



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

## Issued by the Chief Inspector

Name of designated centre:	The Ferns
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	11 January 2024
Centre ID:	OSV-0002989
Fieldwork ID:	MON-0037842

## 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, and a team of trained healthcare assistants and social care professionals. The service operates in consultation with each resident and both houses are staffed on a 24/7 basis so as to ensure their assessed needs are provided for. Systems are in place so as to ensure the residents' healthcare needs are comprehensively provided for to include as required access to GP services and range of other allied healthcare professional services. Residents are also supported to use local amenities such as pubs, restaurants, cafes, shops, shopping centres, hairdressers/beauticians and barbers. Some residents are also employed in a number of local businesses and attend local clubs on a weekly basis. Residents are empowered to make their own decisions in this service (with support where required) and it operates in a culture of person centeredness.

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

Number of residents on the date of inspection:	10
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 11 January 2024	10:10hrs to 18:30hrs	Caroline Meehan	Lead

## What residents told us and what inspectors observed

This inspection found that, residents were experiencing a happy and fulfilling life, and were provided with a good quality of care and support, by an experienced team of staff, who respected and supported them with their choices on how they wished to live their life.

The inspection took place over one day, and there were 10 residents living in the centre. The centre comprised of two units, one located in a large town, and one in a nearby village. The inspector had the opportunity to meet seven residents throughout the day, and they talked about what it was like to live in the centre, and some of the things they liked to do. The inspector also spoke to three staff members, the person in charge, and reviewed documentation.

Both of the units were two storey properties, and each of the residents had their own bedrooms. Four of the residents showed the inspector their bedrooms, which were decorated the way they wanted them. For example, a resident told the inspector they had got their bedroom redecorated recently, and the inspector saw the bedroom was personalised, and the resident had various personal items and family photographs on display. Another resident told the inspector they like to watch films, had a DVD player and TV in their room. The resident regularly went to the local library to borrow DVD's, as well as having a large personal collection in their room.

Each unit had fully fitted kitchen cum dining rooms, as well as utility rooms, and most residents had ensuite facilities adjoining their bedrooms. There was a separate bathroom in each unit, as well as toilet facilities. Large garden areas were provided to the rear of each property.

Residents chose how they wished to live their life, and spoke about some of the upcoming plans they had. One of the residents told the inspector about a concert they were going to over the weekend, and another resident had a number of goals including a holiday, and organising their birthday party with their sibling. Staff told the inspector residents really enjoyed a local social club, and residents said they were looking forward to a party at the club that night. One resident said they would prefer to go and play pool, and a staff member arranged to go and join the resident that evening.

There was a focus on ensuring residents' rights were protected and promoted, and a resident told the inspector that their room was private and no one was allowed to go into it without their permission. Some staff had completed training in human rights, and a staff member described how residents knew and expressed their rights. For example, by making their own choice of activities, and expressing their right to privacy of their own bedroom. The staff also described how residents could choose if they had a preference of staff to provide care, and they had the right to refuse

treatment such as medicine if they wished.

The person in charge and staff knew the residents well, and described some of the supports in place to meet the needs of the residents. These included, for example, social goals, healthcare supports, and promoting family connections. There was a warm and welcoming atmosphere in both units, and it was evident that residents valued the positive relationships they had with staff. For example, a resident told the inspector they felt safe in the centre, and can talk to the staff if they had any worries. Staff were observed to respond positively to residents requests to go out for coffee, and to sensitively help residents to tell the inspector about significant life events.

Overall residents were enjoying a fulfilling life, and were supported by a skilled team of staff, who knew them well, and respected their choices of how they wished to live their life.

The following sections of the report describe the governance and management arrangements and how these arrangements have impacted on the quality and safety of care and support residents receive.

## Capacity and capability

This unannounced inspection was carried out to monitor the provider's compliance with the regulations.

Overall the inspector found there were management systems in place to ensure residents were supported to live a life of their choosing, and to support the residents with their identified needs.

There was a clearly defined management structure in the centre, and a full-time person in charge was employed to oversee the support provided to residents in the centre. Sufficient resources had been provided, with sufficient staff on duty to meet the needs of the residents. The provider had ensured appropriate training was provided to staff to meet the needs of the residents and to keep them safe.

The provider has responded to the safeguarding risks identified, and had put improved oversight arrangements in place to protect residents. There was ongoing review and monitoring of the services provided, and the person in charge had either completed or was in the process of completing actions to the issues identified.

## Regulation 14: Persons in charge

There was a fulltime person in charge employed in the centre, and the person in

charge divided their time between the two units that comprised this centre. Since the last inspection, the scope of the person in charge had been reviewed, and the person in charge was responsible for this centre only.

The person in charge had commenced in their post in August 2023, and had the required experience and qualifications to fulfil their role. The person in charge knew the residents well, and had described a range of supports in place for residents in line with their wishes and identified needs.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staffing levels in line with the statement of purpose. The statement of purpose had recently been updated to reflect a change in management personnel and staffing. The staff team comprised of a full time person in charge, social care workers, and healthcare assistants.

In one unit there were two staff on duty during the day and one staff at night time in a waking capacity. In the second unit there were two staff on duty during the day, with the exception of three weekdays when there was one staff on duty in the morning, and two in the afternoon and evening. A staff worked at night time in this unit in a waking capacity.

The inspector reviewed a sample of planned and actual rosters, and these were satisfactorily maintained as required. There was one staff vacancy in the centre, and a staff had been recruited for this role, to commence by the end of the month.

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

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and additional training, ensuring they had the knowledge and skills to carry out their role. The provider had outlined in their statement of purpose the training staff were required to complete, and the inspector found all staff had up-to-date training completed. A new staff had recently been recruited, and all required training was either complete or booked for the coming weeks.

Mandatory training included fire safety, managing behaviours of concern, and safeguarding. Additional training included children's first, medicine management, manual handling, basic life support, assisted decision making. Some staff had

completed a four module training in human rights, and how this training impacted practice is described in the section 'What residents told us and what inspectors observed'.

Judgment: Compliant

## Regulation 23: Governance and management

There were sufficient resources and appropriate management systems in the centre to ensure residents received a safe and effective service, based on residents' preferences and identified needs. The service was monitored on an ongoing basis, and the provider had put all the necessary changes in place following a number of safeguarding issues.

There were sufficient resources in the centre including suitable premises and facilities, staffing, staff training, and two centre vehicles. There was a clearly defined management structure. Staff reported to the person in charge, who reported to the director of nursing, who was also appointed as a person participating in management. The director of nursing reported to the regional director who reported to the chief executive officer, and onwards to the board of management.

There were systems in place to ensure residents were safe, and included the identification and management of risks, satisfactory fire safety procedures, safeguarding policies and procedures, and positive behavioural support as needed. In response to a number of safeguarding concerns in 2023, relating to residents' finances, the provider was required to submit a provider assurance report to the Health Information and Quality Authority (HIQA). The inspector reviewed these actions during the inspection, and found all actions had been completed. The accounts department had completed an audit of all residents' finances, and a task group had reviewed local procedures, and auditing processes. Consequently, improved oversight procedures of residents' finances had been commenced, and included a revised regional procedure, enhanced checks of residents' finances by the staff, and cross checks by the person in charge, and enhanced cross checks of financial ledgers against cash withdrawals and bank statements. The provider had also developed a revised finance audit, which was in line with revised procedures, and was due to be rolled out across the service in the coming months.

There was ongoing monitoring of the services provided, and the inspector reviewed a sample of audits completed. Actions were developed following audits, and were collated onto the centre quality enhancement plan. The inspector found actions were completed within the specified timeframe, and there were plans in place to complete any outstanding actions. For example, fire safety training had been completed for a staff member, and some minor maintenance work was also complete. The provider had identified a number of improvements needed to the premises, and the person in charge was due to meet the housing association the



following day to review these improvements.

A six monthly unannounced visit had been completed in November 2023, and had included discussions with residents. Actions were developed to issues identified, and were in the main related to maintenance issues. Some improvements were noted to be required in personal plans, and the person in charge had identified recommendations were to be complete by the end of January 2024.

Judgment: Compliant

## Quality and safety

Residents' wellbeing and welfare was maintained by the provision of a good standard of care and support. The care and support provided reflected residents' wishes and needs, while respecting their right to make choices and decisions about how they wished to live their life.

Residents enjoyed an active and varied lifestyle, and both their wishes and needs were identified and supported in the assessment of needs process, and in the implementation of personal plans and goals. Residents were supported to maintain links with their families and friends, and were active members of the local community.

Residents were supported with their health and emotional needs, and accessed their general practitioner in the community, and a range of healthcare professionals as needed.

All the necessary improvements had been put in place, following safeguarding allegations, to ensure residents were protected going forward, and to ensure residents' finances were appropriately managed. Satisfactory arrangements were in place for the management of risks and for fire safety.

## Regulation 12: Personal possessions

Residents were supported to manage their finances, and could access their own money as they needed. Residents retained control over their own possessions.

Each resident had their own bedroom, and there was sufficient storage provided to allow residents to store their own belongings. Records were maintained of residents' personal belongings. Residents had been supported to have accounts in local financial institutions, and could withdraw money for their personal use, or to pay for some utilities.

Residents' needs in terms of managing their finances had been assessed, and financial passports outlined, for example, where residents preferred to store their money, and support needed to use banking facilities. Records of all financial transactions that residents made were kept in individual financial ledgers. The inspector reviewed four residents records, and receipts were available for purchases made by or on behalf of residents. Staff signed ledgers for all transactions.

