



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Callan
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	09 May 2022
Centre ID:	OSV-0003607
Fieldwork ID:	MON-0028100

About the designated centre

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

Camphill Community Callan consists of two residential units and five individual units for single residents located in a small town. Overall this designated centre provides a residential service for up to 12 residents, both male and female, over the age of 18 with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. In line with the provider's model of care, residents are supported by a mix of paid staff and volunteers. The centre does not accept emergency admissions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Monday 9 May 2022	09:30hrs to 17:45hrs	Tanya Brady	Lead
Monday 9 May 2022	09:30hrs to 17:45hrs	Louise Griffin	Support

What residents told us and what inspectors observed

This was an announced inspection, completed to inform decision making with regard to the renewal of the centre's registration. Overall, the findings of this inspection were, that while this centre had good management systems in place and was well run, there remain high levels of non-compliance with some regulations. There were in particular, significant areas of concern relating to fire safety in this centre and with the suitability of some of the premises. These had been identified by the registered provider and were also found during the inspection and are highlighted later in the report under the relevant regulations.

This centre comprises seven units, two houses and five apartments. One house and apartment are registered for multiple occupancy and the other five units are all single occupancy. All of these units are situated in and around a small town and the inspectors visited them all over the course of the day. The centre is registered for a maximum of 12 residents and is currently at full occupancy.

The inspectors met six of the residents who were living in the centre at the time of this inspection. Others were either out with staff, away with family or in day services. As the residents who met with inspectors used a mixture of verbal and non-verbal communication, the inspectors engaged with residents in a number of ways. For example, some residents were observed in their environments and in their interactions with staff while four residents spoke directly with the inspectors.

The residents who spoke with the inspectors indicated that they were happy living in the centre. These residents talked about some of the activities which they enjoyed to do such as basketball, arts, drama, and planning holidays. Residents spoke highly of the staff and volunteers supporting them and some residents spoke warmly about the community spirit that existed in the centre. One resident shared with inspectors their thoughts on what made the centre a good place to live and drew a diagram that was labelled with the terms, respect, inclusion and equality to support their description of how they wanted to live. Two residents spoke of a staff member who was leaving the centre and explained that they were sad about this. One resident was making a gift for the staff member to help them remember activities they had engaged in with residents.

One of the residents gave the inspectors a tour of their home showing them shared areas which included a kitchen and dining room, a living room, a bathroom, an office used by a resident, volunteer bedrooms and bedrooms for each of the residents. Another resident met the inspectors outside their home and requested that they did not visit until the resident was ready and this was respected. Inspectors observed that residents were supported to participate in hobbies such as painting, building 'Lego' models, listening to and playing music and sculpture. Evidence of these pursuits were displayed throughout residents homes.

As this inspection was announced the residents views had also been sought in

advance of the inspectors arrival via the use of questionnaires. All residents who completed the questionnaire stated that they were happy in their home and gave examples of activities they enjoyed such as, going for coffee with friends, going to music concerts, playing board games, going swimming and attending social farming. Residents commented that they liked the staff that supported them, were happy 'with friendly advice' and that they knew who to speak to if they were unhappy about something in their home. One resident said that they would like a garden and were looking forward to the building works externally in the courtyard being finished

The staff team was observed supporting residents with preparing and eating meals, going shopping, getting ready for a walk or completing household chores. In one home an area had been set up for a resident who enjoyed ironing. Staff were at all times caring and respectful and ensured residents were provided with time to contribute to conversations and give their opinions. The staff who spoke to the inspectors were very knowledgeable in relation to residents likes, dislikes and preferences, and spoke about things they enjoyed doing both at home and in the local community.

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

Capacity and capability

Overall, the inspectors found that this centre was well managed and systems had been implemented by the provider in line with their national improvement plan. There was a clearly defined management structure and systems to monitor the quality of care and support for residents who lived here. There were also systems in place to monitor the service provided to residents which had been newly in place when the centre was previously inspected and these systems were seen to have been embedded into staff practice.

