

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

## Issued by the Chief Inspector

Name of designated centre:	Camphill Community Ballybay
Name of provider:	Camphill Communities of Ireland
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	16 and 17 September 2024
Centre ID:	OSV-0003603
Fieldwork ID:	MON-0036124

## About the designated centre

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

Camphill Community Ballybay is a residential service that provides care and support for 17 adults with an intellectual disability. This designated centre is located on a large campus including a farm, several workshops, outbuildings and five separate residential buildings for residents and volunteers. The provider, Camphill Communities of Ireland, operate a unique approach to service provision that aims to support people to discover and apply their personal gifts, identify their ambitions and vision, build assets and strengths and to live fulfilled lives as participating members of society and the community. Residents living at this campus participate in activities which support the overall ethos of the service and may undertake work-based activities on the campus, supported by staff and short term co-workers, who work in a voluntary capacity. Residents are also able to access the local community and services in the local town.

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

Number of residents on the date of inspection:	15
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## 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
Monday 16 September 2024	09:40hrs to 17:55hrs	Caroline Meehan	Lead
Tuesday 17 September 2024	10:15hrs to 18:00hrs	Caroline Meehan	Lead
Monday 16 September 2024	09:45hrs to 17:55hrs	Sarah Barry	Support
Tuesday 17 September 2024	10:00hrs to 14:45hrs	Sarah Barry	Support

## What residents told us and what inspectors observed

This centre is a residential service which provided care and support for up to 17 residents, and there were 15 residents living in the centre on the day of inspection. The centre is located on a farm setting close to a town. The inspection took place over two days and was facilitated by the person in charge. Overall residents had a good quality of life, and while some improvements were required, the rights of residents to lead a life of their choosing were being proactively supported.

The centre comprised of five houses, two two-storey houses, and three single storey houses. The inspectors were shown around each unit by house coordinators, or the person in charge, and all units were brightly decorated. There was a warm and welcoming atmosphere in the centre, and residents seemed comfortable in their homes.

Each of the residents had their own bedrooms, and these were arranged and decorated based on residents' preferences. For example, when a resident recently moved within the centre, their preferred colour of blue was used throughout their new home, and the inspector saw they were happy when staff spoke to them about this choice.

Each of the units had ample cooking facilities, and the inspectors saw that residents liked to spend time preparing meals, chatting to their peers, and help with tidying in the kitchen and dining areas. Gardening, cooking and baking were important aspects of residents lives, and they grew their own produce, as well as baking cakes and breads for a weekly pop up café in the centre. Their contributions were promoted and celebrated, and a weekly advertisement of the individual baked goods was distributed to all residents and staff in the centre. Both inspectors were given the opportunity to see the pop up café, which had been developed to support one resident's interest in working in a café, and this area was tastefully decorated, for this weekly social event that residents really looked forward to.

A number of residents had recently taken part in a local town show, and had showcased their weaving, baking, and candle making products. Residents had won a number of awards and proudly spoke to inspectors about their achievements.

Residents had also been supported with educational opportunities in local colleges, and the person in charge had ongoing engagement with the local education and training board to ensure residents had access to life long learning courses. One resident told the inspectors about a course they had completed in a local college in European maths, and they had a goal to continue on with college studies. Residents had also been supported to attend literacy and numeracy classes in the centre, facilitated by a visiting teacher.

Workshops on baking, weaving, art and candle making were provided in the centre, and these workshop facilities were on site. As mentioned the centre was located on

a farm, and a number of residents enjoyed working on the farm during the week. There were goats, pigs, cattle and dogs on the farm, as well as an orchard and a large greenhouse. Throughout both days of the inspection residents were seen to be active, engaged and happy in helping out around the grounds, and staff told the inspectors this was important to residents.

On the days of inspection, one resident was away on holidays with their family, and one resident was at day services. The inspectors met most residents over the course of the inspection, and one resident said they preferred not to speak with inspectors. Residents told the inspectors about what it was like to live in the centre, the activities they liked to do and their goals for the future. One resident told an inspector they enjoyed shopping and went out regularly with staff. Another resident was supported by a staff to tell an inspector how they helped with the weekly shopping, and then chose where they would like to go afterwards for lunch. Another resident said they really liked to read, and to write, and had their own desk, chair with stationary supplies set up in the main sittingroom of their home.

