



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Mountshannon
Name of provider:	Ard Aoibhinn Community Initiatives CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	26 November 2024
Centre ID:	OSV-0003828
Fieldwork ID:	MON-0037102

About the designated centre

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

Camphill Community Mountshannon provides a residential service for up to four residents who have an intellectual disability. Residents may have a diagnosis of autism and the centre can also support residents who may present with behaviours of concern. A unique living arrangement is in place with both staff members, volunteers and families supporting the care of residents. An integrated social care model is offered and there are additional cabins available on-site for residents to engage in activities. There are up to four staff members and/or volunteers supporting residents during day time hours and there is a sleep-in arrangement to support residents at night. The centre is comprised of two houses and is located within walking distance of a small rural town. There is transport provided for residents to attend community events and outings. Each resident has their own bedrooms and there is ample communal areas for residents to relax. Each house also provides suitable dining and kitchen areas as well as additional garden and patio areas for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 26 November 2024	10:00hrs to 16:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that residents received a person-centred service which maximised their independent lifestyles, wellbeing and health.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met and spoke with all residents who lived in the centre, and with a person who was visiting the centre as part of a transition planning process. The inspector also met with the person in charge and staff on duty, and viewed a range of documentation and processes.

The ethos in the centre was to provide residents with an environment in which they could live in a holistic way with maximum involvement in the local community and in the running of the centre. The person in charge, management team and staff prioritised the wellbeing, autonomy, human rights and quality of life of residents. It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to live their lives as independently as possible. Residents were also very involved in the local community in which they lived.

The centre was located close to a rural village, and consisted of two large houses in the countryside, one of which contained an integrated self-contained apartment which could accommodate one resident. Both houses were furnished and decorated to provide comfortable and relaxing homes for residents. The inspector saw that a wide range of residents' craft and art works such as pictures, hanging mobiles and woven seat covers were displayed and in use throughout the centre. The centre was spacious and provided adequate space for residents to relax or take part in activities either together or separately as they preferred. Communal rooms were supplied with a wide selection of books, magazines, games and puzzles for residents' entertainment. Each resident had their own bedroom. Residents were happy for the inspector to see their rooms and these were comfortably furnished and personalised in line with each person's preferences. It was clear that each resident's tastes were reflected in the décor in their rooms. Both houses in the centre were surrounded by spacious grounds where residents took part in outdoor activities that were meaningful to them and central to the running of the centre. These activities included growing their own produce such as fruit and vegetables for their own use, keeping hens which produced eggs for the centre, outdoor maintenance, and growing flowers. Another activity that residents took part in was a firewood project for the centre's wood burning heating systems.

As this was a home-based service, residents had choices around doing things in the centre, attending activities at external services, or going out to do things in the community. Residents could readily access the local village on foot, and could go for walks, shopping or refreshments. The centre had transport vehicles, which could be used for outings or any activities that residents chose. There was also the option of using bicycles for those who liked to cycle. On the day of inspection all residents were involved in activities outside the centre, but the inspector got the opportunity to meet each resident at some stage in the day. One resident went shopping in the morning to source materials for a weaving project, had lunch in the centre and returned to the weaving workshop in the afternoon. Another resident who the inspector met in the afternoon told of having been out to work at a stables which they did most days. The resident told the inspector of having trained for another career, but had changed to this role due to having a great interest in horses. They explained that they had their own horses which they could keep nearby.

Some other activities that residents took part in and enjoyed in the centre included movie nights, games nights, story telling and birthday celebrations and residents from both houses joined together for these occasions. Activities that residents enjoyed in the local community included attending exhibitions, local festivals, family visits, cinema, going to the gym, swimming, eating out and going to concerts and pubs.

The person in charge and staff ensured that residents rights and choices were being supported. Residents met together one morning each week to discuss plans for the week. Residents were also being supported with developmental opportunities, including light housework, baking, and laundry. Residents also made a range of crafts products which they sometimes displayed at local markets. Staff encouraged residents to stay healthy by taking exercise and eating healthy balanced diets. Each resident had also retained their own general practitioners when they came to live in the centre and were supported to visit them as needed. A resident who preferred minimal support from staff was being supported to live as independently as possible. Staff were observed spending time and interacting warmly with residents, supporting their wishes, and ensuring that plans were in place for doing things that they enjoyed. Throughout the inspection, all residents were seen to be at ease and comfortable in the company of staff, and appeared relaxed and happy in their homes.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe

service was provided for residents who lived in this centre, and that residents' quality of life was well supported. There were arrangements in place to ensure that residents were supported to live their lives as independently as possible, while having regard for their assessed needs and preferences. Improvement was, however, required to some aspects of governance, namely auditing and review of operational policies. While there were no areas of concern about residents' care and safety arising from this inspection, these improvements were required to ensure that this standard would continue to be maintained. The statement of purpose also required minor update.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with their line manager. The person in charge was based in the centre and was present there daily. The person in charge was supported by two care coordinators, one of whom was based in each house in the centre and worked alongside the person in charge in the day to day running of the service and care of residents. The person in charge was very familiar with the running of the service and knew the residents well. Throughout the inspection, the person in charge was very knowledgeable of their regulatory responsibility, and residents' support needs. The presence of the person in charge in the centre provided good oversight of the service and safety of care to residents.

