



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

Issued by the Chief Inspector

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| 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: | Announced |
| Date of inspection: | 01 April 2022 |
| Centre ID: | OSV-0002989 |
| Fieldwork ID: | MON-0027670 |

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.

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| 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 (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 |
|---------------------|----------------------|-----------------|------|
| Friday 1 April 2022 | 09:25hrs to 17:30hrs | Caroline Meehan | Lead |

What residents told us and what inspectors observed

From meeting and talking with residents about their lives, experiences and goals, the inspector found residents were enjoying a fulfilling and varied lifestyle and were actively involved in their local communities. The care and support provided was led by residents' needs, aspirations and choices, and there were skilled and knowledgeable staff in the centre to support them.

The centre could accommodate ten residents and the inspector met with eight of the residents on the day of inspection, and two residents were at home with family. The inspector visited the two units that made up this centre on the day of inspection. All of the residents appeared comfortable and happy in their homes, and there was a relaxed atmosphere in the centre.

On the morning of the inspection, the inspector visited the first unit which was located in a large town, within walking distance of a range of amenities. Two of the residents were getting ready to go to day services and spoke briefly to the inspector. One of these residents spoke about a photo shoot they were recently involved in, and later in the day the person in charge showed the inspector photos of this modelling event, which was one of the resident's personal goals.

Another resident showed the inspector their bedroom and living room, and spoke to the inspector about their plans for the day. The resident told the inspector they continue to work three days a week, and go to a day service one day a week. The resident was planning to go to an aqua aerobics class later in the morning, and had recently started to work on a goal to walk to work independently. This resident had been away with their significant other since the last inspection, and had an upcoming night away also planned. Residents living in this unit chose how they wished to spend their day, for example, one resident liked to walk to a local shrine daily, and staff spoke positively with the resident about the people he met on these walks.

In the second unit, the inspector met three residents, and briefly spoke to another resident at the end of the inspection, after they returned from an appointment. Two of the residents showed the inspector their bedrooms which were spacious, decorated in the way the residents preferred, for example, with personal items, pictures and choice of paint colour. Both residents said they liked living in the centre, and one of the residents said the staff were great. One resident spoke about how they independently walked to work and to the nearby village, and had got their hair done earlier in the day. Another resident was currently working on a project to upcycle furniture, and showed the inspector the progress they had made with this.

The inspector found the rights of residents to lead their life as they wished was respected and promoted in the centre. Residents made the decisions about their care and support and were supported with positive risk taking, enabling them to lead active and fulfilling lives. For example, traffic lights had been installed on a

busy road outside one of the units, which had enabled residents to safely cross the road. This meant that residents could, if they wished, independently access a range of amenities, which one of the residents chose to do on the day.

The inspector observed that staff consistently offered residents choice, for example, where they would like to go out to eat that evening, the choice of food at lunchtime, and as an afternoon snack. Similarly, when a resident asked about visiting their sibling in the afternoon, the staff followed up on this request. Two of the residents were active members of their local parish, and regularly attended church events throughout the week. Residents were also consulted about the organisation of the centre and took an active role in the running of the centre. For example, residents were supported by staff to grow fruit and vegetables, which were used in meal preparation. One of the residents really enjoyed gardening and had just finished some planting of pots on the patio in the centre. The staff explained the importance of this work for the resident, in supporting them in being active and in their sense of achievement.

The inspector reviewed nine questionnaires, completed by residents or on behalf of residents prior to this registration inspection. All residents expressed they were happy in their homes, and got on well with their peers. They also documented they were happy with the choice of activities and meals provided in the centre, the arrangements for visitors, and with the support they received from staff.

Both units of the centre were homely, warm and well maintained and each of the residents had their own bedroom, enabling them to have privacy if they so wished. The centre was decorated with residents' artwork, as well as their personal photos. The layout of the centre meant that residents could spend time together in comfortable sitting rooms, dining rooms and furnished rear gardens, as well as welcome visitors into the centre.

Staff were observed to have kind, caring and respectful interactions with residents, and knew their needs, preferences and communication styles well. For example, staff were observed to interpret both verbal and non-verbal communication cues of residents, and also to interact with them as per their communication plans and stated preferences.

Residents were supported to maintain links with their families and friends, and there was an open visiting policy in the centre. Some residents went home to visit family, while some residents met with their families in the centre, or called them on the phone. They also met up with their friends for coffee or a meal out, and went to regular social events and parties with their friends.

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 impacted positively on the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place to ensure the service provided was safe and effective in meeting the residents' needs. The provider had ensured appropriate resources were provided in the centre, and the centre was monitored on an ongoing basis. High levels of compliance were found on inspection with all 25 of the regulations inspected found to be compliant.

