<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>St. John of God Menni Services Cappaghmore</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0002972</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Dublin 24</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>St John of God Community Services Limited</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Philomena Gray</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Caroline Vahey</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
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</tr>
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<td><strong>Type of inspection:</strong></td>
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</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
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<td><strong>Number of vacancies on the date of inspection:</strong></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 1 day(s).

**The inspection took place over the following dates and times**

From: 02 June 2016 09:30  
To: 02 June 2016 20:15

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 02: Communication</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

Background to the inspection

This was the second inspection of the designated centre. The purpose of the inspection was to inform a registration decision and to follow-up on non-compliances identified on the previous inspection in March 2015.

How the inspector gathered evidence

The inspection took place over one day and as part of that inspection, the inspector met with two residents and also met a social care leader who managed two of the three units that comprise the centre. Overall residents were satisfied with the service provided but had issues in relation to the premises. A social care leader and a residential coordinator facilitated the inspection and provided information throughout the inspection on the residents care and support needs and the services provided to meet those needs. The inspector also reviewed documentation such as personal plans, financial records, fire drill records, staff rosters and staff training records.
Description of the service
The statement of purpose outlined the overall aim of the centre was to support residents to live as independently as they can in their community and to enable them to plan for and achieve their goals. The inspector found that overall the service provided met the aims of centre as set out in the statement of purpose and residents were enabled to participate in community life. The centre accommodated both males and females and there were 15 residents living in the centre on the day of inspection.
The centre comprised of three units, all located in a suburban housing estate. The centre was within walking distance of local amenities. Public transport was available as well as the centre's own transport.

Overall judgments and findings.
The premises were not suitable for its stated purpose and a major non-compliance was identified in this area. These findings mainly related to one of the three units in which there was inadequate communal space and bathrooms, and the unit was not maintained to an acceptable standard. A plan to address the premises issues had been submitted to the Health Information and Quality Authority (HIQA) following the last inspection however, the plan was not timely and the projected time for completion of works was September 2018. A major non-compliance was also identified in governance and management relating to the arrangements regarding the person in charge, management arrangements in one unit, and continuous monitoring of the service provided.

Improvements were noted in a number of outcomes to bring the centre into compliance including communication needs, healthcare needs and medication management. The inspector found residents were supported to access the internet through assistive devices and plans were continuing on the development of accessible personal plans through these electronic devices. Healthcare needs were found to be met and residents had timely access to appropriate healthcare professionals. The procedures in place for medication management were found to be safe and in line with national guidelines.

Further improvement was required in safeguarding and safety to ensure the response to concerns was appropriate and to ensure the use of restrictive practice was implemented as per the centre's policy. Some healthcare plans required to be developed. Improvement was also required in fire precautions and incident management.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.
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 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Overall the inspector found progress had been made since the last inspection however, improvement was required in the management of complaints and to ensure the privacy and dignity of residents was upheld.

The action from the previous inspection had been satisfactorily implemented and the policy on complaints included the nominated person as referred to in Regulation 34 (3). The inspector reviewed the records of complaints maintained in one unit of the centre however, the records maintained did not consistently document if the complainant was satisfied with the outcome of a complaint. In addition, the inspector reviewed an acknowledgement letter of receipt of a complaint by the nominated person however, there was no corresponding documentation recording the complaint, the actions taken following receipt of the complaint and whether the complainant was satisfied with the outcome of the complaint.

The inspector found the privacy and dignity of some residents in one unit could not be upheld due to the lack of appropriate bathroom facilities. Residents accessed this bathroom through the main communal sitting room area.

There was a policy on residents' personal property, personal finances and possessions. The inspector reviewed records of financial transactions for three residents and found the documentation maintained in relation to residents' finances was consistent with the centre policy. A staff recorded transactions and corresponding receipts were maintained for purchases. All transactions and receipts were checked by the social care leader on a weekly basis.
Judgment:
Non Compliant - Moderate

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found residents' communication needs were met and the action from the previous inspection had been implemented.

