



## Office of the Chief Inspector

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

Name of designated centre:	Camphill Community of Ireland Greenacres
Name of provider:	Camphill Communities of Ireland
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	10 September 2019
Centre ID:	OSV-0003623
Fieldwork ID:	MON-0023367

## About the designated centre

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

Greenacres is a residential home for three adults with an intellectual disability who require low to medium supports. The centre is located in a suburb in South Co. Dublin and is close to a variety of public transport links. There are shopping centres, pubs and local shops within close proximity of the centre. Residents have the opportunity to attend day services or avail of training, employment or volunteer work in their local community. Staffing support is provided by social care workers and volunteer care assistants and is available for residents 24 hours a day, seven days a week. The property has seven bedrooms, a kitchen and dining room, and a sitting room. The property also has a large garden with a landscaped sensory and seating area, a detached out-office and a storage shed. Each resident has an ensuite in their bedroom.

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

Number of residents on the date of inspection:	3
--	---

## 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 - 2015 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
10 September 2019	09:30hrs to 17:00hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

The inspector of social services had the opportunity to spend some time with two residents living in the centre at the time of the inspection. They had the opportunity to briefly meet the third resident. All three residents told the inspector that they were currently happy and felt safe living in the centre.

They described what it was like to live in the centre and how they were supported by staff to spend their time engaging in activities and further education and training of their choosing. A number of residents who spoke with the inspector described how important it was to maintain their current level of independence and they described how they were working towards becoming more independent in relation to accessing their local community, volunteering, seeking employment and moving towards independent living. Residents spoke with the inspector about their achievements, plans and goals for the future and the steps involved in reaching these goals.

Residents were complimentary towards the care and support they received from staff to set and achieve their goals. They described their involvement in the day-to-day running of their home. A number of residents described some difficult times in their lives and how they had been supported through them by the staff team. They were aware of the complaints procedures and could name the local complaints officer. A number of residents had been supported to access advocacy services to support them in relation to aspects of their care and support.

Throughout the inspection, the inspector observed warm interactions between residents, staff and volunteers. Each resident appeared comfortable in the presence of staff and with the levels of support offered by staff and volunteers.

## Capacity and capability

Overall, the inspector found that the registered provider and person in charge were monitoring the quality of care and support for residents. They were completing regular audits including the annual review and six monthly visits by the provider. Areas for improvement were identified in these audits and during the inspection in relation to the premises, risk management, staffing and the centre's statement of purpose.

The annual review of the quality and safety of care in the centre and six monthly review by the provider were being completed in line with the requirement of the regulations. The person in charge described plans in place to further develop the annual review including the development of an accessible format for residents. This

was in draft at the time of the inspection. The reviews in the centre were identifying areas for improvement in line with the findings of this inspection. There was evidence that the completion of actions following some of these reviews were bringing about positive changes in relation to residents' care and support. Staff meetings were being completed regularly and the agenda items were resident focused.

There was one staffing vacancy for a social care worker at the time of the inspection. The provider was in the process of recruiting to fill this position. One residents described their involvement in the recruitment process including sitting on the interview panel. In the interim while they were waiting the fill the position staff members in the centre were completing the required shifts to ensure continuity of care and support for residents. The inspector spoke with a number of staff and they were found to be knowledgeable in relation to residents' care and support needs and motivated to support residents to maintain and where necessary develop skills to become more independent. Residents who spoke with the inspector, spoke fondly of the staff team. The inspector reviewed a sample of staff files and found that they did not contain some of the information required by the regulations.

Staff and volunteers had completed training and refreshers in line with residents' assessed needs. There was an induction programme in place for staff and volunteers. This induction process included a review of their roles and responsibilities in the centre, a review of day-to-day life in the centre and a review of the code of conduct. It also included a review of systems in place in relation to safeguarding, incident review, complaints, communication, confidentiality, personal planning, medication management, health and safety and fire awareness. Staff and volunteers were in receipt of regular formal supervision.

