Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

| | |
|---|---|
| Name of designated centre: | Camphill Community Dingle |
| Name of provider: | Camphill Communities of Ireland |
| Address of centre: | Kerry |
| Type of inspection: | Unannounced |
| Date of inspection: | 26 October 2023 |
| Centre ID: | OSV-0003609 |
| Fieldwork ID: | MON-0041785 |

## About the designated centre

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

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

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

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

## How we inspect

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 26 October 2023 | 09:00hrs to 19:00hrs | Deirdre Duggan | Lead |

## What residents told us and what inspectors observed

From what the inspector observed and was told, residents in this centre were being provided with a good quality service that was overall appropriate to their assessed needs. As observed on the previous inspection, residents were seen to be happy in their home. Some issues in relation to staffing and the effective use of resources was identified as will be discussed further in this report and this was on occasion impacting on residents' lived experiences and safeguarding in the centre.

Due to some delays in accessing documentation in the centre, the judgements in this report are based on the documentation that was provided as well as the observations of the inspector on the day of the inspection.

This inspection was completed following the receipt of unsolicited information of concern about this centre and was focused on specific areas related to that concern. The previous inspection of this centre was also a focused inspection carried out in response to specific information received in respect of the centre. The findings of that inspection, carried out in late 2022, were overall positive. Prior to that, an infection prevention and control inspection was completed in this centre in July 2022. This inspection was the 8th inspection of this centre since 2019.

The centre comprised of a large detached two-storey house located in a rural area, close to a town. Amenities available on site to residents included a working farm, a day service building and large garden. Local amenities such as pubs, restaurants, shops and beaches were available a short drive from the centre. The centre could accommodate up to eight residents and also accommodated some live-in volunteers as part of the model of care provided by this community.

Seven residents were living in the centre at the time of this inspection and one resident had moved out since the previous inspection. This meant that there was one vacancy in the centre and the inspector was told that there were plans for this vacancy to be potentially filled in the future. One resident was availing of a part time service two days per week and some residents visited their homes and family members at weekends and holidays. Residents in this centre presented with differing needs. For example, five residents had plans in place to support them to manage their behaviour and to residents required specific supports with eating and drinking. There were some restrictions in place in this centre. These were in place to protect residents and were not observed to impact significantly on residents during this inspection.

On arrival to the centre the inspector was greeted by the team leader and directed towards an area to sign in and observe hand hygiene. The inspector was introduced to two staff who were present, an agency staff member and an individual on a student placement. Three residents were present in the centre, with the remainder having already departed for the day service adjoining the centre. One resident was getting ready to leave for a planned horse riding activity. The inspector saw that

there was a pleasant atmosphere in the centre. There was music playing on the TV and a large blackboard displayed a "festival" schedule.

The person in charge arrived to the centre following the arrival of the inspector and was present for the remainder of the inspection. The inspector had an opportunity to speak with a number of staff members and with some residents during the day and was able to interact with all of the residents present in the centre on the day of the inspection. Some residents chose not to interact at length with the inspector and residents' wishes were respected in relation to this. The inspector was invited to visit the day service adjoining the centre and had an opportunity to spend some time with the residents there while they enjoyed a Halloween party. Residents had dressed in costumes for this event and were seen to be enjoying party games and it was evident that residents were having fun and enjoyed spending time with each other and with the staff present.

Residents were observed leaving and returning to the centre throughout the day as they wished. Some residents chose to return from day services earlier in the day than others. The inspector had an opportunity to speak to one of these residents in the sitting room of their home both privately and in the company of the team leader and person in charge. Another resident came to speak with the inspector later in the day as per their own wishes and spoke about changes that had taken place for them since the previous inspection. Other residents were met as they attended to their usual routines in the centre and the inspectors saw residents enjoying meals in the kitchen at different times of the day. From what the inspector saw, residents were provided with choices about the time they got up, when they left and returned to the centre, meals and mealtimes and how they spent their time. One resident spoke in Irish on occasion and told the inspector about activities that they enjoyed such as going to a nearby mart and tending to the animals on the farm. It was evident that this centre provided this resident with opportunities to remain connected to their local community, culture and background. Another resident chose to meet with the inspector later in the day and spoke at length about their life in the centre and the changes that had taken place for them since the previous inspection.