Since the last inspection internet had been made available in all units in the centre. The use of assistive technology in the centre was actively promoted with electronic tablets and plans were underway to incorporate personal plans onto these electronic devices.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that written agreements for the provision of services had been provided since the last inspection however, improvement was required to ensure these agreements were signed by residents representatives where required.

The inspector reviewed four written agreements which outlined the services to be provided to residents and the fees, including additional fees to be charged. However, the inspector found the written agreements were not signed by residents'
representatives as required under Regulation 24 (3).

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
Overall the inspector found residents' wellbeing and welfare was maintained by a good standard of care and support however, improvement was required to ensure personal plans were in place for some assessed needs.

One action from the previous inspection had not been implemented in full. The inspector reviewed two residents' personal plans as part of this inspection. Plans were developed in relation to a variety of assessed needs, for example, intimate care plans, risk management plans, nutritional plans and individual goals to support social care needs. However, the inspector found that healthcare plans were not developed for some assessed health care needs, for example, endocrinology needs, mental health needs, gastrointestinal needs and eye care needs. It was evident however, on review of interventions and from discussion with the social care leader that healthcare needs were met for example, prescribed treatments were administered, regular reviews with the relevant practitioners were facilitated and associated monitoring was completed. Of the healthcare plans available, the inspector found these were comprehensive and guided the care required to support the assessed healthcare needs.

Two of the actions from the previous inspection had been satisfactorily implemented. Multidisciplinary team members were involved in the assessment and development of plans as required. For example, a speech and language therapist had assessed residents' nutritional needs and subsequently developed plans and a psychologist was involved in the assessment and development of behaviour support plans. Progress was being made on the development of accessible personal plans through individual electronic devices.
The inspector spoke to a resident who outlined the social activities they is engaged in and the community group they attend on a weekly basis.

**Judgment:**
Non Compliant - Moderate

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**Outcome 06: Safe and suitable premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Services

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

**Findings:**
The inspector found that one unit of the centre was not suitable for its stated purpose and the needs of residents in this unit could not be met in a homely and comfortable way. Significant issues were identified during the inspection in this unit relating to inadequate communal space including recreational and dining space, inadequate bathrooms facilities, inadequate storage, maintenance issues and a lack of cleanliness, and inappropriate food and chemical storage. In addition, some improvement was required in one other unit in the centre to ensure the centre was free from hazards.

One action from the previous inspection was satisfactorily implemented and the rear of all units were now accessible to residents.

The inspector reviewed the three units as part of this inspection. One unit was identified as having significant issues. This had been identified as an issue on the last inspection and plans for refurbishment had been submitted to HIQA following the last inspection. However, these plans were long-term and the projected timescale for completion of the project was September 2018. The provider nominee informed the inspector that an architect had recently attended the unit and the provider was awaiting drawings on a proposed plan to upgrade the unit.

There was inadequate communal space available for residents' use in one unit. A small seating area was available adjoining the kitchen area with a small couch and three seats available. This seating area was also a walkway between the hallway and the main downstairs bathroom. A dining area in a conservatory also adjoined this kitchen area and seating was available for six residents however, no additional seating was available if staff were to join residents for meals. The inspector found there was a lack of cleanliness in these areas, for example, visible dust and food splashes on walls and
blinds. The social care leader outlined that cleaning was the responsibility of staff and a cleaning schedule was in place. The inspector reviewed this cleaning schedule however, the cleaning duties did not address all areas. In addition, the inspector found food inappropriately stored in the conservatory area as well as chemical salts. These areas were not adequately maintained. The blinds on the conservatory windows were broken, the surface on the kitchen presses was damaged, holes were observed on the kitchen wall, the conservatory roof was precluded by moss and painting was not complete on a kitchen wall.

