



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

Issued by the Chief Inspector

Name of designated centre:	Fernhill Lodge
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	17 February 2025
Centre ID:	OSV-0008876
Fieldwork ID:	MON-0044987

About the designated centre

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

Fernhill Lodge is a designated centre which is registered to provide a residential service for up to five male or female adults with intellectual disability, autistic spectrum or mental health diagnoses. The objective of this service is to promote independence and maximise quality of life in a homelike environment, and to encourage and support residents to participate in their community. The centre consists of a two-storey house in a rural area of County Kildare, with each resident having a private bedroom and access to shared living, dining and garden facilities. The residents are supported by a full-time team of social care personnel, with access to nursing support as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

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
Monday 17 February 2025	10:00hrs to 19:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this inspection, the inspector had the opportunity to speak with and observe interactions between the residents and their direct support staff, observe the living environment of the residents' home, and review documentary evidence on the residents' supports and routines, to form judgments on the quality and safety of care and support provided to residents in this centre.

Three residents were living in this centre at the time of this inspection. One resident was staying with family during this visit, so the inspector had the opportunity to meet two individuals. A fourth resident was in their pre-admission stage, and had been supported to visit the centre and have their belongings set up in their future bedroom before they moved in. One resident told the inspector they were aware that a new person would be joining them in their home. The inspector was provided evidence that all the current residents, and/or their representatives, had been afforded the opportunity to visit the house and spend time with the other residents as part of the provider's assurance that they were compatible and would get along together.

Each resident had a private bedroom in the house. One resident did not want to live in an upstairs bedroom and elected to sleep in a living room since their admission. In response to this wish, the provider had recently relocated the sitting room upstairs and converted the downstairs room into a bedroom, which this resident was happy to sleep in, and restored an available communal area for their peers to use. The provider had attached privacy film on the windows to protect this person's dignity.

One resident attended a day service four days a week. Two residents did not currently have an active day service placement and were primarily supported through this centre. One resident showed the inspector their plan for the week ahead, and told them what they liked to do in the community, including swimming, going to the cinema and church, and going to a leisure centre. One resident had a birthday coming up soon, and the resident showed the inspector how they had time scheduled to sit down with staff and plan out on what they wanted to do and who they wanted to attend. The resident also showed the inspector their photos, scrapbooks and awards, and told them about their family and friends. The inspector and resident also chatted for a while about television shows, before the resident was encouraged to get ready for a hike. The inspector observed one of the front-line team patiently but firmly giving the resident specific timeframes by which to be ready, which encouraged them to stay on track with their planned schedule instead of staying in bed into the afternoon.

The house was clean, bright and spacious, appropriately decorated and featured photographs of the residents spending time together at home and in the local area. Each resident had sufficient space in their rooms for their clothes and belongings, and space to store mobility equipment away neatly. Residents were supported to

evacuate in the event of an emergency and had been included in practice evacuation drills.

The inspector reviewed guidance to staff related to healthcare needs, social care supports and medicines. One resident was finding success in engaging with a healthy eating and weight management plan. The provider had composed guidance for staff to support them to understand the words, gestures and vocalisations one resident used, this supported the person to be understood and have their voice heard. Where necessary, referrals had been made to have plans developed further with the support of healthcare professionals. One resident had experienced a period of increased anxiety and distress which had resulted in an increase in incidents posing a risk to themselves and others. The provider had responded to this escalation period by developing a set of new and revised risk controls and staff directions to manage these risks and improve the residents' adherence to healthy routines and engagement with meaningful activities. Where applicable, risk controls were discussed with the resident and their decision supporter.

The inspector observed records of individual discussions with residents, which were used to make plans, provide updates and raise concerns. Topics included community participation and activation, household chores and life skills being developed, and upcoming appointments. Residents were advised in advance of this inspection, and the inspector also observed evidence of discussion with residents following safeguarding concerns which involved them. Residents were being supported to meet with friends and attend family events, with examples observed of notes to staff to ensure cars and drivers were available.

All three current residents, and two family members, had availed of written surveys issued in advance to tell the inspector what they thought of the centre. All respondents spoke positively on their ability to stay in contact with their loved ones, and how the staff kept them informed on what was happening in the centre. Survey responses commented positively on staff, and residents said that they felt safe in their home.

