



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

## Issued by the Chief Inspector

Name of designated centre:	The Ferns
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	08 September 2021
Centre ID:	OSV-0002989
Fieldwork ID:	MON-0027673

## About the designated centre

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

This is a community based service comprising of two detached houses in close proximity to each other in Co. Louth. It provides residential care and support to ten adults with disabilities (both male and female). Both houses are in close proximity to a number of nearby towns and villages however, transport is provided to residents for social outings, day trips and holidays. Each house has a fully equipped kitchen/dining area, a utility facility, a sitting room/TV room, spacious bathrooms and each resident has their own private bedroom, some with an en-suite facility. The staff team consists of a person in charge, a nurse manager, a team of trained healthcare assistants and social care professionals. The service operates in consultation with each resident and both houses are staffed on a 24/7 basis so as to ensure their assessed needs are provided for. Systems are in place so as to ensure the residents' healthcare needs are comprehensively provided for to include as required access to GP services and range of other allied healthcare professional services. Residents are also supported to use local amenities such as pubs, restaurants, cafes, shops, shopping centres, hairdressers/beauticians and barbers. Some residents are also employed in a number of local businesses and attend local clubs on a weekly basis. Residents are empowered to make their own decisions in this service (with support where required) and it operates in a culture of person centeredness.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	10
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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 - 2015 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
Wednesday 8 September 2021	09:50hrs to 17:50hrs	Caroline Meehan	Lead

## What residents told us and what inspectors observed

From meeting with residents and hearing their experiences and stories of their lives, the inspector found residents were enjoying a fulfilling and varied life, in which the organisation and running of the centre was driven by residents, supported by staff. The culture of the centre was based around residents' independence, self-determination, rights and identity, in which residents were encouraged and supported to make their own decisions about the way in which they wanted to lead their life. The unique talents and contributions of residents were acknowledged and celebrated. Residents were actively supported to take positive risks enabling them to enjoy cultural, social, personal, spiritual and occupational opportunities, achievements, and new experiences.

There were two houses in this centre, within a short drive of each other and the inspector visited both houses on the day of inspection. There were five residents living in each of the houses in the centre. In the first house, the inspector spoke with three residents on the morning of the inspection and briefly met another resident on their return from day services in the afternoon. Residents told the inspector some of the things they like to do and some of their key achievements in the past year. One resident told the inspector of the independence they had gained in accessing the local community amenities such as the bank, shops, coffee shop and walking to work. They had also enjoyed a recent short break and were planning another overnight break in the coming months.

Another resident told the inspector they had recently started back in work following the COVID-19 restrictions. This resident had a significant interest in football and had their room decorated in their favourite team colours. They were looking forward to being able to attend matches again. In the meantime the resident had a TV package and was able to enjoy both sports and films in the comfort of their own room. The resident also told the inspector of the things they needed to do to manage a risk and keep themselves safe, and the inspector observed that staff were helping the resident with this.

With the support of staff another resident showed the inspector their room, and the communication device they used. The resident showed the inspector pictures of socially distanced family visits that had happened during the pandemic restrictions, and a range of photos of social occasions all residents had enjoyed during the restrictions. This had included themed parties, birthdays and more recently a family day. The inspector observed that residents were taking part in an online art class on the day of inspection, and had continued with this class after restrictions were eased. The residents had previously attended a local social club and told the inspector they were looking forward to returning once the club started up again. All of the residents in this house had their own bedrooms and bathroom facilities, and rooms were decorated to residents' personal tastes.

The inspector visited the second house in the afternoon and spent a number of

hours meeting the five residents, hearing about their lives and what is important to them, and talking to residents about their goals in the past few months. It was evident that the unique interests of residents were supported and built on. For example, a resident was an active member of the local parish community, helping with and attending church events and celebrations during the week. They had recently enjoyed a visit to a religious place of interest. They spoke about attending the local day centre and of the people with whom they had a friendship. Another resident had a key interest in a martial arts and had continued to attend online classes during the restrictions, proudly achieving their grading belt recently. They enjoyed spending time with their family and was supported to link in with loved ones through video calls and overnight stays.

One resident had their own self-contained living area, and told the inspector they had redecorated this last year. The resident worked a number of days a week in a local healthcare facility. On their days off they enjoyed going to the beautician, going out for meals and was hoping to take up a new course in the local college, having previously completed a number of evening courses. The resident also enjoyed breaks away and was hoping to get away in the near future.

The inspector met with all residents in this house on the patio area, and residents were enjoying afternoon tea outside. During the restrictions residents had painted the patio furniture, and had gone on day trips to various places such as boat trips and picnics, and the inspector saw a photos collection of these events.