There were inadequate bathrooms available for residents' use in this unit. One bedroom had an ensuite bathroom however, the resident told the inspector they could not use the shower as it was too small. In addition, the inspector found the shower unit was used as a storage facility for clinical supplies. The temperature of the hot water from the hand washing sink in the ensuite was checked by the inspector and read at 60 degrees Celsius. The inspector found that due to the residents' needs they were at risk of possible scald. The team leader had arranged for this to be rectified by the end of the inspection. The main downstairs bathroom was to the rear of the property and accessed through the kitchen- living area. This bathroom was not maintained to an acceptable standard, for example, a broken tile, a rusted window sill and paint peeling on the ceiling were observed by the inspector. In addition, there was no hot water tap available for handwashing. There was no storage available and the inspector observed incontinence wear and sanitary wipes inappropriately stored on the radiator. The privacy lock was not working on the day of inspection.

Adequate facilities were not available for residents to launder their own clothes in this unit. The laundry area was small, the light in the area was not working on the day of inspection and the machines were not easily accessible as they were blocked by laundry baskets and cleaning products.

The second unit had adequate communal space available. While adequate bathroom facilities were available upstairs there were no bathroom facilities easily accessible for some residents on the ground floor. Improvement was also required in the maintenance of bathroom areas, for example, visible mould on the ceiling, a cracked tile and floor coverings posing a risk of injury. The previous inspection had identified adequate private space was available in bedrooms was available however, the inspector observed a significant build-up of mould on one bedroom wall.

The third unit was clean and well maintained and met the requirements of the regulations. All residents currently residing in this unit could access the bathroom upstairs.

Judgment:
Non Compliant - Major
**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

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

**Findings:**
The inspector found that there had been some improvement since the last inspection however, further improvement was required in the area of incident management, training in fire safety, precautions for the containment of fire, fire drills and infection control.

Two of the actions from the previous inspection had been partially implemented. The risk management policy had been implemented in the centre as far as risks were identified in specific areas such as dysphagia, restrictive practices, moving and handling and epilepsy. The inspector found incidents were reported and managed locally, for example, behaviour support plans were implemented and incidents formed part of the review process. The inspector found all incidents were reported to the person in charge who maintained a database. However, there was no documentary evidence of how incidents were reviewed by the person in charge or senior management in order to reduce the likelihood of reoccurrence, specifically in relation to incidents of challenging behaviour in one unit.

The intumescent strips on fire doors had been replaced as required since the last inspection.

Some of the actions from the previous inspection had not been implemented as per the timeline submitted to HIQA post-inspection. Training on the use of fire extinguishers had not been provided for some staff in the centre however, there was a plan in place to roll this out in line with refresher fire safety training by the end of 2016. The inspector reviewed records of fire drills in one unit however, the inspector found that actions had not been taken following a fire drill in which an issue had been identified. In addition, documentary evidence was not available to confirm the evacuation plan had been tried for one resident requiring an alternative method of descent down the stairs.

Adequate arrangements were not in place for the containment of fire and fire doors were not available in some areas in the centre. In one unit a fire door was not in place between the kitchen area and the hall. Fire doors were not available upstairs in one other unit.

There were inadequate infection control precautions in the centre. Suitable handwashing facilities were not available for example, disposable handtowels were not available and a hand washing sink in one bathroom did not have a hot water supply.
Judgment:
Non Compliant - Moderate

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:
The inspector found improvements were required in the oversight of restrictive practices and to ensure appropriate measures were in place in response to potential safeguarding concerns.

The action from the previous inspection had not been implemented. Although a number of restrictive practices had been discontinued since the last inspection, some environmental restraint was in use in the centre and related to safety. These restrictive practices had not been reviewed in line with the centre's policy on restrictive practice which outlined it should be subject to review by the service's rights committee. The inspector found these practices were not subject to regular review and the social care leader had last reviewed these practices in March 2015. Corresponding risk assessments were in place for the use of these restrictive practices.

