



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Mountshannon
Name of provider:	Ard Aoibhinn Community Initiatives CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	18 January 2022
Centre ID:	OSV-0003828
Fieldwork ID:	MON-0027096

About the designated centre

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

Camphill Community Mountshannon provides a residential service for up-to-four residents who have an intellectual disability. Residents may have a diagnosis of autism and the centre can also support residents who may present with behaviours of concern. A unique living arrangement is in place with both staff members, volunteers and families supporting the care of residents. An integrated social care model is offered and there are additional cabins available on-site for residents to engage in activities. There are up to four staff members and/or volunteers supporting residents during day time hours and there is a sleep-in arrangement to support residents at night. The centre is comprised of two houses and is located within walking distance of a small rural town, there is also transport provided for residents to attend community events. Each resident has their own bedrooms and there is ample communal areas for residents to relax. Each house also provides suitable dining and kitchen areas as well as additional garden and patio areas for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 18 January 2022	09:30hrs to 16:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a very good quality of life and to have meaningful relationships and activities in their local community. The inspector observed that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

On arrival the inspector had the opportunity to meet with the person in charge and person participating in management, the residents were out as part of an integrated day service or attending college. There was an activity room alongside the main house where the inspector was able to review documentation throughout the morning and the manager also showed the inspector around the main house. During the day the inspector met with two of the three residents, the third resident was studying a course in Limerick and was not available to meet. Conversations with residents took place wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

One of the residents had the ability to converse with the inspector while the other resident practiced echolalia and indicated their satisfaction through facial expressions and gestures and specific dialogue. The residents were very pleasant and welcoming and they seemed very comfortable and relaxed in their home. The care provided is done so in a very unconventional manner in that staff members, volunteers and members of the management team provide care and support to the residents and there is a live in arrangement with care staff. The residents the inspector met with seemed to be very happy with this arrangement and it was a pleasant environment. One resident was observed to get ready to go for a walk in the outdoors with a staff member who was also one of the live in staff and there was positive interactions noted between them both. One resident showed the inspector their bedroom and it was decorated in the design of the resident's choice and colour. It was evident from the decoration, personal items on display, photos and the resident bedrooms that the residents were involved in the running and decoration of their home. There was a garden for relaxation and external activity room where the residents learned to weave rugs and baskets. There was a plot of land owned by the provider where the residents grew blackcurrants and also a poly tunnel where they grew tomatoes and other vegetables. The residents were involved in growing and pruning fruit bushes, cooking and baking as well as formal training with an educational provider. The residents were noted to chop fire wood and kindling for use in the two houses. The residents also had a dog as a pet and cared for their pet really well, ensuring the dog was fed and had exercise.

Residents had regular contact with family members and during the health pandemic were supported to keep in contact with their family on a regular basis. The person in charge advised that family contact has been very good for the residents and when restrictions eased, face to face visits were supported for families and residents.

The inspector observed the residents on the day of inspection and found them to be very comfortable and happy in the centre. The residents interacted positively with staff and it was evident that staff and residents had a good relationship. One resident told the inspector that they felt safe in their home and that the staff were very good to them. The staff present were very knowledgeable about the residents' needs and preferences and were observed chatting and laughing with the residents. Residents enjoyed TV, having meals together, and also enjoyed listening to music.

Residents were encouraged and supported around active decision-making. One resident was supported to learn daily living skills for the purpose of transitioning to a semi independent living environment within the centre. Residents were informed about COVID 19, restrictions, testing and vaccination processes and given the opportunity to consent.

The inspector observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that consent forms and decision-making assessments were included in residents' personal plans.

The centre was warm and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings and photographs etc. The external facade of the building required painting and upgrade and there was a back porch which had timber cladding and this was water damaged and broken in parts. The person in charge acknowledged that this area required repair and repainting and was committing to ensuring this was completed. The residents said that they were happy in their home.

In summary, the inspector found that each residents well being and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

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

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard, was safe and appropriate to their assessed needs. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents assessed needs

and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The person in charge demonstrated the relevant experience in management and was effective in the role. The provider had ensured that the staff skill mix and numbers at the centre were in line with the assessed needs of the residents, the actual and planned rota, statement of purpose and the size of the designated centre. The inspector noted on the day of inspection that there was adequate staff to support the residents.

The person in charge had a training matrix for review and the inspector noted that all mandatory training was up to date including fire safety training, safeguarding of vulnerable adults and medication management training. There was also training completed by staff in relation to protection against infection such as Breaking the chain of infection, Hand Hygiene Training and Infection prevention control training. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in other areas such as manual handling and positive behaviour management.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service 2021 and a review of the quality and safety of service was also completed at the end of 2021. However as part of the annual review families were not sent a survey or questionnaire to complete with their feedback on how they feel their family members are being supported by the service. Residents who completed questionnaires were very positive about the centre and the support they receive.

The annual report reviewed staffing, quality and safety, safeguarding and if there were any accidents and incidents to be notified. The actions identified were that residents person centred planning meeting and circle of support meeting did not take place and as such new goals and objectives for the residents were not identified. This was due to be addressed in 2022.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre. However on one incident report reviewed, a resident had an epileptic seizure and the duration of the seizure was not recorded or the protocol that was followed. Further detail and information was required on incident report forms.

The provider had ensured all staff had a vetting disclosure in accordance with the National Vetting Bureau that was in date as required under schedule 2 of the regulations.

The provider had an accessible, effective complaints system in place. It was noted that there were no open complaints at the time of inspection.

Contracts of care were in place for the residents which included support, care and welfare of the resident and the fees to be charged.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number and staff skill mix at the centre was in line with the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff received mandatory training as well as other appropriate training. The person in charge had effective systems in place to monitor staff training.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured clear management structures and lines of accountability were in place. An annual review was completed however it did not seek the views of families and there was not sufficient oversight of personal planning systems.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre. Further detail and information was required on incident report forms

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

Regulation 21: Records

The provider had ensured all staff had Garda vetting as required in schedule 2 of the regulations.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care received by the residents in the centre and found it to be of a good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

All individuals have an up to date care plan in place and health concerns are monitored closely by the person in charge. All residents also have a communication plan and hospital passport in place which are very informative and based on assessed need as well as knowledge of the residents. However there was not adequate oversight of the personal planning system, the personal planning meetings had not occurred and there was significant amount of dated material in the residents personal file which required to be archived.

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents. The assessment of need included support plans in areas of daily living skills, communication and behaviour support. These plans were noted by the inspector to clearly identify the issues experienced by the resident and how they may present in crisis or ill health and gave clear guidance to staff on how to respond in such situations. The support plan for the resident who was progressing to a semi independent living arrangement was very comprehensive and staff spoken with acknowledged that these support plans were very effective in facilitating the resident to achieve this.

In relation to regulation 6 Health care the registered provider demonstrated that appropriate health care reviews were taking place and the required health care support was received by residents. There was evidence that residents had regular health care reviews, access to GP and other clinical professionals such as occupational therapists, speech and language therapists and opticians.

The person in charge had ensured that there were good practices in relation to the ordering, storage and administration of medicines. The medicines cabinet was clean and well organised with an appropriate medication recording form in place for the resident with photograph of the resident and all their personal details including date of birth and doctor details. The medications times, dosage and route were clearly outlined also.

The person in charge had ensured that the residents were assisted and supported to communicate. The inspector noted a comprehensive communication assessment which gave a very clear outline of the residents communication ability and needs in this area. The residents had access to television and Internet and a electronic device was available to facilitate the residents to video call their family members during the COVID - 19 restrictions.

A behaviour support guidance was noted to be in place by the inspector. This included how to recognise how the residents behaviour of concern would present, proactive strategies to facilitate the resident to self regulate with a view to supporting the resident to develop coping mechanisms to manage in difficult situations. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place. The inspector observed a resident on the day of the inspection getting slightly elated and the person in charge very quickly deescalated the situation in a proactive manner in line with the protocols in the residents support plan.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs. There was evidence that the residents had meaningful activities in their community. The residents were active in their community, had a day service and went for meals out, shopping and holidays. The residents were involved in the firewood and kindling processing facility, planting and tending to fruit trees and bushes and one resident was studying a course in college currently. However the residents personal planning meeting had not gone ahead and they had not chosen new goals for the forthcoming year. Goals had been carried forward from the previous year, it was noted that the planning meeting was highlighted on the providers annual review and was to be scheduled for 2022.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. Personal protective equipment in the form of face masks were introduced as mandatory for all staff to wear. All training in enhanced hand hygiene and Infection Prevention Control were completed. Supplies of alcohol based Hand Sanitizers/ soap and paper towels, posters for hand hygiene and cough etiquette in place. Easy read versions were developed to aid residents understanding and compliance also. Standard Operating Procedures were created in line with national Infection Prevention Control guidance to support staff manage if a resident or staff is suspected or confirmed as having COVID-19. The residents families were communicated with in relation to the new visiting protocols and were kept updated in line with government guidance. A contingency plan was developed across the organisation in line with government guidelines to ensure continuity of care to residents in the event of a staff member or resident being confirmed as having COVID-19.

The provider had ensured that the premises were laid out to meet the needs of the resident and overall the centre was clean and warm. The centre was decorated to the residents personal taste and there were photographs and personal items around the house. However the external facade of the building required painting and upgrade and there was a back porch which had timber cladding and this was water damaged and broken in parts. The person in charge had identified this and committed to addressing it.

The person in charge had ensured that there was an effective fire management system in place. All fire equipment were serviced regularly and there was emergency lighting, adequate fire extinguishers and a fire alarm system in place. Personal egress plans were in place for the residents and there were fire doors throughout the house. Fire evacuation drills were carried out and they indicated that the residents could all be evacuated safely in 57 seconds. The fire drills were carried out bi annually.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with the

person in charge and staff members regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had ensured that the residents had the freedom to exercise choice and control in their daily life and consent was sought from the residents for example for the COVID - 19 and flu vaccine.

Regulation 10: Communication

The provider had ensured that the residents were fully supported to communicate in accordance with their needs. The residents had access to TV and Internet

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the residents received appropriate care and support in accordance with assessed needs, having regard to the resident's assessed needs and their wishes. The residents had access to facilities for occupation and recreation and engaged in meaningful activities.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the residents. However the external facade of the building required painting and the back porch required upgrade work.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had an effective fire management system in place in the designated centre. Fire evacuation drills were carried out bi annually and all fire equipment was maintained.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that there were good practices in relation to the ordering, storage and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents. However there was not adequate oversight of the personal planning system, the personal planning meetings had not occurred and there was significant amount of dated material which required to be archived.

Judgment: Substantially compliant

Regulation 6: Health care

Overall the health and well-being of the residents were promoted in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

A comprehensive behaviour support plan was noted to be in place by the inspectors. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents rights were respected and that they exercised choice and control in their daily lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Camphill Community Mountshannon OSV-0003828

Inspection ID: MON-0027096

Date of inspection: 18/01/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ol style="list-style-type: none"> 1. The feedback questionnaires were sent out. 2. The Personal Planning System will be updated and will include: a timeline for review, meetings and improvement and revision of the personal Plans for this year. 3. Incident report forms will be reviewed and updated to respond adequately to the recording of incidents including record of timing and actions taken. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <p>Our annual action plan has been revised for the maintenance of the buildings, including</p> <ol style="list-style-type: none"> 1. The back porch will be painted, upgraded and repaired. 2. The exterior façade of the building will be painted and upgraded and repaired. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and personal plan:

1. A schedule will be outlined for 2022 regarding the circle for support meetings and the Personal Plans reviews, these will identify new goals and objectives for the residents.
2. The residents' personal files are being upgraded to contain only current material and older information will be archived.
3. Needs assessments to be revised reflecting any changes of circumstances and new developments.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/04/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried	Substantially Compliant	Yellow	31/03/2022

	out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	09/03/2022