There was a warm, welcoming and light hearted atmosphere in the centre and it was clear that residents had very positive relationships with each other and with staff. Staff were observed to be very respectful of residents, supporting them as they needed with, for example, household chores, personal care needs and activities. A staff member told the inspector about some of the physical care needs of a resident and the preventative exercises staff helped the resident with everyday. Staff were also observed to communicate with residents in line with their assessed communication needs and were knowledgeable on the recommended supports in place to maximise residents communication. For example, where a speech and language therapist had recently recommended a picture choice and schedule board for a resident this was in place, and a staff member showed the inspector a resident's electronic communication device and how a resident was supported with this.

The inspector found the rights of residents were upheld and the wishes, preferences and choices in terms of how residents lived their lives were respected and acted upon. For example, residents had developed a number of goals and there was ongoing reviews with their keyworkers on how goals were progressing. Examples of goals had included hotel breaks, learning to cycle, joining community groups, and going on a cruise. A resident told the inspector that it was her own choice on how she spent her money and told the inspector of a beauty treatment she had done that day. Residents were also given the information in order for them to make an informed choice about their healthcare, for example, a decision making process and discussion with residents had been completed prior to residents receiving vaccinations. All personal information was found to be held in a secure location in

the centre, in order to protect the privacy of residents. From meeting residents, speaking with staff and reviewing relevant documentation, it was clear that the organisation and running of the centre was resident-led, with sensitive, appropriate and timely support being provided by the person in charge and the staff team.

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

## Capacity and capability

The inspector found the provider had the appropriate management systems and resources in the centre to ensure the residents received an effective, safe and consistent service, and high levels of compliance were found on this inspection. There were systems in place to monitor the service provided and to respond to residents' needs as they were identified.

There was clearly defined management structure in place. There was a fulltime person in charge in the centre who had been appointed a number of months ago. The inspector had previously met the person in charge on inspection of another designated centre, and found they had the required skills, qualifications, knowledge and experience to fulfill their role in accordance with the regulations. Staff reported to the person in charge, and a nurse manager had recently been appointed to provide management support in the absence of the person in charge. The person in charge reported to the assistant director of nursing, who in turn reported to the regional director. The inspector met with a staff member who told the inspector they were well supported by the person in charge, and the person in charge was in the centre a number of times every week. They also told the inspector they could raise concerns about the quality and safety of care and support with the person in charge should the need arise.

The management systems in place ensured the service was safe and regularly monitored. There was regular audits completed such as personal planning, medicines management, residents' finances, hygiene, infection control and COVID-19 audits. The person in charge had ensured any actions arising from audits were completed, for example, an infection control audit had identified the hot water was not working at a handwashing sink. This had subsequently been fixed and hot water was found to be available on the day of inspection. The provider had completed six monthly unannounced visits of the centre and the recent actions relating to staff training and to minor maintenance work had been addressed by the person in charge. An annual review of the quality and safety of care and support had also been completed, and the views of residents and their families had been sought. Both residents and families gave very positive feedback on the service being provided in the centre. An overall quality improvement plan was in place, in which

the cumulative actions arising from audits and reviews of the service were collated and progress tracked by the provider.

There were sufficient staff with the right skills and qualifications to meet the assessed needs of the residents. The centre was staffed by social care workers and health care assistants. In the first house there were with two staff on duty during the day, and one staff at night time. In the second house, there were two staff on duty during the day and one staff at a night time in a sleepover capacity. The inspector reviewed a sample of rosters and found consistent staffing was provided, and the rosters were maintained appropriately. Where vacancies arose due to leave, regular relief staff were provided. The inspector found staff knew the residents well, and were knowledgeable on their support needs. For example, a staff member described the emergency response plan in place to support a resident with an identified physical need.

Staff had been provided with a range of training such as safeguarding, fire safety, managing behaviours of concern, and infection control training in response to the COVID-19 pandemic. Additional training specific to residents' needs had also been provided such as manual handling, medicines management, basic life support and therapeutic techniques. Staff were supervised on a day to day basis by the person in charge and the nurse manager, and formal staff supervision and performance development reviews were also facilitated by the person in charge. This meant that the provider had systems in place to monitor the day to day provision of care, and to provide staff with the support and development opportunities in order to fulfil their professional responsibilities.

### Regulation 15: Staffing

There were sufficient staff with the right skills, qualifications and experience to meet the needs of the residents. Staff were knowledgeable on residents' needs and support requirements. There was a planned and actual roster maintained, and where vacancies arose due to leave regular relief staff were provided.

