Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dunshane Camphill Communities of Ireland
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	01 March 2021
Centre ID:	OSV-0003616
Fieldwork ID:	MON-0031808

About the designated centre

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

Dunshane Camphill Communities of Ireland is a designated centre that provides 24-hour, seven day residential services on a 52 week cycle each year for up to 26 residents in a rural location in Co. Kildare. The designated centre consists of eight residential buildings situated on over 20 acres of farming land in a campus style setting. The centre also provides day activation services from 9am to 5pm Monday to Friday, on site. Some residents participate in these day activities, such as baking, cooking, pottery and farming within the grounds of the designated centre or are supported in other interests in the community. The site also contains extensive gardens, walk ways, forest trails, farm land and fields. 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. Residents are supported by a team of social care workers, care assistants and voluntary workers. In line with the co-living model of care residents share communal living spaces with the volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

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 - 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
Monday 1 March 2021	09:30hrs to 15:00hrs	Marie Byrne	Lead
Monday 1 March 2021	09:30hrs to 15:00hrs	Erin Clarke	Support

What residents told us and what inspectors observed

From what residents told them and from what inspectors observed, every effort was being made to ensure residents were happy and safe in the designated centre. Overall, the inspectors found that the provider was aware of the areas where improvements were required in the centre and were in the process of implementing a number of actions to bring about the required changes.

As the centre was experiencing an outbreak of COVID-19 on the day of inspection, the inspectors adhered to national best practice and guidance with respect to infection prevention and control. The inspectors reviewed documentation in an office location and visited two houses (one house each) over the course of the inspection. In total the inspectors met and briefly engaged with five residents over the course of the day. Throughout the visits to their homes, residents were seen moving around the centre, or to be relaxing in their bedrooms or communal areas. There were 13 residents in the centre on the day of inspection. The inspectors found that despite having just isolated in the designated centre for a number of days, residents appeared in good spirits and were being supported by staff to retain as much of their usual routine as was practical and safe.

Inspectors found evidence that residents had been kept up to date about the pandemic and the necessary precautions, in line with each person's level of understanding. While visiting was restricted due to the outbreak, residents were supported to stay in contact with their families and friends through phone and video calls. In addition, staff were contacting residents' relatives regularly to keep them up to date on how their family member was.

Each resident had their own bedroom and assessments had been carried out to identify who could isolate in their home, who could have access to their own bathroom facilities and where possible a living space which was not their bedroom. For a small number of residents where this could not be facilitated, they were supported to relocate to alternative accommodation.

When one of the inspectors visited one of the houses, one resident were observed relaxing in their bedroom in their armchair with their feet up reading. Another residents was observed spending time with a staff member in the living room watching television. Kind and caring interactions were observed between residents and staff, and residents appeared comfortable in the presence of and with the supports offered by staff. Residents bedrooms were personalised with photos and personal possessions and their home was found to be clean and warm.

One resident spoke with an inspector from the outside door of their bedroom. They showed the inspector the chicken pen close to their home and talked about how some chickens had wandered over to their door the other day. They also talked with

the inspector about the new calf and lambs on the farm. They told the inspector they were happy and that they were being well supported by the staff team.

In another house the inspector met with two of the residents. All the other residents had gone out for a drive as they had just finished their isolation period after an outbreak of COVID-19 had occurred in that house. One resident was in the kitchen spending time on their tablet computer, they were looking up pictures of their favourite singers. While they did not engage directly with the inspector they were comfortable in the inspector's and staffs' presence.

Another resident spent some time talking to the inspector regarding their experience of living through the restrictions over the previous year. The resident told the inspector they missed going to college the most and that it was not the same doing classes over zoom. They spoke of the activities they liked to do in the house such as baking with staff and shared some jokes with staff.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

This risk based inspection took place as there was a significant outbreak of COVID-19 in the designated centre. While seven residents, nine staff members and 11 volunteers had been affected, inspectors found that the provider had worked with Public Health and implemented their recommendations to mitigate the risks associated with the transmission of COVID -19. The management team were maintaining oversight of the care and support for residents and had made every effort to ensure that residents were supported to stay in their home to isolate, and to ensure that they were supported by staff who were familiar to them.