This inspection was carried out following an application by the provider to the Health Information and Quality Authority (HIQA), to renew the registration of this centre, and a full application was received. The statement of purpose was found to be reflective of the services, facilities and management arrangements in the centre.

There was a clearly defined management structure in the centre and staff reported to the person in charge. The person in charge reported to a person participating in management, and they had regular monthly meetings to review the care and support of residents in the centre. The person participating in management reported to the regional director, who reported to the chief executive officer. There was also a clinical nurse manager employed who reported to the person in charge. The clinical nurse manager provided managerial support in the centre on the days the person in charge was not on duty. Staff told the inspector they could raise concerns with the management team about the care and support provided to residents if an issue arose.

The person in charge was employed in a full-time capacity and had the required experience and qualifications to fulfil the role. The person in charge also had responsibility for three other designated centres in the service, and the inspector found that this arrangement was satisfactory to ensure the effective governance and operational management of the centre.

The provider had ensured there were sufficient resources deployed in the centre in terms of staffing, premises, equipment and vehicles. There were two staff on duty each day in each of the units, and one waking night staff in each unit. Staffing comprised of social care workers and health care assistants, and from speaking with some staff, the inspector found they were knowledgeable on the residents' needs and support requirements. There were no volunteers currently employed in the centre.

The provider had systems in place to monitor the services provided and there were a suite of audits conducted in the centre. These included audits on medicine management, infection control, fire safety and residents' finances and all identified issues were dealt with through actions. For example, an infection control audit had identified the need for some chairs to be replaced, and these had either been purchased or ordered. Similarly, a fire audit in November identified the need for some staff to attend refresher training, and this training had since been provided.

A six monthly unannounced visit by the provider had been completed in December

2021 and all actions were either complete or in progress on the day of inspection. An annual review of the quality and safety of care and support had been completed for 2021, and the views residents and their representatives had been sought as part of this review. The annual review concluded with plans for the upcoming year, and the inspector found all these plans were in progress on the day of inspection.

There was a system in place for managing complaints in the service. Records were maintained of any complaints or compliments received in the centre, and there were no current complaints in the centre. The procedure for making a complaint was available in accessible format and residents had a copy in their own accessible personal plan, and on display on notice boards. There were records of a number of compliments which had been given by family members acknowledging their satisfaction with the care and support their loved one received in the centre.

An up-to-date directory of residents was maintained in the centre, and all records as per Schedule 2, Schedule 3 and Schedule 4 were available in the centre.

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre, who had the required skills, experience and qualifications to manage the centre. The person in charge was a registered nurse, and had a significant nursing and managerial experience. The person in charge was responsible for three other designated centres, and the inspector found this arrangement ensured the effective governance and operational management of the centre. The person in charge attended the centre regularly, and was supported in their role by a clinical nurse manager and by a person participating in management.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff in the centre with the right skills, qualifications and knowledge to meet the needs of the residents. Staff were knowledgeable on residents' needs and on the plans in place to support residents. The centres was staffed by social care workers and healthcare assistants. There were two staff on duty during the day in both units and one staff in a waking capacity, in both units at night time.

Planned and actual roster were appropriately maintained, and consistent staff were provided in the centre. Nursing care was provided by the person in charge and the clinical nurse manager if required, and residents also had the support of a clinical nurse specialist in health promotion.

Schedule 2 documents had been reviewed at a date prior to the inspection, and all of the required documentation was available on that day.

Judgment: Compliant

Regulation 19: Directory of residents

A complete and up-to-date directory of residents was maintained in the centre.

Judgment: Compliant

Regulation 21: Records

All of the records as per Schedule 3 and Schedule 4 of the regulations were available in the centre on the day of inspection.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted a copy of their insurance, as required for the renewal of registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

The management systems had ensured the service was safe and effective in meeting residents' needs, and the service was monitored on an ongoing basis. The provider had sufficient and appropriate resources in the centre in terms of staffing, premises, transport and equipment for residents' use. There was a clearly defined management structure, and staff could raise concerns about the quality and safety of care and support should the need arise. There were six weekly staff meetings, and issues and new developments relating to residents' care and support, and the organisation of the centre, were discussed at these meetings.

There was ongoing monitoring of the services provided through scheduled audits, and a six monthly unannounced visits by the provider, and all actions arising from

audits were either complete or in progress on the day of inspection. An annual review of the quality and safety of care and support had been completed, and input had been sought from residents and their families as part of this review.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been no admissions to the centre since the last inspection. Residents had been provided with a written agreement which set out the services to be provided, the fees to be charged and any additional fees for which the resident may be responsible

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was available and had been submitted to HIQA as part of the application to renew the registration of the centre. The statement of purpose contained all of the information as per Schedule 1 of the regulations, and was reflective of the services, facilities and arrangements in the centre.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers currently employed in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured notifications had been made to HIQA as required, reporting incidents or practices.

Judgment: Compliant

Regulation 34: Complaints procedure

There were systems in place for the recording and investigation of complaints in the centre, and a complaints log was maintained. There were no recent complaints in the centre. The complaints procedure was available in accessible format for residents. There were two complaints officers appointed in the service, and information for residents on who to contact in the event they had a complaint was prominently displayed on notice boards.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had developed and maintained up-to-date policies and procedures as per Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Residents' wellbeing and welfare was maintained by a good standard of care and support. The care and support centred around the decisions residents made about their life and around their assessed needs. There was a focus on positive risk taking for residents which enabled them to enjoy a varied lifestyle, try new experiences, and to maximise their independence skills.

Residents' needs had been assessed, and personal plans took into account assessed needs, residents' wishes, and any recommendations by healthcare professionals. Plans were reviewed regularly including monthly review of personal goals. This meant that residents were supported on an ongoing basis to promote their personal development, while availing of opportunities for community participation and for maintaining personal relationships. Residents' communication needs had also been assessed and the inspector observed that staff supported residents with specific communication needs in line with their communication passports. Residents were provided with communication aids such as picture schedules and electronic tablets to support their communication.

The nutritional needs of residents had also been assessed, and where required additional assessments had been completed by a speech and language therapist. A staff member described the specific modifications and supports a resident required

with their diet, in line with the professional recommendations, and the inspector observed this was implemented in practice. Residents were provided with plenty of choices for their meals and planned the meals they would prefer to have during the week. The inspector observed that residents were given the option to choose what they wished to eat, and there were sufficient nutritional and varied food available should residents wish to choose an alternative meal.

Residents maintained control over their possessions, and support was provided, where required, for residents to manage their finances. Residents' finances were safeguarded by practices in the centre which included auditing of residents' finances and a robust recording of any money spent by or on behalf of residents. There were no current safeguarding concerns in the centre. All staff had up-to-date training in safeguarding. Intimate care plans guided the practice in ensuring residents preferences regarding their care was respected, while ensuring residents' privacy and dignity was maintained.

Residents' rights were upheld in the centre and residents were central in decision-making about their care and support. For example, residents were involved in the development of their personal plans, they decided on a day to day basis where they would like to go and who they would like to meet up with, residents met with their keyworkers monthly and reviewed the progress of their goals, setting new goals as they wished, and residents met every week, and together as a group decided on plans for the upcoming week. Consequently, the day to day organisation of the centre was centred around these decisions made by residents, with staff respectfully providing the required support, while recognising and encouraging residents with their independence skills.

There were no current visiting restrictions in the centre, and there was ample room for residents to welcome visitors into their home if they so wished. Both units were clean and well maintained overall. Some works to upgrade the kitchen and flooring of one unit of the centre had been identified and agreed with the housing agency. The inspector received confirmation following the inspection that these works were at costing stage, with some of the work due for completion by the end of June 2022.

Adequate measures were in place for the prevention and control of infection, and staff were observed to adhere to public health guidelines including wearing FFP2 masks, regular hand hygiene, and attending to environmental cleaning. Information regarding public health guidelines, hand hygiene and vaccinations was available in the centre, and the risks relating to the COVID-19 pandemic had been assessed with preventative and preparatory measures outlined. The provider had developed a contingency plan which outlined the actions to be taken in the event of a suspected or confirmed case of COVID-19 in the centre.

Risks in the centre had been identified and assessed, and measures were in place to mitigate the risk to residents, visitors, and staff. For example, assistive equipment to assist in the prevention of falls was provided to residents, an identified risk relating to evacuation of the centre had been tested, and an alert system was in place for staff working alone and was tested weekly. There had been some minor incidents in

the centre since the last inspection, and there was evidence that these incidents had been reviewed to inform learning.

Safe and suitable practices were in place for medicines management. A staff member outlined these practices to the inspector including the ordering, receipt, storage, prescribing, administration and disposal of medicines, and the inspector found all practices were in line with national guidelines. Some residents, where they preferred, took responsibility for their medicines following an assessment of their skills, needs and wishes.