Schedule 2 documents were not reviewed as part of this inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had been provided with mandatory and additional training to safely meet the needs of residents. Refresher training was provided and planned for going forward. For example, a number of staff had recently completed refresher training in basic life support and an additional three staff were also due to complete this in the



coming weeks.

Staff were supervised appropriately on a day to day basis, and staff formal supervision and performance development reviews had been facilitated.

Judgment: Compliant

## Regulation 23: Governance and management

Appropriate management systems were in place to ensure residents received a good quality of care and support, and to ensure the service was safe. The centre was monitored on an ongoing basis, and a range of regular audits were completed. The provider had completed six monthly unannounced visits as required, and all actions arising from audits were completed or in progress on the day of inspection. An annual review of the quality and safety of care and support had been completed, and the views of residents and their families had been sought as part of this review. Staff could raise concerns about the quality and safety of care and support should the need arise.

There was a clearly defined management structure in the centre, and staff reported to the person in charge and a local nurse manager.

Judgment: Compliant

## Quality and safety

Residents were provided with a good standard of care and support, enabling their welfare and wellbeing to be maintained, and their rights to be upheld. The service focused on developing the independence and autonomy of residents, in their home and community life, while ensuring their specific needs were met in the care and support provided.

Each resident had an assessment of need completed, informed by reviews and recommendations of allied healthcare professionals, and assessments were regularly reviewed. Personal plans were in place for all identified needs of residents and provided guidance on the care and support required to meet residents' needs. Residents were involved in the development and reviews of plans, for example, residents with the support of keyworkers identified goals, made plans to achieve goals and regularly met with their keyworkers to review the progress of goals. Where goals were achieved, new goals were subsequently developed.

Residents accessed a range of activities both in the centre and in the community. Residents attended day services on a part time basis and in their free time had the

opportunities to engage in activities of their choice. For example, residents enjoyed art classes, going to the beautician, trips out, holidays, cycling, church events and spending time with their families, friends and significant others. Residents had also recently planned a family day in the centre, and were involved in the ongoing upkeep of the centre, such as cleaning their own rooms and upcycling garden furniture.

Residents' healthcare needs were comprehensively met and residents could access a general practitioner in the community. Residents were also supported by healthcare professionals such as speech and language therapist, dentist, physiotherapist, and psychiatrist and there were regular review of their needs as required. There was ongoing monitoring of residents' healthcare needs as recommended, for example, dietary intake and blood tests. Information was provided to residents on issues which may impact their health and consent was gained prior to interventions. For example, easy to read information had been provided to residents on COVID-19 and their consent sought prior to vaccination.

Residents were supported with their emotional needs and where required, had the support of a clinical nurse specialist in behaviour. Behaviour support plans were in place for residents and focused on preventative and proactive strategies in supporting residents in managing their behaviour, for example, communication strategies, structured and meaningful days, and avoiding known triggers. The communication needs of residents had also been assessed by a speech and language therapist, with communication plans implemented. The inspector found the implementation of behavioural and communication strategies had had a positive impact, with improved experiences for residents, and a reduction in incidents of concern. Restrictive practices were implemented in line with best practice and some restrictive practices had been discontinued following the successful use of alternative measures.

Residents were protected in the centre and there were no current safeguarding concerns in the centre. Staff had been provided with training in safeguarding and a staff member spoken with was knowledgeable on the types of abuse, and the response to take in the event of a safeguarding concern. Information of concern had previously been received by HIQA relating to the finances of a resident; however, the inspector was assured from a review of records, that this concern had been appropriately dealt with by the provider and there was no evidential risk to the resident.

The rights of residents were protected and actively promoted in this centre and residents were encouraged and supported to advocate for themselves. This included choosing how they lived their life and the people they spent time with. Residents had a broad and varied social life which they enjoyed with their peers in the centre, with friends in work and in the community, and with their families. Residents had also been supported during the recent COVID-19 pandemic to maintain these links through use of video calls and window visits, when face to face visits were limited. Residents were central in all decisions about their life and the support and care provided, and informed consent was received from residents. This included areas for example, financial decisions, health interventions and vaccinations. Residents were

also encouraged and supported to access education and training opportunities in a community college.

Adverse incidents in the centre were reported and recorded. The inspector found there was appropriate follow up to adverse incidents involving residents, for example, where a resident had fallen, there was a plan implemented to minimise known risks, and a daily plan of care to promote mobility in line with physiotherapy recommendations. Similarly the individual risks for residents had been assessed and appropriately responded to, for example, staffing in one house had been increased at night time, all staff were trained in the administration of emergency medications, and preventative communicative strategies were in place for residents to minimise the risk associated with known triggers.

