Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dunshane Camphill Communities of Ireland
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	09 February 2022
Centre ID:	OSV-0003616
Fieldwork ID:	MON-0035210

About the designated centre

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

Dunshane Camphill Communities of Ireland is a designated centre that provides 24-hours a day, seven days a week care and support for up to 20 residents in a rural location in Co. Kildare. The designated centre consists of seven residential buildings situated on over 20 acres of farming land in a campus style setting. The centre also provides day activation services from 9am to 5pm Monday to Friday, on site. Some residents participate in these day activities, such as baking, cooking, pottery, basketry, and farming within the grounds of the designated centre or are supported in other interests in the community. The site also contains extensive gardens, walk ways, forest trails, farm land and fields. The centre can accommodate residents of both genders, aged 18 and over with intellectual disabilities. Residents are supported by a team of social care workers, care assistants and voluntary workers. In line with the co-living model of care residents share communal living spaces with the volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

How we inspect

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
Wednesday 9 February 2022	10:00hrs to 15:45hrs	Marie Byrne	Lead
Wednesday 9 February 2022	10:00hrs to 15:45hrs	Michael Keating	Support

What residents told us and what inspectors observed

Overall the findings of this unannounced inspection were that residents appeared happy and content living in the centre. However, due to the number of staff vacancies in the centre, residents were not always in receipt of continuity of care. There was a heavy reliance on agency staff and volunteers to provide care and support for residents, due to staffing vacancies as a result of resignations in the preceding months.

As the inspection was completed during the COVID-19 pandemic, the inspectors of social services adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. Inspectors did not visit one of the houses as residents were isolating in line with public health measures relating to COVID-19, and did not visit another house at it was vacant following renovations. Once staffing supports were in place, a resident was due to transition to this house.

There were seventeen residents living in the centre on the day of the inspection, and the inspectors had the opportunity to meet and briefly engage with three residents. Inspectors visited five of the seven houses that made up the designated centre, and the majority of residents were at day services, working on the farm, or out in the local community engaging in activities of their choice with staff.

Each of the houses visited were found to be clean and homely. Residents' bedrooms were decorated in line with their wishes and preferences and there was art and photos on display in each of the houses. Residents' meetings were occurring regularly and there was information on display in the houses in relation to complaints, safeguarding, and the availability of advocacy services and the confidential recipient. Works were being completed on the paths around the campus on the day of the inspection, to ensure residents could access all areas of the campus safely.

On arrival to one of the houses inspectors were greeted by a resident who was visiting from another house. They were helping a volunteer to prepare lunch and appeared very comfortable and content spending time with the volunteer and the two staff members in the house. They talked about things they like to do to stay busy and told inspectors they were happy living in the centre.

In another house a resident was relaxing watching television after having their breakfast. They spoke with an inspector about activities they enjoyed and things they liked to do around the centre. They talked about holidays they had enjoyed and things they enjoyed doing while on holidays. They talked with the inspector about what they would do if they had any concerns, and how they would go about seeking out staff support, should they need it.

There was no one home in one of the houses visited as residents were out in their local community with staff. During a number of lockdowns relating to COVID-19 residents had continued to exercise in their local community and were completing a virtual tour of Ireland, logging their steps and routes as they went along.

While visiting another house, a resident was relaxing in their room and choose not to engage with inspectors. Another resident was in the kitchen observing volunteers preparing lunch, while completing puzzles at the table. They used gestures to indicate that they did not wish to engage with inspectors, and inspectors said goodbye and left.

Throughout the inspection, residents were observed moving around the grounds and farm with staff. They appeared happy and to be engaging in activities and chores they found meaningful such as cooking and baking, and keeping their homes clean. In addition they could choose to work on the farm and grounds or access workshops in day services if they so wished. These workshops include, candle making, basket making, horticulture, farming, baking, pottery making, cooking skills and arts and crafts.

Staff and volunteers who spoke with inspectors were familiar with residents' likes, dislikes and preferences. They all spoke about how important it was to them to minimise the impact of staffing changes and vacancies for residents. Their priority was ensuring residents happiness and safety. In line with the findings of previous inspections, inspectors found that there was a calm, relaxed and pleasant atmosphere in each of the houses, and around the campus.

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 service being delivered.

Capacity and capability

This unannounced inspection was completed to verify the actions identified by the provider following an inspection in the centre on 27 October 2021. In addition the Chief Inspector has received unsolicited information in the form of concerns prior to the inspection which formed lines of enquiry for this inspection.

During the last inspection, inspectors found that the governance and management in place were not ensuring adequate day-to-day oversight of care and support for residents. There had been five staff resignations just before that inspection, a member of the local management team resigned on the morning of the inspection, and the person in charge was on unplanned leave.

As a result of concerns in relation to staffing numbers and oversight in the centre, the inspectors requested to meet with the Chief Executive Officer (CEO) to seek assurances. The CEO was on site to meet staff later that evening to discuss staffing

matters. Following the inspection further assurances were requested from the CEO which were provided, and following this weekly assurance reports were requested and submitted by the provider in relation to staffing resources, oversight of the centre, and risk and incident management.

