

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Camphill Community Ballybay
<b>Centre ID:</b>	OSV-0003603
<b>Centre county:</b>	Monaghan
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Camphill Communities of Ireland
<b>Provider Nominee:</b>	
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	17
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 25 January 2018 09:00 To: 25 January 2018 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to the inspection**

This unannounced inspection was carried out to monitor on-going regulatory compliance with the regulations and standards. This centre had previously been inspected and registered by HIQA as a residential service that provided care and support to adults. This designated centre consisted of a large rural development which provided five separate residential buildings for residents. The previous inspection of this centre took place in 2016 following which the provider made a number of undertakings of improvement to HIQA in response to an action plan issued.

**How we gathered our evidence**

As part of the inspection, the inspector met with the residents, staff on duty, co-workers (volunteers) and members of the providers management team. There were seventeen residents in this centre at the time of inspection. Policies, procedures, personal planning, risk management protocols, safeguarding procedures and relevant documentation were reviewed as part of this inspection. The area of staff provision was assessed through reviewing rosters, meeting minutes and speaking with staff, co-workers and residents. Observation of the resident's experiences, activities and care was a key focus on this inspection.

#### Description of the service

The provider had a statement of purpose in place that clearly explained the service that they provided. This service consisted of a very large rural community whereby residents were accommodated in a shared living model with co-workers (volunteers).

In the areas inspected, the inspector found that the service provided was as it was described in the statement of purpose.

#### Overall judgment of our findings

Overall, the inspector found that this centre provided a good level of care and support to the residents observed using the service. Residents presented as well cared for and presented as comfortable and happy.

Most areas inspected demonstrated good compliance levels with residents presenting as having a good quality of life. However there was one area that required further improvement. This related to the providers over reliance on unpaid volunteers to supervise residents at night time which was found to be inadequate based on the findings of this inspection.

All inspection findings regarding compliance and non compliance are discussed in further detail within the inspection report.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Residents were observed being treated with dignity and respect and were found to be consulted with regarding the care they received. The inspector met and spoke with residents who presented as busy, active and happy.

Staff, residents and co-workers met every morning and planned activities and daily/weekly events. Various activities such as farming, gardening, weaving, candle making, art therapy, horse riding and socialising.

Residents were observed coming and going from the centre on various activities both independently and supported by staff and co-workers depending on their assessed needs. Residents were observed to be treated well and communicated with by staff and co-workers with respect throughout the duration of this inspection.

Resident's meeting minutes were amended and updated to address the failing identified on the last inspection.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that residents were communicated with on their own terms. Residents informed the inspector they were happy with how they were supported in this regard and personal plans highlighted how residents liked to be communicated with.

Residents were observed communication with staff and co-workers over the course of inspection. Communication plans and speech and language assessment had been updated following the previous inspection. Residents were observed to be included and consulted in terms of their communication throughout this inspection.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found clear and transparent admission criteria in place. The centre was operating at capacity at the time of inspection with no available vacancies. Residents were found to have been admitted to the centre in line with the admission criteria and procedures.

The inspector found each resident had a contract for provision of services in place that outlined the services and facilities available to residents and the fees charged to residents. This had been addressed since the previous inspection.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found residents presented as having busy and active social lives whereby there was plenty of activity happening both inside and outside the centre. Residents were observed farming and attending various workshops and outings.

In speaking with and observing residents it was evident that they enjoyed farming, gardening, the outdoors, art, weavery, candle making, baking, food preparation and horse riding. The inspector reviewed a number of residents personal plans and found social goals and personal plans had been developed since the last inspection. Plans were found to be up to date and reviewed. Plans were comprehensive. Residents showed the inspector their rooms, pictures and described their likes and dislikes. Residents had been on holidays and another resident discussed films and music with the inspector.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that the health, safety and welfare needs were met to an appropriate standard in this designated centre.

There was a clear log of incidents, accidents and near misses maintained and a detailed risk register was reviewed with staff members responsible. The inspector found that there was appropriate follow up evident to all incidents/accidents and appropriate risk management and oversight appeared to be in place.

The inspector observed plenty of safety signage and safety cordons around farming, machinery or work site hazards around the ground of this centre. This was very important due to the high activity and movement levels across the substantive rural grounds around this designated centre.

The inspector found that fire safety was to the forefront with adequate fire prevention and safety equipment and buildings were found to be built to a high specification. The inspector observed and external fire consultant was on site at the time of inspection completing fire safety and fire warden training with staff and co-workers.

Residents were able to explain evacuation procedures to the inspector and highlighted that they felt safe in the designated centre.

**Judgment:**  
Compliant

### **Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**  
Safe Services

### **Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

### **Findings:**

The inspector found that the systems in place for keeping residents safe and protected were adequate. Aside from the issues pertaining to staffing and supervision, the inspector found that residents presented as safe and well cared for throughout this inspection. The inspector spoke to residents who stated they felt safe.

There was safeguarding and protection training and appropriate associated behavioural support training provided to staff and co-workers. This was an improvement since the last inspection.

The inspector reviewed safeguarding logs and found that an active safeguarding matter

was followed up appropriately and a safeguarding plan was in place.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that residents were facilitated to access allied health professionals and enjoy best possible health.

The inspector reviewed a number of personal plans and found that the health sections in these plans were updated and reviewed appropriately. Residents were supported and facilitated to attend services such as G.P. and specialist consultancy and hospital appointments when/where required.

Regarding food and nutrition residents were observed being very involved in the mealtime experiences and preparation of food. The inspector joined the residents for lunch and observed a pleasant, healthy and nutritious mealtime in this designated centre.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that the provider had addressed the areas highlighted on the previous inspection with increased auditing and reviews found on this inspection. Registered provider unannounced visits and reports were reviewed that demonstrated six monthly and annual reviews of the quality and care delivered were taking place.

The person in charge was not on duty at the time of this unannounced inspection however the deputy manager was available and demonstrated good oversight.

The quality of care and experience of the residents was being monitored to an appropriate standard based on inspection findings. There was evidenced auditing of fire safety, health and safety and resident's personal planning.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that staff and co-workers who were met as part of this inspection presented as appropriate in terms of numbers and how they were observed in their support of residents. However there was an over reliance by the provider on unpaid volunteers at night time and therefore the oversight and accountability in terms of the supervision of residents at these times was found to be inadequate.

The inspector reviewed a sample of staff files and training records and found that they contained the required documentation. In observing care delivery at the time of inspection there appeared to be appropriate staff/co-workers in place supporting residents. Some residents were also observed working and moving around the centre independently.

In reviewing staffing arrangements the inspector was informed that there were no staff

in the centre at night time with responsibility resting with long term and short term coworkers to supervise the residents. In one part of the designated centre the inspector found there was inadequate supervision arrangements in place for a resident with healthcare needs

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Conor Brady  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Camphill Communities of Ireland
<b>Centre ID:</b>	OSV-0003603
<b>Date of Inspection:</b>	25 January 2018
<b>Date of response:</b>	20 February 2018

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

There was not appropriately accountable and qualified staff rostered on duty at night in this centre.

**1. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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.

**Please state the actions you have taken or are planning to take:**

A roster of assigned Long Term Co- workers will have supervision responsibility to cover each of the residential properties at night time.

In addition the Community will employ a qualified social care staff member to further strengthen the supervision night cover.

The post has been advertised with a closing date for applications March 9th, interviews March 29th with intention of start date of 30/04/2018

**Proposed Timescale:** 30/04/2018