While the inspectors were not familiar with the communication methods of some residents, it was evident that staff knew residents communication preferences well. Staff were observed to interact with residents in a kind and respectful way, and to interpret their non-verbal communications, and respond appropriately. Some residents liked to have a structured routine, and liked to know what was happening for the day, and visual timetables were in place for some residents. Staff described how it was important to communicate any changes in residents' routine, and showed the inspector social stories used to help residents understanding of planned or unplanned changes.

Staff knew the residents well, and told inspectors about a range of supports in place including healthcare, social, educational and personal care supports. Staff were also aware of potential risks in the centre, describing control measures relating to safeguarding, mobility, and infection prevention control risks.

The next two sections of the report describe the governance and management arrangements, and how these arrangements impacted on the quality and safety of care and support being provided to residents.

## Capacity and capability

This inspection was carried out following an application by the provider to renew the registration of this centre for 17 residents, and a full application had been received by the Chief Inspector.

Overall the inspectors found the management and governance arrangements were ensuring residents were provided with safe and effective care and support. However, the lines of accountability were not consistently clear, and this impacted the timeliness for some residents to receive recommended equipment and

healthcare reviews. The person in charge acknowledged the maintenance of records required improvement, and was planning to rectify this issue. The provider had sufficient resources to meet the needs of residents; however, there was an over reliance on agency staff to provide care and support at night time.

Staff had been provided with most training to meet the needs of residents; however, the provision of training in some infection prevention and control practices required improvement.

There was an effective complaints management system, and the person in charge actively responded to issues raised by residents.

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

A full application to renew the registration of this centre was received by the Chief Inspector.

Judgment: Compliant

### Regulation 14: Persons in charge

There was a fulltime person in charge employed in the centre, and the person in charge was responsible for this centre only. The person in charge was supported in their role by two team leaders, three house coordinators, as well as a person participating in management. The person in charge had the required experience and qualifications to fulfil their role.

The person in charge facilitated the inspection, and it was evident that they knew the residents well, and were knowledgeable on their regulatory responsibilities.

Judgment: Compliant

### Regulation 15: Staffing

While there were sufficient staff posts in the centre, there was an over reliance on agency staff to fill vacancies in particular at night time.

The inspector spoke to the person in charge, and they explained there were eight vacant posts in the centre. Of these, 4.5 posts had recently been sanctioned in response to the changing needs of a resident. The person in charge explained that the priority was to fill shifts during the day with permanent staff, and therefore

vacancy shifts at night time were primarily filled by agency staff. There was an ongoing recruitment campaign, and one post had recently been offered to a staff.

The centre was staffed by three house coordinators, social care workers and social care assistants. At night time there were five staff on duty, one in each of the units that comprised the centre, along with one sleepover staff. During the day each of the units had one to three staff on duty, depending on the number of residents who lived in each unit, and their specific needs. There were two team leads employed in the centre in a supernumerary capacity, and they could also provide support if required in any of the units.

The inspectors reviewed a sample of rosters, and planned and actual rosters were available in the centre, and were appropriately maintained. Staffing was in line with the details set out in the statement of purpose. The inspectors reviewed three staff files, and all documents as per schedule 2 of the regulations were available.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff were provided with the necessary training to enable them to meet the needs of residents, and staff were supervised appropriate to their role.

The inspectors reviewed staff training records, and staff training plans. Staff had been provided with mandatory training in safeguarding, fire safety and in managing behaviours that are challenging. Additional training had been provided in epilepsy and the administration of rescue medicine, manual handling, food hygiene, feeding, eating, drinking and swallowing, first aid, diabetes management and the assisted decision making capacity act. Where staff were due to attend training in the future this was arranged and planned for in the training plan. Overall the inspectors found staff were knowledgeable on most of the care and support needs of residents.

The person in charge informed the inspectors that supervision meetings were facilitated for staff on a quarterly basis. The inspectors reviewed a sample of five staff supervision meetings, and meetings included discussions on work standards, personal development, and any updates or concerns. Where required actions were documented, and dates for completion agreed and recorded.

Judgment: Compliant

### Regulation 21: Records

There were some issues identified regarding the maintenance of records and these



included:

- records of checks for Legionnaires disease were not consistently completed
- some assessment of need documents were incomplete and contained conflicting information from personal support plans
- risk assessments ratings were not reflective of the levels of risk presented, and some risk assessments were found to be either under rated or over rated on assessments
- staff had difficulty retrieving some information about residents' healthcare.

The inspectors spoke to the person in charge who outlined they were aware there was an issue with documentation, and was planning to initiate corrective actions in the near future.