Suitable measures were in place for the prevention and control of infection. There was sufficient personal protective equipment (PPE) available in the centre. Residents' and staff temperatures and symptoms were checked and recorded twice a day. The centre was clean and well maintained, and cleaning was completed three times a day. Staff were observed to adhere to public health guidelines including wearing face masks, carrying out hand hygiene, and maintaining social distancing. The provider had developed a contingency plan outlining the response to a suspected or confirmed case of COVID -19, and there were suitable procedures in the event of an outbreak of COVID-19 in the centre. Staff had also been provided with a range of training, including infection prevention and control, donning and doffing PPE, and hand hygiene. Residents had also been provided with information on COVID-19, social distancing, and alternative physical greetings. A detailed decision making process with residents was completed prior to consent being sought, and the administration of the COVID-19 vaccinations.

Suitable measures were in place relating to fire safety. Fire doors were in place throughout the centre along with fire alarms, fire extinguishers and blankets, and emergency lighting. The needs of residents had been assessed and there were personal emergency evacuation plans in place. A staff member told the inspector of the supports in place for evacuating a resident. Where risks existed in terms of evacuating residents, all reasonable measures had been tried to ensure a resident's safety in the event of a fire. In addition, a fire officer had attended the centre, and there were additional measures in place in the event a resident would not evacuate. Regular and timely fire drills had been completed including a night time drill. All fire equipment had been regularly serviced.

### Regulation 13: General welfare and development

Residents were supported to maintain personal relationships, and regularly met up with friends, family and significant others. Residents were supported to be actively involved in the community and accessed a broad range of community amenities both in a social and occupational capacity. Residents took part in activities of their own choice and where required were supported by staff to access activities both in

the centre and in the community.

Judgment: Compliant

### Regulation 26: Risk management procedures

Appropriate procedures were in place for reporting and responding to incidents in the centre with evidence of follow up to adverse incidents in the centre so as to mitigate potential future risks. Risks in the centre had been identified and the control measures outlined in risk management plans were implemented in practice. The inspector found risk control measures were proportionate to risks identified, and residents were supported to take positive risks in their everyday life. This meant that residents could experience a broad range of opportunities and learn new skills, while ensuring potential risks were minimised.

Judgment: Compliant

### Regulation 27: Protection against infection

Suitable measures were in place for the prevention and control of infection. The provider had developed a contingency plan and the measures outlined in this plan were in place on the day of inspection. This included the use of PPE by staff, appropriate hand hygiene, social distancing, enhanced environmental cleaning, and staff training. Suitable measures were also in place in the event of a COVID-19 outbreak.

Information had been provided to residents on COVID-19, vaccinations, and on alternative physical greetings.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire safety systems were in place in the centre. Regular and timely fire drills were completed including a night time evacuation. The needs of the residents in order to evacuate the centre had been assessed. Where issues had arose during drills, all reasonable measures to ensure residents were evacuated safely in the event of a fire had been taken. Suitable fire detection, containment and fire fighting equipment was provided, and had been regularly serviced. Staff had up-to-date fire safety training.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need, and the input of health care professionals formed part of these assessments. Personal plans were developed including personal, social and health care plans and residents were actively involved in the development of these plans. Plans were regularly reviewed with residents for example, residents met with keyworkers and reviewed the progress of goals, and developed new goals as they wished.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to achieve and maintain good health and had timely access to a range of healthcare professionals. Residents healthcare was monitored on an ongoing basis and the recommendations of healthcare professionals were implemented in practice.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported with their emotional needs and could access the support of a clinical nurse specialist and a mental health team. Behaviour support plans were in place and focused of positive preventative and proactive strategies to support residents to manage their emotions. Plans were regularly reviewed.

Restrictive practices were implemented and reviewed in line with best practice and there was evidence of restrictive practices being discontinued.

Judgment: Compliant

### Regulation 8: Protection

Residents were safeguarded by the procedures in the centre. Staff had been trained in safeguarding and were knowledgeable on the actions to take in the event of a

safeguarding concern.

A concern regarding the finances of one resident had been appropriately acted upon at the time and there was no evidential risk to the resident.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were protected and actively promoted in this centre and residents were encouraged and supported to advocate for themselves. This included making decisions about their personal and social care needs, and how they best wished to fulfil these needs. Residents also made informed decisions about their healthcare needs and were given the relevant information in order to make these choices.

Residents were also encouraged and supported to access ongoing education and training opportunities. The privacy and dignity of residents was found to be respected by practices in the centre.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant