



# 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:	03 February 2022
Centre ID:	OSV-0003633
Fieldwork ID:	MON-0034168

## 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:	6
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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 3 February 2022	09:00hrs to 16:30hrs	Tanya Brady	Lead
Thursday 3 February 2022	09:00hrs to 16:30hrs	Conor Brady	Support

## What residents told us and what inspectors observed

This centre comprises two locations within walking distance from each other in a rural location close to the sea. The centre is registered for seven individuals and there were six residents present on the day of inspection. One resident has been living at home since inspectors were last present in the centre. As the COVID-19 pandemic is still current, inspectors adhered to infection prevention and control best practice including wearing personal protective equipment. The inspectors visited one house each and met with the residents who were present in both houses. Inspectors also had the opportunity to meet with the staff team, local management and the providers regional and national management team.

Inspectors met and spoke with residents as they carried out their daily activities, joined them at the table as they had something to eat or drink and were shown around their home by the residents. Residents were observed to be relaxed and comfortable with the staff team supporting them. Residents reported that they were happy and that they liked the changes to their home pointing out new furniture and painting to inspectors.

In one house the staff were observed to support residents to make their breakfast at a time that suited them and there was an unhurried and relaxed atmosphere. One resident told the inspector that they liked coffee but really liked to go out for a cappuccino and told the inspector where the best coffee in the area was. Residents spoke of enjoying activities such as art or writing, one resident had gone on an early walk and had picked some greenery and was seen to use it in an art project. Staff who spoke to the inspector said that they liked being in this house as they were familiar with the resident's needs and likes and dislikes, they enjoyed spending time with them.

In the other house it was a residents birthday and they were going on an outing. On arrival the inspector found there was some initial confusion displayed by a volunteer co-worker who was on duty around where staff were. However once the local manager arrived this was addressed. Residents told inspectors that life in the house had improved since the last inspection and that they felt happy and safe.

In summary, residents were treated in an appropriate manner by staff and the volunteers present in the centre during this inspection. The two houses were seen to have substantial maintenance and decoration completed and were more homely and improved since the previous inspection.

The next two sections of the report present the findings of the inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

As a result of ongoing levels of non-compliance with regulation over four previous inspections, this centre has been engaged in a focused improvement plan. This aimed to improve the quality and safety of care and support provided to residents. The centre was issued with a notice of proposed decision to refuse the registration of the centre by the Chief Inspector of Social Services in 2021 however, following receipt of representation submitted by the provider, further inspection was carried out in July 2021. This found that some improvements had been made and a decision was taken to renew registration of the centre with two restrictive conditions attached. These directed that the provider come into compliance with specific regulations within a set period. This inspection was completed to review the progress towards compliance with the regulations as named on the restrictive conditions of registration and outlined below.

This inspection found that the provider had experienced continued difficulties in recruiting and retaining a consistent workforce and a local management team for this centre.

This had impacted on their ability to implement systems and to provide oversight of the quality of care and support. On this inspection the inspectors found that levels of staffing had improved and were more in line with those identified as required for residents assessed needs and stated in the centre statement of purpose.

While there had been further changes in the position of person in charge and in persons participating in management since July 2021, the interim management team and the national Head of Services (who attended this inspection) had been successful in improving the overall level of compliance with regulation which had in turn translated into overall improvements in residents experiences in the centre. The majority of assurances made to the Chief Inspector had being implemented by the registered provider based on the findings of this inspection.

The staff members spoken with during this inspection generally demonstrated a good knowledge of the residents they were supporting. In addition they could explain how they used the providers new systems and explained that new procedures in place were transparent and provided them with sufficient detail to guide their work practices.

## Regulation 15: Staffing

Staffing was found to be in keeping with the centre statement of purpose and the assessed needs of the residents currently in the centre. While there was currently a deficit of two staff these gaps on the roster were covered by a small and consistent number of agency staff. Review of the roster indicated that there was an

appropriate skill mix of staff and that residents had support that allowed them to engage in activities that were important to them.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had engaged in substantive work to ensure that the staff team were in receipt of training, supervision and support to ensure they were competent to carry out their role. All staff had completed mandatory training and where required refresher training in addition to training that was specific to the needs of the residents.

The person in charge and team leader had ensured that staff were now in receipt of support and supervision. The inspectors found that these reviewed a staff members role and their responsibilities in addition to identifying actions and improvement plans where indicated. Where concerns were raised by staff there was evidence that these were discussed and reviewed.

Judgment: Compliant

### Regulation 23: Governance and management

While the provider had a management team in the centre it was acknowledged that this had changed since the July 2021 inspection and was scheduled to change again. The inability of the provider to retain a consistent local management team has been of concern and discussed with the provider previously. However, the lines of authority and accountability were identified and the staff team were aware of who they reported to.

In addition the interim local management team had ensured that systems of auditing and oversight were in place and utilised to inform quality improvement. The person in charge was supported in their role by a full time team leader in the centre who was also involved in auditing and monitoring the service provided. There was a clear system in place for the provider to monitor progress against any identified actions and the inspectors reviewed records of these reviews.

There were staff team meetings occurring and improved systems of communication with the staff team.

Judgment: Compliant

## Quality and safety

Overall the inspectors found that while improvements were still required and consistent embedding of practices were only now being demonstrated, the provider and local management team were striving to ensure that residents were in receipt of a good quality and safe service.

There had been improvements to residents homes to ensure that they were more homely and comfortable and inspectors found that the residents reported being more content. Residents likes, dislikes and preferences were known and documented and the staff team were increasingly in a position to ensure residents were happy and safe. Inspectors found that previously highlighted safeguarding concerns had either been addressed or were in the process of being addressed. Residents reported being happier in the centre to inspectors.