Judgment: Substantially compliant

## Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place.

Judgment: Compliant

## Regulation 23: Governance and management

Overall the inspectors found there was systems in place to support residents in meeting their needs and keeping them safe. However, the lines of responsibility and accountability required review, to ensure in particular, that recommended equipment and allied healthcare reviews were provided in a timely manner, and that records were appropriately maintained.

There was a defined management structure, and staff in each unit reported to a house coordinator. There were two team leaders appointed in the centre, and house coordinators reported to either team leader, and team leaders reported to the person in charge. The person in charge reported to the person participating in management, employed as an area service manager. The person participating in management reported to the head of services. While the service was monitored on an ongoing basis, the delay in providing a communication device, and access to a dietician for some residents had not apparently been communicated to the provider, and there was a lack of awareness at centre management level of the provider's responsibility in this regard.

Overall however, the inspectors found resources had been appropriately provided to meet the needs of residents. Notwithstanding the issue regarding the use of agency staff, appropriate staffing levels had been maintained, and the provider had

responded to the changing needs of residents, by sourcing additional staffing, sourcing a wheelchair accessible vehicle for one resident, and by upgrading a premises for a resident. The premises was well maintained, and there was a robust system for reporting and responding to maintenance issues as they arose. Most staff training had been provided to staff, and there was a sufficient household budget allocated to each unit.

As mentioned the service was monitored on an ongoing basis, and there was a robust system in place to ensure all actions identified through audits or reviews were complete. The person in charge and team leader completed a suite of audits, for example, infection prevention and control (IPC), medicines management and care and support. The inspectors reviewed a sample of financial and IPC audits, and all actions were either complete or in progress, for example, water damage to a ceiling had been reported to maintenance, cleaning and tidying had been completed in a number of rooms in one unit, and a resident was in the process of opening a savings account in a financial institution.

An annual review of the quality and safety of care and support had been completed in July 2024 and a number of actions for the coming year were highlighted. These were discussed with the person in charge, and they outlined the plans that were in progress including, for example, a rollout of training for staff in person centred planning and in the discovery process, and the person in charge was actively engaging with financial institutions to make it easier for residents to access their own bank accounts, as per the general population.

A six monthly unannounced visit had been completed by the provider in August 2024, and actions were found to be complete on the day of inspection. Staff meetings were facilitated every month and if needed, actions were developed. Staff meetings included a review of each residents' needs and support plans, as well as reviews of safeguarding, incidents, human rights issues, restrictive practices and any policy updates. Management meetings were also held once a month between the person in charge, person participating in management, team leaders, house coordinators and clinical support officers.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available, that outlined the services and facilities provided to residents, and described the arrangements to meet the needs of residents, as well as the provider's arrangements for fire safety and for managing complaints. The statement of purpose had recently been reviewed and updated.

Judgment: Compliant

### Regulation 30: Volunteers

There were two volunteers working in the centre on the day of inspection, both of whom had recently begun volunteer work in the centre. Volunteers were supervised by the programme facilitator and there was a plan in place to facilitate supervision meetings for both volunteers. Volunteers supported residents with recreational activities in the centre and in the community.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a policy in place on the management of complaints, and the person in charge was nominated as the complaints officer. The provider had also nominated a person to maintain records of complaints, and to ensure all complaints were appropriately responded to. Accessible information was displayed in the centre on the national advocacy service, and on the confidential recipient.

There had been one complaint recorded since the last inspection, and the matter had been investigated, and written confirmation received that the complainant was satisfied with the outcome of the complaint. On the day of the inspection, a resident told the inspector they had one issue with noise, and the person in charge informed the inspector that doors had been upgraded in this unit to reduce noise when closing.

Judgment: Compliant

### Quality and safety

Residents were provided with a good standard of care and support, and a person centred, rights based approach was used to support residents in all aspects of their life. There was a focus on continually striving to enrich residents' lives by supporting them with opportunities both in the centre and in the community, while embracing the need for life-long learning through skills teaching, educational, and work experiences. While there were non compliances identified in healthcare and communication, most aspects of residents' care and support requirements were being safely and effectively delivered.

Improvements were required in accessing dietician services, and in providing a recommended communications device to ensure these were provided in a timely manner. Residents did however, have timely access to most healthcare professionals

and staff were knowledgeable on how best to meet the needs of residents in line with their personal plans. Residents were supported to avail of activities in the community and these were planned around residents' wishes, and their preferences for educational, occupational and social opportunities.

