



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Jerpoint
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	03 July 2020
Centre ID:	OSV-0003624
Fieldwork ID:	MON-0029610

About the designated centre

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

Camphill Jerpoint provides long term residential care to 10 adults, over the age of 18, both male and female with intellectual disability, autism sensory and physical support needs. The centre is made up three detached two-storey houses each accommodating between one and four residents in a farmyard rural setting. Each resident has their own bedroom and other facilities throughout the centre include kitchens, dining rooms, living rooms, laundries and bathroom facilities. In line with the provider's model of care, residents are supported by a mix of paid staff (including house coordinators and social care assistants) and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 - 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
Friday 3 July 2020	09:00hrs to 16:30hrs	Tanya Brady	Lead
Friday 3 July 2020	09:00hrs to 16:30hrs	Sinead Whitely	Support

What residents told us and what inspectors observed

Inspectors had the opportunity to meet with five residents on the day of inspection. Some residents communicated verbally and other residents used non verbal methods to communicate. One resident communicated they did not want to meet with the inspector and this choice was respected.

Residents spoken with appeared happy and relaxed living in the centre. Throughout the inspection, evidence was seen that residents were supported to participate in meaningful and individualised activities. Residents spoke with the inspectors of activities they enjoyed, these included arts and crafts, gardening, social events and holidays. Inspectors observed artwork that some of the residents had completed during the COVID-19 lock down period and one resident had been writing a book.

One resident was out for a drive on the day of inspection but spoke with an inspector upon their return and communicated, when asked, that they felt safe and happy living in Jerpoint and liked all the staff that worked with them. Another resident stated that the staff helped them to learn how to manage daily tasks on their own. Staff spoken with appeared knowledgeable regarding the residents needs and respectful towards their preferences and wishes.

The centre was situated on a large rural site which allowed residents to participate in walks and keep some farm animals such as chickens. Residents were observed in the vegetable garden supported by staff/co-workers and one was seen to bring a wheelbarrow into the poly tunnel to carry out some tasks with staff support.

Capacity and capability

This was a risk based inspection, reviewing the governance and management of this centre, to ensure good quality care and support was provided to residents. In addition, it reviewed the structures and levels of accountability present to actively promote residents' well-being and independence. Overall findings indicated, that while residents appeared to enjoy their lives living in the centre, some improvements were needed to ensure that residents always enjoyed a safe environment.

Prior to this inspection, Camphill Communities of Ireland have been required to submit a number of formal assurances to the chief inspector regarding the safeguarding arrangements for residents and the safety and quality of care delivered across a number of their designated centres.

Staff and management were welcoming and available to the inspectors throughout

the inspection day, inspectors found no difficulties with accessing and reviewing all requested documentation. This inspection was short term announced and an inspector had contacted management two days prior to the inspection date, outlining documentation to have ready on the day for review. All requested documentation had been furnished on arrival. Some additional documentation requests made on the day of inspection were also promptly provided.

A full time person in charge was in place who had the experience and skills necessary to manage the designated centre. The centre comprised of three houses and each house had a house co-ordinator who reported to the person in charge on a daily basis. The person in charge and the house co-ordinators appeared to have a regular presence in the houses and oversight of the daily running of the centre. However, oversight and monitoring of the centre at a provider level required improvements at times with no annual review of the care and support having been completed for the centre since 2017. The six monthly unannounced provider audits of the safety and quality of care and support provided in the centre had taken place in 2019 as required by regulation but there had been none to date in 2020.

There were appropriate staff numbers and skill mixes in place to meet the assessed needs of the residents living in the centre. Staff spoken with appeared knowledgeable regarding the needs of the residents they worked with. An induction booklet was in place for all new staff starting in the designated centre and this was regularly reviewed, updated and completed by the house co-ordinators and person in charge. Regular formal staff supervision was taking place with line managers and this was used as an opportunity to discuss any ongoing staff issues or any areas in need of improvement. Staff appraisals were completed regularly in line with the providers policy. A clear schedule was in place for future supervisions and appraisals of staff to occur. Inspectors reviewed a sample of staff personnel files and found that all Schedule 2 documents were in place as required including Garda vetting, references, and employment history.

From a review of the staff training records, the inspectors observed that staff training was provided in areas including safeguarding, children first, fire safety, manual handling, first aid, epilepsy management, medication management and behaviour management. One staff member was due refresher training in medication management and another staff was due refresher training in fire safety and behaviour management. Provision of refresher training had however been postponed secondary to COVID19.

The inspectors reviewed all contracts of care for residents' that were available and noted they contained information required by the regulations including charges and additional charges which residents were responsible for in relation to their day-to-day care and support. There was evidence that these were reviewed by the person in charge on an annual basis. It was unclear however, who was allocated as a community representative when signing the contract on the providers behalf as inspectors observed in some instances the contract had not been signed by the person in charge but by another staff member.

