



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Mountshannon
Name of provider:	Ard Aoibhinn Community Initiatives CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	12 January 2023
Centre ID:	OSV-0003828
Fieldwork ID:	MON-0037121

About the designated centre

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

Camphill Community Mountshannon provides a residential service for up-to-four residents who have an intellectual disability. Residents may have a diagnosis of autism and the centre can also support residents who may present with behaviours of concern. A unique living arrangement is in place with both staff members, volunteers and families supporting the care of residents. An integrated social care model is offered and there are additional cabins available on-site for residents to engage in activities. There are up to four staff members and/or volunteers supporting residents during day time hours and there is a sleep-in arrangement to support residents at night. The centre is comprised of two houses and is located within walking distance of a small rural town, there is also transport provided for residents to attend community events. Each resident has their own bedrooms and there is ample communal areas for residents to relax. Each house also provides suitable dining and kitchen areas as well as additional garden and patio areas for residents use.

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
Thursday 12 January 2023	10:00hrs to 17:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with the regulations. The inspector found that the residents were happy in the centre and had a good quality of life, they were known in their community and had forged good relationships with neighbours and locals.

On arrival at the first house the inspector contacted the person in charge who came to meet them and on entering the house there was one resident and one staff member at home. The staff member was not wearing a face mask, the inspector brought this to their attention and they donned one straight away and completed hand hygiene.

The resident whom the inspector met was in good form, and although they did not have the ability to communicate verbally it was apparent that they were very content with the staff member that was with them. The resident was very relaxed in their demeanour and was interacting pleasantly with staff through facial expressions and hand gestures. The resident was just about to go out with staff and when prompted by staff they went to get their shoes and coat to get ready. The resident seemed to be looking forward to going out with the staff member. The other resident that lived in the house with the co-workers was at college and the inspector did not have the opportunity to meet them. The provider refers to the staff residing in the house with the residents as co-workers.

The inspector had a walk around the house and found that although it was warm it was unclean; Infection prevention and control will be discussed later in the report through regulation 27. The house however was personalised with items belonging to the residents and was very homely.

The residents had a dog, cat and chickens who they cared for and this was part of their daily activities. They also chopped wood for use and grew vegetables and had a poly tunnel. The residents had a workshop where they weaved rugs. The residents went on regular walks with staff and to the local market and to the other house within the designated centre to visit friends.

The inspector visited the second house which also had an internal apartment for a resident who was developing skills for independent living. The main house was warm and had a nice atmosphere and residents indicated that they were happy there but the house was cluttered up with items which were due for recycling and it also was not clean. The apartment was a lovely space but the resident required support to look after it and keep it clean and attend to laundry.

In summary, the inspector found that there were significant areas for improvement under the regulations on Infection prevention and control, premises and governance and management which will be discussed further under the regulations.

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 to each resident living in the centre.

Capacity and capability

The inspector found that management systems in place in the designated centre were not robust enough to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There were three urgent actions issued on the day of inspection in relation to premises and infection prevention and control and governance and management.

There was a clearly defined management structure which identified the lines of authority and accountability, however there was poor oversight within the centre in terms of premises and infection prevention and control. The person in charge had a cleaning checklist however it was not comprehensive enough as to give clear guidance to staff as to what was expected of them in terms of cleaning and sanitising areas within the house and they had no oversight of it. Staffing numbers and skill mix within the centre on the day of inspection were in line with the statement of purpose and the needs of the residents.

Staff training required improvement as some staff were out of date with training or had not completed it at all.

The inspector requested to review incidents on the day of inspection but was informed by the person in charge that there was non to review and a nil return had been submitted at the end of the last quarter. The inspector discussed this with the person in charge to determine their understanding and awareness in terms of the requirements to submit notifications of adverse incidents. The person in charge gave an overview of their knowledge of adverse incidents and what would be considered an incident and the time frame for submitting notifications. This matter was also discussed during feedback with the person participating in management who was also involved in submitting notifications and they also outlined their awareness of what to submit and when.

There were significant gaps in policies and the sample reviewed by the inspector were out off date including infection, prevention and control and safeguarding.

Regulation 14: Persons in charge

The person in charge had the requisite experience and qualifications for the role of person in charge and was full time. However the inspector found the person in

charge did not have effective oversight and monitoring of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing on the day of the inspection was in line with statement of purpose and function of the designated centre. The staff skill mix was appropriate to meet the needs of the residents. However for a period of three weeks over the Christmas period there was no rota available for the inspector to view and the rota in general was difficult to decipher.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The staff training records was not available on the day of inspection for the inspector to review however it was forwarded the following day. The inspector reviewed it and found that two members of staff had not had refresher training in safeguarding of vulnerable adults training in line with the providers policy time frame and several staff members had not completed Infection prevention and control training.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had not ensured that there were robust management systems in place to ensure the service was safe, appropriate to the resident's needs, consistent and effectively monitored. There were significant gaps in the areas of Infection prevention and control, premises and governance and management within the centre. The inspector issued urgent actions in relation to Regulations 27, 17, and 23 on the day of the inspection. The designated centre did not have have an audit system in place to monitor the service and ensure the service was safe for the residents. The provider had completed an annual review and six monthly audit however they were not comprehensive and required review. There was limited detail given in the annual review, each section had an improvement plan but only two sections in the review had been completed and highlighted an area for improvement. In one section on premises it was asked was the centre 'clean' and yes was ticked. Also it stated that questionnaires had been sent to family members

as part of the annual review process, it did not say if they had been returned and what the feedback was. The annual review template used was not an effective tool for reviewing the quality and care of the service as it only gave an option for yes or no. There was only one unannounced audit in the 12 month period and similarly to the annual review it had limited information.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications in respect of any adverse event occurring in the designated centre. There was no incident or accidents for review on the day of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a suite of policies in place although some required review as they had not been reviewed in line with the review date stated on the policy. Some policies such as the Infection prevention and control policy did not have sufficient detail in order to guide staff. The Safeguarding Policy and the Visitors Policy were out of date and while both policies did reference friends and family visiting the centre neither policy clearly outlined the safeguarding measures to be adhered to such as supervising residents in the presence of people who were not staff members.

Judgment: Not compliant

Quality and safety

The residents who lived in the centre had a good quality of life and were able to indicate this in many ways to the inspector throughout the day. Overall the centre cleanliness was not conducive to maintaining good Infection, prevention and control and the premises were not maintained to a good standard. Three urgent actions were issued on the day of inspection in relation to premises, IPC and governance and management.

There was evidence that residents had visitors and had good relationships with family and friends and there was no restriction to them receiving visitors. The residents' general welfare and development was supported and they had

opportunities for meaningful activities.

The two houses within the centre were not maintained to a good standard internally or externally and significant work and improvement was required to come into compliance with regulation 17.

There was a risk management system in place although there were areas for improvement such as review of the risk management policy and a continuity of care plan in the event of an emergency.

Overall the centre did not have good practices in relation Infection prevention and control (IPC); guidance and training in this area were not supportive of staff maintaining good IPC.

The centre had a good fire management system in place although the policy required review.

The residents had personal plans in place however there lacking progress notes in terms of the residents personal development, choice and achievements.

The provider did protect residents from all forms of abuse, however there was no evidence that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Staff training gaps and a review of the safeguarding policy was also required.

The residents had the freedom to exercise choice and control in their daily life. However active decision making needed to be facilitated and residents goals recorded and progress notes of goal achievement maintained.

Regulation 11: Visits

Residents were free to receive visitors without restrictions however the co workers who resided with the residents could also receive visitors for periods of time, this was not clearly accounted for in the providers own policy. This will be addressed under Regulation four. There was evidence that the residents had received visitors over Christmas and that the residents had gone to visit family over Christmas also.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured that the residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacity. The residents were supported to access education as one

resident attended college daily and residents had meaningful activities in weaving rugs for sale and chopping firewood and kindling for use. The residents were known in their community and had good relationships.

Judgment: Compliant

Regulation 17: Premises

The premises of the designated centre were not kept in a good state of repair internally or externally. The centre was decorated with personal items of the residents and was homely but it was unclean and cluttered with items that were designated for recycling or binning. The kitchen had defective cupboards, drawers and the utility room had defective wooden storage units also. Outside there were broken items blowing around and a trailer full of rubbish at the side of the house. There were pieces of broken machinery alongside the house which could pose a risk to residents. There were also some wooden sheds which appeared unsafe and were due to be taken down. The inspector noted that the boiler was old and had rust on it and requested the servicing record for it. There was a record supplied however it did not state that the boiler was safe to use. The certificate indicated that there was a counter top blocking access and therefore the technician could not service it fully. The provider did commit to addressing this as a matter of urgency.

Judgment: Not compliant

Regulation 26: Risk management procedures

The risk management policy was out of date and required review. A number of risk assessments were viewed and found to be appropriately risk rated and clear control measures outlined. For example there were risk assessments for community safety and risk of injury to residents. There were some systems in place to respond to emergencies such as fire although there was no continuity of care plan in place if there was an infection outbreak.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had not ensured that residents who may be at risk of a healthcare associated infection were protected by adopting procedures consistent with infection, prevention and control guidelines. The person in charge had not

completed an Infection prevention and control audit although there was a blank audit tool available. The centre overall was unclean particularly,

-bathroom and kitchen floors

-bathroom facilities

-mould on bathroom ceiling and bathroom curtain

-defective and unclean kitchen cupboards and drawers

The Infection, prevention and control (IPC) policy was out of date and also did not provide sufficient guidance for staff in the maintenance of good IPC in terms of training and laundry management.

Judgment: Not compliant

Regulation 28: Fire precautions

The centre had two fire drills per year in each house which indicated that residents could be evacuated in a safe time period. There were personal egress plans in place for each resident. The fire extinguishers, emergency lighting and alarm had been serviced in the last six months and there were fire doors in place which closed correctly. Overall there was a good fire management system in the centre however the policy needed to be reviewed and updated.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident and residents received good healthcare and were supported to achieve goals. However the personal and meaningful goals were not written up as part of the personal plan and therefore the inspector could not determine the progress residents were making in their chosen areas such as with independent living. Also more choice in terms of meals and activities needed to be evidenced, it was not possible for the inspector to see if the residents chose the meals or co workers and there was no notes of meetings where residents may have indicated choice in this regard. On the day of the inspection the team were having a 'visioning day' where the residents discussed their personal plan and goals.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding plans in place in the centre and most staff were trained in safeguarding of vulnerable adults however there were two staff members who had not received refresher training. The safeguarding of vulnerable adults policy was also out of date and had not been reviewed. Residents were not protected by the safeguarding policy as there was no reference to supervision while family and friends of co workers were visiting. Staff were aware of the manner in which to record and report a safeguarding concern if one arose.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that respected each resident. The residents rights appeared to be upheld within the centre although there was no evidence of staff having discussed advocacy or safeguarding with the residents.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Camphill Community Mountshannon OSV-0003828

Inspection ID: MON-0037121

Date of inspection: 12/01/2023

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

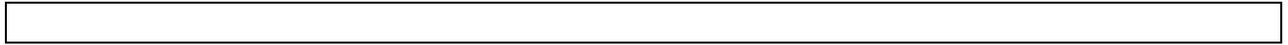
The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor 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
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. Rotas are compiled each week showing staff on duty during the day & night, and will be properly maintained.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The mandatory training of staff is now up to date and management systems have been reviewed to ensure that new training and staff development will be compliant as part of a continuous professional development.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. Our annual review & 6-monthly audits will be revised to be more comprehensive, will include family/ advocate feedback, be more specifics and detail more areas for	

improvement.	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ol style="list-style-type: none"> 1. Our policies will be brought up to date 2. The IPC & Visitor Policy will include more information on safeguarding measures 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. Defective furniture and storage units will be brought up to date; 2. outside rubbish, recycling & broken machinery will be removed; 3. the wooden shed will be made safe; 4. the inaccessible boiler will be accessed, checked, and certified. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. The risk management policy will be reviewed, and hazard identification highlighted throughout the centre. 2. A continuity of care plan will be put in place for the event of an emergency. 	
Regulation 27: Protection against infection	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> 1. An infection prevention control audit has now been completed by the PIC and the Deputy PIC trained for future audits 2. The centre has been cleaned inside & outside consistent with standards set 3. A breakdown of cleaning procedures is now in place as part of an improved training programme for staff. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> 1. Meaningful goals & progress will be monitored more closely & written up in the personal plans. The residents forum will be used as a vehicle to discuss goals, progress & choices 2. Laminated pictures of meals will be used for any of the residents who require more support & training for expressing choices, and the information written in the Daily Notes 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> 1. Refresher Training is now up to date 2. The Visitor Policy will be updated to reflect the safeguarding of residents & supervision while family and friends of coworkers are visiting 3. The residents forum is used to support & develop skills needed for self-care and protection and this will be included in the notes of the forum 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. The residents rights, advocacy & sagefuarding are discussed at the residents forum. This will be included in the notes of the forum. 	



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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	02/03/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	17/04/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and	Not Compliant	Orange	17/04/2023

	internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	17/04/2023
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Not Compliant	Orange	17/04/2023
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 to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	29/03/2023
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to	Not Compliant	Yellow	29/03/2023

	in subparagraph (d) shall provide for consultation with residents and their representatives.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	29/03/2023
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	29/03/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any	Not Compliant	Orange	29/03/2023

	event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	29/03/2023
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	29/03/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more	Substantially Compliant	Yellow	29/03/2023

	frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	29/03/2023
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	29/03/2023
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Substantially Compliant	Yellow	29/03/2023