Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Carrick on Suir Camphill Community
Name of provider:	Camphill Communities of Ireland
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	03 December 2024
Centre ID:	OSV-0003608
Fieldwork ID:	MON-0036836

About the designated centre

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

Carrick on Suir Camphill Community, located in a town, provides long-term residential care to both male and female residents over the age of 18 with intellectual disabilities, autism and physical support needs who require medium levels of support. The centre comprises of six units in total combining a mixture of residential houses and individual semi-independent supported houses. All residents have their own bedrooms and facilities throughout the units which make up this centre include kitchens, sitting rooms, dining rooms and bathroom facilities. In line with the provider's model of care, residents are supported by a mix of paid staff (including a nurse and social care staff) and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 December 2024	09:00hrs to 18:45hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

From what residents told the inspector and based on what the inspector observed, this was a well-run centre and residents were receiving good quality of care and support. This inspection was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. The findings were positive, with the majority of regulations reviewed found to be compliant during the inspection. The inspector found that the provider was aware of areas where improvements were required, particularly relating to premises maintenance and adaptation to meet residents' needs.

In Carrick on Suir Camphill Community care and support is provided for up to 16 adults, both male and female, with intellectual disabilities. It consists of two houses and three single occupancy units based on a campus and three single occupancy houses in housing estates a short distance away from the campus. Each of the homes have a number of communal and private spaces, which included living rooms, kitchen-dining rooms, a number of bathrooms, utility rooms with laundry facilities, resident bedrooms and visitors room. In line with the findings of the last inspection, the inspector found that for the most part the houses were clean and reasonably well maintained. Works had been completed in the houses and in particular to the grounds since the last inspection. Communal areas were bright and colourful and contained soft furnishings, photos and art work. Residents' bedrooms were personalised to suit their tastes and they had their favourite items and belongings on display. These included items such as art work, posters of their favourite sports teams or music groups, jewellery, sensory equipment, televisions, radios, tablet computers and family photos.

There were 13 residents living in the centre and the inspector had an opportunity to meet with 10 of them during the inspection. Residents in the centre communicated using speech, gestures, facial expressions, body language, and some formalised signs. Some residents told the inspector what it was like to live in the centre, and the inspector used observations, discussions with staff and a review of documentation to capture the lived experience of other residents. Some residents spoke with the inspector about living in the centre, while others smiled, shook hands, or gave the inspector a thumbs up. Staff were observed by the inspector to be very familiar with residents' communication preferences and warm, kind, and caring interactions were observed between residents and staff throughout the inspection.

The inspector had an opportunity to sit and spend time with some residents and to observe others engaging in activities in their home such as spending time chatting to staff, listening to music, watching television, going for a walk with staff, peeling potatoes and sitting sharing a cup of tea with their housemates. A number of residents were supported by staff to go out for meals and snacks in the community, to religious services, shopping, bowling or to a local pub for a drink. Some residents had part time jobs and others engaged with day services or art classes, one resident

had their own car and liked to go for short drives. Examples of what residents told the inspector included; "I like it here", "I like keeping my home lovely", "happy living here", "I feel safe", "staff are good", "the food is good", "nice place to live", "staff are very good", "staff listen to me and are supportive" and "if anything wrong go to staff". Residents spoke about activities they were enjoying regularly such as swimming, cinema, shopping, art classes, eating out, going to music, attending advocacy group meetings and visiting their favourite places in their local community.

Since the last inspection significant supports had been put in place to support one resident who had spent two long periods of time in hospital. In addition the centre had suffered the loss of two residents who had sadly passed away. Supports to help residents' transition home from prolonged hospital stays or supports to help residents understand grief and bereavement had been put in place. This was also reflected in the documentation reviewed by the inspector.

One resident spoke about exploring their will and preference around their living accommodation and how they had moved within the centre since the last inspection. They were cooking their dinner when the inspector arrived to their home. One resident told the inspector about how hard they were working to become more independent in a number of areas. They spoke about their new bedroom on the ground floor of one house and how this had helped them plan for what they wanted and what they needed to manage everyday tasks more independently. They showed the inspector their art achievements and spoke about their plans to hang paintings of their choice shortly. Another resident spoke of their art having recently featured in an exhibition and how they had sold some paintings. They told the inspector "I have good supports from staff". Residents had areas of responsibility within their home or the centre such as health and safety or managing the refuse collections.