Following a series of very poor inspection findings in centres operated by Camphill Communities of Ireland in 2020, the registered provider was required to submit a comprehensive national improvement plan by the Chief Inspector of Social Services. Due to the levels of concern found, substantive provider led improvements were required across all Camphill Communities of Ireland designated centres. This national improvement plan was submitted by Camphill Communities of Ireland in October 2020. Due to the seriousness of the regulatory concerns regarding both the capacity and capability of the registered provider and the quality and safety of care and support delivered to residents, the implementation of this national plan is being monitored by the Chief Inspector on a monthly basis. The inspectors found during this inspection that there was evidence of progress in relation to the completion of actions and improvements in this designated centre in line with the provider's national improvement plan.

While the designated centre is registered to support up to 26 residents, there were 13 residents in the centre on the day of the inspection. Following the inspection in the centre in November 2020 and in line with significant risk relating to fire containment measures identified by the provider, in December 2020, the provider made a decision to close one of the houses and to complete fire upgrade works in three of the houses in the designated centre. The provider had supported a number of residents to transition to other houses in the centre, to transition to alternative accommodation in other Camphill Communities of Ireland, or to temporarily stay at home with their family, while the required works were completed. Prior to residents transitioning from the house, the provider had implemented a number of additional control measures to keep residents safe.

The inspectors found that the provider had arrangements in place to ensure continuity in the governance and oversight of the designated centre during the outbreak of COVID-19. Members of the management team were available at all times to the staff team and there was an escalation pathway in place which clearly guided staff in relation to who to contact depending on the type of support they required. The provider had been engaging regularly with the Health Service Executive and the Department of Public Health. Inspectors found that the provider had addressed or was in the process of addressing any identified areas for improvement and that they were implementing Public Health recommendations.

Management and staff meetings were occurring regularly and there was evidence that residents were being kept up to date in relation to the outbreak and the day-to-day management of the centre. Regular infection prevention and control audits were being completed and environmental and staff practice checks were occurring to ensure that the premises were being kept clean and staff were following good practices to control the risks related to infection control.

A number of improvements had been made in the centre since the last inspection and these included a review and update of the organisation's risk management policy and the centre's risk register. In addition, a number of resources were made available for staff such as information on the shared drive such as videos to guide staff practice. The training tracker in the centre was being regularly updated and staff who required training or refresher training at the time of the last inspection, had now completed it. In addition, the provider had implemented a number of changes and controls which had led to a reduction in safeguarding concerns in the centre. Improvements were also noted for a number of residents in relation to their access to and control over their finances. The provider had plans in place to complete and annual review and six monthly reviews in line with the requirements of the regulations.

The inspectors reviewed the staffing arrangements in light of the outbreak and found that the person in charge had ensured that there was continuity of care provided to residents. The recent COVID-19 outbreak in the centre affected nine staff members and 11 volunteers. To address the gaps in staff cover, six re-deployed day staff were utilised along with two regular relief staff and three staff from the wider organisation. This ensured that residents were supported by staff that were known to them and aware of their support needs. Public Health provided

four agency staff to cover night shifts for a period of two weeks, at the time of the inspection this had reduced to one agency staff. The person in charge had ensured that agency staff had the correct documents as required by Schedule 2 of the regulations. It was demonstrated that staffing levels remained sufficient during a challenging period due to the flexibility of the workforce.

Regulation 15: Staffing

There was a national review underway of staffing requirements to ensure that all residents had satisfactory staffing supports to access the community and activities of their choosing. This was still underway at the time of the inspection. Nonetheless staffing levels and skill mixes reviewed were found to be sufficient on the day of inspection. It was further demonstrated that staffing levels were not adversely effected as a result of the COVID-19 outbreak due to the combined effort from management and staff to ensure that a safe level of staffing cover was in place.

Judgment: Compliant

Regulation 21: Records

Documentation requested by inspectors during the inspection, were kept in the designated centre and were readily available for review.

Judgment: Compliant

Regulation 23: Governance and management

Arrangements were in place to ensure oversight and monitoring of care and support for residents in the designated centre during the outbreak of COVID-19. The provider had taken steps to ensure that there were sufficient staffing resources and supplies available.