The inspector found appropriate action had not been taken following a recent concern. The measures put in place following the concern could not ensure residents were safeguarded against the risk of financial abuse. At the time of the inspection the concern was currently under investigation by the provider however, while the provider had taken some interim measures to protect residents the inspector found these were not adequate.

Judgment:
Non Compliant - Moderate
### Outcome 11. Healthcare Needs

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found healthcare needs were met.

The action from the previous inspection related to healthcare plans and is addressed under Outcome 5. Residents had timely access to appropriate healthcare professionals such as a general practitioner (GP), speech and language therapist, psychiatrist and psychologist. Recommendations by healthcare professionals had been followed up in an appropriate and timely manner, for example, a recommendation by a physiotherapist for a resident to have their vision checked was completed promptly. Annual health assessments had been completed by the GP. Therapeutic interventions and ongoing monitoring of healthcare needs were in place, for example, blood monitoring, infection preventative procedures and vaccination programmes.

The advice of a speech and language therapist formed part of nutritional plans where required.

**Judgment:**
Compliant

### Outcome 12. Medication Management

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found all actions from the previous inspection had been implemented and the procedures in place for medication management ensured residents were protected.

Guidelines had been developed on the administration of Warfarin and the corresponding prescription clearly stated the dose to be administered. Medications requiring
refrigeration were securely stored in a locked fridge in the centre. Daily checks of the temperature of the medication fridge were in place and complete on the day of inspection.

A system for recording and reporting medication errors was in place.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**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:**
There was a statement of purpose which set out the aims and objectives of the centre. However, the inspector found a number of areas required improvement in order to comply with the regulations.

Improvements in the details set out in the statement of purpose were required in the following areas:
- the specific care and support needs the centre intended to meet were not clearly set out
- the details of facilities in one unit were not reflective of the findings on the day of inspection
- the exclusion criteria for admission was not clearly detailed.
- the policy and procedure for emergency admissions was not included.
- a description of the rooms including floor sizes was not included in the statement of purpose.

The statement of purpose was subject to review a minimum of annually.

**Judgment:**
Substantially Compliant
**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 inspector found that the management systems in place did not ensure the care and support provided was adequately monitored on a consistent basis. Improvements were required in the arrangements for the person in charge to attend the centre, to monitor the care and support on an ongoing basis, to ensure the residents were safe and practices in the centre were in line with national guidelines and to ensure staff were supervised on a day-to-day basis.

Two actions from the previous inspection were satisfactorily implemented. An annual review of the quality and safety of care and support had been completed in the centre. A performance development review system had been developed since the last inspection and in addition there were monthly supervision meetings for staff. A social care leader and a residential coordinator facilitated these supervision meetings.

There was a person in charge appointed to the centre who was currently on leave and HIQA had been notified of this absence. In her absence arrangements had been made for a programme manager to act as person in charge. The person acting in the absence of the person in charge was responsible for seven centres in total and was not in attendance in the centre on a regular basis. Staff could identify the person acting in the absence of the person in charge.

Two social care leaders were appointed in the centre. The provider had delegated responsibility for the day to day management of the centre to them. One social care leader was manager of two units and had 39 protected hours per week in order to fill her administrative and managerial responsibilities. The other social care leader was manager of the third unit and was currently on extended leave. The inspector found the arrangements in place in her absence were not sufficient. Some administrative functions had been delegated to the social care leader of the two units, for example, incident reporting, checking residents’ financial transactions and completing staff timesheets. In addition, a residential coordinator attended this unit once a week for a staff meeting.

The inspector found the non-compliances identified on this inspection in relation to safeguarding and restrictive practices were not adequately addressed and were further
compounded by the absence of a social care leader.

Social care leaders reported to a residential coordinator who in turn reported to the person in charge (programme manager). The social care leader outlined she could link with the person in charge if required however, the inspector found there were no meetings taking place between the person in charge and the social care leader specifically in relation to this centre. Meetings were held between the person in charge and the residential coordinator at monthly intervals.