Regulation 14: Persons in charge

There was an experienced person in charge in this centre who had the experience and skills necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff within this centre was appropriate to the assessed needs of the residents. All information and documents as required in Schedule 2 were present in staff personnel files.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had access to training, both mandatory and additional training specific to supporting residents needs. Two staff members were due refresher mandatory training, however this had been postponed due to COVID-19 and was rescheduled.

Judgment: Compliant

Regulation 21: Records

From a review of a sample of documentation, the inspectors found that all Schedule 2, 3 and 4 documents were in place as required.

All requested documentation had been furnished on arrival. Some additional documentation requests made on the day of inspection were also promptly provided

Judgment: Compliant

Regulation 23: Governance and management

A clear governance structure was in place which was known to residents, staff

and co-workers in the centre. Audits had been carried out in key areas such as health and safety and medicines. Outcomes from audits were maintained in the centre which included an action plan to address any issues found. Inspectors saw evidence that the provider had taken action in response to such issues.

However, annual reviews had not been carried out as required by regulation . Six monthly unannounced visits had been conducted at the required intervals in 2019 but were due for 2020.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Contracts for the provision of services to residents were reviewed and they contained details of the services and facilities to be provided to residents. The fees to be charged were also clearly set out and had been reviewed on a yearly basis. However, they were not all signed as required by the provider.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found residents' support was facilitated in a person-centred manner. The inspectors found that some improvements were required by the provider in areas such as safeguarding residents, supporting residents with the management of their personal possessions and in the management of residents rights. In addition to other areas reviewed, this inspection afforded review of the infection control measures in place, in light of the COVID-19 pandemic.

Inspectors were satisfied that residents were provided with a good quality of life within a community environment in keeping with the ethos of the provider. Throughout the inspection, evidence was seen that residents were supported to participate in meaningful activities of their choice. For example, residents spoke to inspectors of activities they enjoyed, these included arts and crafts, gardening, social events and holidays.

All staff had received training in the safeguarding and protection of vulnerable adults. Residents had care plans in place to guide staff on the provision of intimate and personal care and these were regularly reviewed. Safeguarding concerns were being recognised by staff and management and notified to the Chief inspector as required by regulation 31. However, the inspectors observed that some safeguarding incidents or concerns were not processed and actioned in a timely manner or in line with the services own safeguarding policy. Where residents were

supported to increase their independence in the community, potential safeguarding risks that had been self reported by residents regarding interactions with members of the public had not been recognised with clear systems put in place to protect them.

Staff spoken with were knowledgeable regarding processes in place for the management of residents finances. Systems were in place for the recording of daily expenditure and these were signed and dated by a minimum of two senior staff members. Residents personal finances were stored in secure facilities, and following a check on a sample of residents finances, inspectors found that records accurately reflected sums of money in place for individuals.

For some residents, family members were supporting them to manage their finances. At times, this posed difficulties and potential risks. Residents did not have full access to their own money at all times and some had no bank card or any sight of their accounts. Staff and management supporting the residents did not have oversight of the residents spending, as an example they had no copies of bank statements, and therefore could not complete audits in line with the service policy. This had recently been highlighted, when accidental spending had taken place using a residents card, this was only identified when a staff member noticed and reported it flagging that it had not been recorded on the audits as the bank statement was not available for reconciliation. Some residents disability allowance was not going into their own bank account and this posed potential risks regarding residents accessing their own monies in the event that the account holder became unwell.

Overall, inspectors found that residents did appear to have choice and control in their daily lives. Residents were regularly consulted regarding their preferences with mealtimes, activities and daily routines. Staff had supported residents to continue some of their daily activities in the centre during the COVID-19 lockdown period. However, following a review of documentation, inspectors found that personal information regarding a resident had been discussed by staff with a member of the public, in a public place without consent or knowledge from the resident. From a review of residents contracts of care, and other documents, it was unclear at times who was acting as the residents representative when consenting to the care and support provided.

There were risk management arrangements in place which included environmental and individual risk assessments for residents. Most outlined appropriate measures in place to control and manage the risks identified. Where residents presented with vulnerabilities and potential high risks secondary to lack of oversight of financial management systems this risk was not consistently identified, assessed, or mitigated.

The inspectors found that the premises were visibly clean on the day of inspection. Clear cleaning schedules were in place that staff were adhering too. Staff and residents had access to hand washing facilities, alcohol gels and personal protective equipment (PPE). An information folder was in place which contained guidance and protocols regarding best practice for the management of COVID-19, this was available to staff and residents. Screening had been completed with all staff and

residents for COVID-19 and records were in place detailing where consent had been obtained with residents prior to the screening being completed. Contingency plans were in place for in the event of a suspected or confirmed case of COVID-19. Regular temperature checks were being completed by staff and all contacts in the centre were being recorded. Staff were observed using face masks in line with national guidance on the day of inspection.

Regulation 12: Personal possessions

For some residents, family members were supporting them to manage their finances. At times, this posed difficulties and potential risks. Staff and management supporting the residents did not have oversight of the residents spending, at times they had no copies of bank statements, and therefore could not complete audits in line with the service policy.

