



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

Issued by the Chief Inspector

Name of designated centre:	Duffcarrig Services
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	04 August 2021
Centre ID:	OSV-0003610
Fieldwork ID:	MON-0033740

About the designated centre

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

Camphill Community Duffcarrig consists of seven residential units located in a rural community setting, that can offer a home for a maximum of 25 residents. The centre provides for residents of both genders over the age of 18 with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. Each resident has their own bedroom and other facilities throughout the seven units that make up this designated centre include kitchen/dining areas, living rooms, cloak rooms, utility rooms and bathroom facilities. Residents are supported by a staff team that comprises social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

23

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 August 2021	09:30hrs to 17:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This centre was previously operated by the provider Camphill Communities of Ireland. Due to high levels of non compliance and risk to the residents, the Chief Inspector of Social Services issued a notice of decision to cancel the registration of the centre on 04 June 2021. In accordance with Section 64 of the Health Act 2007 the Health Service Executive (HSE) were required to take over the running of the centre. This was the first inspection of the centre undertaken since the previous providers' registration was cancelled.

This inspection was completed to provide assurance that safe and quality care was being provided to residents and to ascertain the status of the residents welfare. The new provider has additionally been requested to submit a weekly risk report to the Chief Inspector and the information contained in these reports provides further assurances to the inspector during this transition period.

The inspector visited all houses that comprise this designated centre on the day of inspection and met with all residents that were present and wished to meet with them. The inspector also met with the staff team working on the day in each of the houses and with the HSE management team in place in an interim role. The inspector also met with a representative from the proposed new registered providers' incoming management team.

In each of the residential units the residents were observed to be engaged in activities and some were preparing to go out or were returning from outings or activities. A resident in one house was using their exercise bicycle and listening to music 'to keep them going' they reported that they were happy and had no worries or questions. In another house a resident explained that they enjoyed going for a massage and that the staff were supporting them in trying to find the best place to go that would be accessible and to find out costs. They commented that they were enjoying the process of visiting the possible options. Other residents were observed to participate in everyday tasks within their home such as doing their laundry or making a cup of tea.

While the inspector was reviewing documentation in an office location a resident called to see them and to ask if they could see the HIQA report from the current inspection of their home, they explained that the new person in charge had helped them to read and understand other reports. The inspector explained that it would be a little while before the report would be available but that the resident could ask the inspector any questions they had. The resident reported that they knew the person in charge would be leaving and that new staff were in the centre but they were happy and could ask them questions instead. The inspector met residents and staff out on walks and in two houses after a meal where residents were going for a drive.

The staff who spoke with the inspector stated that they were clear on the reporting lines and who was available for them to go to with any concerns. They reported that

a lot of changes had taken place in the centre but all staff spoken with reported positive changes, that communication was improved and the residents had coped well with the change. The inspector spoke to a number of agency staff in some of the houses and they stated that they were assigned to a single house or at most two which allowed them to become familiar with resident needs and with the routines within a particular home.

The next two sections of the report outline specific regulations reviewed as part of the inspection and while levels of compliance against the regulations may not have changed the inspector acknowledges that positive changes had occurred and systems had been put in place that assured there was oversight of the quality and safety of care provided to residents.

Capacity and capability

As stated previously this centre had been registered under the provider Camphill Communities of Ireland and following cancellation of the centre registration by the Chief Inspector, the Health Service Executive (HSE) took over the running of the centre from 03 July 2021. The HSE has sought and appointed a new and competent registered provider who will take over this centre in September 2021. In the interim period the HSE are responsible for the operation of this centre.

A suitably qualified and experienced individual had been put in post as person in charge when the HSE became the provider for the centre. There was evidence of ongoing strategic planning in addition to the monitoring of residents' care needs and well-being. The person in charge was present in all units that make up this designated centre on a twice daily basis and staff in each unit provided morning and evening reports. Over the course of the inspection the inspector observed the person in charge meeting with staff and residents in their homes, in the office building and around the grounds.

The HSE was found to be encouraging regular feedback from residents, relatives or resident representatives, and staff and this feedback was being used to inform practice. The new provider has a staff team in place that comprise a high number of agency staff alongside a core group of consistent staff. There was evidence of auditing on the staff personnel files with all staff having current vetting from An Garda Síochána and the agencies were also providing high quality compliance files to ensure that documents required under Schedule 2 of the regulations were available for review by the inspector.

Regulation 15: Staffing

The designated centre is currently relying on recruitment agencies to populate 60%

of the rosters in the designated centre. Although staffing was reasonably consistent on the day of inspection, from the inspectors review of rosters. The risks associated with depending on this type of staffing is that there can be uncontrollable turnover. The inspector found that despite the significant use of agency staff there was an attempt to ensure improved skill mix and an attempt to assign agency staff to only a single location or a maximum of two units. In order to provide oversight to all houses staff at co-ordinator level were in place to support the person in charge. The co-ordinators were not all employees of the centre and not all working in a full time capacity. The person in charge stated to the inspector that ensuring there was the correct skill mix and appropriate staffing numbers was the biggest task facing the current provider and took up the majority of her time.

Judgment: Not compliant

Regulation 16: Training and staff development

The HSE and person in charge had not had access to the training certificates for all staff on taking over the operation of this centre. The inspector found that following review the HSE was in the process of sourcing refresher training where it was required. Substantive work had been completed by the person in charge to ensure that a current training needs analysis had been completed. While members of the core staff team continue to require refresher training in mandatory areas these had been scheduled.

The person in charge had ensured that all staff had been in receipt of formal supervision by the house co-ordinator and they in turn had been supervised by the person in charge. Group supervision was in place in the units which addressed general areas of information as part of an improvement cycle. The HSE and person in charge follow the previous providers policy regarding frequency of supervision to be provided.

Judgment: Substantially compliant

Regulation 23: Governance and management

The interim management of this centre was being provided by the Health Service Executive (HSE) and they had ensured that there were management personnel in place that provided lines of accountability and authority. Staff who spoke to the inspector were clear who they would speak to or report to should they have concerns. The HSE and person in charge were reviewing and completing audits to identify key areas for improvement and there was a prioritised action plan in place.

Regular meetings were taking place between the person in charge, the incoming

providers representatives and the HSE disability manager to review progress in the centre. In addition fortnightly team meetings were held in each unit with the staff team and the house co-ordinator. The interim management team had prioritised actions that had been identified from their audits in order that a focused approach may bring positive change to the quality and safety of services that they were delivering. It was acknowledged by the inspector that while areas remained outstanding the current management system of oversight and governance did ensure that there were systems in place to oversee that safe care was provided appropriate to the residents needs.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

This is an important governance document that outlines the service to be provided for residents in the registered centre. The statement of purpose for this centre had been written and put in place on the 15 July 2021 by the interim provider. It contained all areas that are required by regulation to be present. Minor amendments were required which were completed on the day by the person in charge and reviewed by the inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector in line with requirements of regulation 31.

Judgment: Compliant

Quality and safety

The inspector found that the HSE was completing actions they had identified as priorities to move the centre towards compliance with the regulations since assuming operational responsibility for this designated centre.

The identified premises deficits and requirement to review the residents' living conditions remain an area of concern in this centre. Although there had been reviews of cleaning systems and enhanced oversight of cleaning systems there were areas that required property repair before they could be appropriately clean. This

included the replacement of silicone seals in showers or around baths where mould was present or re-grouting of tiles.

The person in charge had ensured review of fire evacuation procedures however the lack of containment systems is still a concern and is currently under assessment.

Residents were however, supported to enjoy activities and a review of their daily activities was underway. Staff on duty reported that as keyworkers for residents they were actively reviewing new opportunities in their community for residents at their request.

Regulation 17: Premises

The previously identified concerns with the poor condition of the premises remain. The HSE have completed a full health and safety review in addition to an estates review. Areas of immediate concern have been repaired and the inspector observed that externally the grounds had had grass cut and landscaping completed. A number of falls had been recorded as a direct result of the poor condition of paths and external timber staircases were reviewed for their safety. Additional accessibility reviews have been completed of premises where residents have mobility difficulties and these were found to not be suitable for residents needs, for example with doors too narrow for wheelchair access.