Following the inspection in October there were further resignations, including the person in charge. At the time of the inspection there were 10.6 whole time equivalent vacancies. It was evident that the provider had attempted to recruit to fill vacant positions and to provide continuity of care and support for residents. They had recently recruited to fill the person in charge post, had recruited a number of new staff, and were actively trying to recruit more. They had redeployed day service staff who were familiar with residents care and support needs and had also redeployed a number of managers. They were ensuring that there were the correct number of staff on duty to support residents. However, due to the volume of shifts being covered by agency staff, continuity of care and support for residents was affected.

There was an over-reliance of volunteers, with some residents seeking out the support of volunteers in the absence of staff who they were familiar with. Two residents had raised a formal complaint that regular staff were moved from supporting them, to support residents in other house. The provider was working with an agency and attempting to secure regular agency staff to fill the required shifts. However, due to the volume of shifts that needed to be covered, this was not always proving possible. The provider recognised that this was contributing to the over-reliance on volunteers and had met with them and appointed a volunteer co-ordinator to provide support and supervision for them. In addition, they had recently redeployed a manager from another centre to ensure the effective induction and orientation of new and agency staff.

The provider had made efforts to ensure day-to-day oversight of the centre while recruiting to fill the person in charge vacancy and other local management roles. In the interim, they had filled the quality and safety lead vacancy and redeployed a senior manager to the area to provide on site support. During the inspection, inspectors met with the local managers who had been redeployed to the centre, to oversee care and support since the last inspection, they were found to be knowledgeable in relation to residents' care and support needs, identifying areas for improvement, and motivated to ensure residents remained happy and safe during a time of huge staffing changes in the centre.

Overall, inspectors found that the provider was self-identifying areas for improvement and putting plans in place to address these. Prior to the last inspection they had completed a thorough 6 monthly review which identified a substantial number of areas for improvement. While they had addressed some of these, due to a lack of staffing resources, and the fact that the local management team were investing significant time into ensuring there were enough staff to cover the required shifts to support residents, some areas remained outstanding. As a result, the provider decided to do another 6 monthly audit to measure progress, and to

identify in any other areas required improvement. This audit was thorough and identified additional areas for improvement.

The new person in charge commenced a week before the inspection and a person participating in the management of the centre (PPIM) who had recently returned from planned leave was spending a significant proportion of their time in this centre. The provider had a new system in place for tracking actions from audits and reviews in the centre, and the person in charge and PPIM were found to be working on, logging and tracking actions from these reviews using this new system.

Regulation 15: Staffing

Staffing numbers were not in line with the centre's statement of purpose. There were 10.6 whole time equivalent vacancies at the time of the inspection which equated to 45% of the whole time staff requirement in the centre. As a result, there was an over reliance on agency staff, and volunteers. The provider had redeployed a number of staff from other areas of the organisation and were working with an agency in an attempt to provide continuity of care and support for residents. However, this was not always proving possible due to the volume of shifts which required to be covered.

Judgment: Not compliant

Regulation 16: Training and staff development

For the most part staff had completed training and refresher training in line with the organisation's policies and procedure. There were a small number of staff who required refresher trainings but inspectors were shown documentary evidence that these staff were booked onto these within days of the inspection.

There was a schedule in place to ensure each staff had regular formal supervision.

Judgment: Compliant

Regulation 23: Governance and management

Overall, inspectors found that the provider was self-identifying areas for improvement. The new person in charge, quality and safety lead, and returning PPIM were now in place, and there was evidence of improved oversight in the centre. They were in the early stages of implementing their improvement plans.

The provider was aware of the impact of staffing vacancies and the over-reliance on volunteers and agency staff and had recently implemented a number of measures in an attempt to minimise this impact. For example, they had redeployed staff and managers and insufficient resources in terms of staffing and put a volunteer co-ordinator in place.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

There were systems to record accidents and incidents; however, a number of allegations of abuse were not notified to the Chief Inspector of Social Services in line with the timeframe identified in the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

There were complaints policies and procedures in place and the procedures were on display and these were on display in the houses. It was evident that residents and their representatives were aware of the process, as there was evidence that they were raising complaints.

A log of complaints was maintained and there was a nominated complaints officer. Complaints were investigated and it was evident that the complainants were informed of the outcome and provided with the appeals process. However, for one complaint which had been closed to the satisfaction of the complainant, it was not evident that measures required for improvement were fully implemented at the time of the inspection.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that residents appeared happy and content in their homes and were engaging in activities in line with their interests. However, as previously mentioned improvement were required in relation to staffing numbers and continuity of care to ensure residents were in receipt of a good quality service.

Residents were protected by the policies, procedures and practices relating to infection prevention and control. There were also polices, procedures and contingency plans for use during the COVID-19 pandemic. The premises was clean and there were systems in place to ensure regular cleaning of every area. There was personal protective equipment (PPE) available and systems in place to order more as required. Staff had completed a number of infection prevention and control related trainings. There was information available to keep residents and staff up-to-date in relation to infection prevention and control and COVID-19.