Judgment: Not compliant

Regulation 13: General welfare and development

Inspectors were satisfied that residents were provided with a good quality of life. Throughout the inspection, evidence was seen that residents were supported to participate in meaningful activities of their choice.

Judgment: Compliant

Regulation 17: Premises

The inspectors found that the premises were visibly clean and maintained in a good state of repair. The premises were designed and laid out to meet the needs of the residents living there.

Judgment: Compliant

Regulation 26: Risk management procedures

There were risk management arrangements in place which included environmental and individual risk assessments for residents. Where residents presented with vulnerabilities and potential high risks secondary to lack of oversight of financial

management systems this risk was not consistently identified, assessed, or mitigated.
Judgment: Substantially compliant
Regulation 27: Protection against infection
Measures were in place for protection against infection in the designated centre. Additional protection measures were implemented in the centre due to the COVID19 pandemic.
Judgment: Compliant
Regulation 8: Protection
All staff had received training in the safeguarding and protection of vulnerable adults. Residents had care plans in place to guide staff on the provision of intimate and personal care and these were regularly reviewed. Some safeguarding incidents or concerns were not processed and actioned in a timely manner or in line with the services own safeguarding policy.
Judgment: Substantially compliant
Regulation 9: Residents' rights
Overall, inspectors found that residents did appear to have choice and control in their daily lives. However, following a review of documentation, inspectors found that personal information regarding a resident had been discussed by staff in a public place without consent or knowledge from the resident.
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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Camphill Jerpoint OSV-0003624

Inspection ID: MON-0029610

Date of inspection: 03/07/2020

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. An unannounced inspection has been contracted by a private provider. A new Regional Manager will take over responsibility for this service 24th August 2020 and will complete the Regulation 23 unannounced inspection by mid September 2020. 2. An annual review will be carried out by end September 2020 and a report in place by 31 August 2020.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: 1. Residents contracts have been reviewed and updated nationally which includes a standard schedule of fees; a standard national communication plan with associated documentation and implementation process has commenced and a changeover to the new contracts will be completed in September 2020.	

Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ol style="list-style-type: none"> 1. New CCoI residents' finances policy and SOP being finalised and will be implemented across CCoI from September 2020. Residents finances will be subject to daily and monthly reconciliation and sign off. A standard electronic system will become operational with the roll out of the policy and is being piloted across 4 communities at present. 2. An audit of resident's finances has been completed in June 2020 and Jerpoint are in the process taking remedial actions against compliance gaps this will be completed by 31st August 2020 and audited by the Regional Manager 3. Where residents need support to manage their financial affairs, they will continue to nominate a person/s to provide supports to them, this may be staff, advocates, or a circle of support. 4. The service will continue to engage with the families, HSE and advocacy services to ensure that Community Members can control their personal finances on a case by case basis 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. The service will continue to engage with the families, HSE and advocacy services to ensure that Community Members can control their personal finances on a case by case basis. 2. Families of residents who are supporting them with their finances are being asked to supply bank statements to ensure Camphill has the overview of the finances and that residents can spend their DA in accordance with their will and preference. 3. Residents who are vulnerable regarding potential high risks and being supported through systems to identify, assess, and implement appropriate risk assessments. These have been implemented to mitigate the risk. <p>These additional risk assessments include:</p> <ul style="list-style-type: none"> - Protecting residents from Financial abuse - Supporting residents in Social interactions with Children 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p>	

1. All Incidents from both 2019/2020 have been closed and/ or are progressing according to requirements of Regulation 8 and the HSE / CCOI SG policies.
2. A Quality and Safeguarding lead has been recruited and is maintaining the required timeframes and SG Processes.

Regulation 9: Residents' rights	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. Staff awareness training has been carried out for member of team responsible for sharing personal information regarding a resident with a member staff in a public place without consent or knowledge from the resident.
 2. All staff are aware of their duties to ensure that individuals' rights and privacy are safeguarded in any procedures or processes used in or by the organisation.
 3. Resident has been informed of the breach of confidentiality and given assurances that he will be consulted before any personal information is discussed with a third party.
 4. The Formal Complaints procedure has been outlined to the resident as an option for dealing with this incident. Resident is satisfied with the outcomes and does not wish to proceed with a formal complaint.
 5. The incident has been discussed sensitively through the Management group forum and best practice guidelines have been discussed and outlined as guidance material to all staff for dealing with this or other similar issues that may arise.
 6. The above measures have been implemented and completed by August the 8th.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	20/10/2020
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/09/2020
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall	Substantially Compliant	Yellow	15/09/2020

	<p>carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.</p>			
Regulation 23(2)(b)	<p>The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.</p>	Substantially Compliant	Yellow	21/09/2020
Regulation 24(3)	<p>The registered provider shall, on admission, agree in writing with</p>	Substantially Compliant	Yellow	08/08/2020

	each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
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	08/08/2020
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	08/08/2020
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships,	Substantially Compliant	Yellow	08/08/2020

	intimate and personal care, professional consultations and personal information.			
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