Substantive fire safety improvements to the premises had been completed alongside consistent application of the systems for checking fire safety throughout the centre.

Where the provider had been found to be addressing breaches in quality and safety by implementing new processes and guidelines these were now found to have been embedded into staff practice and overall inspectors found there was a higher level of consistency in staff practice across a number of regulations. These improvements were reflected in the residents stating they were content and happy and they were observed to be directive in their daily activities.

## Regulation 17: Premises

The provider and person in charge had overseen substantive changes to both houses that comprise this centre which represented a significant capital investment. Inspectors observed new flooring, painted walls and new furniture with residents explaining that they had picked new colour schemes and showing inspectors new curtains and furnishings in their bedrooms. Outstanding work was found to be scheduled and included works in the bathrooms to replace old tiles or sanitary ware in addition to new kitchen fixtures in one house. Placement of items such as a fridge freezer in a living room required review and this is reflected in regulation 27.

Externally works had also been completed to the property which resulted in greater access to the garden for residents. This included improved drainage and clearing of areas that were overgrown.

Judgment: Compliant



## Regulation 26: Risk management procedures

Residents were for the most part protected by the risk management policies, procedures and practices in the centre.

There was a risk register in place and general and individual risk assessments were developed and reviewed as required. There were systems to log and review incidents, and incident reviews were leading to the review and update of the relevant documentation. The inspectors found that when areas required review this had been completed in a timely manner. Where actions were required in order to comply with control measures identified such as with the risk of choking a referral for speech and language therapy assessment had been made.

There were systems in place to ensure vehicles were serviced, insured, roadworthy and suitably equipped.

Judgment: Compliant

## Regulation 27: Protection against infection

On arrival to one of the houses in the morning the inspectors found some initial confusion regarding the sign in processes in place, however, this was investigated by the provider and immediate reviews completed. In the other house the inspector found no concerns with the infection prevention and control measures in place on arrival.

Residents were protected by the infection prevention and control policies, procedures and practices in the centre. On the day of inspection there was a confirmed case of COVID-19 and the inspectors found that the management of this had ensured that all residents and the staff team were protected. The provider had developed contingency plans in relation to COVID-19 and these were clearly guiding staff in relation to their roles and responsibilities. There were a range of risk assessments in place outlining control measures in place for healthcare transmitted infections with guidelines arising from these. Staff were observed wearing personal protective equipment in line with national guidance and using the hand washing facilities on a regular basis. Storage for cleaning equipment was provided with mops and other equipment cleaned and stored appropriately.

The premises was found to be clean during the inspection and there were cleaning schedules in place to ensure that every area of the centre was being cleaned regularly. The provider had schedules in place to ensure that other healthcare transmitted infections were managed such as the regular flushing of water systems for the management of legionella. There were stocks of personal protective equipment (PPE) available and a system was in place for stock control. Staff had completed training in relation to infection prevention and control, including hand

hygiene and the use of PPE.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider and person in charge had overseen a piece of work to ensure that containment and fire safety measures in the centre had been improved. The provider had commissioned an external fire safety audit of the centre by a suitably qualified person and were ensuring that all actions as identified were being addressed. New fire doors had been fitted throughout the two houses and a number of these had also been fitted with automatic closing mechanisms. Some areas had had works to improve the roof and ceiling area and attic hatches had been reviewed and replaced as required.

There were effective fire management systems in place with adequate arrangements for detecting and extinguishing fires. There were adequate means of escape from the centre and all residents had up-to-date individual evacuation plans. Emergency lighting and fire equipment was in place and was serviced, tested and maintained. Fire drills were occurring regularly to demonstrate that each resident could evacuate the centre in the event of an emergency. There were emergency and contingency plans in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Inspectors found that the provider and person in charge had implemented robust and updated systems with the respect to the management of medicines. Staff had completed training in the area and were implementing the providers systems with respect to the safe ordering, receipt, prescribing storing, disposal and administration of medicines.

The inspectors reviewed a sample of resident's prescription sheets and found they had been reviewed by medical professionals in addition the administration records were consistently reviewed. The provider had arranged for external reviews by a suitably qualified pharmacist and internally audits were also completed by the provider's clinical officer.

Judgment: Compliant

## Regulation 8: Protection

On the day of inspection residents were found to be protected by the policies, procedures and practices related to safeguarding and protection. Information was available in an easy read format in the centre which included the policies and information on accessing advocacy and supports. All safeguarding plans that were in place at the last inspection had subsequently been reviewed and either closed or updated as required following liaison with the HSE safeguarding team. This resulted in there being nine active safeguarding cases on the day of this inspection, all with appropriately developed and implemented plans in place.

Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Where previously the provider had not demonstrated appropriate follow up to actions identified in some safeguarding cases this was found to have improved and actions were now completed. An ongoing safeguarding matter regarding a resident in one of the houses had been subjected to an external expert review and the report was available for inspectors to read. This had identified a number of failings by the provider in their management of safeguarding concerns at the time and provided suggested actions. The inspectors found that the provider acknowledged these failings and had new systems in place. In addition inspectors found that that the suggested actions were being implemented.

Clear systems were now in place guiding staff on the management of resident finances and there were records of reconciliations and checks occurring on a consistent basis.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Camphill Ballymoney OSV-0003633

Inspection ID: MON-0034168

Date of inspection: 03/02/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"><li>• The PIC has reviewed the signage at the entry point of the house and has further enhanced protocols in place for visitors to the house.</li></ul>	

**Section 2:**

**Regulations to be complied with**

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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.	Substantially Compliant	Yellow	03/02/2022