



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Kyle
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	08 February 2022 and 09 February 2022
Centre ID:	OSV-0003625
Fieldwork ID:	MON-0034167

About the designated centre

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

Camphill Community Kyle provides long-term residential services for a maximum of 17 residents, over the age of 18, of both genders with intellectual disabilities, physical disabilities and autism. The centre is located in a rural setting and comprises six units of two-storey detached houses and standalone apartments with each accommodating between one and five residents. All residents have their own bedrooms and other facilities throughout the centre include kitchens, dining rooms, sitting rooms, utility rooms, bathrooms and staff offices. In line with the provider's model of care, residents are supported by a mix of paid staff (including social care staff and care assistants) and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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
Tuesday 8 February 2022	09:15hrs to 16:00hrs	Tanya Brady	Lead
Wednesday 9 February 2022	12:00hrs to 17:15hrs	Tanya Brady	Lead
Tuesday 8 February 2022	09:15hrs to 16:00hrs	Conor Brady	Support
Wednesday 9 February 2022	12:00hrs to 17:15hrs	Conor Brady	Support

What residents told us and what inspectors observed

This centre comprises six properties set around a working farm on a rural location in Co. Kilkenny. The centre is registered for a maximum of 17 residents and is currently at full capacity. The inspection was completed by two inspectors over a two day period and all locations that comprise this centre were visited and all residents present were met by inspectors. As the COVID-19 pandemic is still current, inspectors adhered to infection prevention and control best practice including wearing personal protective equipment. The inspectors visited a number of houses each and met with the residents who were present in their homes. Inspectors also had the opportunity to meet with the staff team, local management and the providers regional and national management team.

In general over the two days, inspectors observed that the residents were busy and engaged in activities both on the centre site and out in their community, with a number of residents returning to day services. Residents were seen to relax outside, one house on a swing while staff sat with coffee at the nearby picnic table should they wish to join them.

However in observing residents moving around the site either walking or going to other properties the inspectors found that the walkways, paths and grounds required significant investment to make them safe for residents and staff. This had also been identified by the Health and Safety Authority who had been in the centre as well as by the provider. An application for funding to complete this safety work had been made by the provider to their funder the HSE.

Inspectors visited all locations as part of this inspection and found the provider has completed a lot of improvement works since the previous inspection in areas such as fire safety. However the inspectors also noted that given the large size of the premises and grounds that a lot of further works and continued funding were required to maintain and operate this substantively large site, buildings and grounds. A number of premises visited by inspectors while clean, were not the most appropriate living option for residents. For example, one resident was placed in a house in an emergency/unplanned manner and their behaviour was seriously impacting on others. The provider had committed that this resident would transfer back to closer to their original placement but this had not yet occurred. Another two residents living environments were reviewed and were found to be below the standard required as premises offering care and support to residents.

In one house an inspector met with residents who were present at the time. One resident gave the inspector a tour of their apartment and pointed out items that were important to them, they also showed the inspector a 'things to do' sheet that they used to help them regulate their responses when they felt anxious. They explained to the inspector that they found this very helpful and that the tips were easy to follow. This resident was hosting a 'party' for staff and their peers on the second day of inspection as they had been raising money for charity and had

reached their target. Another resident was using an electronic tablet at the kitchen table which they explained was for puzzles and games as well as used as a augmentative and alternative communication system. The staff supporting the resident helped them to follow their morning routine and make a coffee. Another resident had gone with staff to the dry cleaners with items they had prepared for cleaning, they had new pet goldfish in their room and took pride in taking care of them. The staff team were seen to support another resident to put on their glasses and to have breakfast. Later the staff were seen to support the resident in walking around the centre site.

In another house a resident brought the inspector through the house to show their bedroom and stopped at windows and at set points along the way to look outside and to explore sensory items the staff had placed there for them. Another resident was in the living room watching television and was heard to ask if the staff would help them to change the sheets on their bed. This resident told the inspector that they liked the current staff team and were very happy in their home, they really liked the new furniture and were waiting for new curtains. This resident was supported to go to the basket making workshop later in the day and staff needed to direct them via a longer route through the centre of the farm as their mobility aid was not safe to use on the unpaved areas. Two residents returned from activities in the community and the inspector noted they participated in the mealtime routine of the house.

In one of the single occupancy houses the resident there showed the inspector around and then sat to have a conversation at their kitchen table. This resident showed the inspector their pet goldfish and joked that they had named them after the person in charge and a staff member who they liked. They explained that they had been out to a medical appointment supported by staff and that they had also gone out for their lunch. Their home was on the first floor and they said that they were hoping to move to a ground floor location as the stairs was very steep. The provider and person in charge had discussed this request and were engaged in planning for a potential refurbishment of a ground floor location should funding be available.

In summary, residents were treated in an appropriate manner by staff and the volunteers present in the centre during this inspection. The houses were seen to have had maintenance and decoration completed and there were a number of contractors on site the days of the inspection. While there had been a number of improvements since the last inspection in relation to the physical presentation of the centre substantial works remained outstanding as outlined later in this report that were resource dependent.

The next two sections of the report present the findings of the inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

As a result of ongoing levels of non-compliance with regulation over previous inspections, this centre has been engaged in a focused improvement plan. This aimed to improve the quality and safety of care and support provided to residents.

The centre was issued with a notice of proposed decision to refuse the registration of the centre by the Chief Inspector in 2021 and following receipt of representation submitted by the provider, further inspection was carried out in July 2021. This found that some improvements had been made and a decision was taken to renew registration of the centre with two restrictive conditions attached. These directed that the provider come into compliance with specific regulations within a set period. This inspection was completed to review the progress towards compliance with the regulations as named on the restrictive conditions of registration and outlined below.

At the previous inspection of this centre in July 2021 there was evidence that some of the providers new systems were being newly implemented however, at that time they were in their infancy. During this inspection systems of oversight and management had been embedded into practice and the staff team could clearly explain a number of the processes they followed to inspectors. The staff members who spoke to the inspectors demonstrated a good knowledge of the residents they were supporting.

Regulation 16: Training and staff development

The provider and person in charge had implemented a system for the oversight of staff training requirements and for the scheduling of training when required. The inspectors reviewed the training matrix in place, reviewed the scheduled training and reviewed records of training in a sample of staff personnel files. All staff were in receipt of mandatory training and had completed refresher training as required. Where staff were due refreshers this had been scheduled. Staff had also been in receipt of training that was specific to the assessed needs of residents, such as the management of feeding, eating, drinking and swallowing disorders. This assured inspectors that the staff team had the skills necessary to provide personal, safe care to residents.

The staff team were in receipt of structured formal supervision that was completed in line with the providers policy. The supervision records contained actions identified during discussions that were reviewed in an ongoing manner and the progress towards completion of these recorded.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a management team in place in this centre that clearly identified the lines of authority and accountability in place and the staff spoken with were clear on who they reported to. The inspectors acknowledge that the local management team have completed substantial work in ensuring that levels of oversight and monitoring at centre level had significantly improved. There were a number of audits in place with evidence that actions identified as part of these were progressed and followed up on.

The provider had completed an Annual review and six monthly unannounced reports as required by regulation and action reports were maintained by the person in charge to evidence the progress of actions arising from these. There was evidence of staff meetings and improved communication systems with the staff team in addition to local management governance meetings, and meetings to share learning with persons in charge in other of the provider's centres.

Where there was a recent suspected case of COVID-19 in this centre there was a decision taken that resulted in the centre's contingency plan not being followed resulting in a number of residents moving out of the centre for two nights with an unfamiliar staff team. This management decision resulted in an increase in safeguarding concerns for residents. While inspectors could see the decision was made at a time of crises and in good faith, it was not made in line with the providers own procedures nor the requirements of the regulations. Ultimately this had a negative impact on the residents.

Inspectors remain concerned that this designated centre was not resourced to ensure that the care and support to be delivered to residents was provided as required. This was in particular regarding the suitability of the premises for the residents assessed needs and the maintenance of the centre. While there had been substantial expenditure within the centre it had not been sufficient to bring it to a standard that assured residents needs were prioritised.

There were concerns of peer to peer incompatibility in some of the houses that comprise this centre that have been previously identified as a concern by both the provider and by HIQA inspectors on previous inspections. These concerns remain on this inspection and while there was evidence that some changes had been made by the provider and person in charge for residents, these had not been implemented in a timely manner. The inspectors found that the incompatibility continues to have a negative impact on a number of residents.

Judgment: Not compliant

Quality and safety

Overall the inspectors found that the local management team and provider were striving to ensure that good quality and safe services were being delivered to residents in this centre. This was challenging however, given the level of resources required to ensure that the premises was suitable for the assessed needs of all residents. There had been improvements in the level of engagement and activities in place for residents with the inspectors finding that residents were busy and accessing both formal day services or informal outings of their choice.