Judgment: Not compliant

Regulation 26: Risk management procedures

The HSE and person in charge had completed a full review of the risk register in place for the centre in the period since taking over the management and oversight of the centre. New risks had been identified such as no restrictors on first floor windows in three houses, the poor mobile phone signal affecting on-call effectiveness or the insufficient lighting around the site. While the risks are identified and assessments have been updated the hazards for residents remain as substantive works are required to the environment.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The HSE had arranged for completion of an infection prevention and control report on the 27 July 2021. This recommended changes to cleaning schedules and

recording systems which the person in charge had put in place. The report had also highlighted areas for deep cleaning which were being reviewed.

Systems were in place in relation to infection control in preparation for a possible outbreak of COVID-19. A protocol was in place to monitor resident temperature and health even when they were visiting and away from the centre prior to their return. There was a consistent system of prompting to remind residents to wear their masks when they were out in the community or visiting and the inspector observed this in use in the offices over the day.

Judgment: Compliant

Regulation 28: Fire precautions

The previously identified concerns in relation to the containment of fire remain. However, the person in charge has ensured that a fire drill has been completed in all houses using the minimum staffing levels. Personal evacuation plans and escape routes have been amended as required following the completion of these.

The HSE has arranged for all chimneys to be swept, all fire fighting equipment and the fire panels have been serviced by a registered professional. In addition there has been a walk through the premises and review completed by the HSE fire safety officers and representatives from the fire brigade. Further assessment is scheduled and a prioritised work plan will be drawn up. Updated health and safety statements were present in all houses on the day of inspection.

Judgment: Not compliant

Regulation 8: Protection

Arrangements were in place to ensure that residents were safeguarded from abuse. The HSE had taken on all open safeguarding cases from the previous provider and these had all been reviewed and the inspector reviewed correspondence with the HSE safeguarding and protection team.

The previous provider remained responsible for the completion of any staffing disciplinary matters or investigations. Active safeguarding plans were reviewed as required in line with scheduled review dates. Trust In Care outcomes were communicated directly to the HSE safeguarding team by the previous provider and in addition communicated to the person in charge by both the previous provider and the HSE safe guarding team.

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 - 2015 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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Duffcarrig Services OSV-0003610

Inspection ID: MON-0033740

Date of inspection: 04/08/2021

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: As from 01.09.21 a new permanent service provider has the operational management and has commenced the recruitment drive to fill current vacancies within the service.</p> <p>During the operational management period of the HSE a staff skill mix and staff requirement was reviewed as part of the service planning.</p> <p>The Tupe process is being completed for previous provider staff with the new service provider</p> <p>Control measures were put in place to ensure agency staff had induction, continued oversight and supervision with planned rosters to promote continuity of care within the resources available.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>As of 26 of August all current permanently employed staff were compliant with mandatory training and evidence of this was provided in staff file copies. Any returning staff from leave will be supported to avail of training as a priority by new provider. Training audit completed on 30.08.21 and identified compliance completed.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The governance and management structure will be managed by the new provider as of 01.09.21 and will be implemented within the service.</p> <p>Full registration as residential service for adults with intellectual disability is progressing with outstanding documentation required regarding previous planning permission. This is being followed up with previous provider and also through HSE estates and Wexford County Council.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>HSE estates have procured full topographical site survey of residential site and survey of houses are underway and license agreement with landlord is being prepared. Phased improvements in conjunction with the appointed Architects are ongoing with a view to identify priority areas & will be confirmed in the coming weeks.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The risk management policy will be managed by the new provider as of 01.09.21 and will be implemented within the service. At point of handover risk register had been reviewed and HSE will continue to liaise with new provider</p>	
Regulation 28: Fire precautions	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: HSE estates and fire officer are developing a scheme of work to schedule and prioritise work plan.</p>	
<p>Regulation 8: Protection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 8: Protection: New provider commenced operational management on 1st September – all safe guarding files were reviewed with HSE operational PIC, New PIC and HSE safe guarding team SPT safe guarding team meeting on 07.09.21 to review safe guarding plans and register.</p>	

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(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	31/03/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Not Compliant	Orange	31/12/2022

	state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	31/12/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/07/2022

Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/09/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/01/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/09/2021