28/01/2022