



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

Issued by the Chief Inspector

Name of designated centre:	Fern Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	27 June 2024
Centre ID:	OSV-0004693
Fieldwork ID:	MON-0034340

About the designated centre

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

Fern services consists of two houses and provide residential service to five adults with a primary diagnosis of intellectual disability and who require moderate to severe support needs. Residents in this centre are facilitated with a home based day service and a day service where required. Both houses are located within walking distance of a medium sized town. Each house is provided with transport, which is also wheelchair accessible. A social model of care is provided throughout the centre and residents are supported by a combination of a nurse, social care workers, care assistants and community connectors. Residents are also supported at night by a staff member in each house on a sleep-in arrangement.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 27 June 2024	11:00hrs to 16:30hrs	Mary McCann	Lead

What residents told us and what inspectors observed

From observations by the inspector, speaking with staff, meeting the residents and reviewing information pre inspection and on inspection, the inspector found, that residents were supported to enjoy a good quality of life. Residents were supported by an established caring staff team who had good knowledge of what residents enjoyed. This centre is operational for approximately 10 years .The centre comprised of two houses which were located approximately 10 minutes' drive apart in a rural town. Both houses were detached single storey bungalows which provided a comfortable environment to residents. House A provided a comfortable home to three residents and House B which was a respite only service was registered to provide care to two residents. All residents had complex needs and were wheelchair users.

Staff spoken with had worked in the organisation for substantial periods of time with one staff telling the inspector they had worked in the organisation for over 20 years. Staff supported residents to pursue activities of their choice which included walking, swimming, bowling, going out for meals and going for drives to local towns and scenic amenities. On the day of inspection after meeting with the inspector in House A, the three residents accompanied by three staff went out to a local garden centre and to have lunch out.

Both houses provided a pleasant environment for residents to relax, listen to music or look at football books according to their interests. The provider had submitted an application to the Chief Inspector of Social Services requesting renewal of the registration of this designated centre. To assess this application this announced inspection was undertaken. The inspector contacted the person in charge in advance of the inspection to discuss arrangements which would best facilitate residents on the day of inspection. This was to ensure that as little disruption as possible to the daily routine of residents occurred. In preparation for this inspection the inspector reviewed all information that the authority has regarding this centre. This included previous inspection reports, notifications about certain events that had occurred in the centre that the provider and person charge must submit as part of the regulatory process. The provider had reviewed the statement of purpose and submitted this and all other information required for re-registration of this service.

The inspector commenced the inspection in House A. The person in charge, team leader and three other staff were available in the centre when the inspector arrived. All three residents were up and dressed and seated in the sitting room when the inspector arrived. They all looked well cared for. Residents were unable to communicate verbally. The lived experiences of residents were established through speaking with residents accompanied by staff who knew them well, observation, a review of documentation and speaking with the management team. The inspector engaged briefly with all three residents assisted by staff. Residents interacted in their own special way with the inspector and appeared to be content in the company of staff. Staff were communicating in a warm positive way with residents and some

sensory communication aids were available to assist with this. The management team told the inspector that they were concentrating strongly on developing communication strategies with residents and investing in assistive technology to assist with this. Staff had completed human rights training. Staff who spoke with the inspector stated that completion of the human rights training enhanced their knowledge of the importance of consent and autonomy and staff were aware of the principles of fairness, respect, equality dignity and autonomy (FREDA).

Residents' families were reported to all live locally and were involved in their family members' lives. Staff at the centre were very appreciative of this and were complimentary of the benefits of this to them and the residents. This was supported by a review of the documentation where it was recorded when families visited. Family members had been consulted about the quality of care in the centre as part of the annual review as is mandatory according to the regulations. An accessible vehicle was available to both houses which assisted with residents availing of meaningful activities.