The provider had completed a number of fire works since the last inspection. There was a range of fire precautions in the centre and fire equipment was well maintained and regularly serviced. Residents personal emergency evacuation plans were detailed in relation to any supports they may need and fire drills were held regularly. Emergency plans were in place, and the evacuation plans were on display.

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and support plans were developed and reviewed as required. They were accessing health and social care professional in line with their assessed needs and support plans were clearly guiding staff to support them, and to ensure that the recommendations of health and social care professional were being implemented.

There were a number of restrictive practices in the centre and these were being reviewed regularly to ensure they were the least restrictive for the shortest duration. There had been a reduction in restrictions since the last inspection and there were plans in place for some further reductions. Resident had support plans in line with their assessed needs and these detailed proactive and reactive strategies to support them. Support plans were reviewed regularly to ensure they clearly guided staff to support residents.

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training and there were systems in place to record and follow up on allegations or suspicions of abuse in line with the organisation's and national policy.

Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre.

There were cleaning schedules in place to ensure that each area of the houses were regularly cleaned. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available.

Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to COVID-19. Staff had completed a number of additional infection prevention and control related trainings.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There were adequate means of escape, including emergency lighting. The evacuation plan was on display and each resident had a personal emergency evacuation plan outlining any supports they may require to safely evacuate the centre in the event of an emergency.

Fire drills were occurring regularly and staff had completed training to ensure they were aware of their roles and responsibilities in the event of an emergency.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and were being supported by health and social care professionals in line with these assessed needs. Staff who spoke with inspectors were aware of residents' healthcare needs, and corresponding care plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported by health and social care professionals in line with their assessed needs. Support plans were developed and reviewed as required. There were policies and procedures in place to guide staff practice in relation to positive behaviour support and restrictive practices. Staff had completed training to support residents in line with their assessed needs.

There was a restrictive practice register and restrictive practices were regularly reviewed to ensure they were the least restrictive for the shortest duration. There was evidence of a reduction in restraints since the last inspection and there were plans in place for further reductions.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. There were systems to ensure that allegations or suspicions of abuse were reported, documented and followed up on in line with the organisation's policy, and national guidance.

Staff had completed training and those who spoke with the inspectors were knowledgeable in relation to their roles and responsibilities should they have a suspicion of, witness, or become aware of an allegation of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dunshane Camphill Communities of Ireland OSV-0003616

Inspection ID: MON-0035210

Date of inspection: 09/02/2022

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: - A full roster review project was completed by a designated person based on each Community House assessed needs. On recruitment of our full staff team the Short Term Volunteers (STV's) will be surplus to the core staff roster ensuring that there is not any reliance on STV's. - A National Volunteer Co-Ordinator for Camphill has been appointed to oversee, coordinate, and ensure the new Volunteer Model is implemented in each Community. - Volunteers have received and signed a new Short Term Volunteer Model Responsibility Profile and Volunteer Agreement which outlines what Volunteers are and are not responsible for. - An extensive recruitment drive had commenced to fill all vacant posts. To date there has been three Social Care Assistants and five Social Care Worker Lead positions offered and accepted. All successful candidates are currently undergoing the on-boarding recruitment process. - Two experienced Managers redeployed from other areas continue to provide continuity of care and support to Community Members and will remain in the Community until vacant posts are filled.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
- New system in place for tracking actions/improvements from audits and reviews outlined in 2022 Annual Audit Schedule in the centre. Completion of actions are logged by the PIC which require supporting evidence to be attached to each action, following this approval from PPIM is required prior to closing off.
- PPIM will be on site a minimum of once per week to ensure effective oversight. PPIM will be available during these visits to offer support and advice to the community. The PPIM will also observe practice within the community and link in with the PIC at monthly scheduled supervision sessions.
- Recruitment drive will remain open until all vacant posts are filled. Following this a internal relief panel will be formed to prevent agency use which will ensure consistency and continuity of care to Community Members.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
- There had been a number of retrospective notifications submitted to the chief inspector following findings from a Regulation 23 inspection in October 2021. There is increased oversight in the designated centre where the PIC reviews Community Members daily logs on a daily basis. There is also increased oversight at Senior Leadership Level where all incidents/accidents/near misses/behaviors of concern/medication errors/safeguarding concerns are reported and escalated on the same day.
- Calendar reminder set to ensure quarterly notifications are submitted within the regulatory timeframe.
Notifications is a standard agenda item on bi-monthly Community Management Meetings and supervision sessions with both the Quality and Safety Lead and PIC.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
- Complaints is a standard agenda item within monthly Supervision session with the PIC and PPIM, complaints going forward will not be closed off until full review is carried out ensuring all required measures are implemented and evidence based.
The complaint discussed on the day of inspection was re-opened and additional measures were taken to ensure the complainant was satisfied with the outcome

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/06/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	30/06/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Substantially Compliant	Yellow	30/06/2022

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	28/02/2022
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	09/02/2022
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	09/02/2022