The inspector found that the registered provider was capturing the opinions of residents and their representatives on the quality and safety of care and support in the centre in their six-monthly and the annual reviews. Resident meetings were occurring regularly and there were pictures on display in the houses in relation to complaints, the availability of independent advocacy services, infection prevention and control (IPC), fire safety, charter of rights and safeguarding and protection. There were folders with a number of easy-to-read documents and there were boards with pictures of activity and menu choices. There were also picture with rosters on display.

In summary, residents were busy and had things to look forward to. They lived in clean, warm and comfortable homes. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required and were implementing the actions to bring about the required improvements.

The next two sections of this report will present the findings of this 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 provided.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. Overall, the findings of this inspection were that residents were in receipt of a good quality of care and support. The provider was identifying areas of good practice and areas where improvements were required, particularly relating to premises maintenance and adaptation. An incident whereby a resident had a significant fall due to the premises layout will be discussed later under regulation 17. However, the provider had completed full oversight and review of the incident and the inspector reviewed all documentation and meeting minutes in relation to this.

There were clearly defined management structures and the staff who spoke with the inspector were aware of the lines of authority and accountability. The person in charge was currently without a team leader due to long term leave however, the provider had created a house co-ordinator position and implemented shift lead roles to support the person in charge in providing supervision and support to the staff team. The person in charge received support and supervision from an area manager who held the position of person participating in management of this centre. There was an on-call manager available to residents and staff 24/7.

Regulation 15: Staffing

The provider had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role. Since the previous inspection of this centre the provider had completed a recruitment process and the centre was fully staffed on the day of inspection. Two volunteers lived in the centre in line with the provider's model of care and they were scheduled to support residents in accessing activities and events of their choosing, either at home or in the community.

The inspector reviewed staff rosters and staff schedules from June/July 2024 and from November/December 2024 in addition to the planned roster for January 2025. These were found to be well maintained and clearly outlined where staff needed to be and who they were providing support to. These demonstrated the presence of a core and familiar staff team providing continuity of care and support for residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix for all staff in the centre. Each staff had completed training listed as mandatory in the provider's policy including, fire safety, safeguarding, manual handling, and some infection prevention and control related trainings, and managing behaviour that is challenging. In addition, staff had also completed additional trainings in line with residents' assessed needs and some staff had completed training on applying a human rights-based approach in health and social care with others scheduled to complete these modules in 2025. The person in charge and some of the shift lead staff members had completed training related to the Assisted Decision Making (Capacity) Act 2015.

The inspector reviewed supervision records for four staff. The agenda for each was resident focused and varied. From the sample reviewed, discussions were held in relation to areas such as roles and responsibilities, residents' rights and support needs, safeguarding residents, positive behaviour support, health and safety, staff workload, team dynamics, incidents and accidents, resilience, well-being and training and development. Where incidents had occurred and staff required further support the inspector found that incident reviews were comprehensive and specific supports were in place including additional supervision or training.

Staff meetings were held monthly and the minutes of six meetings for 2024 were reviewed by the inspector. The agenda items were found to be resident focused and varied. Examples of agenda items included, food safety, safeguarding, incident review and learning, residents' support needs and goals, complaints and compliments, risk, health and safety, maintenance, vehicles and fire safety.

Judgment: Compliant

Regulation 23: Governance and management

From a review of the statement of purpose, the minutes of management and staff meetings for 2024, and through discussions with staff, there were clearly defined management structures and lines of authority and accountability amongst the team.

The provider's last two six-monthly reviews and the latest annual review were reviewed by the inspector. These reports were detailed in nature and focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required. The action plans for these reports showed that the required actions were being completed in line with the identified time frames. The minutes of two management meetings, quality and risk committee meetings and community management meetings were reviewed. At these meetings

areas such as service user experience, incident review and trending, safeguarding, quality improvement initiatives, and staff training and development were discussed.

Area-specific audits in areas such as medicines, care planning, IPC, and food safety, from January to August 2024 were reviewed by the inspector and the action plans from these audits showed that they were leading to improvements in relation to residents' care and support and their homes.

The person participating in management for the centre meets with all persons in charge under their remit monthly and there was evidence of shared learning and a specific focus on areas for professional improvement.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had developed a complaints policy which was available in the centre. The complaints procedures were outlined in the statement of purpose and residents guide and there was an easy-to-read document on managing and responding to complaints available in the centre. There was a nominated complaints officer and their picture was available and on display in the centre.