The staff team on duty reported that they were more consistently located within the houses and were familiar with the residents and their individual needs and preferences. Inspectors observed staff spending time individually with residents ensuring they had the opportunity to participate in preferred activities as well as in group activities over the course of the two days.

Regulation 17: Premises

This centre comprises six properties on a large rural site with a farm in the centre of the site. Some of the properties are large houses and others are smaller locations for single occupancy or for two residents to live together. The provider had completed an accommodation review in August 2021 where they had identified changes that were needed to ensure safe and appropriate accommodation for a number of residents. Six of the recommendations of this review were rated as red (or a high) level of risk for residents however, on the date of inspection only one of these changes had been made.

The provider had also ensured that occupational therapy assessment had been completed for some residents and had engaged an architect to draft proposals for changes that could be made within existing or new property. The changes identified as required included installation of ceiling track hoists, larger accessible bathrooms, inability to access laundry room in one house, need for a resident to move to a ground floor, an upstairs not having sufficient head height and level access required internally and the paths as already mentioned externally. One area of the designated centre contained day service rooms and spaces that were cluttered and required a review of the centre floor plans which the provider undertook to complete following the inspection.

Inspectors acknowledge that there has been considerable maintenance and decoration completed and the person in charge had ensured that the residents homes were positively presented. Residents commented that they liked the new furniture and the new colours of paint where these had been completed. However

there were a number of areas/premises that remain outstanding and that require substantial resources to complete. For example, some outstanding resident accommodation, accessibility issues, paths/driveways, septic tank issues and maintenance. The provider indicated another house/building located on-site may offer an alternative to some residents currently residing in unsuitable accommodation.

Judgment: Not compliant

Regulation 26: Risk management procedures

Residents were for the most part protected by the risk management policies, procedures and practices in the centre. There was a risk register in place and general and individual risk assessments were developed and reviewed as required. There were systems to log and review incidents, and incident reviews were leading to the review and update of the relevant documentation.

There were very specific risks associated with this centre. For example, a working farm was located in the middle of the designated centre so machinery and farm animals were present. Farm risks were therefore a consideration of exposure to residents living in this centre. Whilst measures were found in place on the day of inspection, inspectors highlighted that these risks are both unique and serious for residents with changing needs which made continued supervision of residents a crucial and continual consideration.

Judgment: Compliant

Regulation 27: Protection against infection

Residents were for the most part protected by the infection prevention and control policies, procedures and practices in the centre. While the provider had developed contingency plans in relation to COVID-19 there was evidence however, that these had not consistently been implemented in practice a decision reflected under governance and management .

There were a range of risk assessments in place outlining control measures in place for healthcare transmitted infections with guidelines arising from these. Staff were observed wearing personal protective equipment in line with national guidance and using the hand washing facilities on a regular basis. Storage for cleaning equipment was provided with mops and other equipment cleaned and stored appropriately.

The premises was found to be clean during the inspection however some areas such as some bathrooms that were awaiting refurbishment presented with areas difficult

to clean due to poor surfaces or mould in grout. There were cleaning schedules in place for both the premises and the vehicles. In one location, an area of the designated centre was not included in the cleaning schedule as it was used for day services and by individuals who worked on the farm. The provider was to review the footprint of the designated centre following the inspection. The provider had schedules in place to ensure that other healthcare transmitted infections were managed such as the regular flushing of water systems for the management of legionella.

The inspectors found that there were stocks of personal protective equipment (PPE) available however, this was being stored in an unsuitable location and needed to be moved on the day of inspection on the direction of Inspectors. A system was in place for stock control. Staff had completed training in relation to infection prevention and control, including hand hygiene and the use of PPE.

The centre has a septic tank and associated ground works in place for the management of waste material which was not functioning on the day of inspection. Inspectors noticed a malodorous smell in one house over the course of the inspection attributed to the waste treatment. Inspectors found that this system had not been operational for a number of months and that while local arrangements were in place for the emptying of the system on a weekly basis substantial expenditure was required to replace the entire system with a fully operational sewage system.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had ensured that comprehensive assessments of fire safety had been completed in the centre by external specialists. The reports arising from these assessments were reviewed by inspectors and one specialist on site met with inspectors to confirm the work they had completed. The provider and person in charge had a comprehensive tracking system in place for the monitoring of progress against these actions and there was evidence that these were either completed or scheduled to be complete within a short time period. These fire safety works included replacement or upgrading of 150 fire doors in addition to the attic hatches and fire stopping work was also completed. Inspectors reviewed these and also saw that installation and maintenance certificates were in place.

