# Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Camphill Community Ballytobin</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003604</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Kilkenny</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Aileen Colley</td>
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<tr>
<td>Lead inspector:</td>
<td>Noelene Dowling</td>
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<tr>
<td>Support inspector(s):</td>
<td>Paul Pearson</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>17</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was unannounced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 04 July 2017 18:00
To: 04 July 2017 22:00
From: 05 July 2017 09:00
To: 05 July 2017 18:00

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 08: Safeguarding and Safety</th>
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<tbody>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
Background to the inspection:
The centre was previously operated by the Camphill Communities of Ireland. Due to high levels of non compliance and risk to the residents HIQA issued a notice of decision to cancel the registration of the centre on 22 May 2017. In accordance with Section 64 of the Health Act the Chief Inspector made alternative arrangements with the Health Service Executive (HSE) to take over the running of the centre. This was the first inspection of this centre undertaken since the previous provider’s registration was cancelled by HIQA.

It was a scheduled but unannounced monitoring inspection to ascertain the status and welfare of the residents. The new provider was required to submit a weekly risk report to HIQA. This inspection also verified some of the information submitted in that report.

The focus of the inspection was altered due to significant safeguarding breaches, which occurred on the previous day and were ongoing during the inspection. HIQA was, as required, informed of this event by the HSE. The inspection therefore focused on safeguarding, governance and staffing as the primary issues identified at the previous inspection and on the actions identified in the new provider’s weekly report to HIQA.

A meeting was also held with the new provider on the 29 June 2017. The HSE has stated its commitment to maintain the residents in as far as possible in their current homes and once the situation has been stabilised to seek a new provider to take
over the service. This was dependant on ascertaining the wishes and preferences of
the residents and legal agreements with previous provider.

How we gathered our evidence:
Inspectors met with a number of residents, staff, and the person in charge, the
safeguarding officer and the independent advocate who was supporting the residents
during his period. As residents were already dealing with significant recent changes
in the centre direct contact with residents was limited to minimise further distress. A
resident who spoke with inspectors stated that she was confused and did not know
who is coming or going with regard to her previous staff.

Description of the service
The statement of purpose states that the service is designed to provide long term
residential services to children and adults with moderate to severe intellectual
disability, people on the autism spectrum and physical and sensory disabilities. One
house is currently dedicated to children and younger persons.

Overall judgement of our findings
The findings of this inspection are influenced by a number of factors including a new
provider, changes to the model of care and staffing which was operated by the
previous provider. They findings are also influenced by a lack of clarity about a
number of crucial legal issues including identification and ownership of the actual
units, which comprise the designated centre and the legal arrangements surrounding
the co-workers who live in a number of these units but whose tenure would not pass
to the HSE.

While a commitment was made for a smooth transition in the best interests of the
residents, this had not occurred in practice. Efforts to implement appropriate
safeguarding practices were again not supported by a significant number of long-
term members of the staff with whom the current provider was in a process of
engagement.

These issues have resulted in:
• Significant breaches of interim safeguarding arrangements which placed residents
  at potential risk and also caused significant distress to residents (outcome 8)
• The capacity of the new provider to take appropriate action to ensure residents'
  safety was compromised (outcome14)
• High dependency on agency staff which did not support continuity of care for
  residents (outcome 17)

However, significant improvements and progress by the new provider was evident
and beginning to emerge. The inspectors found that all residents' medical,
psychosocial and care needs were being re-assessed and their wishes ascertained in
regard to their living and care arrangements. Improved access to clinical oversight
and assessment was evident for those residents who needed this.

The Action Plan at the end of the report identifies areas where improvements are
needed to meet the requirements of the Health Act 2007 (Care and Support of
Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.
Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Inspectors were not satisfied that the systems for the protection of vulnerable adults were sufficiently robust although the new provider was prioritising these areas.

There was evidence of direct obstruction to safeguarding arrangements which the provider needed to address. There was also evidence that plans being made to address and safeguard the long-term well-being of the residents were being hindered by the previous provider’s lack of provision of necessary information to the current provider and the actions of some long-term co-workers. This finding is based on two significant events, which occurred.