The inspector spoke with some residents who told them what they would do if they had any worries or concerns. The complaints process was discussed regularly in the sample of resident's meetings reviewed for a four month period.

There was a a complaints and compliments folder and a log was maintained in the centre. Seven complaints had been submitted in 2024 and they were found to have been reviewed and either resolved or being worked on in line with the provider's outlined process.

Judgment: Compliant

Quality and safety

Overall a good quality service was provided for all residents and throughout the inspection, the inspector observed them indicating their choices to staff around what they wanted to do, and when they required their support. The inspector observed residents' right to privacy being upheld by staff ensuring that they were given time and space to be alone, if they wished to. The staff team were starting to engage in

training in a human-rights based approach to health and social care.

The inspector found that residents were supported and encouraged to take part in the day-to-day running of their home and in activities they find meaningful both at home and in their local community. Residents were making decisions about how and where they wished to spend their time. They were supported to develop and maintain friendships and to spend time with their families and friends.

Regulation 17: Premises

The inspector completed a walk around each of the premises with the person in charge during the inspection For one premises a member of staff showed the inspector around as this was a community house where the resident was not present but had met the inspector and given them permission to look around their home. The provider was working to ensure that all of the premises was designed and laid out to specifically meet the needs of each resident however, there was further work required.

In one of the houses a resident had previously used a window to evacuate from their bedroom as part of fire drills and an external stairs had been constructed to support this. In an incident that had occurred a few days prior to the inspection the resident had tried to climb out of their window when the stairs were not present and had fallen and sustained a fracture. On the day of inspection the inspector met the resident, read the incident review, the meeting minutes from a visit to site by the premises manager and health and safety manager, updated fire evacuation plan, updated risk assessments and correspondence sent to all staff. The resident had temporarily moved to stay in another house that formed part of the centre where there was a vacancy. The inspector spoke with the centre management and the provider's service manager and a formal action was issued by the Chief Inspector of Social Services that premises works be completed to fit an alternative safe exit door. That this work be completed before the resident can move back to this particular house. The provider had responded quickly to this incident however, significant premises works were required in this house.

The staff and local management team were documenting what works were required and the works completed; however, a number of works that had been identified at the last inspection of the centre and by the centre management team had only been partially completed. This included the installation of new windows in all areas as required.

Over the last year significant works had been completed in this centre, both to the exterior of the houses and to the grounds. In particular work to improve drainage on the campus site, laying of new pathways and external lighting. These works had reduced health and safety risks and were being completed in phases with phase one now fully finished. All residents who spoke to the inspector were positive about the improvement for them in getting around outside. The works completed on the grounds had also resulted in the grounds being more accessible and more attractive

open spaces were available for residents to spend time outdoors next spring and summer.

Residents had access to a number of communal and private spaces in their home. They had access to storage for their personal items and each residents' bedroom was decorated in line with their preferences.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risk assessments pertaining to the centre and individual residents were reviewed as stated to ensure that they were reflective of the current risks in the centre. In addition the reviews ensured that appropriate control measures were in place. For example, the risk of property damage was reviewed alongside a review of incidents and the risk rating increased or reduced on the register as indicated.

The inspector acknowledges a positive and comprehensive approach to managing risk in the centre. For instance following the recent serious fall as outlined under regulation 17 the provider had reviewed the incident and involved the relevant specialist departments as part of the review and updated the risk assessments to reflect the current position. This provided assurance that risk assessments were viewed as live documents and reflective of the current position for residents in the centre.

All individual risk ratings reviewed by the inspector reflected the current risks for residents. For example, one resident had a risk of behaviours of concern related to personal care and management of medication, this was rated and reviewed in line with health reviews, positive behaviour support plans and personal care plans. This demonstrated robust systems of ensuring that all information available to guide staff was connected and up -to -date.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider and person in charge had ensured that there were effective systems developed in relation to the receipt of regular medicines and the corresponding prescription (kardex) for each of the residents. In addition effective systems were in place regarding the storage, administration and return of regular medications. The

inspector found that one staff member in each area within the centre had delegated duties regarding the management of medicines in those homes and the staff who spoke to the inspector were very knowledgeable regarding the systems in place.

The systems and recording for medicines prescribed to be 'given as required' (PRN) were clear and detailed. Protocols were in place for the use of 'as required' medications. These gave accurate information on the the maximum dosage and were seen to clearly guide on which to select as a first choice for instance if two pain relieving medications were prescribed.

