



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

## Issued by the Chief Inspector

Name of designated centre:	Camphill Community of Ireland Greenacres
Name of provider:	Camphill Communities of Ireland
Address of centre:	Dublin 14
Type of inspection:	Announced
Date of inspection:	22 September 2023
Centre ID:	OSV-0003623
Fieldwork ID:	MON-0031834

## About the designated centre

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

Greenacres provides residential care for up to four adults with an intellectual disability who require low to medium supports. The centre is comprised of three buildings located in a suburb in South Co. Dublin. The first property is made up of a seven bedrooomed house and a stand alone building which is used as a social hub in the back garden. The house is home to up to three residents and has a kitchen and dining room, and a sitting room and each resident has an ensuite bathroom. The second property is a spacious apartment for one resident. It consists of a kitchen come dining room, two bedrooms, one of which had an ensuite bathroom, a laundry room, and a main bathroom. There was also an outdoor balcony and a shared facilities such as a gym and conference facilities which the resident could use if they wished to. Both premises are close to a variety of public transport links. There are shopping centres, pubs and local shops within close proximity of the centre. Residents have the opportunity to attend day services or avail of training, employment or volunteer work in their local community. Residents are supported 24 hours a day, seven days a week by social care workers and volunteers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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
Friday 22 September 2023	09:00hrs to 17:00hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

This announced inspection was completed following an application by the registered provider to renew the registration of this designated centre. Overall the findings of this inspection were that this was a well-managed centre where residents were in receipt of person-centred care and support in line with their assessed needs. The provider was aware of areas where improvements were required particularly in relation to the premises and staffing numbers. Some premises works had been completed and more were planned. The provider was actively recruiting to fill the vacant staff positions.

The designated centre consists of three buildings in South County Dublin, two of which are on the same site. The first property is made up of a seven-bedroomed house and a stand alone building in the back garden which is used as a social hub. The house is home for up to three residents and has a number of communal areas such as a large kitchen and dining room, and a sitting room downstairs. There is also a room upstairs that can be used for art and crafts. There are three resident bedrooms each of which has an ensuite bathroom. The remaining rooms are used for staff sleepover room/office and bedrooms for the live-in volunteers. The second property is a spacious apartment for one resident. It consists of a kitchen come dining room, two bedrooms, one of which had an ensuite bathroom. It also has a laundry room, and a main bathroom. There are also a number of shared facilities in the apartment building including outdoor spaces, a gym and conference facilities. Both premises are close to a variety of public amenities and transport links. There is a vehicle available to support residents to attend day services or activities of their choice.

The inspector of social services had the opportunity to meet and engage with the three residents living in the centre at the time of the inspection. They each had plans for the day, but the inspector had the opportunity to meet them either before or after these activities. In addition each resident had completed a questionnaire which had been sent to the designated centre in advance of this announced inspection, in order to capture their views on aspects of care and support in the centre.

Feedback in the questionnaires was overall positive in relation to the comfort of the centre, food and mealtimes, visiting arrangements, residents' rights, activities they take part in, staff supports, and the complaints process. Example of what was written in questionnaires included, "I am very happy in my surroundings and I don't feel any changes need to me made. We all work well together", "I feel everyone is welcome here anytime", and "my rights and dignity are very well respected and protected at all times". In their questionnaires they included some of the ways that they liked to spend their time such as, going to mass, going to day services, going for a walk, going for coffee, music sessions, going out with staff.

Residents indicated in their questionnaires that they were aware of the complaints

process in the centre. When asked about their experience of using the process they included the following comments, "it was handled sensitively", and, "it was solved properly". One resident included a comment on what they would like to change and said they "would like to live closer to town".

At different stages during the inspection, the inspector had opportunities to meet and speak with the residents. They were observed spending time in their homes, engaging in activities in their home, and spending time with staff. They spoke with the inspector about how they liked to spend their time, things they had done, and things they were looking forward to. Two residents went out with staff or volunteers into town during the inspection and another resident went out with their relative for lunch. Two residents showed the inspector around their home. One resident spoke about their love of music, and some projects they were in the middle of doing.

Residents were complimentary towards the staff team and spoke about what they would do if they had any complaints or concerns. Warm, kind, caring and respectful interactions were observed between residents and staff throughout the inspection. Staff spoke with the inspector about supporting residents to develop their goals and about how important it was to them that residents were spending their time engaging in activities they enjoyed and found meaningful.