Residents were protected by the complaints policy and procedures in the centre. A complaints log was maintained and there was a local complaints officer. There was a section in the complaints form to show actions taken and a section for recording the satisfaction level of the complainant. Residents and staff who spoke with the inspector were aware of the complaints procedure. A number of residents were supported to access advocacy service to support them with aspects of their care and support.

There were a number of volunteers in the centre. Volunteers were supporting residents with aspects of their care and support including supporting them to take part in activities in line with their wishes, preferences and goals. Residents spoke warmly about the positive contribution the volunteers were making in their lives. The inspector reviewed volunteers files and found that they had their roles and responsibilities in writing. They were in receipt of formal supervision and vetting disclosures were obtained by the registered provider for volunteers, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (No 47 of 2012). One volunteer who spoke with the inspector stated that they were enjoying their role and were well supported by the staffing team.

There was a statement of purpose in the centre. It was in the process of being reviewed by the person in charge and one of the residents. They were also

reviewing the residents' guide in line with the statement of purpose. The current statement of purpose contained the majority of information required by the regulations but it did not contain all of the required information.

### Regulation 15: Staffing

At the time of the inspection, there was one staffing vacancy for a social care worker. The provider was in the process of recruiting to fill this position and residents were involved in the recent interviews as part of the recruitment process. In the interim, the provider and person in charge were ensuring continuity of care for residents through regular staff covering the required shifts. The inspector reviewed a sample of staff files and found that some did not contain all of the information required by the regulations.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff and volunteers in the centre had access to training and refreshers in line with residents' assessed needs. They were supported by the management team to carry out their roles and responsibilities to the best of their abilities and were in receipt of regular formal supervision.

Judgment: Compliant

### Regulation 23: Governance and management

There were clearly defined management structures which identified lines of authority and accountability. There were effective systems in place to monitor the quality and safety of care and support for residents and evidence of regular reviews and audits being completed in the centre. There was evidence of regular review of incidents and adverse events which was leading to learning and improvements in the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place which was in the process of being

reviewed in consultation with residents in the centre. The current statement of purpose contained the majority of information required by the regulations but required further review to ensure it contained all the required information.

Judgment: Substantially compliant

### Regulation 30: Volunteers

There were two volunteers in the centre and they had their roles and responsibilities in writing. They were in receipt of support and regular supervision by the staff team. They had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (no. 47 of 2012).

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy and procedures in place which was available and accessible for residents. Residents had access to advocacy services if they so wish. There was a local complaints officer and evidence that complaints were investigated, responded to and closed to the satisfaction of the complainant.

Judgment: Compliant

## Quality and safety

Overall, the centre was well managed. Residents who spoke with the inspector stated that they liked their home and were happy with the support they received from staff and volunteers. They described opportunities for meaningful activities including volunteering and told the inspector that they had things to look forward to. They lived in a caring environment where they had opportunities to make their own choices and decisions. Their potential and independence were being supported and encouraged. Areas for improvement were identified in relation to the premises and risk management.

The residents' home was found to be spacious, warm, comfortable and homely. There were some areas of the centre which required painting and decorating and areas in need of maintenance. These areas included damage and scuffing to a number of walls in the centre and damage to the kitchen. Each of the residents had their own bedroom with an ensuite bathroom which was decorated in line with their

wishes and preferences. There was plenty of private and communal space available in the centre.

Residents' personal plans were found to be person-centred. Each resident had an assessment of need and care plans developed in line with their assessed needs. Residents goals and aspirations were discussed and reviewed regularly. A number of residents described their goals and how they were supported to achieve them such as travelling independently, accessing their local community and volunteering in their local community. There was evidence of regular review and update of residents' personal plans to ensure they were effective.

There were suitable arrangements in place to detect, contain and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Each resident had a personal emergency evacuation procedure in place and there was evidence that these were reviewed regularly and changes made in line with learning from fire drills. Residents, staff and volunteers were in receipt of appropriate fire awareness and safety training.