All residents had personal evacuation plans updated and reviewed and each house had a comprehensive evacuation plan in place. The person in charge ensured fire drills were happening in line with the providers policy and some residents explained to inspectors what they did if they heard a fire alarm. There were adequate means of escape from the centre and where internal rooms had been identified an external means of escape was in place for residents to use.

There were effective fire management systems in place with adequate arrangements for detecting and extinguishing fires. The staff team were completing daily, weekly and monthly checks and oversight of these was provided by the person in charge.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found that the provider and person in charge had implemented robust and updated systems with the respect to the management of medicines. Staff had completed training in the area and were implementing the providers systems with respect to the safe ordering, receipt, prescribing storing, disposal and administration of medicines. Where residents had been assessed as having capacity to administer their own medicine there were systems in place to support them and to ensure that the residents had procedures to follow that were clear and easy to follow.

The inspectors reviewed a sample of resident's prescription sheets in each house and found they had been reviewed by medical professionals in addition the administration records were consistently reviewed. Inspectors observed staff preparing, administering and recording the taking of medicines over the course of the inspection and they were familiar with the providers procedures.

Judgment: Compliant

Regulation 8: Protection

On the day of inspection residents were found to be protected by the policies, procedures and practices related to safeguarding and protection. Information was available in an easy read format in the centre which included the policies and information on accessing advocacy and supports. There was evidence that safeguarding plans had been reviewed and either closed or updated as required following liaison with the HSE safeguarding team.

Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Staff supporting residents in personal and intimate care were guided by clear personal care plans. Concerns relating to incompatibility between residents is addresses under regulation 23.

Clear systems were now in place guiding staff on the management of resident finances and there were records of reconciliations and checks occurring on a consistent basis.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Camphill Community Kyle OSV-0003625

Inspection ID: MON-0034167

Date of inspection: 08/02/2022 and 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>COVID contingency plans were reviewed in the centre, they have been stress tested, reviewed and updated following isolations. These were unprecedented times and there has been learning from each isolation / outbreak. PiC will ensure that this does not occur going forward.</p> <p>The shared learning has been communicated Nationally and discussed with senior management in CCOI.</p> <p>PiC and Regional Manager have met with Disability Manager in HSE on 10/03/2022 & 31/03/2022 to discuss the resources needed in relation to the premises. There are ongoing meetings taking place with CCOI and the funders the HSE.</p> <p>DSMATS have been submitted and are being followed up with CCOI Nationally. One transition is occurring and will be finalized by the 11th of April. An application to Vary will then be submitted to de-register this bed.</p> <p>Further transitions will occur in the center and PiC met with Disability Manager 31/03/2022 where this was again discussed. CCOI have completed a business case and submitted this to the HSE outlining all costs associated.</p>	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: CCOI have completed a business case and submitted this to the HSE outlining all costs associated in relation to the Accommodation Review. Meetings are taking place with Senior Management in HSE and CCOI to progress this funding matter.

Properties have been identified within CCOI that are more suitable and accessible and meet the current needs of the residents.

An application to Vary has been submitted to remove the day services room from the floor plans. Decluttering has occurred.

Pathways in a number of areas have been repaired and further costings have been submitted to the HSE for larger works and await funding approval.

Septic Tank replacements are scheduled to commence on the 14/05/22 with a 2-week completion time.

Painting is continuing throughout the community, with communal areas substantially complete, bedrooms also. Residents have chosen the colours in their homes.

Bathrooms are currently being refurbished with 2 complete and works schedule in place for the remaining. Residents have been fully involved in choosing all aspects of their bathrooms.

Outdoor lighting has been upgraded throughout the community.

Windows have all being repaired or replaced throughout the community.

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
COVID contingency plans were reviewed in the centre, they have been stress tested, reviewed and updated following isolations. These were unprecedented times and there has been learning from each isolation / outbreak. PiC will ensure that this does not occur going forward.

Bathrooms are currently being refurbished with 2 complete and works schedule in place for the remaining. Residents have been fully involved in choosing all aspects of their bathrooms.

An application to Vary has been submitted to remove the day services room from the floor plans. Decluttering has occurred.

Additional suitable storage for stock of PPE was identified and all PPE is stored appropriately, and stock checked.

Septic Tank replacements are scheduled to commence on the 14/05/22 with a 2-week completion time.

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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/10/2022
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.	Not Compliant	Orange	31/10/2022
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids	Not Compliant	Orange	31/10/2022

	and appliances to support and promote the full capabilities and independence of residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2022
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.	Not Compliant	Orange	31/10/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	10/02/2022