There was good practice relating to residents' rights in terms of making choices, consenting to care and support, and involving residents in the organisation of the centre; however, some improvement was required in ensuring personal information about residents remained private. Some improvement was also required in the provision of behavioural support for a resident.

Residents were found to be safe in the centre, and there was suitable practices in medicines management, risk and incident management, and in safeguarding.

## Regulation 10: Communication

A range of communication methods were used to support residents in this centre; however, improvement was required to ensure some residents' communication needs were assessed by an appropriate professional, and to ensure a recommended communication device was provided in a timely manner.

The inspectors met most residents during the inspection, and some resident used verbal communication, while some residents communicated using gestures, pictures and vocalisations. A range of supports were in place including visual timetables, the use of social stories, and rapid prompt method. However, some residents had not been assessed by a speech and language therapist to establish their support needs. In addition, where a resident had been assessed by a speech and language therapist as requiring a communication device in November 2022, the order for this device had only been processed in August 2024, and was yet to be supplied. This meant that there had been significant delays for the resident, in effectively supporting their communication needs.

The inspectors spoke to a number of staff regarding residents' communication needs, and also observed that staff communicated effectively with residents. For example, interpreting and responding to residents' gestures and vocalisations, and referring to visual schedules with residents. Staff also explained the importance of the use of social stories, and gave examples of how these support some residents with their emotional needs.

Judgment: Not compliant

## Regulation 12: Personal possessions

The inspectors reviewed a resident's finances, following the receipt of information in

a notification. The inspectors reviewed three months records, and the resident had access to sufficient funds in order to meet their personal and social care needs.

Judgment: Compliant

### Regulation 13: General welfare and development

Appropriate care and support was provided to residents, and residents accessed a range of opportunities in the centre and in the community in line with their needs and goals.

The care and support provided to residents was in line with their identified needs, and was taken into account their wishes, choices, and developmental needs. The centre was based on a farm, and residents took part in farming and gardening activities. This included growing their own fruit and vegetables, and this in turn was used by residents when they helped with meal preparation in their homes. The centre had a bakery, and again residents used their own baked products at mealtimes, and also at a pop up café once a week in the centre. Art, music, weaving and candle making workshops were facilitated throughout the week, and those residents who wished to, could attend these sessions.

One resident attended a day service in a large town, and the remaining residents planned how they wished to spend their time, based on their preferences. As well as attending workshops, some residents liked to go out shopping, out for meals, do park runs, or go on day trips. Residents had also been supported to go on holidays if they wished. Residents were supported to access occupational and educational opportunities in the community, and residents had attended college courses recently, one resident had secured a volunteering job once a week, and the person in charge was progressing on a plan to secure a place on a social farming initiative for one resident.

Residents were supported to keep in contact with their relatives, and the person in charge facilitated a family meeting once a quarter in the centre.

Judgment: Compliant

### Regulation 20: Information for residents

A residents guide had been developed, and contained all of the required information including, for example, a summary of the services and facilities provided in the centre, the arrangements for visits to the centre, and how to access inspection reports.

Judgment: Compliant

## Regulation 26: Risk management procedures

Overall risks were being managed effectively, and there was timely responses to any adverse incidents in the centre.

Individual risks pertaining to residents had been assessed, and risk management plans outlined the control measures to reduce the likelihood and impact of incidents. For example risk of falls, choking, epilepsy, safeguarding, and ill health. The person in charge, and a number of staff described and showed the inspectors the control measures in place, for example, manual handling and mobility equipment, visual schedules, speech and language meal preparation guidelines, and the use of a rescue device. Overall the inspectors found staff were knowledgeable on these control measures and on how to reduce the risks to residents.

There were suitable arrangements for recording, investigating and learning from adverse events. All incidents were reported and recorded on an online system and all staff had access to this. The inspectors reviewed a sample of incidents over a two month period in 2024, and residents had been provided with appropriate support at the time of incidents including seeking medical advice. Further assessment by allied health care professionals had been sought where needed, for example, reviews with an occupational therapist or a behaviour support specialist, with equipment purchased where recommended. Incident trends were also reviewed at monthly management meetings and at staff meetings.

Judgment: Compliant

## Regulation 27: Protection against infection

There were systems in place for infection prevention and control (IPC); however, improvement was required in staff training in some aspects of IPC.