The provider had a human-rights committee and all staff in this centre had completed human-rights training. The provider was also in the process of rolling out human rights awareness presentations across the organisation. The inspector spoke to one staff member who had done human rights training twice. They spoke about how much they had learned and how it had supported them to make sure that keyworker sessions were person-centred. They spoke about how important it was to ensure that they consider residents' perspective and "listen to their voice". They also spoke about the importance of dignity and respect, and that they felt that by supporting residents to make choices and to make their wishes and preferences known, that they as a staff member could have a positive impact on each residents day.

Another staff spoke with the inspector about the importance of person-centred care and support for residents. They spoke about all the steps they took when working with residents to ensure that they were making choices and spending their time how they wished. They also spoke about what they had learned about a human-rights based approach both in their last job, and since they stated working in this centre.

The house and apartment contained residents' personal belongings and they had their pictures and favourite items on display, including their art work, pictures from movies, and pictures of their friends and families. A number of works had been completed to the house since the last inspection, and this had resulted in the house appearing more homely and comfortable. However, some further works were required in the house and the social hub. This will be discussed further under Regulation 17.

There was information available and on display in relation to the availability of independent advocacy services and the confidential recipient. In addition, the

inspector viewed evidence that residents had engaged with independent advocacy services in the past. Residents were meeting with their keyworkers regularly and from the sample reviewed discussions varied and included topics such as, finances, safeguarding, relationships, my home, problems and issues, infections prevention and control, restrictive practices and goals.

Residents' input was captured as part of the provider's annual and six monthly reviews of care and support. Residents indicated in the latest annual review that they were happy with care and support in the centre. They commented on staff supporting them to overcome obstacles in their lives and to engage in activities they enjoyed. One residents' representative contributed to the review. They indicated they were aware of the complaints process and mentioned some areas they would like to see improvements. For example, they would like to see their family member attending day services more often. They also referred to a high staff turnover and the impact of this on continuity of care and support for residents.

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

## Capacity and capability

Overall the findings of the inspection were that the provider and the local management team were identifying areas for improvement and taking the required steps to bring about these improvements. The provider was aware that further improvements were required in relation to staffing numbers and the premises. There were good levels of compliance with the Regulations reviewed and the inspector found that there was a clear focus on quality improvement in this centre.

The person in charge was found to be knowledgeable in relation to residents' care and support needs. They were also found to be self-identifying areas for improvement and were motivated to ensure that each resident was living a good life. They were using the findings of audits and reviews to develop quality improvement plans for the centre.

There were effective systems in place for the day-to-day management of this centre. There were systems to ensure that actions identified in audits were only closed when documentary evidence was uploaded to show the actions taken. The provider's systems to monitor the quality of care and support for residents included six-monthly reviews and an annual review. These reviews were capturing areas for improvements in line with the findings of this inspection and the actions from these reviews were being completed in a timely fashion.

The staff team were working with each resident to develop and maintain their independence. They were supporting them to identify and record their likes, dislikes and preferences. They were also supporting them to set and achieve their goals.

Residents were complimentary towards the staff team when speaking with the inspector. They were also complimentary in the questionnaires they completed prior to the inspection. For example, the following statements were included in their questionnaires "lucky to have staff", and "thanks for everything".

Planned and unplanned leave was mostly covered by regular relief and agency staff. This was contributing to the continuity of care and support for residents; however, due to the number of staff vacancies this was not always proving possible. There was 3.8 whole time equivalent (WTE) staff vacancies in the centre at the time of the inspection and the provider was in the process of recruiting to fill these vacancies.

Staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. A small number of staff required training or refresher training and this was booked and due to be completed just after the inspection. From a review of a sample of staff files, they contained the required information and staff were in receipt of regular formal supervision. A number of staff told inspectors they were well supported in their role, and were aware of who to escalate any concerns they may have in relation to residents' care and support. There were a number of live-in volunteers in the centre and they were in receipt of training, support and supervision.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was full-time and had the qualifications, skills and experience to fulfill the role. They had systems in place to ensure the effective governance, operational management and administration of this centre.

Judgment: Compliant

#### Regulation 15: Staffing

There were 3.8 whole time equivalent (WTE) staff vacancies in the centre at the time of the inspection. The provider was attempting to ensure continuity of care and support for residents while recruiting to fill the required vacancies through the use

of three relief staff and three regular agency staff.