HIQA received a notification of a situation, which was both physically and psychologically abusive to a resident. This incident took place after the HSE took over the running of the centre and continued for some hours. It is of concern to HIQA that during that time no management in the centre were alerted to the situation by agency or employed staff present at the time in order to protect the resident.

It is acknowledged that when the managers were alerted immediate action was taken and the person responsible suspended from duty in accordance with the requirements for the protection of vulnerable adults. However, due to the status of the person this matter can only be fully investigated and dealt with by the previous provider.

In addition to this and of more concern was the deliberate lack of adherence to an interim safeguarding plan and the subsequent significant negative impact this had on residents. Both co-workers living in one unit and two others who were requested not to
enter in the interests of residents' safety, pending full due process investigations and without prejudice, failed to co-operate with this instruction. This action placed residents at potential of serious risk.

Despite significant intervention by the current provider, staff and managers, the persons concerned refused to cooperate despite the impact on the residents. This ultimately necessitated the traumatic and immediate removal of a number of residents for their protection. Inspectors saw evidence of and confirmed the distress and confusion this caused to residents. The previous provider who retained control over the person concerned did not intervene affectively for more than 24 hours.

Inspectors were also concerned at conversations to which these very vulnerable and traumatised residents had been exposed.

Inspectors heard a resident make a reference to potentially very serious harm to be done to them because of their current situation. A co-worker explained to the inspector that this was part of an inappropriate conversation that had taken place in front of the residents regarding people with a disability being moved from their homes and exposed to violence. Such situations demonstrate that the current circumstances and arrangements are not sustainable and are not sufficient to safeguard the residents' physical or emotional wellbeing.

The HSE, as the new provider, had made some positive changes. The HSE had promptly sourced advocacy services for all residents in response to the changes and to ensure that in all future decisions and current circumstances their views and needs are prioritised and given voice. This process was ongoing.

A review of financial matters in relation to residents had commenced at the time of the inspection.

Individual safeguarding plans for residents, including children and younger persons were in the process of being reviewed and implemented. This included additional multidisciplinary assessments, with supports from the HSE safeguarding teams in identifying potential risks and devising and implementing such plans.

Systems were being implemented for a full review of all historical allegations of abuse, which the HSE will oversee but which will be undertaken by an external independent body on behalf of the previous provider.

The process of re-assessment for residents with behaviours that challenge and psychological needs had also commenced with a number having been undertaken as a matter of urgency. The inspectors found that in one unit significant behaviours that challenge were not being reported and therefore no supportive mechanisms for the residents were implemented. In the absence of such supports, some restrictions were being implemented such as the wearing of a particular garment and the use of locked doors. However, these or other interventions were not implemented with clinical oversight or review of their effectiveness, or necessity, as part of an agreed care plan. Behaviour support plans evident in some instances were not satisfactory. Inspectors were satisfied that previously unsuitable systems for the management of behaviour had
been addressed.

However, at this early stage inspectors were also satisfied that the new provider and managers were in the process of identifying all such issues and putting suitable systems in place with clinical oversight. This included further referral for sensory assessment, the implementation of a number of interventions previously recommended but never implemented to support residents. For example the use of objects of reference and social stories to prevent anxieties and subsequent behaviours. There was also evidence that residents' activities had been altered based on their preferences and needs on a given day.

There was a policy on the provision of intimate care and support to residents and individual plans for the residents.

**Judgment:**
Non Compliant - Major

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### Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

#### Theme:
Leadership, Governance and Management

#### Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

#### Findings:
The governance structures at the time had been implemented as an emergency response when the HSE took over the management of the centre. However, the current provider had not yet taken sufficient action to fully established authority and control which was the intended outcome of the decision to cancel the registration is not demonstrated. This is evidenced by the findings in outcome 8 on safeguarding and the provider’s lack of authority to manage the co-workers who remain accountable to the previous provider. It is acknowledged that the HSE has requested this situation be resolved on several occasions and continues to do so.

There was a suitably qualified and experienced person in charge who had been put in place at the time the HSE became the provider for the centre. A line management structure and senior management team with suitable experience and qualifications had been established with areas of responsibility defined. There was evidence of ongoing
strategic planning and monitoring of residents current care needs and well-being.