The inspector arrived at House B in the afternoon when the residents returned from day services. The inspector was accompanied by the team leader, person in charge and the area manager. The inspector engaged with both residents. It was clear on entering house B where there were three staff available to the two residents, that the residents knew the management team who had accompanied the inspector. The two residents were joyous at the arrival of the management team and by the interaction of the staff with them. There was a real sense of a warm, pleasant, relaxed environment with the two residents delighted at the arrival of the management team and the inspector. One of the residents was looking forward to going to the nail bar to get their nails done, which they do on a regular basis and a discussion incurred around what colour they were going to have them painted. They were also very happy to show the inspector their handbag. On walking around both houses the inspector observed that the houses were homely, clean, and comfortable. Photographs of residents and their families were displayed which enhanced the personalisation of the houses.

Residents' bedrooms were decorated to their tastes, and there was sufficient communal space apart from their bedrooms to relax and engage in activities meaningful to them. A television was available in the sitting room area. A small sitting room was available for residents to meet visitors in private. The garden also provided an inviting space for residents to use. The kitchen was well-equipped. Good fire safety precautions which included fire alarms and fire-fighting equipment which was serviced according to requirements was observed. The house was clutter free which also enhanced the safety of residents.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that the provider had ensured that appropriate governance and management procedures were in place resulting in a well-run service, where there was adequate staff to meet the needs of residents, families were involved and the voice of the resident in the running of the centre was paramount.

The inspection was facilitated by the person in charge and social care workers working during the inspection. The person in charge was very experienced, and demonstrated an excellent understanding of the individual residents' personalities and needs. For example, they told the inspector about the residents' interests, preferences, and the health and social care interventions they required while in the centre, such as dietary supports, medication prescribed and allied health input.

The management team were very aware of the importance of communication for residents so that their voice is stronger. Supervision occurred regularly and staff spoken with said that they felt well supported. Team meetings occurred regularly and minutes were available of these meetings so that staff who could not attend were aware of any discussions undertaken. Topics discussed included residents' current needs, active inclusion of residents, infection prevention and control and fire safety.

The provider's arrangements for monitoring the centre included six monthly unannounced visits. An annual review was available for 2023 and a quality improvement plan was developed completed post this review and actions identified for action were addressed mainly by the person in charge. The annual review included residents' views which were positive and an easy to read version was available.

Registration Regulation 5: Application for registration or renewal of registration

All of the required documentation to support the application to renew the registration of the designated centre had been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary for the duties of the post. The person in charge was responsible for another designated centre. An on-call system was in place to support and guide staff out of hours should any emergencies arise.

Judgment: Compliant

Regulation 15: Staffing

An established staff team was in place. The staff team comprised nursing and social care staff. The person in charge maintained planned and actual staff rotas. The inspector viewed the staff rota over a three week period and found that the number and skill-mix of staff was appropriate to the needs of the residents and rota reflected the names and hours of the staff working in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training to include fire safety training, managing behaviour that is challenging, safeguarding, epilepsy management, personal outcome measurement training (POMS), safe administration of medication and human rights training.

- However, four staff had not completed refresher training in managing behaviours that are challenging.

The inspector saw that this was planned that these staff were booked to attend these on the 17 July 2024.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had maintained a directory of residents, which was up-to date and contained the information required in Schedule 3 of the regulations. For example, evidence was seen that this directory had been updated when a resident was transferred to hospital and upon their return to the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had a valid contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority and accountability. Management systems were in place to ensure that the service provided was appropriate to the needs of residents. The centre was adequately resourced to ensure the effective delivery of care and support to the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was in line with the requirements of Schedule 1 of the regulations. This gave a detailed outline of the service, facilities and care needs to be supported.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of their responsibility to notify the Chief Inspector in writing, where the person in charge proposed to be absent from the designated centre for 28 days or more.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

This provider was not required to submit a notification of procedures and arrangements for periods when the person in charge was absent as a full-time person in charge was in post.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were happy in the centre and were in receipt of a safe, quality service where staff were continually trying to enhance the lives of the residents.

All residents were facilitated to pursue activities of their choice in their local community; for example attending local events, having coffee in local cafés. In house activities were also available for example relaxing in the sitting rooms, listening to music and spending time in the garden. Residents' healthcare needs were assessed and personalised support plans were developed to guide the management of these needs. Staff supported the residents to attend specialist outpatient appointments.

