



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Ballymoney
Name of provider:	Camphill Communities of Ireland
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	08 February 2023
Centre ID:	OSV-0003633
Fieldwork ID:	MON-0039032

About the designated centre

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

Camphill Ballymoney consists of two units located in a rural community setting. Overall, the designated centre can provide residential services for a maximum of seven residents with support given by paid staff members and volunteers. The centre can accommodate residents of both genders, aged 18 and over with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. Facilities throughout the two units that make up this designated centre include kitchens, sitting rooms and bathroom facilities while each resident has their own bedroom.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
--	---

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 8 February 2023	10:30hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

This inspection was completed when precautions relating to the COVID-19 pandemic were still required. As such, the inspector followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspector ensured the use of appropriate personal protective equipment (PPE) during all interactions with residents, the staff team and management over the course of this inspection.

On arrival at the centre the inspector was directed to a designated area for signing in. In this area there were masks available and hand sanitiser to ensure all visitors to the centre complied with best practice in relation to infection prevention and control (IPC) measures.

The inspector used observations, spoke with staff and reviewed documentation to determine residents' experience of care and support in the centre, particularly relating to infection prevention and control measures. The inspector had the opportunity to meet and speak with staff who were on duty on the day of inspection and to spend time with the person in charge and member of the centre management team. While staff were found to be knowledgeable on how to keep residents and themselves safe from infection there were barriers preventing them from engaging in appropriate practices such as the condition of some of the premises and the presence of furniture that required disposal. These were areas that had been identified during audits by the person in charge however, the actions had not been completed on the day of inspection.

This centre is registered for a maximum of seven residents and there are seven individuals living between two locations which are in close proximity to one another. Over the course of the inspection the inspector met with four residents, the other three had gone to a zumba class and to their day services. The inspector met with a resident later in the day as they returned from their day and they reported having had fun and were pleased to be home to relax.

One resident was in bed when the inspector arrived and told the inspector they would talk to them later. The resident had recently got a new bed and was they said cosy when having a lie in. Later in the day the resident was observed to relax in the living room with staff and spoke to the inspector about why an inspector was visiting their home. The resident told the inspector they had been on holidays recently and had enjoyed that trip. The resident moved freely throughout their home and had preferred areas to relax and to store personal items. The staff team outlined that

the resident had requested a personal living room and that items which were currently stored in an unused en-suite bathroom would be moved here to enhance cleaning systems. The inspector found that the need to clean and manage clutter was an ongoing topic of conversation and the resident engaged in these discussions positively. As part of the provider's monthly water quality checks to protect residents from the risk of water borne disease the resident enjoyed actively participating in the checks in their home supported by staff and the maintenance department.

Another resident was getting ready to go out with staff to visit a charity shop which was something they enjoyed and they told the inspector that they liked shopping and were looking forward to the outing. The resident showed the inspector their bedroom where they were putting away clean laundry and explained that they liked to carry out jobs in their home. The resident explained that they had chosen the colour of their room and had some new furniture. Later in the day the inspector observed the resident and staff going out for the afternoon and they were observed when they visited peers briefly in the other house. The staff were aware of the residents needs and requirements to support them in transitioning from one activity to. Staff were observed to be caring and engaged with residents in a friendly manner.

One resident who lives in a self contained apartment requested that the inspector visit their home. They explained how they liked to do things for themselves and said that they were very happy living in the centre. They had been to Disney Land on holiday and showed the inspector items they had bought there that were important to them. The resident explained that they did their own cleaning but staff helped, they showed the inspector the mop and bucket that they used in their bathroom.

The designated centre comprises two large houses in close proximity to each other in a rural area and close to the coast. One house also has a small apartment adjacent to it which is home to one individual. Both houses have large gardens, both of which have had substantial work to improve drainage, the access to septic tanks and to clear debris and areas that had overgrown. In one house the hard surfaces were being power washed. There were systems to ensure residents were aware of the infection prevention and control measures that may be used in the centre. Resident's meetings were occurring regularly and there were individual key working sessions taking place which address important topics including infection prevention and control. The provider had developed a number of easy read and symbol supported information for residents to access, including guides on how to self-isolate or what were symptoms of COVID-19.

While the inspector observed that residents appeared comfortable and happy living in their homes on the day of inspection, improvements were required to ensure that infection prevention and control measures in the centre were safe, consistent and effectively monitored by the management team to reduce the risk of healthcare associated infections and COVID-19. The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation

Capacity and capability

The inspection was unannounced and the focus of the inspection day was to review the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall, inspection findings indicated that for the most part there were systems in place that were consistent and effectively monitored to ensure compliance with Regulation 27. However, some improvements were required in the centre to reduce the risk of healthcare-associated infections. This included gaps in some systems such as rooms in the centre not included on cleaning schedules. In addition, improvements were required in relation to the management of the centre's personal protective equipment (PPE).

There were clear lines of authority and accountability within the centre. There was a full-time person in charge in place who has responsibility for this designated centre only. They were familiar with the resident's assessed needs and committed to ensuring that residents led full active lives which protected from the risks of healthcare-associated infections. The provider had recruited a number of staff since the last inspection and the centre now operated with one vacancy which was less than full time hours. This allowed for consistency in the provision of care and support and the core staff team were familiar with residents' likes and dislikes. While some agency staff were utilised within the centre this was reducing. On a review of a sample of rosters there was sufficient staff in place to meet the needs of the residents. An induction checklist was in place for completion with new staff members before they completed their first shift in the centre which included infection prevention and control.

There was a program of training and refresher training in place for all staff. The inspector reviewed the centres staff training records and found that with regards to infection prevention and control, all staff had up-to-date training. Refresher training was provided in areas such as hand hygiene and in the 'donning and doffing' of PPE. Staff were in receipt of supervision and support in line with the providers policy.

The staff team practices were for the most part guided by the provider's policies and procedures. For example, the provider had an up to date infection control policy in place and a number of clear infection control procedures to guide the staff team. Within the centre however, some areas of practice were not in line with the providers policy, this included for example, the use of alginate bags for laundering soiled linen and the drying of cleaning equipment such as mop heads. A standard operating procedure was available in areas including transmission based precautions. In relation to COVID-19, the provider had developed a centre-specific COVID-19 contingency plan for staffing and isolation of residents in the event of a

suspected or confirmed case of COVID-19.

The provider had completed two six monthly unannounced reviews of the safety and quality of care and support within the last year as required by the Regulation. Audits completed had identified actions required to come into compliance, including maintenance of the environment and equipment replacement or repair. While some works required were in progress on the day of inspection such as garden maintenance or painting, a number of actions remained outstanding at the time of this inspection. These included, the replacement of a kitchen drawer which was rusted or the replacement of a bathroom suite in one of the houses.

Quality and safety

With respect to infection prevention and control measures in place, the inspectors found that improvements were required to ensure that the service provided was always safe and effectively monitored to ensure compliance with the National Standards for infection prevention and control in community services (HIQA, 2018). It was evident however, that the management team and staff were endeavouring to provide a safe service to residents and residents self-reported that they were happy and felt safe in the centre.

Residents were being provided with accessible information about infection prevention and control in the centre and had access to information and to advocacy services to support them to be involved in decisions. There was a risk register in place that was found to be both resident and centre specific and the risk ratings relating to infection prevention and control related risks were found to reflect the effectiveness of the control measures in place in the centre. Some improvements relating to the risks associated with maintaining areas where residents took the lead in managing the cleaning of their personal environments were required. There were systems in place to ensure residents could access health and social care professionals in a timely manner, with emergency numbers available in the centre's contingency plan.

Staff were observed to adhere to standard precautions during the inspection. They had as stated earlier also completed a number of infection prevention and control related trainings. For example, they had completed an introduction to infection prevention and control training, and trainings on the use of PPE, hand hygiene, food safety, and breaking the chain of infection. Staff who spoke to the inspector were familiar with infection prevention and control practices in the centre and were observed engaging in cleaning and disinfecting practices over the course of the day.

The residents' homes appeared comfortable with each home decorated with residents' preference in mind. On the day of the inspection, the designated centre was observed for the most part to be clean and tidy however some cleaning and

maintenance works were required. Some areas of the centre including offices and empty bedrooms were not included on the cleaning schedule and in one home one resident bedroom had not been added to the schedule following their recent move to live in one of the houses. The inspector acknowledges however that the residents rooms were visibly clean and it was apparent staff took pride in ensuring that the resident spaces were maintained even if not specifically detailed on the schedules. Rooms that were not in use regularly however, needed review. One bathroom was self identified by the provider as needing replacement and this remained outstanding with the inspector found that the shower tray and bath needed replacement in addition to flooring and tiling.

The inspector found that a wooden dresser in a kitchen had been identified by the person in charge as needing to be disposed of as it had an insect infestation. On the day of inspection this furniture was still present in the kitchen with insect traps placed on the surface. On discussion with the person in charge and the regional manager the inspector requested that this was removed to outside prior to the end of the inspection. The inspector found that the PPE storage and systems for stock taking and monitoring needed immediate review. PPE was haphazardly stacked in a room that was not clean with a number of items spilling out of boxes such as face masks and bottles of hand sanitiser, Multiple items were out of date and no systems were in place for safe disposal of these. The provider had begun clearing this room prior to the end of inspection.

Colour coded systems were used to prevent cross-contamination with respect to mops and sweeping brushes however, in one house the mop heads were left to dry stacked on top of one another. In one resident's bathroom a wet mop was found left inside a bucket and not allowed to air dry.

Regulation 27: Protection against infection

While the inspector identified a number of areas of good practice in the centre, overall, a number of improvements were required in the centre to promote higher levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018).

This was observed primarily in the following areas:

- Actions as identified by the provider that related to infection prevention and control risks such as the presence of the insects in the centres kitchen required a more timely intervention and action.
- Improvement was required regarding the safe storage of personal protective equipment and improvement in the system of stock taking to ensure out-of-date material was safely and appropriately disposed of.
- Oversight of the centres cleaning schedule was required to ensure all areas of the designated centre were identified as requiring cleaning and were

maintained to a safe and hygienic standard. In addition, the cleaning schedules needed review to ensure that oversight of full completion of cleaning as per the schedule could be completed.

- Premises maintenance and renovation works were required to ensure adequate cleaning could be completed by staff as required.
- Improvement in the storage of cleaning equipment such as wet mops was required

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 Ballymoney OSV-0003633

Inspection ID: MON-0039032

Date of inspection: 08/02/2023

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 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">• Dresser removed from the kitchen on day of inspection. Complete.• Drawer in kitchen has been repaired. Complete.• Storage Room for PPE cleaned and all out of date PPE removed. Complete.• Order for new PPE sent to ASM. Complete.• New system of stock control put in place. Complete.• Alginate bags now available in both community houses as per policy. Complete.• Laundry policy discussed with staff and correct segregation of cleaning equipment to be adhere to at all times. Complete.• Risk assessment in place for residents that clean independently. Complete.• Cleaning schedules have been updated to include all areas of designated center and working group put in place to ensure all designated centers across service are reviewed and new SOPs to be generated. Complete and ongoing.• Works highlighted on the day in the designated center have been escalated to maintenance and a works schedule put in place. To be scheduled.	

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	30/06/2023