**Judgment:**
Non Compliant - Major

### Outcome 16: Use of Resources
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

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

**Findings:**
The inspector found the centre was not effectively resourced to ensure the effective delivery of care and support to residents.

One unit was not well maintained and the premises did not meet the needs of residents living in the centre. A manager had not been appointed to act in the absence of a social care leader on extended leave. The inspector spoke to the social care leader and staff in relation to one unit and found staffing resources were not sufficient at times to meet the individual social care needs of residents.

**Judgment:**
Non Compliant - Moderate

### 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:**
The inspector found the numbers of staff on duty was not appropriate at times. In addition, improvement was required to ensure staff received up-to-date training in order to meet the needs of residents.

The inspector reviewed the roster in one unit and observed staff interaction with residents throughout the day. The inspector found that two units had sufficient staff on duty. In one of these units this was based on the fact that the social care leader attends the centre during the morning period and was therefore available to provide additional assistance to the one staff on duty if required. In the second unit all residents attended a day service and the unit closed during the day. However, in the third unit adequate staffing levels were not available at times to ensure residents had opportunities for individual social interests. Two staff members were on duty in the evening time to support five residents. The staff told the inspector that individual outings could not be facilitated and all social outings in the evening were as a group. In addition, the social care leader for the other two units outlined that frequently staff from the other two units facilitated residents attending social outings with residents from the other two units.

A review of the staffing levels had been completed following the last inspection and additional staffing had been made available to support the needs of a resident with specific needs. The needs profile of the residents living in the centre had since changed and staffing had been subsequently reduced.

The inspector reviewed training records for four staff and staff had up-to-date training in manual handling and safeguarding. Some training had been provided to staff since the last inspection and training was scheduled for dementia care and diabetes management. However, the inspector found training was yet to be provided or arranged for infection control which was required to meet the needs of residents.

**Judgment:**
Non Compliant - Moderate
Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The actions from the previous inspection were implemented.

The policy on complaints now included the nominated person as referred to in Regulation 34 (3).

There was a policy on residents' personal property, personal finances and possessions which guided practice in relation to recording and checking financial transactions.

Judgment:
Compliant

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:

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

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<th>St. John of God Menni Services Cappaghmore</th>
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<td>Centre ID:</td>
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<tr>
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<td>02 June 2016</td>
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<tr>
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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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The privacy and dignity of some residents could not be maintained at all times due to a lack of appropriate bathroom facilities in one unit.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
- At present, one resident is accessing the bathroom through the common area. This resident cannot access his en suite bathroom due to changing medical needs. A decision has been made through the multi-disciplinary team process that an alternative provider is required to meet the changing needs of this resident.
- An application has commenced to refer this resident to more suitable accommodation.
- The resident’s family are involved in the process and will continue to be involved in the transition once an alternative provider has been agreed.

**Proposed Timescale:** 30/10/2016

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Complaints records maintained in the centre did not consistently record if the complainant was satisfied with the outcome of a complaint.

2. **Action Required:**
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

Please state the actions you have taken or are planning to take:
- All complaints will record complainant satisfaction.

**Proposed Timescale:** 31/08/2016

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Documentary evidence was not available to confirm a complaint had been recorded or investigated.

3. **Action Required:**
Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

Please state the actions you have taken or are planning to take:
- All complaints will be documented in the complaints folder.

**Proposed Timescale:** 31/08/2016
<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> Writen agreements were not signed by residents’ representatives where required.</td>
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<td><strong>4. Action Required:</strong></td>
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<tr>
<td>Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.</td>
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<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<td>• Where it is apparent that a resident cannot understand the contents of their contract of care it will be sent to their family representative.</td>
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<td><strong>Proposed Timescale:</strong> 30/09/2016</td>
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<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong> Plans were not developed for some assessed health care needs.</td>
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<td><strong>5. Action Required:</strong></td>
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<td>Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident’s assessed needs.</td>
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<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<td>Each resident’s personal plan assess the resident’s individual health care needs. Where these needs are identified, an accompanying care plan will be in place to support the resident.</td>
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<td><strong>Proposed Timescale:</strong> 31/08/2016</td>
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<th>Outcome 06: Safe and suitable premises</th>
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<tr>
<td><strong>Theme:</strong> Effective Services</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> Adequate communal space including dining and recreational space was not available in the centre.</td>
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</tbody>
</table>
Adequate bathroom facilities were not available in the centre.