Regulation 10: Communication

Residents' communication needs had been assessed, and the support they required were set out in detail in communication passports. The inspector observed that staff communicated with residents consistent with their support needs, for example, using electronic devices, picture schedules and active listening. Residents had access to media such as the internet, television, radio and phones.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to welcome visitors into the centre including their friends and family, and there was ample room in both units for residents to receive visitors. There were no restrictions on visitors to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents retained control over their own possessions and adequate storage was provided to residents to store their belongings. Residents were supported as needed with their finances and could access their money as they wished.

Judgment: Compliant

Regulation 17: Premises

The premises comprised of two units which were homely, clean and overall well maintained, and there was adequate facilities for residents to receive visitors, to cook their meals, and to launder their clothes if they wished. Each of the residents had their own bedroom, which were decorated as per residents' preferences. There were sufficient numbers of bathrooms and assistive equipment provided to ensure residents safety, and maintain their mobility. Each of the units had adequate outdoor space, which residents used for entertaining, eating outdoors and doing some gardening. The provider had identified the need for some upgrades to the premises to be completed in one unit and plans were progressing on this work.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with varied and nutritious meals, of their choosing, and there was ample supply of fresh food available should a resident wish to have an alternative meal. The nutritional needs of residents had been assessed, and modified diets were provided in line with recommendations by speech and language therapist. Staff were knowledgeable on residents' specific dietary preferences and support needs. Food was observed to be safely and hygienically stored and prepared. Residents were encouraged to buy and prepare food.

Judgment: Compliant

Regulation 20: Information for residents

The provider had submitted a guide for residents to HIQA as part of the application to renew the registration of this centre. The residents' guide contained all of the required information.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There had been no temporary absences of residents from the centre since the last inspection. There were no planned transitions into the centre, or planned discharges of residents out of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had an up-to-date risk management policy which included the measures and actions to control the risks as specified in Regulation 26(1)(c). Risks in the centre had been assessed, and the measures to mitigate risks were set out in risk management plans and implemented in practice. There were systems in place to respond to incidents, including recording of incidents and reviews of emerging risks so as to inform learning. The inspector reviewed a vehicle used to transport residents. Up-to-date insurance and a certificate of road worthiness was available. The vehicle was cleaned after each use and a daily safety check was completed by staff. Four weekly checks of the vehicle were completed by a local garage.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable measures were in place for the prevention and control of infection. The provider had developed a COVID-19 contingency plan and risks relating to COVID-19 has been assessed, with preventative infection control measures put in place, and clear guidance in the event of a suspected or confirmed case of COVID-19. Up-to-date public health guidance was available and staff were observed to adhere to guidance such as the use of FFP2 masks, hand hygiene and regular environmental cleaning. Residents', staff and visitors' temperature and symptoms were checked as required. There were sufficient supplies of personal protective equipment (PPE).

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Suitable and safe practices were in place for medicines management. Residents availed of the services of local pharmacies, and residents went with staff to collect their medicines if they wished. The inspector reviewed practices in one unit with a staff member. Medicines were securely stored. Medicine stocks were checked weekly and PRN (medicine given as needed) medicine stocks were audited weekly. There was a system in place for the safe disposal of medicines and out of date or unused medicine was returned to the pharmacy and signed by the pharmacist on receipt.

Prescription records contained all of the required documentation, and administration records were complete. PRN prescription records stated the circumstances under which the medicine should be administered, and the maximum dosage in 24 hours was documented. Residents were supported to self administer their medicines

following an assessment of their wishes and of the potential risks.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had a comprehensive assessment of their needs, which informed personal plans. Assessments and personal plans involved input from residents, their representatives, staff in the centre and the relevant multidisciplinary team members. There were regular reviews of personal plans. Residents had been supported to develop personal goals, and met with their keyworker monthly to review the progress of these goals and set new goals if they wished. Residents had their personal plans available in an accessible format.

Judgment: Compliant

Regulation 8: Protection

Residents were supported with policies and practices in the centre. There were no current safeguarding concerns in the centre. The practices relating to the management of residents' money meant that residents finances were safeguarded. For example, records were maintained of all monies received and spent by or on behalf of residents and corresponding receipts were available.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were actively promoted in the centre, and residents made decisions on how they wished to live their life and on the care and support they received. These included decision making processes in residents' meetings, personal plans development, monthly goals reviews and in the day to day interactions with staff in the centre, which informed the organisation of the centre. Residents had access to advocacy services and information on how to access this service was available in the centre. There were systems in place to ensure residents privacy and dignity was respected including secure storage of personal information, supporting and respecting personal relationships, the provision of intimate care and respecting residents' private personal space.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|-----------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence, transition and discharge of residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |