

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Camphill Community Ballybay
Centre ID:	OSV-0003603
Centre county:	Monaghan
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 31 August 2016 09:45 To: 31 August 2016 20:25

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 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This announced inspection was carried out in response to an application by to vary the designated centre's conditions of registration. As part of the inspection, the inspector reviewed actions the provider had undertaken since the previous inspection on 25 and 26 August 2015.

How we gathered our evidence

As part of the inspection, the inspector met with six residents. Where able to, residents told the inspector that they enjoyed living at the centre and were supported with respect and dignity by staff. Some residents were unable to tell the inspector about their views on the quality of the service they received, but the inspector observed residents being supported in a respectful and dignified manner by staff throughout the inspection.

The inspector met with seven staff members and spoke with them about the management and operation of the centre, as well as observing care practices during the inspection. The inspector reviewed documentation such as personal care plans, medical records, risk assessments, policies and procedures, and staff training records.

Furthermore, the inspector interviewed the person in charge and the person authorized to act on behalf of the provider in relation to the needs of residents and management of the centre.

Description of the service

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided, and was reflective of the centre. The centre was located in a rural area and consisted of four community houses accommodated by residents and co-workers. In addition, there was a newly built community house which was subject to the centre's application to vary registration conditions. Other buildings used by the residents at the centre included a communal hall, weavery, workshops, a horticultural centre, garden and farm out buildings. The site also accommodated the original farmhouse, visitors accommodation, an office and an apartment used by staff.

Overall findings

Overall, the inspector found that residents had a good quality of life reflective of their assessed needs and were supported by staff to access both the facilities at the centre and the local community and achieve their personal goals. The inspector was satisfied that the provider had overall addressed actions highlighted in the previous inspection, although the inspector found that the governance and management arrangements at the centre resulted in requirements relating to:

- The Management of complaints
- Admissions and Contract arrangements
- Review of residents' social care needs
- Fire safety arrangements
- Resident healthcare needs
- The centre's Statement of Purpose
- Staff Training

Summary of regulatory compliance

The centre was inspected against fifteen outcomes. The inspector found compliance in five out of 15 outcomes inspected. The inspector found five outcomes were moderate non complaint and five were substantially compliance. The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that the centre promoted the rights of residents.

The centre had a complaints policy, which the inspector found was reflective of both residents and staff's knowledge. The policy was available to residents in an accessible version, and was displayed throughout the centre. The inspector reviewed resident feedback sheets and meeting minutes where the centre's management team had actively facilitated residents' comments on the quality of the service received. The centre maintained a record of all complaints received including actions undertaken, although as highlighted in the previous inspection report findings the centre did not adequately record satisfaction with the complaint's outcome.

Information on national advocacy services was prominently displayed at the centre. Following the previous inspection, the person in charge had identified local advocates who could be accessed by residents, and information was further displayed on the centre's house notice boards, and was reflective of resident and staff knowledge.

The inspector reviewed a sample of team meeting minutes, which showed that residents also attend these meetings. Although staff assured the inspector that residents only attended parts of the meeting relevant to them, the inspector found that minutes did not indicate whether or not residents had been absent during discussions on the support needs of their fellow housemates.

The centre had a visitor's policy and the all houses had facilities available for residents to meet family and friends in private.

The inspector observed staff members throughout the inspection supporting residents in a timely, respectful and dignified manner.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector did not review all aspects of this outcome, centring on progress achieved with actions identified in the previous inspection of the centre.

The inspector reviewed referrals made on behalf of residents for assessments for assistive communication technology. The person in charge informed the inspector that assessments had not been completed and residents were on waiting lists to access the local Health Service Executive speech and language therapists which was reflective of two-month and annual review meeting minutes examined. Furthermore, the person in charge told the inspector that the centre was investigating private speech and language services which was reflective of discussions with staff members.

Judgment:

Substantially Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

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 did not review all aspects of this outcome, reviewing only actions undertaken in relation to the findings of the previous inspection report.

The inspector reviewed residents' personal plans and two-monthly reviews, which were reflective of staff knowledge and residents' experiences. The inspector found that residents had access to activities including social clubs and sporting events which reflected their needs and provided opportunities to both maintain and develop personal relationships.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre's admissions policy although comprehensive did not include arrangements for existing resident consultation on new admissions to the centre. Furthermore, contracts of care did not include all fees charged.

The inspector found the admission policy although reflective of the centre's statement of purpose did not identify processes for resident consultation on new admissions to the centre. The person in charge and provider nominee told the inspector that an existing resident had been identified to move to the newly built house and had been involved reflective of their abilities in the laying of the foundation stone, and visiting the house during its construction, which was reflective of discussions with staff. Furthermore, review of meeting minutes showed that the progress on the new house's construction was discussed with residents at the centre.

The provider and person in charge confirmed that all new admissions to the centre would be discussed with residents through regular residents meetings at the centre. The inspector reviewed resident meeting minutes which showed evidence of discussions on running of the centre with residents.

Contracts of care informed residents about the services and facilities available at the centre and were reflective of the statement of purpose. Contracts included information on additional fees to be met by the resident, although as identified in the previous inspection, the inspector found that they did not include sufficient detail on all charges levied at the centre.

Judgment:
Substantially 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):

No actions were required from the previous inspection.

Findings:

Residents had personal plans which were reflective of their needs, but not all plans had been reviewed annually.

The inspector examined a sample of resident personal plans which were comprehensive in nature and described supports required in areas such as healthcare, accessing the local community, activities of daily living and communication. The inspector found that personal plans were reflective of both staff knowledge and observed supports provided to residents during the inspection. Personal plans were available in accessible formats to residents, and evidenced residents' involvement in their development.

Personal plans examined included identified goals for the resident which were in line with their recorded preferences and interests, and reflective of resident discussions with the inspector.

Personal plans were reviewed regularly by the resident and their key worker every two-month. Furthermore, the inspector found plans were reviewed annually with the involvement of the resident, families and associated multi-disciplinary professionals. However, the inspector found that although overall annual reviews of personal plans had occurred, this was not consistent for all residents at the centre.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was reflective of the needs of residents.

The centre is located in a rural area and comprised of four community houses which accommodate both residents and live in co-workers. Other buildings at the centre relate to communal or work-related activities such as a communal hall, weaver, workshops, horticultural centre and garden and are accessed by all residents reflective of their needs.

The houses were finished to a satisfactory standard with bedrooms observed by the inspector being reflective of residents' interests and preferences. Where bedrooms had en-suite facilities these were of a suitable size and adapted in line with the needs of the resident. Furthermore, communal bathrooms were available providing either a bath or shower facility to a sufficient number to meet the needs of residents.

Communal rooms were of a suitable size, and facilities were available in all houses for residents to receive visitors in private.

All houses contained separate laundry facilities which were accessible to residents in line with their needs and abilities.

As part of the application to vary the conditions of registration, the provider had built a three bedded house to meet the needs of a resident living at the centre. The inspector found the house to be of satisfactory standard, providing both suitably sized communal areas and sufficient bathroom facilities. The house was also finished to a standard that was reflective of the needs of the individual resident.

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:

Overall the inspector found the centre to have a risk management system including arrangements to respond to emergencies.

The centre had a health and safety risk management policy which staff told the inspector how they would report risk at the centre which was in line with the policy. Furthermore, the centre had an up-to-date risk register which was regularly reviewed and covered assessments of risk in areas such as residents support needs, use of kitchen facilities, medication and fire safety. The inspector reviewed records maintained of risks and the actions taken to mitigate or control them, and found these to be reflective of practices observed and staff knowledge.

The person in charge told the inspector about health and safety audits which they conduct in areas such as food hygiene and medication administration, which were evidenced in records examined and discussions with centre staff.

The centre had a system to record all accidents and incidents, and the inspector reviewed both staff team and management meetings where incidents were discussed.

The centre was equipped with suitable and regularly serviced fire equipment including fire extinguishers, fire alarms, call points, fire doors and emergency lighting. The inspector reviewed residents 'personal emergency evacuation plans' (PEEPs), and found these to be reflective of the needs of residents and staff knowledge.

Following the previous inspection, all staff had received fire safety training. Fire evacuation procedures were available in each of the centre's houses. Although both staff and resident knowledge was reflective of the centre's fire procedure, the inspector found that procedures were not prominently displayed throughout the centre.

Regular quarterly fire drills were conducted across the centre involving both staff and residents, although the inspector found that records did not provide sufficient detail on whether evacuations had been conducted using minimum staffing levels.

Judgment:

Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector did not examine all aspects of this outcome focusing on progress on actions identified at the previous inspection and the centre's safeguarding arrangements.

The centre had a policy on the prevention, detection and response to abuse, and records examined showed that all staff had received training. The inspector found that staff understood what constituted abuse, and their knowledge of actions to follow in the event of suspecting abuse were in line with the provider's policy.

The centre's prevention, detection and response to abuse policy was displayed on the centre's notice boards, including information on the centre's named designated safeguarding officer.

Throughout the inspection, the inspector observed that residents appeared safe and comfortable, and received timely support reflective of their needs and preferences. Residents were able to tell the inspector that they enjoyed living in the centre, and staff were supportive.

Following the previous inspection, the inspector reviewed training records and found that staff at the centre had not all received behaviour management training.

Judgment:

Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Although staff knowledge was reflective of residents' needs, personal plans did not provide sufficient information on healthcare needs.

Residents had access to healthcare services in line with their assessed needs, which was reflective of staff knowledge, and documentation reviewed such as personal plans and medical appointment records.

Residents' health support needs were identified in personal plans and reflective of staff knowledge. However, this was not consistent in all personal plans, as the inspector identified plans which did not reference agreed supports in relation to the use of emergency epilepsy medication and catheter care.

The inspector reviewed two-monthly and annual review records in relation to speech and language therapy referral following the previous inspection identifying the need for a swallowing assessment due to the dietary needs of a resident. The inspector found that although the referral had occurred, and progress was reflective of discussions with the person in charge, the assessment had not been completed to date.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

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 did not examine all aspects of this outcome, focusing on progress made to address actions highlighted in the previous inspection's findings.

The inspector reviewed resident medication administration records, and found that following the previous inspection all prescription sheets were signed by residents' general practitioners (GP).

Staff training records showed that all staff had been trained in the safe administration of medication following the previous inspection, and both the person in charge and staff confirmed to the inspector that staff would not administer medication until they had completed the training and associated assessment.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The inspector found the centre's statement of purpose to be overall compliant with Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector found the centre's statement of purpose was reviewed regularly and was reflective of services and facilities provided at the centre, although it did not contain information of the centre's fire precautions and emergency procedures.

The statement of purpose was available in an accessible format for residents.

Judgment:
Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall the centre had clear governance and management systems which ensured safe and consistent services for residents. The centre's management structure was reflective of the centre's statement of purpose and staff knowledge.

The person in charge was employed in a full-time capacity and was knowledgeable on resident needs, which was reflective of personal plans, risk assessments and care practices reviewed by the inspector.

The person in charge participated in residents' personal plan reviews, although the inspector identified occasions where annual reviews had not occurred. Furthermore, although the person in charge conducted regular audits of practices at the centre, this had not identified issues related to resident personal plans, fire evacuation drills and staff training as detailed in the main body of the report.

The person in charge facilitated regular team meetings and individual supervision for staff. Staff told the inspector that the person in charge was approachable and they would be able to raise concerns on the service which was reflective of meeting minutes reviewed. Residents told the inspector that they would see the person in charge daily and if they had concerns they would have no reservations in raising them both staff and the person in charge.

The provider representative and person in charge would be in daily contact and the inspector reviewed meeting minutes were monthly the operational management of the centre was discussed.

The inspector met with the provider representative who visited the centre regularly and was known to residents. The provider conducted six monthly unannounced visits to the centre, and documentation reviewed showed areas audited and findings. The provider furthermore completed an annual review on the quality of care and support at the centre which was reviewed by the inspector.

The provider nominee reviewed all notifications to the Health Information and Quality Authority (HIQA) submitted by the person in charge, and the inspector found them to be knowledgeable about their requirements under regulation.

Judgment:

Non Compliant - Moderate

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found the centre was reflective of the statement of purpose and the needs of residents.

Staffing levels and resources at the centre were sufficient to meet the needs of residents, and were reflective of personal plans, daily care notes and staff knowledge.

The person in charge and provider confirmed to the inspector that a current resident at the centre was identified to move to the newly built house, and that they had a funded personal assistant which would support them in their new placement. Additionally, the centre would assign two co-workers to live in the accommodation and support the resident at night. The inspector reviewed rosters in relation to support for the resident, and found these to be reflective of discussions with the management team, with the resident having funded daily personal assistant support from 08:30 to 20:30.

Furthermore, the person in charge and provider told the inspector that new admissions had not been identified for the further additional two bed spaces requested under the application to vary registration conditions submitted to the Health Information and Quality Authority. The inspector was told that prior to any new admission to the centre, a full assessment is carried out to identify the support needs of the person including staff supports, which was reflective of the centre's admission policy.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspection did not examine all aspects of this outcome, although the inspector found that staffing levels were reflective of resident needs

The centre had a staffing roster for each community house, which was reflective of the needs identified in residents' personal plans, risk assessments and personal emergency evacuation plans.

Staff knowledge and training was reflective of the needs of residents, although as identified in the previous inspection findings not all staff had received training in behaviour management, food hygiene and manual handling.

The inspector reviewed weekly team meeting minutes which were attended by the person in charge and staff and discussed residents' needs and the operations of the centre. Staff received regular supervision from a member of the centre's management team which was reflective of meeting minutes reviewed and discussions with staff.

Staff knowledge was reflective of the centre's policies in relation to the welfare and protection of residents. The inspector found that the person in charge, persons participating in management and staff were knowledgeable on their requirements under regulation proportionate to their roles at the centre, which was reflected in team and management meetings reviewed.

Throughout the inspection, the inspector observed staff supporting residents in a timely and respectful manner, reflective of needs identified in residents' personal plans and risk assessments.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspector did not examine all aspects of this outcome, centring on progress made to address the findings of the previous inspection.

The inspector found that following the previous inspection the centre, policies on residents' nutritional management and safeguarding of vulnerable adults policy had been reviewed.

Following the previous inspection, the inspector found that the centre had access to resident healthcare information previously not available, and now included in the resident's personal plans.

Judgment:

Compliant

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:

Stevan Orme
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 report¹

Centre name:	Camphill Community Ballybay
Centre ID:	OSV-0003603
Date of Inspection:	31 August 2016
Date of response:	6 October 2016

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents attended the centre staff team meetings, however meeting minutes did not reflect that residents were not present for discussions about their peers.

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

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Minutes of meetings now reflect when residents leave.

Proposed Timescale: 06/10/2016

Theme: Individualised Supports and Care

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

Complaint records maintained did not identify the complainant's satisfaction with the outcome of the investigation into their complaint.

2. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

We now record that we have asked if residents are satisfied with the outcome of their complaint and is recorded on our register of complaints.

Proposed Timescale: 06/10/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Referrals had been made for resident assessments for assistive communication technology , however these had not been completed at the time of the inspection.

3. Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

We have followed up with the Speech and Language Therapist who has confirmed our resident is on a waiting list and it could be 6 months, we have followed up with the CRC

who are still only taking referrals from people whose primary disability is physical. We will contact the Speech and Language therapist again to explore options of there being a private assessment. In the meantime, the resident does have a communication passport in relation to how he communicates and it is updated annually.

Proposed Timescale: 22/03/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Contracts of care did not include sufficient detail on all fees charged to residents.

4. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The National Provider issued a schedule of charges indicating the fees charged to each resident, each resident is made aware of this additional information to their contract during their annual reviews.

Proposed Timescale: 31/08/2016

Theme: Effective Services

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

The centre's admission policy did not identify processes for resident consultation on new admissions to the centre.

5. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

We will now review and update our admissions policy nationally to include resident consultation on new admissions to the centre.

Proposed Timescale: 11/11/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Resident personal plans had not all been reviewed annually.

6. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

Annual review is scheduled for October and was not completed as the resident was on holidays in the month it was to take place.

Proposed Timescale: 31/10/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Fire procedure were prominently displayed at the centre.

7. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

There will be a visual evacuation plan on each resident's bedroom door. It will be brought to Adult Forums and House meetings regularly until residents become familiar with them.

Proposed Timescale: 06/10/2016

Theme: Effective Services

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

Fire drill records did not give sufficient detail to identify if evacuations had occurred using minimum staffing levels.

8. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Fire drills have taken place in two of the Houses with minimum staffing levels and will take place in the remainder of the houses in the next two weeks, also when recording fire drills we will now identify if the person is a staff or resident.

Proposed Timescale: 06/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Records showed that not all staff had received behaviour management training.

9. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

All staff are introduced to a resident's behaviour plan as part of their induction to the community and MAPA training will take place for all those requiring it in November.

Proposed Timescale: 04/11/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Personal plans did not consistently reflect the health support needs of residents.

10. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Care plans are being reviewed through audits by the person in charge to ensure they reflect the health supports needs of residents, three have been completed and the further eleven will be completed by the end of October

Proposed Timescale: 31/10/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A swallowing assessment has not been completed in relation to a specific resident's needs.

11. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

The speech and language therapist has been repeatedly contacted and has assured us that our resident is on the priority list however this list has a wait time of 6 months, therefore we are exploring the option of going privately with the resident.

Proposed Timescale: 23/03/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain information on the centre's fire precautions and emergency procedures.

12. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Statement of Purpose has been updated to reflect the fire precautions and emergency procedures.

Proposed Timescale: 02/09/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Management systems did not effectively monitor practices at the centre to ensure consistency.

13. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The person in charge has developed and began carrying out care plan audits and also will be auditing the fire drills to combat any gaps.

Proposed Timescale: 31/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all staff had received mandatory training or training appropriate to the needs of residents.

14. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Food Hygiene and HACCP Awareness training took place 23/09/16

MAPA training will take place 4/11/16

Manual Handling training is due to take place 14/10/16

Proposed Timescale: 04/11/2016