Annual reviews were undertaken and goals in personal plans was detailed and were being achieved. Residents had access to multi-disciplinary supports such as behaviour therapy, psychology, speech and language and general practitioner services. One resident had significant health care issues and had the facilities of many specialist services for example advance nurse practitioner in epilepsy, a neurologist, and a gastroenterologist. This resident also had a very complex medication regime which was very detailed and nursing staff who worked in the centre had prepared detailed instructions on administration of same.

Alternative communication systems for example nonverbal cue cards and objects of reference systems were used by staff to communicate with residents. All residents had a digital and accessible technology (DAT) assessment completed. The provider had recently appointed an assistive technology expert and it was planned that they would work in collaboration with the speech and language therapy services in assisting with developing residents' communication plans. Tablets and other assistive technology communication devices were being trialled by staff to aid residents with their communication. The provider had a library of assistive devices that were available to the centre to pilot and if these were successful these would then be purchased. Staff used the residents' communication plan to ensure that residents were supported to communicate their views and choices. The inspector spoke with the person in charge, area manager and three members of staff and found that all staff displayed a very good knowledge of the care and support that residents required and their preferences in how this was delivered.

Staff had access to two separate vehicles to transport residents and there was adequate staff on duty to support residents to do individual and group activities. Information was available in an accessible format for residents for example personal goals were detailed in photographs and the residents guide was available in an easy to read version. The inspector found that appropriate practices for the management

of medications was in place and medicines were observed to be securely stored.

Regulation 10: Communication

This was an area that the provider had identified as requiring improvement particularly with regard to utilising assistive technology to promote residents' full capabilities. The registered provider was ensuring that residents were assisted and supported at all times to communicate in accordance with their needs and wishes. Communication supports required by each resident were outlined in their personal plans and some assistive technology devices were in the process of being trialled to aid residents with communication. Staff had prepared communication plans for residents and residents had access to the internet and some assistive technology aids.

Judgment: Compliant

Regulation 17: Premises

The provider ensured that the premises provided was of sound construction, in a good state of repair and met with the aims and objectives of the service. The centre provided a pleasant homely environment for residents to live in and was warm, well-furnished and personalised.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide that contained the relevant information outlined in the regulations and was developed in an easy to read version.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system where adverse incidents were responded to and reviewed. Learning was identified following incidents, and supports were implemented to reduce the likelihood of reoccurrence. The inspector found that

individual risk assessments had been developed for the residents and focused on reducing the risk of harm to residents and those supporting them.

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents. These were documented in personal and overarching risk management plans which gave detailed guidance to staff to assist them to keep residents safe. These measures included provision of adequate staff, suitable clean well maintained premises, access to transport and good fire safety arrangements.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medicine practices related to one resident who had a very complex medication regime. The inspector found that the practices, including the storage and administration of medicines, were appropriate and in line with best practice. Clear instruction on medication administration and the rationale for same was in place. There were arrangements to ensure the safe delivery of medicine administration. For example, staff had received training on the safe administration of medicine.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plans in place which reflected these needs and were reviewed annually. These plans assisted staff in the delivery of safe, quality and person-centred care.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a range of allied healthcare professionals, to include speech and language therapy, behaviour support, psychiatry, physiotherapist and occupational therapy. Comprehensive person-centred care plans were in place to support staff to meet the assessed needs of residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Restrictive practices that were in place related to safety and security measures for the residents. For example; one of the residents had safety harness for showering on the advice of the physiotherapist. Staff were ensuring that this was used for the shortest period of time. A sound monitor was in one resident's bedroom and was switched on at night so as to allow the resident to communicate that he was aware and staff would check on them. All restrictive practices had been sanctioned by the human rights committee. Staff stated, and documentation supported, that residents had good access to specialist behaviour support services. A policy on positive behaviour management was in place.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Fern Services OSV-0004693

Inspection ID: MON-0034340

Date of inspection: 27/06/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>2 staff members completed the outstanding Mandatory CPI training on the 17th of July 2024. 2 staff members were unable to attend due to unforeseen circumstances. 1 staff is now scheduled to attend the outstanding training on the 27th of August 2024. 1 staff member is leaving the organisation to commence career break on the 7th of August 2024</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	27/08/2024