The person in charge had responsibility for this centre only and was supported in this centre by a full time team leader. The lines of authority and accountability were clear and staff in each location reported that they knew who to speak with should they have a concern. The person in charge and team leader were knowledgeable in relation to residents' care and support needs and were motivated to ensure they were happy, safe, and busy taking part in activities they enjoyed. They were identifying areas for improvement in their reviews and endeavouring to implement the required actions to bring about improvement. While the inspectors acknowledge that the local management team were escalating concerns in relation to any fire safety and premises works required to the centre and there was evidence that the provider was taking steps to address these concerns this had not happened in a timely manner. In addition actions identified in these areas from the previous inspection had not been completed in line with the timeframes set by the provider in

their submitted compliance plan. As an outcome of the fire safety concerns and premises works required the inspectors have recommended that the registration of this centre is not renewed until the provider achieves compliance with fire safety.

Staff who spoke with the inspector were also knowledgeable in relation to residents care and support needs and were kind, caring and respectful when interacting with residents. Staff were observed to pick up on a resident's communication and to respond appropriately.

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and resident's assessed needs. Training was provided to staff in a range of areas such as medication management, fire safety, infection prevention and control, safeguarding, first aid, manual handling, health & safety, risk management, Children First, and food safety. The inspectors reviewed a sample of training records and found that all staff had received up to date training and refresher training where due had been scheduled.

Staff were in receipt of formal supervision to support them to carry out their roles and responsibilities. Performance management systems were also in place for use as required.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there were clear lines of authority and accountability in place in this centre. There were systems in place for oversight and monitoring of care and support for residents who lived in this centre. While the provider was self identifying areas for improvement and putting action plans in place to bring about required improvements in some cases these had not been completed in a timely manner. This is outlined below under regulation 28 and regulation 17.

While there had been a change in the person in charge since the last inspection and there had been changes in the role of person participating in management for this centre also this had not impacted on the ability of the local management team to effect consistent and sustained change in line with the provider's national governance plan.

An annual review and six monthly unannounced provider audits had been completed in line with the requirements of the regulations. The person in charge and the team leader completed audits in a number of areas such as medicines, finance, personal plans, safeguarding and incident management. Actions that arise in these audits are

scheduled for discussion during staff meetings and are reviewed on an ongoing basis. There was evidence that action plans were in place and that the completion of actions from these audits and reviews were bringing about positive outcomes for residents in relation to the care and support they were offered.

Actions that were identified as required in the previous two inspections of this centre relating to completion of a retrospective review financial contributions had now been completed and full reimbursement to residents for excess contributions have now been completed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of their statutory requirement to submit notifications to the chief inspector within the timeframes as outlined by the regulations. The inspectors found that there were clear systems in place to record and report incidents within the centre to the person in charge for review.

Judgment: Compliant

Quality and safety

The registered provider was working to ensure that the residents who lived in this centre were in receipt of a good quality and safe service. From what inspectors observed the residents lived in for the most part warm, clean and comfortable homes that had been personalised for the individuals who lived in them. The provider was aware however that not all units that comprise this designated centre are to the same standard and some require review to ensure they meet current and future needs of all residents.

Previous inspections of this centre in 2020 and in 2021 had raised concerns around the management of residents finances and financial contributions and concerns regarding the time it had taken the provider to fully review this. During this inspection however, inspectors found that there were improved processes in place and that the retrospective reviews had concluded and residents had been reimbursed in full.

While the regulation relating to risk management procedures was not fully reviewed as part of this inspection inspectors found that relevant risk assessments were in place that related to other regulations. This included risk assessments relating to infection prevention and control, fire safety and financial safeguarding.

Regulation 17: Premises

This centre comprises seven units, five of which are single occupancy and two are for more than one resident. The inspectors visited all seven units over the course of this inspection. All residents had their own bedrooms and access to areas for relaxation. Bedrooms were personalised for residents' individual preferences.