There were planned and actual rosters and they were well maintained. Staff files contained the information required by the regulations.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff and volunteers were in receipt of training and refresher training in line with the provider's policies and residents' assessed needs. Some staff were due training/refresher training and were booked to complete this just after the inspection. All members of staff had completed human rights training and two staff described the impact of this training to the inspector. This is captured in the "What residents told us and what inspectors observed " section of the report.

Staff and volunteers were in receipt of regular formal supervision to support them to perform their duties to the best of their abilities. Staff who spoke with the inspector stated that they were well supported by the person in charge and management team. Staff meetings were occurring regularly and the agenda items were varied and resident focused. Staff could add to the agenda of staff meetings if they so wished.

Judgment: Compliant

### Regulation 22: Insurance

The centre was insured against accidents or injury to residents and for risks such as loss or damage to property.

Judgment: Compliant

### Regulation 23: Governance and management

There were clearly defined management structures and staff had specific roles and responsibilities in the centre. The centre was managed by a person in charge who was familiar with residents' care and support needs and their responsibilities in relation to the regulations. There was a clear focus on quality improvement in the centre.

The provider had systems in place to ensure oversight and monitoring of care and

support for residents such as, an annual review, six-monthly reviews, and regular audits in the centre. These audits and reviews were identifying areas for improvement and the actions on foot of these audits and reviews were resulting in improvements in relation to residents' care and support and in relation to their homes.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been updated in line with the timeframe identified in the regulations. A copy was available in both the house and the apartment.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies required under Schedule 5 of the Regulations were available in the centre and had been reviewed regularly.

Judgment: Compliant

## Quality and safety

From what the inspector observed, was told, and from reviewing documentation, it was evident that residents were in receipt of a good quality and safe service. Work was ongoing with residents to ensure they were developing and reaching their goals, and engaging in activities they enjoyed in their local community. Residents were actively supported and encouraged to connect with their family and friends. They were being supported to be independent and to be aware of their rights.

As previously discussed, the provider was aware that improvements were required in relation to house and social hub. These will be discussed further under Regulation 17. The provider had completed a number of works since the last inspection, including painting and the installation of storage in a number of areas. Residents' bedrooms were personalised to suit their tastes and they had access to adequate storage and an ensuite bathroom.

The provider had a finances and property policy which was being regularly reviewed.

There were a number of systems in place to safeguard residents' finances including money management assessments, finance management plans, financial checks and audits, and an assets register. Residents' finances were regularly discussed during their resident and keyworker meetings.

Residents had support plans in place in relation to food and nutrition. They had accessed the support of allied health professionals where required. Staff spoke with the inspector about residents' support needs around mealtimes. They spoke about the consistency of food and fluids, residents' favourite foods and how they liked it prepared and served. Residents were involved in menu planning daily and were shopping, preparing and cooking meals when they wished to.

Residents were protected by the fire precautions in the centre. Suitable fire equipment was available and there were systems in place to make sure it was maintained and being regularly serviced. Fire drills were occurring regularly and residents had a personal emergency evacuation plans in place.

Residents were also protected by the policies, procedures and practices relating to medicines management. The provider was completing audits on a regular basis and these were found to be leading to improvements in areas such as documentation, storage, and the administration of medicines. Each resident had a medication folder which contained their hospital passport, prescription, medication management plan, protocol for "as required" medicines, health management plans, medication stock control documents, easy-to-read documents, and medication self-administration assessments.

There were a number of restrictive practices in the centre and these were being reviewed regularly to ensure they were the least restrictive for the shortest duration. Residents had support plans in line with their assessed needs and these detailed proactive and reactive strategies to support them. These plans were being regularly reviewed and updated.

Staff had completed safeguarding training and those who spoke with the inspector were aware of their roles and responsibilities. Residents told the inspector that they were happy and felt safe living in the centre. They also indicated this in the questionnaires they completed prior to the inspection, and in the provider's six-monthly and annual review. There was a safeguarding register in place and safeguarding plans were developed and reviewed as required. There were social stories available in relation to respect and safeguarding.

