



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

Name of designated centre:	Camphill Community Ballybay
Name of provider:	Camphill Communities of Ireland
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	10 October 2018
Centre ID:	OSV-0003603
Fieldwork ID:	MON-0021806

## About the designated centre

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

This centre has previously been inspected on four occasions and registered by HIQA as a residential service that provides care and support for 17 adults with an intellectual disability. This designated centre consisted of a large rural development which provided five separate residential buildings for residents. The provider, Camphill Communities of Ireland, operate a unique approach to service provision that is aligned to the Steiner model of care, communal living and social pedagogy.

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

Number of residents on the date of inspection:	17
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## How we inspect

To prepare for this inspection the inspector or 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
10 October 2018	08:00hrs to 14:00hrs	Conor Brady	Lead

## Views of people who use the service

Most of the 17 residents were met and spoken with as part of this inspection at the morning gathering. At this session the inspector observed high levels of consultation with residents choosing what activities they wanted to participate in for the day. Some residents went horse riding while others went on a charity walk organised as part of mental health awareness week.

Residents spoken with showed the inspector their homes and stated they were very happy with their service. The inspector observed residents being included in activities with high levels of outdoor activities such as gardening and farming, planting and tending vegetables and tending livestock.

Residents who were met presented as very happy in their homes and when spoken with gave positive feedback about their service.

## Capacity and capability

Overall the inspector found that the governance and management team in the Ballybay Community were delivering a good service to the residents. This centre was largely operated by the use of unpaid volunteers. This reliance created a challenge in terms of promoting consistent staffing support and professional accountability. However based on the findings of this inspection, the provider was certainly making improvements in this regard. The inspector was informed of a number of changes to the registered providers Board of Management. A new CEO was appointed and was now in place as well as a number of other key senior management positions in Human Resourcing (HR) and Finance to strengthen organisational oversight and accountability. In addition, outside expertise was also sourced and utilised to assist the provider nationally to improve areas such as staff training and development, safeguarding and risk practices.

Local management in the centre was found to be effective and the person in charge, social care leader and safeguarding officer were all met as part of this inspection. Overall the local management arrangements were found to be of a good standard based on this inspection. There was good evidence of resident engagement, consultation and auditing from a governance perspective.

However the staffing and skill mix of the centre were not adequate. In examining rosters and meeting staff there was a very limited number of professionally qualified staff which did not demonstrate an appropriate skill mix in the centre. This was a finding on the previous inspection also. While volunteerism was a big part of this

providers operation, there needed to be increased professionalism in terms of those being made accountable for the care, support and supervision of vulnerable residents (at all times) in this centre. In addition, the governance and management team did not implement the action plan issued following the previous inspection on 25 January 2018 (which related to staffing/workforce) until September 2018 which was a concern in terms of effective resourcing and governance.

#### Regulation 14: Persons in charge

A full time, qualified and competent person in charge was in place.

Judgment: Compliant

#### Regulation 15: Staffing

There was not an appropriate number or skill mix of qualified staff members in this centre with a large reliance on unpaid volunteers to provide care and support to residents.

Judgment: Not compliant

#### Regulation 16: Training and staff development

Staffing rosters, training and supervision records were in place and reviewed as part of this inspection.

Judgment: Compliant

#### Regulation 23: Governance and management

Governance arrangements were found to be changing at registered provider level. There was a competent management team found in place locally to manage the service. However appropriate resourcing and timely regulatory action plan implementation were not evident.

Judgment: Not compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place that accurately described the services provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents were notified to HIQA in an appropriate and timely manner. On reviewing a number of notifications with the safeguarding officer it was evident action was taken and appropriate agencies were being notified where required.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were in place.

Judgment: Compliant

## Quality and safety

Overall this was a positive inspection in terms of quality and safety of services delivered to residents. Residents spoken with were found to present as happy, consulted with and well cared for. Some minor improvements were required regarding resident's personal fire evacuation records and personal plans.

From an observational perspective a good quality service was observed being delivered across this service on the day of inspection. Residents spoken with told the inspector they were happy in their home and with their service. Residents were observed cooking, preparing food, going on outings, relaxing in their homes, farming, working outdoors, going horse riding and in general being very well supported.

A large and expansive premises was available and residents had ample private and

communal space available to them. residents were observed to be in good form and presented as happy throughout the inspection.

The areas of risk and safeguarding were well managed in the centre from discussing same with residents, management and staff. Residents stated they felt safe and could approach staff if they experienced any difficulties. A safeguarding officer was in place and was responsive in the management, recording and responding to any issues that pertained to risk and safeguarding.

Residents were found to be well consulted regarding their care and support and overall the quality and safety of care in the service was found to be good.

### Regulation 13: General welfare and development

Residents welfare and development was found to be delivered to a good standard.

Judgment: Compliant

### Regulation 17: Premises

An expansive and suitable premises was available to residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were clear policies and protocols regarding risk management. There were clear logs of accidents/incidents/near misses maintained. A risk register was prevalent which risk rated all risk areas in the centre. Appropriate control measures were found to be in place to monitor risks.

Judgment: Compliant

### Regulation 28: Fire precautions

Some areas of fire evacuation in residents personal evacuation plans required improvement to ensure directions correlated with residents support needs.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents personal plans were found to be of an adequate standard to guide practice. Some residents social care planning required improvement to the standard of social care goals set to ensure they were appropriate to assessed needs and timed.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents health was found to be well promoted and residents were found to be supported to have good access to allied health professional as required.

Judgment: Compliant

### Regulation 8: Protection

Residents were appropriately safeguarded in the centre from observations and practices. Staff spoken with were familiar with the types and forms of abuse and an open culture of reporting appeared to exist. In reviewing safeguarding allegations with the safeguarding officer there was a system in place to respond to and report allegations/disclosures/concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were found to be promoted in this centre.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Camphill Community Ballybay OSV-0003603

Inspection ID: MON-0021806

Date of inspection: 10/10/2018

## 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: Approval has been given in relation to two Social Care Worker posts – one to fill a House Coordinator role. Recruitment has commenced and interviews are scheduled to take place in early December with start dates in mid January 2019. A number of the long term co-workers meet the criteria to transition to employed status and as such will be on the same contractual and accountability footing as any other employee. They will also be rostered as employees (all with significant years of experience in Ballybay) on the staff roster by the PIC to meet the requirements of the service. A key focus of the roster will be to ensure sufficient employed staff presence to meet resident’s needs in the center. The role of the short-term co-workers will be as support and assistance in terms of core social care delivery with accountability for core aspects of provision resting with the rostered employees.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A new CEO has been appointed to Camphill from mid-September 2019. In addition, a new quality and safety post has also been created and is filled nationally on an interim basis. The Regional Manager will attend the center on a fortnightly basis to give guidance and oversee new recruitment and transition from long-term coworker model to employed model.</p>	

CCoI will complete a full operational and financial review of Ballybay within six weeks to agree WTE, roles, responsibilities and rosters, for the community. In addition, long term coworking will cease in January. The final shape of the staffing skill mix for the center will be informed by two current processes- one being the 'operational and finance' review of the service by the Senior Management Team CCoI to be completed by 18th of January 2019. The Second being the recommendations arising from the 'Review of the roles and functions of the STCs in CCOI 2018' – an independent review commissioned by the Board of CCOI which will report and inform skill mix planning. The report is currently at final draft and will be completed by 21/12/2018.

The ensuing WTE and associated skill mix for the center will be agreed and progressed to implementation by 28th of February 2019, with recruitment processes commencing commencing on or before the 31st of January 2019.

In the interim until these two actions are completed and an agreed skill mix is finalised and in placed the PIC is authorized to roster adequate employed supports within the center to provide the correct skill mix. This interim action will be a combination of additional hours from current part time employed staff, reviewing use of staff in day activities to prioritise residential supports on an interim basis, and use of agency staff to augment the service where necessary.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Risk assessments have been completed for fire evacuation of resident who may not evacuate in case of emergency and is on file, a new protocol has been put in place for the resident for fire drills and an appropriate evacuation aide is being sourced to provide for safe evacuation – implemented by the 31/12/2018.

Resident's PEEP will be updated to reflect this once evacuation aide is sourced.

In addition all resident's PEEPs will be reviewed with the first month of 2019.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
All residents have a person plan in place with 28 days of admission to the designated centre. The plans are based on the needs assessment of the resident and also the wishes

of the resident. These are then reviewed on a quarterly basis with the resident and also a full annual review taking place annually with each resident and those they have chosen to attend.

The Person in Charge also carries out an audit on the personal plan every quarter to maximize the resident's personal development in line with their wishes as SMART Goals

## 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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	28/02/2019
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.	Not Compliant	Yellow	20/12/2018
Regulation 23(1)(c)	The registered provider shall ensure that management	Not Compliant	Orange	31/01/2019

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/12/2018
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/01/2019