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

Capacity and capability

This designated centre was registered by the Chief Inspector of Social Services for three years in September 2024, though the centre was not occupied until November 2024. The purpose of this inspection was to assess the registered provider's regulatory compliance in this designated centre, including how residents were supported in their new home and how the new staff team were supported in their roles and responsibilities. The inspector used solicited and unsolicited information

received by the Chief Inspector of Social Services to inform lines of enquiry on this inspection. This inspection was announced a month in advance to afford residents and their representatives the opportunity to participate in the inspection and communicate their opinions and feedback to the inspector.

The inspector found this service to be appropriately resourced, with a management and oversight structure which facilitated continuous improvement and staff accountability, and communication channels by which residents and front-line staff were kept up to date on topics meaningful to them. The designated centre, staff team practices and training, care planning and incident reporting were subject to quality audits at a local level, which were verified and overseen by provider-level management. The inspector observed evidence to indicate that the auditing, reporting and risk escalation structures were sufficient to ensure that the provider was informed of the effectiveness and safety of the service in its initial months of operation. Where there had been a substantial increase in identified risks, timely review and revision of service effectiveness was carried out to address the risks and demonstrate the provider's assurance that the service could meet residents' support requirements.

Registration Regulation 8 (1)

Since being registered, the provider had made changes to the centre which required them to apply to amend the conditions of their registration under the Health Act 2007 (as amended). The provider had done so within the requisite timeframes, and could demonstrate that the changes were appropriate and had a positive impact on the residents' lived experience.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed information submitted regarding the experience and qualifications of the person in charge, and met with them during this inspection. The person in charge worked full-time supernumerary hours across two designated centres, with appropriate support in this centre by two staff in team lead roles.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed documentary evidence which indicated that in the main

there were sufficient staff based on the number and assessed needs of the residents, including two staff working waking night shifts. There was some duplication of records of worked rosters which presented different information on who worked in this centre; this was brought to the attention of the person in charge who provided clarifying information. The inspector reviewed a sample of four personnel files for staff in this centre, which contained information required under Schedule 2 of the regulations including information on work references, qualifications and vetting by An Garda Síochána.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed records of audits and meetings from January 2025 including team meetings, local audits by the person in charge, and governance reviews by provider level management. The inspector also observed that this centre was suitably resourced with staff, premises, equipment and vehicles based on the number and assessed needs of the residents.

The centre had a clear accountability and deputation structure, with the person in charge supported by two team lead roles. The person in charge had conducted audits in January 2025 in which they had identified actions required to bring the provider into regulatory compliance, including gaps in mandatory training, how to support and protect residents' finances, and actions required to be assured of fire safety and infection control practices. The provider management maintained oversight of the service, and in the main the findings of the local audits were corroborated and verified by the provider audits, with specific and measurable objectives set out for the team.

The inspector observed evidence that trends and patterns in risks and adverse incidents had been escalated in a timely fashion for the attention of the provider. As referenced elsewhere in this report, the provider set out an urgent review to determine the continued suitability of this centre in meeting the needs of one resident based on identified risks, with the support of the multidisciplinary team. The inspector observed evidence that specific and measurable quality improvement actions had been taken, and how the provider was assured that these were leading to improvement in support delivery, staff practices, and the improving trend of the severity and frequency of adverse events.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

<p>The inspector was provided a policy on admissions dated October 2021, and documentary evidence of pre-admission processes completed for the residents who had been admitted to the centre since the service was registered in 2024. These records indicated that residents had been facilitated to visit the house and socialise with their new housemates prior to admission. One resident who had not yet started living in this centre had been supported to move their belongings into their new bedroom and have it ready for when they moved in. The inspector observed that the current residents had a contract signed between the provider and themselves, or their representatives, which outlined the terms and conditions associated with living in this designated centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>The provider had composed a statement of purpose for this designated centre, which contained information required under Schedule 1 of these regulations.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>The inspector reviewed records of incidents, injuries and adverse events occurring in this centre, and found that the provider had submitted notifications of same to the Chief Inspector of Social Services within the required timeframes.</p>
<p>Judgment: Compliant</p>
<p>Quality and safety</p>
<p>In the main, the inspector observed that residents were in receipt of person-centred, tailored and meaningful care and support based on their assessed personal, health and social care needs. Guidance related to eating and drinking, positive behaviour support, communication, and activities of daily life were person-centred, based on historical and current evidence, and referred to external professionals as required. Where personal support plans and risk controls were identified to not be effective in supporting residents' needs and keeping people safe, the provider had conducted an urgent re-assessment of needs, and revision of risk analyses and support plans, so they could be assured that this centre could remain the most effective home for</p>

them.