Adequate facilities for residents to launder their clothes were not available.

Suitable storage was not available for a resident's personal clinical supplies.

The temperature of water from a handwashing sink used by one resident put them at risk of a scald.

6. **Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
1. A decision has been made through the multi-disciplinary team process that an alternative provider is required to meet the changing needs of one of the residents. Complete
2. Alternative accommodation has been identified for two additional residents, with a view to alleviate the overcrowding in the house. This will assist to improve dining, recreational and storage facility space. 30th November 2016
3. In the interim, alternative options will be explored to make more space for residents to launder their clothes. 30th November 2016

**Proposed Timescale:** 30/11/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Areas of the premises required repair and maintenance to reduce the risk of injury or illness, as outlined in the body of the report.

7. **Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
1. A maintenance log has been created to address the areas that require maintenance outlined in the report, to reduce risk of injury and illness. 19th August 2016 - Complete
2. All works identified will be completed by the date below. 31st December 2016

**Proposed Timescale:** 31/12/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Areas of the centre were not maintained to an acceptable standard and required cleaning as outlined in the body of the report.
8. **Action Required:**
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
1. A professional deep clean was carried out in 2 of the 3 units on 21st June.
2. A review of the contents of the cleaning rota will be carried out. 31st July 2016.
3. The social care leader will review the cleaning rota once per week to ensure that it is complied with. 31st July 2016.

**Proposed Timescale:** 31/07/2016

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**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Evidence was not available on how incidents were reviewed by the person in charge or senior management, specifically in relation to incidents of challenging behaviour in order to reduce the risk of reoccurrence.

9. **Action Required:**
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
- The Person in Charge and the Supervisor of the house will complete an incident review form. This will involve reviewing the incident and identifying any actions required. Actions may include obtaining additional input from the MDT in regards to behavioural incidents. All information will then be communicated to the wider staff team at team meetings to ensure learning and to reduce risk.
- This information is communicated to senior management as part of the Quality and Safety reports.
- The management team review & discuss incidents through the quality & safety committee on a monthly basis, to ascertain trends & shared learning.

**Immediate Effect**

**Proposed Timescale:** 23/08/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were inadequate hand washing facilities in the centre.
10. **Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Please state the actions you have taken or are planning to take:**
1. Paper hand towel dispensers will be fitted in all bathrooms. 31st October 2016
2. The hot water supply has been restored to the hand washing sink. 30th June 2016 - complete

**Proposed Timescale:** 31/10/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire doors were not available in some areas of the centre.

11. **Action Required:**
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
1. A fire door will be fitted to separate the kitchen from the rest of the house in one house.
2. Expert advice will be sought in relation to the need for fire doors in the upstairs of one house.

**Proposed Timescale:** 31/10/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some staff had not received training in the use of fire extinguishers.

12. **Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**
1. An audit of all staff’s fire safety training will be conducted. 30th September 2016
2. A schedule will be developed for staff to attend training. 30th September 2016
3. Staff will complete training in the use of fire extinguishers. 30th October 2016

**Proposed Timescale:** 30/10/2016
**Theme: Effective Services**

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Actions had not been taken following a fire drill in which issues were identified.

There was no documentary evidence to confirm an evacuation procedure had been tried for a resident requiring an alternative means of descent down a stairs.