The provider was regularly engaging with Public Health, the Health Service Executive and the Health Information and Quality Authority to ensure that all relevant parties were kept up to date with the required information during the outbreak. They had systems in place to monitor the environment and staff practices to ensure the centre was clean and that staff were following good practices to control the risks related to infection control.

The provider was in the process of implementing a number of improvements across the service and the inspectors found that there was evidence that the majority of

actions from the providers national improvement plan had been completed or were in progress in this designated centre. In addition, the majority of actions from the inspection in the centre in November 2020 had been completed and those that had not been, were in progress.

Judgment: Compliant

Quality and safety

The inspectors found that the provider, person in charge, quality and safety lead and staff team were monitoring the quality and safety of care provided for residents and that every effort was being made to ensure that they were happy and safe in their home. There were systems in place during the COVID-19 outbreak to manage the risks associated with the outbreak. The provider had also implemented a number of improvements since the last inspection which had resulted in positive outcomes for residents. For example, a number of residents had transitioned to different houses and this had resulted in the removal of compatibility issues between residents in the designated centre. However, as previously mentioned a number of fire upgrade works remained outstanding at the time of the inspection. These works were planned to commence in the weeks after the inspection.

The provider had developed or updated existing policies, procedures, guidelines and contingency plans for use during the pandemic. The provider, person in charge and members of the management team were liaising with Public Health and there was evidence of their follow up and the implementation of recommendations made by Public Health during the outbreak of COVID-19 in the centre. Guidelines on the Prevention and Management of COVID-19 was available to staff in the centre and there were guidelines in place to ensure that staff were sharing information about COVID-19 regularly with residents. There was also systems in place for on-going monitoring of residents and staff to identify signs or symptoms of COVID-19. Once the provider became aware of the first positive case of COVID-19 in the designated centre, mass testing was completed and it was found that a number of staff and residents who tested positive were either asymptomatic and pre-symptomatic.

Testing arrangements for the detection of COVID-19 was being done in alignment with public health advice. Two rounds of mass testing had been completed on the campus at the time of the inspection, and another round of mass testing was due to be completed the day after the inspection. There were sufficient supplies of personal protective equiptment (PPE) available in the centre and there were systems in place to source more if required. Staff had completed additional training in relation to infection prevention and control the use of PPE. They had also recently completed refresher training on the use of PPE with a particular focus on the use of FFp2 masks in line with The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance. Good hand

hygiene practice and the correct use of PPE was observed on the day of inspection. There were safe laundry and waste management arrangements in place. There were cleaning schedules in place and from the sample reviewed by inspectors, they were being fully completed regularly. Regular touch point cleaning was occurring throughout the designated centre.

There were systems in place to support residents to isolate or cohort with dedicated staff to care for those who were suspected or had been confirmed positive for COVID-19. Staff who spoke with inspectors were aware of the policies and procedures guiding their practice and were monitoring residents closely for any change in their condition. Following learning in relation to the transmission of COVID-19 in the centre, systems had been put in place to ensure staff breaks were staggered and separate dining facilities were made available for staff. In addition, the provider was in the process of developing a further guidance document to guide staff in relation to the use of masks and meal times.

Since the last inspection, the provider had reviewed their infection prevention and control policy and systems in place for prevention against some possible infectious diseases such as legionnaires disease. There were now systems to ensure that unoccupied houses or unused bathrooms within houses had regular flushing and temperature checks completed. They also had systems for the six monthly and annual reviews of cold water systems and water quality tests and for ensuring that properties not used for four weeks or more had water and heating systems drained, as required.

As previously mentioned the provider had made the decision to close one of the houses in the designated centre in December 2020. Prior to the closure of this house the provider had implemented a number of controls to keep residents safe. For example, they had installed battery operated smoke detectors in key areas, completed a number of repairs to tiles and non slip coverings and external lighting, removed potentially hazardous and flammable materials, and increased fire drills to twice weekly (one of which was after dark). The provider had again engaged with an external fire engineer in January 2021 and they had completed a review of fire safety measures in all parts of the centre, which did not have fire certification. They had also engaged with an architect and identified the priority works. Fire upgrade works were due to commence prior to the inspection, but could not progress due to the outbreak of COVID-19 on the campus. These works were now due to commence. Fire certification will be sought once the required works are completed.