The physical environment was safe, accessible, clean and in a good state of maintenance, and equipped to detect, contain and alert people to fire or smoke. Where residents were subject to restrictive practices to control certain risks, the inspector observed evidence that these were clearly linked to specific risks, and considered to ensure the nature of the restraint was the least restrictive option necessary to address the associated risk. Staff demonstrated a good knowledge of the purpose and protocols related to medicines used by residents, with an action required to ensure that prescribed modifications to medicines were clearly transcribed into records and prescription sheets.

Regulation 10: Communication

The inspector reviewed communication support plans for two of the three residents during this inspection. These provided guidance to staff in supporting residents to be understood and communicate their feelings and choices, in particular when they used means other than being fully verbal when communicating. Instructions and advice around sounds, gestures and individual words used by residents and what they meant, was set out in a plain fashion for easy reference by staff. These plans were under development as staff got to know residents more, and the inspector was provided evidence of one of these plans being referred to a speech and language therapist for review to enhance these further and maximise their use.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre was suitable for the number and assessed needs of residents. Residents were provided multiple communal spaces including smaller sitting rooms to spend time alone or with others. Bedrooms were sufficient in size to facilitate personal storage of clothes and belongings, and to allow personal equipment to be stored neatly away so as not to diminish the homeliness of the living spaces. Where one resident had expressed a wish for changes to be made to their bedroom arrangements, this had been supported in a timely manner. Residents had access to suitable dining, bathroom and garden spaces. The house was clean and well-maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed healthy eating and weight management planning for residents, which had been referred for nursing and dietitian review as required. Progress in these plans was being monitored for effectiveness, with the provider demonstrating that one resident had successfully lost 15 kilograms since their admission. Residents were provided healthy and varied meals and snacks in the house, while also supported to enjoy takeaways and fast food as an occasional treat.

One resident used a percutaneous endoscopic gastrostomy (PEG) system for nutrition and hydration, and this inspector observed detailed and person-centred guidance and instructions provided to staff on how to use the system and ensure it was working effectively and safely.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the provider's policy on risk management, dated October 2022, active risk assessments related to the centre and the residents, and records of incidents, accidents and adverse events which had occurred in the centre since residents moved in in November 2024.

The centre's incident log contained 44 incidents which were part of a pattern of risk in the centre. Specific risks associated with this trend had been individually risk assessed and had control measures and actions set out to reduce the level of risk. The inspector observed that 26 of these incidents took place in January 2025, and that the increase in adverse events had been escalated to the service provider for urgent review. The provider supplied information to the inspector on multidisciplinary risk review which had taken place to determine if the centre was the most suitable placement for the associated resident's needs, and what actions and risk controls were to be implemented and evaluated to make this decision. The inspector was advised that the risk controls set out were having a positive effect on the relevant risks and had resulted in a decrease in the seriousness and frequency of incidents in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector walked around the premises and observed the house to be suitably equipped with fire extinguishers, fire rated doors, emergency lighting and an addressable detection and alarm system. Exits which were locked with keys had

emergency keys readily available to remove potential delays in reaching the outside assembly point. The provider had conducted practice evacuation drills, and was assured that the premises could be safely evacuated in an acceptable time during the day or night in an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were appropriately stored in the designated centre, and readily available in the centre for the residents. Protocols for PRN medicines (administered only when required) were accessible to staff. The inspector reviewed prescription sheets and administration records for two of the residents with front-line staff, who demonstrated a good knowledge of the purpose and dosage limits of medicines prescribed. Staff advised that some medicines needed to be crushed before being given to a resident, however when transcribing details into the resident's prescription list, the instruction from the prescribing doctor to crush tablets had been left blank for four medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the assessment of health, personal and social care needs for two of the residents, and the care and support needs developed based on the findings of these assessments. In the main, the provider had developed support plans per the assessed needs and risks identified in the months since admission, and care plans were subject to audits which had identified where plans required further detail or completion. In the sample of plans reviewed by the inspector related to nutrition, weight management, behaviour support, restrictive practices, personal hygiene and communication, in the main the inspector observed these plans to be tailored to each individual, and contained notes of open referrals to healthcare professionals, and their recommendations following these reviews, to further enhance staff guidance.