Another resident was observed to remain in their room all day on the day of the inspection. This was as per their own wishes and the inspector observed staff to interact and spend time with this resident regularly throughout the day. Staff were also heard to offer and encourage the resident to participate in activities outside of their bedroom. The inspector visited this resident in their bedroom for a brief period and saw that they appeared content and happy and that the staff working with them were respectful and caring towards them. The inspector was told that this resident does leave their room on some days and does attend some external activities but sometimes prefers not to.

The next two sections of this report will 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 provided.

## Capacity and capability

While there was evidence of good practice and good person centred care being provided to residents, governance and management systems in place were not ensuring the centre was adequately resourced to ensure a consistent service to residents. There was a reliance on agency staff and the goodwill of the remaining staff and management team to ensure that the service offered to residents was not impacted by ongoing staffing issues. Although, for the most part residents were not at the time of this inspection seriously adversely impacted by the staffing deficits, staffing resources were impacting on occasion on residents' lived experiences and had contributed to some safeguarding incidents that had been reported in the centre. Also, the documentation systems in place in the centre were not effectively managed to ensure that information was readily available.

As mentioned in the previous section, this inspection was a focused inspection completed following the receipt of unsolicited information of concern. Since the previous inspection a number of management changes had occurred in the centre and two new individuals had been appointed persons participating in the management of the centre. The inspector had an opportunity to meet and speak with one of these individuals on the day of the inspection also. This individual attended the centre on the afternoon of the inspection and was present for the feedback at the end of the inspection.

The inspector spoke with staff and management in the centre and also viewed a sample of recent rosters. The centre was staffed by a core team consisting of a team leader, social care workers and a care assistant. In line with the model of care provided in this centre, some volunteers provided supports to residents also. The person in charge told the inspector that staffing had improved for a period in the centre since the previous inspection but that in the previous few months a number of staff had departed. The person in charge told the inspector that there were three new agency staff providing full time supports in the centre at the time of the inspection. Rosters viewed showed that the amount of paid staff on duty at most times was not in line with what was detailed in the statement of purpose.

While staffing was seen to be an ongoing issue in this centre, and had been escalated to provider level, this inspection found that at the time of this inspection the impact of this on residents was not always evident. This was due in part to the commitment of the existing staff and management team. For example, the person in charge was covering shifts that were outside her usual roster and day service staff, regular staff and volunteers on occasion extended their rostered hours to provide supports when staffing in the centre was reduced. Also, the person in charge and team leader were routinely covering staff shortages and providing direct supports to residents at times that they were assigned to administration duties.

On the day of this inspection, there were six residents documented as receiving an overnight service in the centre. The roster detailed that, not including the staff present in the day service, seven individuals were rostered on duty during the day,

including the person in charge, the team leader and a social care student. This did ensure that there were sufficient staff present to facilitate residents to attend planned activities and leave and return to the centre as they wished, as well as time for admin duties to be completed. However, as observed by the inspector, many residents were attending day services for part or all of the day where the provider had in place additional staffing to support them. In contrast to this, there was usually two staff to three staff and additional volunteer support in the evenings and at weekends when generally six to seven residents were present in the centre and were not attending day services. At night one waking paid staff member was rostered with two volunteers providing supports on a sleepover shift, although on one occasion in the previous couple of weeks only one waking night staff and one volunteer staff were present in the centre at night. When the inspector queried this, they were informed this was an oversight error.

In the main, staffing issues tended to occur in the evenings and weekends, when the day service wasn't available to residents and staffing needs were higher. Staffing issues tended to arise due to unavailability or lack of sufficient staff to cover the planned roster as well as unplanned leave, such as sick leave. However, this inspection also found that the management and deployment of existing resources was not fully effective and this was contributing to the challenges faced in relation to staffing. For example, on the day of the inspection, the inspector observed that at one point there were four staff present in the centre completing documentation in the kitchen while most of the residents were attending the adjoining day services, also operated by the provider. Given the staffing challenges reported and documented at other times, this did not evidence that staff were deployed in a manner that would most benefit residents in the centre and did not demonstrate effective management of resources by the provider.