Protocols around the use of rescue medication such as that for allergy or epilepsy were detailed and seen to guide staff practice. There was very clear guidance on the management of medicines that were part of Diabetes management and in managing behaviours of medicine refusal by residents.

The practice of dating of medicines on opening was adhered to, in a sample reviewed on the inspection day, two medicines had been recently opened and both had been dated when opened.

Daily checks were completed on both stock levels and on the administration records and any errors identified were immediately acted on. The staff member with specific duties and the person in charge completed regular spot checks and audits on staff practice and on medicines present in the centre.

Judgment: Compliant

Regulation 6: Health care

Overall, residents were well supported in relation to their health needs. They had access to the support of relevant health and social care professionals in addition to specialist medical professionals in line with their needs.

On review of five residents' files it was found that they had attended among others, General Practioners (GPs), dental, speech and language therapy, neurology, dermatology, chiropody and dietitian appointments in the last 12 months. Staff were knowledgeable in relation to their care and support needs. Where one resident had for example, had surgery, there were clear social stories and documented discussions with the resident around the process of being in hospital and recovery. The staff had clear wound management plans and post procedure information ensuring they could provide the resident with the best possible care and support as part of their recovery.

Documentation was reflective of residents' current health needs and guided staff in providing support to them. For example, residents who required support in relation to their skin integrity had personal care and skin care plans in place. Despite a number of residents presenting with complex medical needs, the overarching focus on access to health care in conjunction with the staff team providing a good quality

of care and support ensured that all residents were linked to the appropriate health resources.

Judgment: Compliant

Regulation 8: Protection

On the day of inspection the residents where possible expressed they liked where they lived and who they lived with. The inspector spoke with the person in charge and staff members and they were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse. The provider had a safeguarding policy which was available and reviewed in advance of the inspection.

The residents had an intimate and personal care plan in their personal plan folder. Where formal safeguarding plans had been required these had been implemented, monitored and reviewed in line with time frames as set by the provider policy and national guidance. The provider was using their system of reporting and monitoring incidents that occurred in the centre to inform supports that may be required for residents. For instance where residents expressed that they were upset when a peer vocalised loudly near to them the staff were aware of strategies to implement to manage this. All incidents and safeguarding plans were discussed in detail at team meetings. The staff team all had up to date training in the area of safeguarding and human rights.

While some improvements were still required in the implementation of the provider's systems for safeguarding residents against financial abuse the provider was found to be engaged in a process to resolve identified concerns. Improvement in the timeliness of the provider's response when concerns were identified was documented by the provider and actions were in place to try and resolve matters more promptly. The inspector acknowledges that the providers' systems were identifying issues and they were responding to them for example, engaging external independent advocates for residents to support them in decision making where they did not have control of their finances.

Judgment: Compliant

Regulation 9: Residents' rights

Overall the service was striving to provide residents with choice and control across service provisions. Residents were observed responding positively to how staff respected their wishes and interpreted their communication attempts. They were

offered choices in a manner that was accessible for them.

The provider ensured that residents were facilitated in participating in aspects of the running of the designated centre through resident meetings and key worker sessions, residents were supported to clean their rooms or engage in food shopping for example. Inspectors observed how residents were involved in their personal plans and were supported to sign off on or verbally agree on their own documents.

Residents were supported to be aware of their rights and had access to easy-to-read documents or symbol supported information as well as regular conversations on these. Recently a number of residents had been supported to exercise their right to vote in the general election for example. Residents were supported to continue their education or to participate in training courses and the inspector reviewed a number of certificates on display. In addition some residents had jobs or participated in volunteer roles in their community.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carrick on Suir Camphill Community OSV-0003608

Inspection ID: MON-0036836

Date of inspection: 03/12/2024

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 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: - The premises outlined within the report have not been occupied as outlined by the inspector. The works required for these premises are underway with the gas pipe moved and a full exit door installed in replacement of the window. The premises will be reviewed again for compliance with the required documentation and amended floor plans to represent the changes will be returned to HIQA case manager for review. These premises will remain unoccupied until all parties agree it meets the requirements of safe and effective care. - Phase 2 of Footpaths—this will need a detailed 'Scope of Work'— and work will commence in April 2025 - Stock & Condition Window Survey of premises is underway by the P&H coordinator with a plan of action then developed. This will remain reviewed and overseen by PiC and ASM in conjunction with the P&H team weekly. - All additional work has been added to the work tracker for Carrick on Suir and reviewed weekly for progress and discussion.	

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	28/02/2025
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	31/08/2026