Overall, residents were protected by risk management policies, procedures and practices. There was a system for keeping residents safe while responding to emergencies. There was a risk register and risk assessments which was reviewed and updated regularly. However, the inspector reviewed a number of risk assessments which required review to ensure they were reflective of residents' current needs. Incident review and tracking was occurring regularly and there was evidence of learning following incidents. The vehicles in the centre were regularly checked and serviced to ensure they were roadworthy.

Residents had access to allied health professionals in line with their assessed needs. They had plans in place which were reviewed regularly to ensure they were effective. They included reactive and proactive strategies and were clearly guiding staff to support them. Staff were in receipt of training to support residents with their assessed needs.

Residents were protected by the policies, procedures and practices in relation to safeguarding and protection in the centre. Allegations and suspicions of abuse were reported in line with the organisation's and national policy. Safeguarding plans were developed and implemented as required. Staff who spoke with the inspector were knowledgeable in relation to their responsibilities in the event of a suspicion or allegation of abuse. Each of the residents who spoke with the inspector stated that they felt safe in their home and knew what to do if they had any concerns.

## Regulation 17: Premises

The premises was designed and laid out to meet the number and needs of residents in the centre. Overall, the premises was clean, warm and well maintained. However, there were a number of areas which required painting and maintenance including

areas in the kitchen and hallway.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Arrangements were in place to access, manage and review risk in the centre. However, a number of residents' individual risk assessments required review to ensure they were reflective of residents' current needs. There were systems in place for responding to emergencies. There was evidence that vehicles were regularly checked and serviced to ensure they were roadworthy.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were suitable arrangements in place to detect, contain and extinguish fires. Fire procedures were on display and residents had personal emergency evacuation plans in place. Residents staff and volunteers had completed fire safety and awareness training. Fire drills were held regularly and residents' documentation was reviewed in line with learning following these drills.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had an assessment of need and a personal plan in place. There was evidence that they were reviewed regularly with residents to ensure they were effective. Residents had goals in place and were supported to achieve them. There was evidence that these goals were reviewed regularly.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents had access to allied health professionals in line with their assessed needs. Support plans were developed and reviewed as required. Staff had access to

relevant training and refreshers to support residents.

Judgment: Compliant

### Regulation 8: Protection

Residents were assisted and supported to develop the knowledge and skills for self-care and protection. All allegations and suspicions of abuse were investigated and followed up on in line with the organisation's and national policy. Staff were trained and knowledgeable on their responsibilities in relation to safeguarding residents. Each resident who spoke with the inspector stated they felt safe in their home.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Camphill Community of Ireland Greenacres OSV-0003623

Inspection ID: MON-0023367

Date of inspection: 10/09/2019

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            An audit of all staff CVs has been carried out: any gaps in employment history have been filled to ensure all CVs on file provide a full employment history, together with a satisfactory history of any gaps in employment.            The audit was extended to ensure information and documents obtained in respect of Staff, currently and previously employed at the Designated Centre are in compliance with schedule 2 of the Regulations</p> <p>As advised to the inspector at the time of inspection the Person in Charge was awaiting the commencement in employment of a new social care worker. This social care worker has now started thus the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents and a full compliment of staff is in place in the Designated Centre.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:            The missing information has been added and the revised Statement of Purpose has been updated.            The exercise of consultation on revisions to the Statement of Purpose which was in place at the time of inspection has been extended to all residents and family representatives. When the consultation process is completed the revised Statement of Purpose will be signed off.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  A schedule of improvements works has been drawn up in consultation with residents. Contractors are being asked to quote for the proposed works. It is envisaged the works will commence at the beginning of February 2020 and be undertaken in a manner that reduces inconvenience to residents in the Centre.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  The risk assessments in respect of residents have been reviewed and updated to ensure they were reflective of residents' current needs.</p>	

## 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.	Substantially Compliant	Yellow	07/10/2019
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	25/10/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Substantially Compliant	Yellow	28/02/2020

	kept in a good state of repair externally and internally.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	18/09/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/11/2019