## Regulation 10: Communication

Residents were supported and assisted to communicate their needs and wishes. Staff were observed to be familiar with their communication preferences and their individual communication requirements were documented in their personal plans. Residents could access radios, televisions, social media, newspapers and the

Internet in the centre.
Judgment: Compliant
<b>Regulation 11: Visits</b>
There was an open and welcoming atmosphere in the centre. There was a visitors' policy in place and there were no restrictions placed on visits unless they were requested by residents, or in the interest of safety. The residents' guide and statement of purpose for the centre also detailed the arrangements for visiting.
Judgment: Compliant
<b>Regulation 12: Personal possessions</b>
Residents could retain access to and control of their belongings. When necessary, they were provided with support to manage their finances. There was laundry equipment available if they wished to use it. They had sufficient space to store their belongings.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The design and layout of each premises was in line with the statement of purpose and there was adequate private and communal accommodation.  Overall, the main house and the apartment were clean, warm, comfortable, and well maintained; however, the social hub required some maintenance and repairs. For example, the carpet was worn and damaged and some additional storage was required. The inspector was informed during the inspection that the required works had been reported and approved. There were a number of areas in the main house where painting was required, where work was required to floor coverings, where new grouting was required to tiles, and where furniture required recovering/replacement.
Judgment: Substantially compliant

## Regulation 18: Food and nutrition

There were adequate amounts of food and drinks which were wholesome and nutritious. Residents decided every day what they would like and were supported to buy and prepare their meals if they wished. The advice of allied health professionals was available in residents' plans and staff were familiar with residents' assessed needs and dietary requirements.

Judgment: Compliant

## Regulation 20: Information for residents

There was a residents' guide which had been recently reviewed and it contained the information required by the regulations.

Judgment: Compliant

## Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There were adequate means of escape, including emergency lighting. The evacuation plans were on display and each resident had a personal emergency evacuation plan outlining any supports they may require to safely evacuate in the event of an emergency.

Fire drills were occurring regularly in the centre and both staff and volunteers had completed training to ensure they were aware of their roles and responsibilities in the event of an emergency.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Residents were protected by the policies and practices relating to ordering, receipt, storage, disposal and administration of medicines. There were systems for out-of-date medicines to be stored separately from other medicines prior to be returned to the pharmacy. There were also systems in place for stock control.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Support plans were developed and reviewed as required. There were policies and procedures in place to guide staff practice in relation to positive behaviour support and restrictive practices. Staff had completed training to support residents in line with their assessed needs.

Restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Safeguarding plans were developed and reviewed as required.

Staff had completed training in relation to safeguarding and protection, and those who spoke with inspector were knowledgeable in relation to their roles and responsibilities.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Camphill Community of Ireland Greenacres OSV-0003623

Inspection ID: MON-0031834

Date of inspection: 22/09/2023

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• The recruitment of appropriate staff is an ongoing priority for CCoI.</li> <li>• Our online recruitment database is refreshed weekly to ensure community vacancies are being advertised appropriately.</li> <li>• The use of Agency staff is minimal and all those utilised have completed the necessary trainings, awareness workshops for the assessed needs of the centre.</li> <li>• The agency staff used by Greenacres is fully compliant with schedule 2 documentation.</li> <li>• Regular agency staff assists us in Greenacres with the provision of consistent and continuous support to the CMSN and allows us to utilise a person centred human rights approach.</li> <li>• The recent implementation of the HSE pay scales in CCoI will support us Greenacres in attracting potential appropriate staff members.</li> <li>• Since date of Inspection 22 September, we have one new staff member in the onboarding process.</li> </ul> <p>Estimated Compliance End of Q2 2024</p>	
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"> <li>• The flooring in the social hub has been replaced – 26/09/2023</li> <li>• Seating in the Social Hub has been replaced with an appropriate IP&amp;C covering – 26/09/2023</li> <li>• Storage for the Social Hub &amp; CMSNs Bedroom &amp; Ensuite – Measured 17/10/2023 and approved for fitting of planned works before end of Q4 2023.</li> <li>• New Grouting is planned and approved to be completed for CMSNs Bathrooms / Kitchen / downstairs bathroom before end of Q4 2023.</li> <li>• Painting in the Hall, Landing &amp; Stairs &amp; CMSN Bedrooms is planned and approved to be completed before end of Q1 2024</li> <li>• Estimated Compliance End of Q1 2024</li> </ul>	

## 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.	Substantially Compliant	Yellow	30/06/2024
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/06/2024
Regulation	The registered	Substantially	Yellow	31/03/2024

17(1)(b)	provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Compliant		
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