There had been some sporadic occasions where residents had been impacted by the staffing challenges in the centre. For example, the inspector was informed of one occasion where a safeguarding issue had occurred, and this was in part attributed to the lack of sufficient staff to provide the appropriate supervision levels for residents as per their assessed needs. On that occasion, a member of the centre management was present in the centre for a short period of time on their own with three residents, two of whom were assessed as requiring 1:1 supports during daytime hours. The inspector saw evidence that the person in charge had raised concerns about the potential impact on residents due to staffing levels on occasion and had highlighted concerns following occasions when staffing was significantly reduced. For example, on one occasion, the person in charge had stayed late in the evening to cook dinner for residents due to insufficient staff being available to residents. On other occasions, the person in charge had also worked additional hours to fill gaps in the roster.

Throughout the day, a number of staff were observed completing documentation on laptops and there was an abundance of documentation completed in respect of residents and the centre. The person in charge was supported by the team leader and also received some additional administration supports from the provider. However, the documentation in place was not streamlined in a manner that meant it was easily accessible. For example, following the introductory meeting with the

person in charge, the inspector respectfully requested a number of documents for review and some of these were again requested at lunchtime. Some of these were requested on a number of occasions during the inspection. While for the most part, these were provided, there was difficulties in finding some documentation in a timely manner. The person in charge told the inspector that these documents were stored on an online system and did show the inspector some documents that were online on a laptop and also printed some documents for the inspectors review. Towards the end of the inspection, the inspector was shown a filing cabinet that contained some of this information also. The inspector was not assured that all relevant information about residents and the centre would be readily available at all times if required.

The person in charge told the inspector that it was difficult at times to attend to the administration tasks required in the centre due to the staffing issues present. The person in charge was also seen to be covering some waking nights in the centre and told they inspector they were regularly providing direct supports to residents in lieu of planned administration duties, due to challenges with staffing. There was evidence that this was impacting on their ability to maintain full oversight and keep up to date with their assigned administration duties in the centre. For example, some audits had not been completed as planned including monthly medication audits and a premises audit. The inspector viewed evidence that the person in charge had raised this concern through their own supervision and other forums and there was an appropriate risk assessment in place in relation to staffing. This risk assessment detailed a number of control measures that indicated that the provider had recognised and was taking action to address the staffing concerns in the centre. The PPIM also spoke about these measures during the inspection.

There were ongoing active efforts to recruit staff in this centre but the inspector was told that the provider faced some challenges in filling all vacancies due to various factors, including the geographical location of the centre. The management of the centre told the inspector about the efforts that had been made to attract staff with the requisite skills, including a recruitment fair and local advertisement campaigns. Following escalation of staffing issues to the provider, the use of an external recruitment agency had been sanctioned and there were efforts being made to attract staff to the roles available. For example, the provider was planning to make available accommodation to externally recruited staff. Some staff had recently been recruited and were due to commence in the centre in the period after this inspection. Efforts were being made to fill other vacancies using the existing staff team or regular agency staff in order to maintain consistency for residents but the inspector was informed that this was not always possible and that staffing remained a significant challenge in this centre.

The provider had recently submitted an application to vary a condition of registration in respect of the centre to amend the layout of resident bedrooms so that residents for the benefit of any incoming resident. A swap was planned between a staff bedroom and resident bedroom. There was no change to the footprint or the capacity of the centre and the inspector saw that this had the potential to have a positive benefit for a resident who wished to be based near their

peers in the centre.

An annual review had been completed in respect of this centre in November 2022. The person in charge was unable to locate this document on the day of the inspection and this was forwarded to the inspector in the days following the inspection. This showed that issues were being identified and included details about how residents were consulted with. A report on an six monthly review of the care and support provided in the centre had been completed by the provider in May 2023. It was observed that this included a number of ongoing actions since the previous review. The person in charge told the inspector that some of these actions had been completed but that the information had not been updated/available in the centre at the time the review had taken place. These documents did show that the provider was identifying issues in the centre and there was some evidence that these were being actioned and completed at the time of the inspection.

Staff supervisions were taking place in the centre and the inspector viewed a record of ongoing induction for an agency staff member that had commenced working in the centre recently. The full training records were also not viewed on the day of this inspection and evidence of staff training taking place in the centre was also forwarded to the inspector in the days following this inspection.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

## Regulation 15: Staffing

The small core team working in this centre were suitably skilled and were committed to providing residents with a suitable and safe service. However, at the time of this inspection, there was a high turnover of staff in the centre and a reliance on agency staff and this did not provide continuity of care for the residents.