Systems were in place to oversee the quality and safety of care in the centre. These included ongoing audits of the service by the person in charge and unannounced audits by the provider. However, these systems required review and improvement to ensure that they would remain effective. An annual review of the service had previously been carried out, but it was not clear if a current one had been carried out as an up-to-date annual review was not available to view in the centre. There were no records of infection control audits being carried out in the centre.

Documents viewed during the inspection included personal profiles and plans, audits, staff training information, the statement of purpose, medication records and operational policies. Overall, these documents and records were suitable but improvement was required to policies and the statement of purpose. Most of the policies required by schedule 5 of the regulations, were available to guide staff and had been reviewed within the previous three years as required by the regulations. However, there was no restrictive practice policy as required by the regulations. Policies required further review as some of the policies viewed during the inspection did not provide adequate information to guide staff. Overall the statement of purpose was suitable but required some further update to meet all the requirements of the regulations.

Regulation 16: Training and staff development

Staff who worked in the centre had received training appropriate to their roles. This

ensured that they were equipped to deliver appropriate care to meet residents' assessed needs.

The inspector read the training records which recorded that all staff had received mandatory training in fire safety, behaviour support, and safeguarding. Staff had also attended other relevant training, such as medication management, manual handling, hand hygiene, infection prevention and control, food safety and communicating with people with an intellectual disability. Training in human rights had commenced but had not yet been completed by all staff.

There was a training matrix to identify training needs and plan for required training. On reviewing the matrix, the inspector saw a newly recruited staff member had not attended manual handling training but this had been already been identified and was scheduled to take place within the coming days.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, improvement to the annual review, statement of purpose and operational policies was required.

The provider had developed a clear organisational structure to manage the centre. There was a suitably qualified and experienced person in charge who worked closely with staff and their line manager. The service was subject to ongoing monitoring and review. This included quarterly reviews of the service by the person in charge, and unannounced visits by the provider every six months which gave rise to a written reports and plans for any identified improvement. The inspector viewed these audits and reports, which showed a high level of compliance. An annual review of the quality and safety of care and support for the previous year was not available to view in the centre.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose for the service. Overall, the statement of purpose was suitable, although some information required review.

The inspector read the statement of purpose and found that it described the service being provided to residents, included most of the necessary information by the regulations and was available to view in the centre. However, there were some adjustments required to the statement of purpose to fully reflect all the requirements of the regulations. For example, the services that were provided to meet the specific needs of residents were not clearly stated, staffing compliment were not shown in whole-time equivalents, and the organisational structure required review. The person in charge was aware of the requirement to review the statement of purpose annually, and copies of the statement of purpose were available to view in the centre.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The provider had developed a range of policies and these were available to guide staff. However, improvement to some policies was required to meet the requirements of the regulations. The inspector viewed the policy folder and found that most schedule 5 policies were present and had been reviewed within the past three years as required by the regulations. However, there were no policies on health and safety, including food safety. Food safety was included in the provider's nutrition policy, although this did not include specific guidance on temperature control, or clearly direct staff to this information. There was no policy to guide staff on the use of restrictive practice, although the person in charge confirmed that there were no restrictive practices currently being used in the centre. The visitors policy required review as some information relating to visitors to the centre was unclear.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the designated centre. The inspector read the information supplied to the Chief Inspector in relation to the person in charge. This indicated that they had the required qualifications and experience for this role. Throughout the inspection, the person in charge was very knowledgeable the individual needs of each resident who lived in the centre, and was also aware of their regulatory responsibilities. It was clear that the person in charge was very involved in the running of the service and was well known to residents. The person in charge worked closely with the staff and two centre

coordinators one of whom was based in each house.

Judgment: Compliant

Quality and safety

The provider ensured that residents received a good level of person-centred care that allowed them to enjoy activities and lifestyles of their choice in a way that suited their preferences. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents. Residents were involved in activities and lifestyles that were meaningful to them.

There were measures in place to ensure that residents' general welfare was being well supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. Residents also had the choice of staying at home during the day, and the service was staffed to accommodate this. However, residents preferred to be out doing various activities that they were involved in. One resident preferred to avail of minimal support from staff and this was being supported, while other residents also lived as independently as possible with required staff support. Residents' nutritional needs were well met. Residents chose, and were involved in shopping for and preparing, their own food.

Assessments of the health, personal and social care needs of each resident had been carried out and individualised personal plans had been developed accordingly.