The provider was required to conduct an urgent assessment of need in January 2025 in response to a substantial escalation in the frequency and risk of adverse events in the centre. This review collated information collected from incidents, restrictions required, and input from relevant health and social care professionals. A set of actions required at provider and local level were set out, which the inspector observed to either be in progress or completed at the time of this inspection. The provider had concluded that the designated centre would continue to be suitable for the associated resident pending the effective implementation of additional risk

controls and revised support plans and staff guidance.
Judgment: Compliant
Regulation 6: Health care
In reviewing care and support plans and observing comments in quality reviews, the inspector found evidence that residents' assessed needs and personal plans were subject to review by healthcare professionals, including but not limited to psychiatry, occupational therapy, dietitian, chiropody, speech and language therapy and community nursing.
Judgment: Compliant
Regulation 7: Positive behavioural support
<p>The inspector reviewed behaviour support plans for residents who expressed frustration or anxiety in a manner which presented a risk to themselves or other people, and the means by which these were kept under review following changing needs and adverse events. The inspector observed examples of how the provider had recorded where behavioural presentations identified in the residents' histories had not presented in their time living in this centre, and conversely where new behaviours had been identified in this setting. This allowed the positive behaviour support plan to contain relevant and current information to adequately guide staff on triggering factors, antecedent presentations and safe responses. Where incident analysis identified a new behaviour of risk, risk control measures including changes in staff profiles and restrictive practices had been introduced.</p> <p>The residents in this centre were subject to restrictive practices including physical, environmental and rights-based restraints. The inspector was provided evidence of how the introduction of these restrictions was decided, and how these were kept under review to ensure their rationale was clear, and that the exact nature of the restriction presented the lowest impact to the resident and was done in agreement with the resident or their representatives. For example, in one instance rather than restricting access to electronic devices entirely to reduce an identified risk, the resident was consulted and satisfied to have the SIM card removed from their device so that they could still use it to browse the Internet and watch videos. The inspector observed examples of where restrictive practices had been reviewed by provider management and psychology support and evaluated to be assured that restrictions were proportionate to the associated risk. Risk assessment indicated that the impact of having the restraint was outweighed by the positive benefit of having it, such as where evidence indicated it had improved residents' anxiety, sleep quality and engagement with a healthy and positive routine. The inspector observed where</p>

restrictive practices were scheduled for their next review in a timely fashion to justify their continued need or opportunities to amend them.

Judgment: Compliant

Regulation 8: Protection

The inspector observed evidence that each incoming resident was provided the opportunity to visit the centre and that any potential peer incompatibility or safeguarding concern was identified prior to admission. There had been limited safeguarding concerns reported between peers since this service opened, and where incidents had occurred, they were fully reviewed to reduce risk of recurrence and keep people safe. Where there was a reported or suspected safeguarding concern related to staff members, they had been removed from duty pending the outcome of an investigation. Safeguarding concerns were reported to the Health Service Executive safeguarding and protection team, and An Garda Síochána as required. The inspector observed examples of where the outcome of investigations were discussed with residents afterwards. Residents commented that they felt safe and protected in the centre.

Staff were provided person-centred guidance related to personal and intimate care to ensure residents' privacy, autonomy and bodily integrity was protected. Some modifications had been made to the premises such as frosting a bedroom window to protect a resident's privacy and dignity. The inspector observed evidence of the provider in the process of liaising with residents and their representatives, to ensure that they could carry out suitable protection measures for residents' property and finances.

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 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Fernhill Lodge OSV-0008876

Inspection ID: MON-0044987

Date of inspection: 17/02/2025

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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A full review of all Kardex's has taken place within the centre by the Person in charge and the Assistant Director of the Centre.</p> <p>All guidance provided by GP's in relation to the method and route of medication administration has been verified and recorded appropriately. Staff are aware and familiar with this guidance.</p> <p>Monthly Medication Audits are carried out by the Person in Charge or the Community Nurse to ensure residents Kardex and prescriptions are accurate. Any actions generated through these audits are rectified in a timely manner by the Person in Charge.</p> <p>The Community Nurse Carries out an annual Comprehensive Medication Governance oversight audit or sooner if there are concerns noted in the monthly medication audits. This oversight audit includes a full review of current the Kardex's and prescriptions in the Centre.</p> <p>All Staff have access to the organisations 'Medication Procedure Manual' and receive medication management training appropriate to their role.</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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	18/03/2025