The inspectors found that substantial work in a number of units had been completed since the previous inspection of the centre. This included de-cluttering and cleaning of areas within units and also some painting and decoration had been completed although more was required. On the day of inspection, maintenance of a courtyard which had been scheduled for completion in March 2022 had commenced to resurface the pathways in order for residents to safely access their homes but was not concluded. Three units which were street facing had been painted and the rising damp in one of the units, as identified on the previous inspection, had been addressed and walls had been painted.

One premises which was located further from all the others required resurfacing and lighting works to the pathways as they were uneven making access to this property difficult. Additionally, maintenance work to the bathroom floor was required after water damage. This was not conducive to effective cleaning. In another premises the inspectors found that a room accessed from a residents living room required attention as items such as office chairs were stored on high ledges and posed a risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Inspectors reviewed the systems, policies, procedures and practices relating to protection against infection and found the provider and person in charge had completed significant work in this area since the previous inspection. Residents' living accommodation that previously was very cluttered had been tidied up and now was found to be clean and well maintained. Daily, weekly and monthly cleaning schedules and audits were completed by staff and management.

Staff had access to up-to-date guidance and were observed to be wearing personal protective equipment (PPE) in line with national guidance throughout the day of inspection.

The centre had a specific COVID-19 contingency plan and this had been effective during a recent outbreak of COVID-19 which had been well managed.

Judgment: Compliant

Regulation 28: Fire precautions

This was an area that presented as non-compliant in previous inspections of this centre and the provider had committed to the completion of fire safety remedial actions by 31 March 2022 as per their compliance plan submitted after the last inspection of the centre. In order to fully assess the fire safety actions required an external audit was commissioned and the provider had submitted to the chief inspector in their previous compliance plan that this audit had been completed and that a report would be available to the provider in November 2021. The inspectors found that the provider had not received the report until the week previous to this inspection and therefore that substantial and serious fire safety failings had not yet been addressed. Inspectors acknowledge that they were scheduled for completion and the provider has committed to these as priority actions however, they had not, in most cases, started work by the date of this inspection.

Fire measures such as fire alarms, emergency lighting and fire extinguishers were being serviced by external contractors to ensure that they were in proper working order and were present in all premises. However the external audit found that some of the emergency lighting required review as it did not have appropriate protective cases present. In addition some fire extinguishers needed to be moved and located in alternative locations.

Fire drills were happening at monthly intervals however, and daily fire safety checks were being completed by staff. All staff and co-workers had undergone relevant fire safety training. All residents had had their personal evacuation plans reviewed and updated.

On the day of the inspection, fire doors were being fitted or repaired in one unit however, inspectors found in another unit that there were no fire doors fitted internally. Other units where there were fire doors there were no systems for these to close and this provided no assurances regarding containment of fire within the units comprising this centre. It was apparent that in all units where pipes or housing for wiring ran between floors that no systems for fire stopping were in place.

In one of premises there was exposed piping in the kitchen/living room area, while in another premises a shed that was attached to the resident's living accommodation was full of combustible material such as wood chips. This storage shed was not locked or secured and therefore could be accessed freely by members of the public which potentially increased the risk of fire.

Three units which were street facing had internal fire doors however, fire doors continued to be left open by a resident during the day and there were no self closing mechanisms in place which had been identified in the last inspection. In a number of premises decorations or hooks hung over residents' bedroom doors had

damaged fire seals along with door frames.

Given the significant overarching findings of non-compliance in fire safety in this centre the provider has committed to completion of these actions and the centre will be re-inspected prior to a decision on the renewal of the centre registration.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Inspectors reviewed a sample of residents' personal plans and found that personal plans were comprehensive in that they informed all aspects of the residents' life and up-to-date assessments of needs had been implemented. The person in charge had developed a schedule to ensure that all reviews and assessments were completed as needed and at least annually. There was evidence of regular meetings with residents and their individual 'circle of support' or those that were important to them.