The centre suited the needs of residents, and the three dwellings in the centre were warm, well maintained and comfortably furnished. All houses were found to be kept in a clean and hygienic condition and there were colour coded cleaning systems and facilities for laundry in place. In each house, there were well equipped kitchens and dining areas where residents could prepare food and gather to eat. Hygienic facilities were also available for the preparation and storage of food. There were spacious lands surrounding the house where residents could spend time and take part in outdoor tasks. Both houses in the centre were located close to a rural village and residents could access their preferred activities in the provider's vehicles, independently on foot, or by bicycle.

There were safe practices in the centre for the management, storage and disposal of medication.

Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental

activities both at the centre, at activity hubs and in the local community.

Suitable support was provided for residents to carry out their preferred activities in accordance with their individual choices and interests, as well as their assessed needs. It was evident from observation in the centre that residents were being supported by staff to be involved in activities that they enjoyed, including going out to craft hubs such as a weaving centre, going for walks, employment, crafts in the centre, and sourcing materials for a craft project. Residents could take part in household tasks, such as laundry, recycling and food preparation. Residents also had opportunities to take part in everyday community activities such as personal and grocery shopping and eating out.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and suited the needs of residents. The centre was comprised of two houses in the countryside, close to a rural village. One of the houses had a self-contained apartment which could provide individualised living space for one resident. The inspector visited all dwellings in the centre. During a walk around the houses, the inspector found that all houses were well maintained, clean, comfortable and suitably decorated, and were well equipped with books, games, televisions for residents' entertainment and occupation. There were laundry facilities in each house. All residents had their own bedrooms which were personalised and comfortable, and there were adequate bedrooms for residents' use. There were green areas surrounding both houses, and at one house there were external buildings for crafts and activities although these were not in use at the time of inspection as they were being refurbished.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents had choice around food and dining options. Residents who wished to were supported to choose and take part in preparing their own meals in line with their wishes. There were suitable facilities in the centre for the storage and preparation of food.

The inspector visited the kitchens in each house, and found that they were well equipped, and there were adequate facilities to prepare food in hygienic conditions. There was adequate space for the storage of food, including refrigerated storage. The inspector could see that the catering arrangements varied from house to house

according to residents' preferences. For example, in one house steak, chips and vegetables had been chosen in the morning for the lunchtime meal, and this had been provided. In another house a resident told the inspector that they liked to do their own cooking and food shopping.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had strong measures in place to ensure that the risk of infection in the centre was well managed. There were high levels of environmental hygiene being maintained throughout the centre. However, to ensure that this standard would be maintained, some improvement to infection control auditing and the operational policy were required. These are discussed under regulations 4 and regulation 23 in this report.

The inspector visited all houses in the centre and found that they were kept in a clean and hygienic condition and were well maintained. There were colour coded cleaning systems in place in each house. There were laundry facilities in each house and there were protocols for the management of infected clothes and linens should this be required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre which ensured that required medications were being safely and appropriately administered to residents.

The inspector viewed the medication management processes in the centre, including storage and medication prescribing and administration records. The inspector found prescription and administration records to be clear and legible, and they provided the required information to guide staff in the safe administration of medication. Residents' medications were suitably and securely stored at the centre. There was an up-to-date medication management policy to guide practice and staff had been trained in the safe administration of medication. Residents also had access to a pharmacist in the local area.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a suitable personal planning process to ensure that residents' assessed needs were being met. Assessment of residents' health, personal and social care needs had been carried out, and individualised personal plans had been developed for residents based on their assessed needs.

Assessments of the health, personal and social care needs of residents had been carried out and individualised personal care plans had been developed for each resident based on their assessed needs. The inspector viewed a resident's personal plan and found that the multidisciplinary involvement had been provided by the organisation's doctor who carried out holistic assessments of residents twice each year for the provider. The person in charge explained that referrals to other healthcare professionals were made as required. Meaningful personal goals had been developed for each resident. Staff who spoke with the inspector were familiar with residents' personal plans and goals.

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	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Camphill Community Mountshannon OSV-0003828

Inspection ID: MON-0037102

Date of inspection: 26/11/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. We will review and update audits to make sure that they are available to view in the centre, including the infection control audits and the annual review. 2. We will review and update operational policies including the statement of purpose, Nutrition, Food Safety, Visitors 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ol style="list-style-type: none"> 1. We will include the services that we provide to meet the specific needs of the residents 2. We will show the staffing compliment in whole-time equivalents 3. We will review the organizational structure 	
Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

1. We will review our health & safety policy, including food safety to include specific guidance for staff for temperature control
2. We will review the visitors policy to make it clear
3. We will review the Statement of Purpose including the organizational structure, clarify the services that we provide and show whole time equivalents
4. We will review our existing Policy of Positive Behavioural Support to include guidance on the use of restrictive practice.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2025
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	31/01/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set	Substantially Compliant	Yellow	31/01/2025

	out in Schedule 1.			
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	28/02/2025