Weekly meetings took place, the records of which showed they were comprehensive reviews of individual resident’s needs, incidents and strategies for the ongoing change within the centre.

The actions identified in the report submitted by the HSE to HIQA following the change of provider were all found to be pertinent and in the process of being implemented. These included immediate matters such as revised training for new and current staff in safeguarding, medicines management, and behaviours that challenge and fire safety.

Senior staff or house coordinators had been assigned to each unit in order to provide safe oversight and direct the delivery of care. It was outlined to the inspector that the provider is currently accessing two additional staff at senior level with appropriate qualifications and management experience to support the management team and the resident’s progress.

**Judgment:**
Non Compliant - Major

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**Outcome 17: Workforce**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Due to the complex and unique circumstances of the model of staffing operated by the previous provider, the new provider was faced with significant challenges in continuing to operate the service and support the residents.

This situation was further compounded by the lack of an agreement with the previous provider setting out how these matters would be addressed.

The arrangements at the time of inspection did not support continuity of care, although efforts were being made to address this. Inspectors found that 80% of the staff was recruited from agencies. In doing so, the provider was requesting suitably qualified and experienced personnel and also identifying persons who would act as team leaders on
each duty schedule in the individual units. These staff worked under the directions of the house coordinators who were suitably qualified and employed with specific job specifications. The process of ensuring consistent staff was still ongoing at the time of inspection.

There was evidence that residents' preferred routines and activities were continuing despite this significant change and that two to one staffing was maintained where this was necessary. The response of residents to these changes was being closely monitored. While there were some difficulties, there was also evidence that positive relationships and interactions were developing. However, crisis management plan was being implemented in one unit due to a change in staff that occurred outside of the provider’s control. It was apparent that the consistency of care was being affected by this change and it would take time for residents to be become familiar with and comfortable with the staff.

Training schedules were devised and staff had induction in emergency procedures and were able to tell the inspectors about this. Handovers and communication “Pen Pictures” were being prepared to ensure staff were familiar with the residents' preferences and care needs.

There was a robust on call system for staff in emergencies. There was an agreed protocol with the recruitment agencies about the safe recruitment procedures of such staff.

Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003604</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>04 July 2017 and 05 July 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>03 August 2017</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect: Measures to protect residents continued to be unsatisfactory.

Actions by persons who refused to adhere to interim safeguarding measures necessitated the sudden removal of residents from their homes which resulted in significant psychological distress.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
An abusive situation was not immediately reported to management.

Residents were exposed to conversations which created anxiety and psychological distress.

1. **Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
The person who breached the safeguarding plan left the premises on the evening of the 5th July 2017 following clarification to him of the current status of his suspension and continues to comply with this safeguarding plan. As a result all residents returned to their home on the 5th July 2017 and continue to live there. As it was reported to the inspectors that the conversation overheard by the resident was in relation to comparisons the person who should not have been in the house was voicing and as this person has now vacated the risk is eliminated. The resident has been prioritised with independent advocacy services and psychology. Reporting responsibility has been reiterated to all staff.

**Proposed Timescale:** 05/07/2017

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that the governance structures have the authority to act, supervise staff and take appropriate action to protect residents.

2. **Action Required:**
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

**Please state the actions you have taken or are planning to take:**
1. The HSE continue to engage with agencies to recruit senior staff with experience to implement this role effectively. 2. The HSE is engaging with another service provider to take over operations on a sustainable basis. 3. The previous service provider continues to engage with their co-workers to support them in alternative arrangements 4. Due to the resignation of a current senior manager the line management structure has been reviewed and communicated to all staff effective from the 28th July 2017.

**Proposed Timescale:**
1. Immediate and ongoing 2. Current 3. Current and ongoing 4. 28/07/2017
Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The current arrangements do not provide consistency of care for residents.

3. Action Required:
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

Please state the actions you have taken or are planning to take:
The HSE is engaging with another service provider to take over operations on a sustainable basis.

Proposed Timescale: Current

Proposed Timescale: 03/08/2017