Residents were involved in setting goals for themselves and personal plans were updated as steps towards achieving these goals were reached. These goals were found to be individual and varied from having their own front door key to going on a holiday. Social stories or symbol supported documentation was available to support residents in achieving goals and understanding the processes of personal planning.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspectors found that there were clear systems in place for the oversight of positive behaviour support in the centre. Where required there were up-to-date positive behaviour support plans in place and residents were positively supported to maintain their mental health. These supports and plans had been developed in consultation with relevant professionals and contained clear guidance on areas that may be triggers for individuals and the different proactive and reactive interventions that staff could use. For individual residents the person in charge had developed protocols for staff to follow during frequently occurring routines, such as bathing, and this ensured a consistency in staff approach.

There were a number of restrictive practices in place in the centre and the inspectors found that these were being reviewed regularly. These reviews provided assurance that the least restrictive practices were used for the shortest duration and that in some cases alternatives were being considered and trialled.

Judgment: Compliant

Regulation 8: Protection

Inspectors reviewed the systems for residents to access and retain control of their personal property and possessions and found that the updated policies, procedures and practices relating to finances and personal possessions in the organisation were for the most part protecting residents. All residents had financial assessments in place and were being supported to manage their finances. Where residents had control and access to their own finances in keeping with the requirements of the regulations then records of residents' income and expenditure were maintained and were being regularly audited. Where residents have been assessed as being independent in the management of their finances then the provider has put a transparent system of support in place around the reconciliation of statements with some residents. A small number of residents however, remain in a position where they do not have full control of their finances and the provider therefore is not in a position to assure financial safeguards are in place however, the inspectors found that this was an area being actively reviewed by the provider.

The provider and person in charge have reviewed safeguarding plans in the centre and the inspectors acknowledge that substantial work in this area has been completed. Safeguarding plans that are currently active are reviewed as required and there are control measures in place that are keeping residents safe.

Where residents required support with personal care the person in charge ensured there were detailed care plans to guide staff practice with evidence that these supports had been discussed with residents.

Judgment: Substantially 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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Camphill Community Callan OSV-0003607

Inspection ID: MON-0028100

Date of inspection: 09/05/2022

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Fire protection and Premise work plan is reviewed on a weekly basis with the Area Service Manager, Person in Charge, and property team. The work plan as provided to HIQA on the day of the inspection is near completion as identified by the dates of work due completion. There have been no delays within this action plan and work nears completion within CCoI Callan. Completed works estimated to be completed by 15.08.2022</p> <ul style="list-style-type: none"> • Vacant posts in the CCoI property team have been filled by experienced staff with technical backgrounds. To ensure organizational oversight of work projects CCoI are introducing Microsoft Planner to structure the works planned, in progress and complete for all individual CCoI Communities. A Project plan is shared with all above named people and discussed weekly to review and track progress. • Meetings take place twice weekly with the property team, the SMT and local management on a rotating basis to review and plan works required by the communities. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Fire protection and Premise work plan is reviewed on a weekly basis with the Area Service Manager, Person in Charge, and property Coordinator. The work plan as provided to HIQA on the day of the inspection is near completion as identified by the dates of 	

work due completion. There have been no delays within this action plan and work nears completion within CCoI Callan. Completed works estimated to be completed by 15.08.2022

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire protection and Premise work plan is reviewed on a weekly basis with the Area Service Manager, Person in Charge, and property Coordinator. The work plan as provided to HIQA on the day of the inspection is near completion as identified by the dates of work due completion. There have been no delays within this action plan and work nears completion within CCoI Callan. Completed works estimated to be completed by 15.08.2022

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- We will continue to engage the Residents, their families and the advocates for the named residents who do not have full access to their finances. Records will be maintained of all engagements.

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	15/08/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is	Substantially Compliant	Yellow	15/08/2022

	accessible to all.			
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.	Substantially Compliant	Yellow	15/08/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	15/08/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	15/08/2022
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Not Compliant	Orange	15/08/2022

Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	15/08/2022
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	15/08/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/08/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	21/01/2023