Suitable fire equipment was available and there was evidence it had been regularly serviced. Evacuation plans were available and on display and each resident had a personal emergency evacuation plan which was regularly reviewed and updated. Fire drills were occurring regularly and learning following drills was leading to the review and update of residents' personal emergency evacuation plans. Staff had completed fire safety awareness training and those who spoke with the inspectors were knowledgeable in relation to residents' support needs.

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Allegations and suspicions of abuse were

reported and followed up on in line with organisation's, and national policy. Immediate safety concerns were addressed and safeguarding plans were developed as required. Staff had completed training and those who spoke with the inspectors were aware of their roles and responsibilities in adult protection. The provider had implemented a number of controls following the last inspection and this had resulted in a significant reduction in safeguarding and resident compatibility concerns in the centre.

Regulation 27: Protection against infection

The two premises visited during the inspection were found to be clean and there were cleaning schedules in place to ensure that each area of the house was regularly cleaned.

The provider had policies and procedures in place to guide staff in relation to infection prevention and control. A number of additional policies and procedures had been developed relating to COVID-19 during the pandemic. There were contingency plans in the organisation and area specific contingency plans which were being reviewed and adapted in line with the outbreak of COVID-19 on the campus.

The provider was meeting regularly with representatives of Public Health and implementing their recommendations. There were adequate stocks of PPE and systems in place to source more if required.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had made the decision to close one house in the designated centre following concerns relating to fire safety in the centre. Prior to closing this house and supporting residents to transition to alternative accommodation, they had implemented a number of additional control measures to keep residents safe. They had again engaged the services of a fire engineer and had reviewed the areas of the designated centre where there was no fire certification. Plans were in place to complete the required works in three of the houses in the designated centre, commencing on 08 March 2021.

There was suitable fire equipment provided and evidence that it was serviced as required. Fire drills were occurring regularly and residents' mobility and cognitive understanding were accounted for in the evacuation procedures in the centre. Residents' personal emergency evacuation plans were reviewed and updated regularly. Staff had completed fire safety awareness training.

Judgment: Not compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices in place in relation to safeguarding. Staff had completed training and were aware of their roles and responsibilities in the event of a suspicion or allegation of abuse.

The provider had implemented a number of additional control measures since the last inspection and this had resulted in the removal of a number of safeguarding concerns in the centre.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dunshane Camphill Communities of Ireland OSV-0003616

Inspection ID: MON-0031808

Date of inspection: 01/03/2021

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 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
In 2016 a series of fire safety inspection reports were commissioned for Dunshane community by fire engineer. Each building within the centre was reviewed and minor opening up works were carried out to ascertain the existing standard of fire safety in each building, The reports from 2016 remain valid and the following plan has been agreed to comply with the reports recommendations.

- Moon Cottage in January 2021 the fire engineer, architect and CCOI'S head of property viewed the building to discuss remedial work required. On the 25th of February, a fire cert was lodged by the engineering company, with a disability access cert being lodged the following day. Remedial works began on the 15th of March and is expected to last 6 weeks.
- Dunnanor in January 2021 the fire engineer, architect and CCOI'S head of property viewed the building to discuss remedial work required. It has been agreed that the contractor who is commissioned for works in moon cottage will complete works required in Dunnanor. A fee proposal for the Standard fire safety certificate for Material change of use, disability access certificate with a detailed fire and access strategy design has been received from engineering company and has been approved by CCOI'S CFO, CEO and head of Property. Expected start date is the 26th of April 2021.
- Apple orchard and Annex in January 2021 the fire engineer, architect and CCOI'S head of property viewed the building to discuss remedial work required. It has been agreed that the contractor who is commissioned for works in moon cottage will complete works required in Apple Orchard. A fee proposal for the Standard fire safety certificate for Material change of use, disability access certificate with a detailed fire and access strategy design has been received from engineering company and has been approved by CCOI'S CFO, CEO and head of Property. Expected start date 31st of May 2021.
- Teach Na Greine – No longer a designated space – options appraisals ongoing with the Board of directors and the HSE.

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 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Not Compliant	Red	31/05/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	31/05/2021