The inspectors reviewed staff training records, and all staff had been provided with training in hand hygiene, donning and doffing personal protective equipment (PPE), basics of IPC, and standard and transmission based precautions. However, staff had not been provided with training in respiratory hygiene and cough etiquette, and in the management of blood and body substance spills, relevant to the needs of some residents living in the centre.

All units of the centre were observed to be clean and well maintained, and the areas where food was prepared and stored were observed to be suitably maintained. There were suitable hand hygiene facilities and a range of PPE available, along with colour coded mops and chopping boards. There were suitable procedures in place

for the management of a specific healthcare condition to prevent infection, and a house coordinator described this procedure in detail to the inspectors.

There was a legionella action plan, and unused taps, toilets and showers were flushed monthly. Some improvement in documentation around these checks was required and is addressed in regulation 21.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe and suitable arrangements in place for medicines management.

The inspectors reviewed the medicine management procedures with a house coordinator. Residents were supplied with medicines from a community pharmacy in the local town, and most medicines were supplied in monitored dosage systems. A stock count of medicines was recorded on receipt, and daily stock counts were also completed. All PRN (as needed) medicines were checked weekly for expiry dates, and log records were maintained when residents took their medicines home when visiting their families.

Medicines were securely stored in individual locked presses, and the keys were securely held. The inspectors reviewed prescription and administration records for two residents, and all documentation was complete. PRN medicine records were also complete, and the maximum dosage in 24 hours was documented. The house coordinator was knowledgeable on the medicine prescribed for residents, as well as the medicine management procedures,

Medicines requiring disposal were returned and signed as received by the local pharmacist.

Judgment: Compliant

## Regulation 6: Health care

Most of the health care needs of residents were met; however, some residents had significant delays in accessing allied healthcare professionals and some improvement was required in staff knowledge in the response to a healthcare emergency.

The inspectors reviewed four residents' healthcare records, and residents had regular access to their general practitioner. Residents had also accessed the services of a physiotherapist, dentist, optician, occupational therapist, and hospital consultants as scheduled. However, two residents had been referred for assessment by a dietician, one resident in September 2023, and another resident initially in

September 2021 and again in August 2023. Both residents were still awaiting review by a dietician at the time of the inspection. An assessment of need for one resident stated they required a cognitive assessment; however the person in charge was unaware of this, and this had not been sourced to date.

Residents had access to national health screening programmes, and had been given the relevant information to allow them to make an informed decision.

Healthcare support plans were in place and provided detailed guide on how to support residents with their specific healthcare needs. Staff were knowledgeable on most of the healthcare needs of residents, and described a range of interventions in place to help residents manage their healthcare needs. However, improvement was required to ensure staff knew the protocol to follow in the event a resident had a seizure, in particular the specific instructions on the administration of rescue medicine.

The documentation regarding residents' healthcare needs required significant improvement, and was not easily retrievable by staff from files. This has been discussed in regulation 21.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

Residents were provided with support to manage their emotional needs; however, improvement was required to ensure the timely review of a behaviour support plan, where interventions were not effective.

The inspectors reviewed two behaviour support plans, and these detailed the definition of the behaviours of concern, the communicative intent of behaviours, as well as the environmental accommodations, social opportunities, coping and tolerance and skills, and direct and reactive interventions. The inspector spoke to two staff members regarding the behavioural support provided to residents. In one unit the staff described these supports, as well as showing the inspector a range of communication supports, and coping skills methods, used in line with the details set out in the behaviour support plan. In a second unit however, a staff outlined that some communication interventions and a sensory intervention were not being used. While the behaviour support plan had been reviewed and updated in August 2024, further review was required to ensure interventions were relevant and effective.

One short term restrictive practice was reviewed, and the resident had met with the person in charge, and accessible information had been provided and discussed with the resident on the rationale for use of this practice. The resident had consented to use of this short term intervention and the intervention had been discontinued in line with the agreed time frame.

Residents could access the services of a consultant psychiatrist and a clinical support



officer in behaviour.

Judgment: Substantially compliant

## Regulation 8: Protection

There was an up-to-date policy on safeguarding, and all staff had received training in the protection of vulnerable adults.

There had been a number of safeguarding incidents reported to the Chief Inspector, and all incidents had been reported to the safeguarding and protection team. Where required safeguarding plans had been developed, and implemented, and a staff member described a number of plans in place to protect residents in the centre. The person in charge also outlined the measures in place to protect residents, as well as additional therapeutic interventions to support residents following disclosures.