13. **Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
- Following fire drills residents Personal Evacuation Plans and risk assessments will be updated to address any issues identified during fire drills. 30th August 2016
- A fire drill took place on the 16th June 2016 and the resident used the alternative means of decent down the stairs. This was documented in the drill report. 16th June 2016 - complete

**Proposed Timescale:** 30/08/2016

**Outcome 08: Safeguarding and Safety**

**Theme: Safe Services**

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Environmental restrictions had not been reviewed by the service rights committee as per the centre policy on the use of restrictive practices.

Environmental restrictions were not subject to regular review.

14. **Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
1. Environmental restrictions are risk assessed and will be reviewed by the Person In Charge on a three monthly basis.
2. A rights review committee for the service will be in place by the end of September 2016. All restrictions will be referred to the committee for review.

**Proposed Timescale:** 30/09/2016
**Theme: Safe Services**

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The measures taken by the provider following a recent concern were not adequate.

15. **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 registered provider has taken additional measures to address the recent safeguarding concern and these plans have been submitted to the Authority in addition to the action plan.

**Proposed Timescale:** 30/08/2016

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not include all the information as required by Schedule 1 of the regulations.

16. **Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The statement of purpose has been updated to include all improvements recommended in the report.

**Proposed Timescale:** 30/06/2016

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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 arrangements in place for a programme manager to act in the extended absence of the person in charge were not satisfactory and the remit of the programme manager could not ensure the effective governance, operational management and administration of the centre.
17. **Action Required:**
Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

**Please state the actions you have taken or are planning to take:**
1. The residential coordinator will be appointed to the role of Person In Charge.
2. Documentation will be completed and sent to the Authority for processing.

**Proposed Timescale:** 31/08/2016

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The management systems in place were not sufficient to ensure the service provided was adequately monitored on a consistent basis.

The management arrangements in one unit were not adequate to ensure the care and support was monitored and supervised on an ongoing basis.

The procedures implemented in response to safeguarding concerns and the use of restrictive practices were not appropriately addressed.

The person appointed in the absence of the person in charge was not in attendance in the centre on a consistent basis.

Adequate arrangements were not in place for the social care leaders to meet with the person acting in the absence of the person in charge specifically in relation to the centre.

18. **Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
1. The residential coordinator will be appointed to the role of Person In Charge. 31st August 2016
2. An interim Social Care Leader will be recruited to provide governance until the Social Care Leader returns from leave. Until the interim Social Care Leader is recruited, The Residential Coordinator/ Person in Charge will liaise with the house twice per week until the Social Care Leader returns from long term leave. 30th October 2016
3. The residential coordinator meets formally with the social care leaders on a monthly basis. The residential coordinator also meets with the social care leaders on a regular informal basis. 16th September 2016

**Proposed Timescale:** 30/10/2016
### Outcome 16: Use of Resources

**Theme:** Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

- The centre was not adequately resourced to meet some social care needs.
- The provider had not appointed a manager to act in the absence of a social care leader.
- The premises did not meet the needs of the residents in one unit.

**19. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:

1. Plans are currently being developed to alleviate the overcrowding in one house, increasing space for recreational, dining and storage facilities. This will assist us to improve our ability to meet social care needs and to better meet the needs of the residents. 31st December 2016
2. An interim Social Care Leader will be recruited to provide governance until the Social Care Leader returns from leave. 31st October 2016
3. Until the interim Social Care Leader is recruited, the Residential Coordinator will liaise with the house twice per week until the Social Care Leader returns from leave. 31st August 2016
4. The Residential Coordinator will be appointed as Person in Charge. 31st August 2016

**Proposed Timescale:** 31/12/2016

### Outcome 17: Workforce

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staffing levels in one unit required review to ensure the individual social opportunities for residents were facilitated.

**20. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

1. Staffing levels in one house will be reviewed to ensure for the provision of the residents social opportunities.

**Proposed Timescale:** 30/09/2016
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff training in infection control had not been provided.

21. **Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
1. Infection control workshops will be scheduled for staff.

**Proposed Timescale:** 31/10/2016