Staffing levels on the day of the inspection were sufficient to meet the needs of the residents on that day. However, rosters viewed in the centre showed that staffing levels were consistently below what was detailed in the statement of purpose for this centre. This meant that staffing levels were not always maintained in line with the assessed needs of the residents of this centre. For example, a resident that was assessed as requiring 1:1 staffing supports was not always supported in line with this. This was impacting on occasion on residents' lived experiences and this had potentially contributed to some safeguarding incidents that had been reported in the centre.

Judgment: Not compliant

## Regulation 16: Training and staff development

Staff were appropriately supervised in this centre and had access to a variety of training. Training records and evidence of appropriate Garda vetting were maintained on-site for agency staff.

Judgment: Compliant

## Regulation 23: Governance and management

A clearly defined management structure was in place in the designated centre. While overall, residents were receiving good quality and safe services in this centre, the management of resources was not fully effective in ensuring that the centre is always adequately staffed to to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Also, although the local management team maintained a strong in-person presence in the centre, there was evidence that the oversight arrangements in place were being impacted by the staffing arrangements. The person in charge and team leader were regularly working in a direct support capacity at times when they would have ordinarily been assigned to administration duties. This was to ensure the safety and well-being of the residents at those times.

Management systems in place did not fully ensure that relevant documentation kept in the centre was readily accessible and available to ensure consistency in the delivery of care and support in the centre and that this care and support could be effectively monitored. For example, some audits had not been completed in line with the providers audit schedule and the annual review and other documentation could not be located in the centre on the day of the inspection. This meant that it was not available to the residents on the day of this inspection. This was provided to the chief inspector following the inspection.

Judgment: Not compliant

## Regulation 31: Notification of incidents

Incidents had been notified to the Chief Inspector as required.

Judgment: Compliant

## Regulation 34: Complaints procedure

Residents and staff were aware of the complaints procedures in place in the centre. No complaints had been recorded in respect of the centre to date in 2023. There was a 'Complaints, compliments and comments policy and procedure' in place and this was up-to-date and included accessible information for residents.

Judgment: Compliant

## Quality and safety

Overall, residents in this centre were seen to be receiving good quality supports and were provided with autonomy and choices in their day-to-day lives. For the most part, residents were well protected in this centre. As discussed in the previous section, staffing challenges were occasionally impacting on residents. However, this inspection found that this was somewhat mitigated against by a committed and flexible core staff and local management team.

The inspector had an opportunity to speak with the team leader and some of the staff members working in the centre throughout the day. These individuals were familiar with the residents that they supported and presented as committed to ensuring that residents received a good quality and safe person centred service. Staff spoken to during the inspection told the inspector that overall the needs of residents were being met in the centre, including when staff levels were reduced. The team leader was very familiar with the day-to-day needs of the residents in the centre and was knowledgeable and committed in their role. The person in charge was also very familiar with residents and committed in their role. This meant that staff were provided with good local supports and that there was a level of local oversight that assisted in the provision of safe and good quality services for residents.

The inspector viewed a sample of daily records for some residents, incident and accident reports, personal plans, supports plans, risk assessments and healthcare plans and spoke to staff and residents to find out about how their care and support needs were being met in this centre. The documentation viewed indicated that residents' basic care and support needs, such as their personal care, nutrition and social care needs were being met and overall there was little evidence to suggest that residents not were in receipt of appropriate care and support. Residents spoken with confirmed that they liked living in the centre, were well supported by staff, attended a variety of activities, and that they felt safe in the centre.

A staff member told the inspector that while staffing was a challenge in the centre, the staff team were striving to maintain the service provided to residents and that they believed they were achieving this. They spoke about how the team leader and

person in charge would provide additional supports in the centre if required to ensure that residents' needs were being fully met. They told the inspector that two residents had recently returned from a trip abroad and that residents in the centre were facilitated and able to attend all of their planned activities as desired. Staff spoken to confirmed that they were in receipt of regular formal supervision and that the management team maintained a presence in the centre.

Staff members spoken to on the day of this inspection were unable to provide any recent examples of a time when residents had been unable to attend a community based activity or leave the centre due to staff shortages. All staff members spoken to, including agency staff told the inspector that residents living in this centre were receiving good quality and safe services in the centre. Staff and residents spoken with were aware of the complaints procedures in the centre. A staff member told the inspector that staff would advocate for residents or submit a complaint on a residents' behalf if the resident was unable to do this for themselves.

Identified needs assessments had been completed recently for residents. The inspector saw that these identified specific supports required for residents. Three residents in the centre were identified as requiring one-to-one staff supports some or all of the time. Staffing levels in the centre did not allow for these arrangements to be in place at all times.

Personal plans and healthcare support plans viewed in a sample of resident files showed that residents were supported to set and achieve meaningful goals and that plans had been reviewed within the previous year. There was evidence that residents were supported to access appropriate healthcare including annual blood tests and regular GP & dentist visits. Residents were supported to access mental health supports and one resident told the inspector that they were provided with choices about the professionals that they received supports from.

Staff were familiar with residents' assessed needs and the goals that residents had. A staff member was able to tell the inspector about how a resident had adapted a goal they had to obtain work experience when circumstances had changed. The resident later spoke with the inspector about this and told the inspector that they were looking forward to commencing a new work experience role in a local business at the weekend and that they planned to visit a friend for tea afterwards. There was evidence of personal planning taking place and records of monthly keyworking meetings were viewed in a sample of plans viewed by the inspector.

Staff were familiar with the safeguarding plans in place in the centre and told the inspector they would be comfortable to report any concerns they had. Staff were familiar with the procedures in place for reporting safeguarding concerns. Garda vetting was seen to be on file for an agency staff member. Safeguarding plans viewed however, did not take into account the increased risks posed at times due to staffing resources available in the centre.

A red rated risk assessment was in place around the changing needs of one resident. A report by an allied health professional had indicated that this resident would benefit from 1:1 staff supports. A needs assessment completed in respect of

this resident also identified that they required 1:1 staff supports at least some of the time including to 'safeguard others'. The provider had submitted a business case to the funder to try and secure the funding required to provide the required supports to this individual. In the interim, the provider was attempting to provide these supports where staffing resources allowed. However, this was not always possible and this had at times impacted on other residents in the centre. A sample of records viewed by the inspector in relation to this resident indicated that they received good overall care and support in the centre.

## Regulation 13: General welfare and development

Overall, residents were seen to be well supported in this centre having regard to their assessed needs and wishes. Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There was evidence that residents were supported to attend a variety of activities including community based activities. Residents were supported and encouraged to access training and employment opportunities if they desired. Residents were supported to develop and maintain personal relationships and links with their family and with the wider community. The registered provider was taking account of the changing needs of one resident and had submitted a business case to the funder in an effort to secure the means for this resident to be supported in line with these changing needs. Although staffing was an ongoing concern in this centre, there was little evidence to suggest that this was impacting in a negative manner on the day-to-day lives of the residents, due in part to the commitment and flexibility of the existing staff and management team.

Judgment: Compliant

## Regulation 28: Fire precautions

Individualised personal emergency evacuation plans were in place for residents and there was evidence to show that all staff were aware of these. Fire-fighting equipment had been recently serviced and there was a fire alarm system and emergency lighting was in place. Fire doors were present throughout the centre. An overall evacuation plan was not in place but this was put in place by the person in charge on the day of the inspection.

A simulated night time fire drill completed with only two staff in Feb 2023 had highlighted that a team of two staff/volunteers was insufficient to fully evacuate the centre in a timely manner and presented a risk to residents. On one occasion in the weeks before the inspection, insufficient staff and volunteers had been rostered in line with the evacuation plans in place. However, this was an oversight error and was not a regular occurrence. Usually, three individuals (one staff member and two

volunteers) were present on site should an evacuation of the centre be required.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Personal plans were in place for residents. Appropriate assessments had been carried out to identify the assessed needs of the residents in the centre. However, the registered provider was not always ensuring that arrangements were in place to meet the needs of each resident. For example, some residents who required 1:1 supports were not always supported in line with their assessed needs.

Judgment: Not compliant

## Regulation 8: Protection

Staff and management were clear on their responsibilities in relation to safeguarding in this centre and were familiar with safeguarding procedures. Staff and some residents spoken to were familiar with safeguarding procedures in place. All staff had completed appropriate training in the area of safeguarding. There was evidence that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Some residents had been adversely impacted by another resident living in their home and some safeguarding concerns had been reported in respect of this. The provider had taken steps to reduce this impact, including providing additional staff resources where possible. However, staffing levels had on at least one occasion potentially contributed to a safeguarding incident in the centre. This has been covered under Regulation 15: Staffing.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were consulted with in this centre through a variety of means. Residents were supported to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with residents. Residents' right to vote had been considered and discussed with residents.

| |
|---|
| Judgment: Compliant |

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Not compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Camphill Community Dingle OSV-0003609

## Inspection ID: MON-0041785

## Date of inspection: 26/10/2023

**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 | Not Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>- Camphill Dingle has onboarded a further three staff since this inspection in October 2023.<br>- Recruitment remains a main feature of review and discussion both locally in Dingle and nationally for Dingle. ASM is working closely with the PiC and ADMIN regarding new and innovative recruitment opportunities within local and surrounding areas of Dingle.<br>- Re-deployment and re-organisation of qualified Day Service staff provides for a more flexible rostering ensuring necessary staffing support at present.<br>- Until the WTE is met, the ASM has engaged a higher availability of agency providers with full schedule 2 to ensure appropriate staffing levels are always present within the Designated center.<br>- Regular agency staff are used in Dingle to assist with the provision of consistency and continuity to support CMSN.<br>- CCoI Online Recruitment database is refreshed weekly to ensure the positions available are being advertised appropriately. | |
| Regulation 23: Governance and management | Not Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>- ASM will continue to work closely with PiC to support the assurance of appropriate staffing levels to ensure the PiC's own management tasks and responsibilities can be met.<br>- Full roster review to be carried out. CCoI are currently engaging in a sustainability process with the funder to ensure adequate WTE is in place to meet the needs of the CMSNs.<br>- PiC closely monitors any changes to the planned and actual roster and TMS system updated to reflect full coverage to support care needs and fire precautions.<br>- Annual audit schedule in place and completion/actions consistently monitored by the | |

| |
|---|
| Monthly compliance calls by the Quality Assurance Team to ensure the community stays on track with compliance plans/audits/provider six monthly unannounced audit actions.<br>- Standard filing system in place in CCoI where all staff in Dingle will be re-inducted.<br>- Actions from audits completed are reviewed with the Team lead and tasks assigned to the relevant people to ensure action completion. These are then reviewed by the PiC.<br>- Review of rosters and audits completed in Community Managers meetings, actions assigned are reviewed between Team Leader and Person in Charge<br>- Person in Charge continues to link regularly with the recruitment team of CCoI. |

| | |
|---|---|
| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br>- Returning ASM and PiC completed a full review of the PEEPS, and fire drills within Camphill Dingle. Restructuring has begun to take place based on this review. Assurance is provided that Camphill Dingle will work in line with regulation 28.<br>- Further fire drills were completed to ensure robust response and all areas of learning reviewed with supporting staff team, Team leader and PiC.<br>- PiC closely monitors any changes to the planned and actual roster and TMS system. | |
| Regulation 5: Individual assessment and personal plan | Not Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:<br>- Returning ASM has completed full roster review and allocation of staffing within the roster. 1:1 is now always provided to CMSN's in line with their individual assessments and personal plans.<br>- Standardized filing system is in place and all staff in Dingle will be inducted. | |

## Section 2:

## Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---|---|---|---|---|
| Regulation 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Not Compliant | Orange | 25/01/2024 |
| 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. | Not Compliant | Orange | 01/05/2024 |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to | Not Compliant | Orange | 01/06/2024 |

| | | | | |
|---|---|---|---|---|
| | ensure the effective delivery of care and support in accordance with the statement of purpose. | | | |
| 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 | 01/04/2024 |
| Regulation 23(1)(f) | The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector. | Not Compliant | Orange | 27/02/2024 |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. | Substantially Compliant | Yellow | 01/02/2024 |
| Regulation 05(2) | The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet | Not Compliant | Orange | 25/01/2024 |

| | | | | |
|---|---|---|---|---|
| | the needs of each resident, as assessed in accordance with paragraph (1). | | | |