Residents had been provided with information on self-protection, and a member of the safeguarding and protection team had provided training recently to all residents on abuse and self-protection. There was also accessible information available throughout the centre on reporting abuse, and on who residents should talk to if they have a concern.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were upheld and residents were given a range of choices in their day to day life, and in their future aspirations. However, some improvement was required to ensure the privacy of residents' personal information was maintained.

The inspectors reviewed minutes of residents meeting in one unit, and a range of topics were discussed with residents including, how to stay safe, safeguarding, finance support and good news stories. Residents also discussed meal choices for the upcoming week. However, personal information regarding the care and support needs of individual residents had also been discussed and documented, including behavioural support, healthcare and safeguarding, and in this regard residents' privacy was not being maintained. This was discussed with the person in charge, who clarified that minutes of residents' meetings were not routinely reviewed by the management team in the centre.

Residents had consented to a range of supports and this was recorded in personal plans, for example, vaccinations, the use of photographs, restrictive practices, and community activities. Residents chose what they did on a day to day basis, and choices included community and centre based activities. As mentioned a range of

activity options were available in the centre, and overall the inspectors found residents were participating in decisions regarding their care and support. Information was available in the centre on the national advocacy service, as well as easy read information specific to residents' healthcare needs.

Residents were provided with information about their rights, and the provider had set up a residents' rights group. Some residents from this centre were part of this group, and there was a plan next year for residents to deliver rights training to their peers.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Not compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Camphill Community Ballybay OSV-0003603

Inspection ID: MON-0036124

Date of inspection: 17/09/2024

## 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: <ul style="list-style-type: none"><li>• An assessment of staffing needs has been completed for the community. We are working with our HR department and our Digital Marketing Lead to recruit and allocate staff according to our WTE. We aim to allocate core staff and reduce our reliance on agencies</li><li>• A recruitment drive is underway nationally to recruit sufficient core staff. We have reached out to local education facilitators, and advertised positions in local newspapers and radio stations for maximum exposure.</li><li>• All staff currently recruited via agency have been trained as per CCOI training requirements.</li><li>• All staff currently recruited via agency have access to CCOI systems and are inducted fully to meet the needs of all community members.</li><li>• All agency staff receive supervision in line with CCOI policy.</li></ul>	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"><li>• All assessments of needs will be reviewed by the PIC to ensure they are fully informed with accurate information.</li><li>• PIC will work with CCOI Health &amp; Safety Lead and review all risk assessments and the risk ratings to ensure they are reflective of the risks outlined.</li><li>• PIC will ensure the upkeep of all records via a new oversight audit that is currently being devised, this will include monitoring of completion of checks for prevention of legionnaires disease.</li><li>• CCOI are reviewing all documents on a national level to reduce any duplicate documentation.</li></ul>	
Regulation 10: Communication	Not Compliant
Outline how you are going to come into compliance with Regulation 10: Communication:	

<ul style="list-style-type: none"> <li>• The PIC will ensure that all CMSN's with communication difficulties have access to a SLT for assessment.</li> <li>• The PIC has submitted referrals for SLT support for all residents with communication difficulties.</li> <li>• The PIC will ensure that all prescribed/recommended aids will be implemented/acquired within a timely manner.</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• The PIC has scheduled trainings for all staff as per the recommendations outlined in the report.</li> </ul>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• All assessments of needs will be reviewed by the PIC to ensure they are fully informed with accurate information to inform support requirements of each resident.</li> <li>• All medication related protocols have been recirculated and discussed at house meetings to ensure the measures are understood and implemented by all staff.</li> <li>• The PIC has escalated the dietitian referrals to local GP practitioners and HSE. The PIC is also pursuing the referrals privately to ensure the assessed needs are met.</li> </ul>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• All residents who are supported with positive behavior support plans have had their plan reviewed and updated to reflect effective interventions</li> <li>• The PIC and Team leaders attend house staff meetings to ensure all staff have a sound understanding of all supports and interventions in place for each resident.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The template utilized for resident meetings has been reviewed and updated to ensure no personal information is shared</li> </ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.	Not Compliant	Orange	15/11/2024
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	28/02/2025
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for	Substantially Compliant	Yellow	30/11/2024

	inspection by the chief inspector.			
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	30/11/2024
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Not Compliant	Orange	30/11/2024
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning	Substantially Compliant	Yellow	20/09/2024



	process.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	20/09/2024