Money paid to cover food and utility bills was in line with the details set out in residents' contracts of care, and residents had signed these contracts. As mentioned there was improved oversight of residents' finances, and the procedures outlined in the local policy were implemented. For example, the person in charge had completed cross checks of bank statements against recorded cash withdrawals, and statements of rent paid.

Overall there were suitable arrangements in place to support residents to manage their finances, and to ensure residents finances were kept safe.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider had ensured the arrangements were in place to meet the care and support needs of residents as assessed.

Residents attended day services provided in hubs in the local area, and one resident worked part time in the community. On the days residents were at home in the centre, staff supported them to take part in activities either in the centre, or in the community, depending on their wishes. A resident told the inspector about helping out in the local church, and another resident liked to visit their sibling nearby. On the day of inspection a resident wanted to go out for coffee and staff supported them to do this. Residents were part of a local community club, and attended this club weekly. Some residents liked to help out in their home, for example, doing household chores, making desserts, or gardening in the warmer months.

It was important to the residents to maintain links with their families, and with the community, and residents' spoke about visiting their families, having their families visit the centre, and about some of the activities they do in the community. For example, visiting the library, swimming, going to the bank, going out for a meal or coffee, and getting their hair done. Residents also had access to their own phone or iPad, and could contact their families and friends if they wished.

Judgment: Compliant

### Regulation 26: Risk management procedures

Suitable arrangements were in place for the management of risks in the centre. The provider had responded to risks that had been identified, for example, safeguarding concerns, and a specific risk relating to evacuation of one unit.

The safety of each resident had been assessed, and staff had identified where risks relating to everyday activities may be of concern for residents. For example, accessing the community, road safety, preparation of food, and using transport, and the support residents needed to manage these potential risks were outlined. Where specific risks had emerged, risk management plans were in place, and the inspector found control measures were in place. For example, providing support at mealtimes in line with a speech and language therapist recommendation, and phoning residents on their mobile phone if needed, when they independently accessed the local community.

Judgment: Compliant

## Regulation 28: Fire precautions

Satisfactory arrangements were in place for fire safety. One issue relating to the evacuation of one unit, was rectified by the end of the inspection.

The inspector was shown around one unit by the person in charge, and the second unit by a staff member. The inspector observed that all exits were clear, and there were fire doors and emergency lighting provided throughout the centre. Fire alarms, smoke alarms, break glass units, fire extinguishers and fire blankets were also provided. All fire safety equipment had been serviced at the required intervals.

A specific risk relating to the evacuation of one resident in one unit at night time had been identified, and there were suitable arrangements in place to support the resident to evacuate. The inspector discussed this with a staff member; however, they were not aware of the specific arrangements. This was pointed out to the person in charge, who immediately took action, and provided this information to the staff member in question.

The inspector reviewed records of fire drills, and notwithstanding the identified risk as mentioned, residents had been supported to evacuate the centre in a timely manner. Personal emergency evacuation plans were developed, and the inspector found there was sufficient support available during the day and at night to help residents evacuate in line with their assessed support needs. Records were also maintained of staff participation in fire drills, so as to provide assurances that staff were practiced in evacuation procedures.

Fire safety checks were completed by staff and included for example, daily checks of exits and the fire panel, weekly checks of manual call points, emergency lighting and fire extinguishers, and monthly checks of manual call points and fire extinguishers.

All checks were recorded as complete. All staff had up-to-date training in fire safety.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed, and personal plans were developed and implemented in line with these needs.

The inspector reviewed two residents' files. Residents had their needs assessed and included assessments and reviews by general practitioners (GP), psychiatrist, speech and language therapist, and behaviour support specialist. Personal plans were developed, and outlined the support residents needed to meet their personal, health and social care needs, and plans had been regularly reviewed.

Residents were involved in identifying their needs, and putting in place plans to meet their needs. For example, residents were involved in arranging an annual review of their needs, and invited their relatives to attend these meetings. Residents also identified goals they wished to achieve, and plans were implemented to achieve these goals. For example, a resident fulfilled their goals to travel overseas to see their favourite football team play a match, and another resident had plans to go away with their sibling in the coming months. Residents met with their keyworker on average every month, and reviewed how their goals were progressing, and records were maintained of these meetings.

Judgment: Compliant

### Regulation 6: Health care

Residents had timely access to healthcare professionals and were supported to enjoy good health.

Residents attended their GP, and a range of healthcare professionals as required, and the recommendations made by these healthcare professionals were provided for in practice. These included for example, feeding, eating, drinking and swallowing plans, exercise plans, further medical investigations, and health screening programmes. Staff supported residents in monitoring their health, for example, recording blood pressure or weights, and ensuring residents attended appointments for bloods and for vaccinations.

Residents were provided with information on their healthcare needs, for example, a clinical nurse specialist had provided a number of educational programmes specific to women's health, and a speech and language therapist had provided information

on a specific feeding plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were provided with the necessary support to manage their emotions, and could access the services of a psychiatrist or a behaviour support specialist if needed. Where required, behaviour support plans had been developed and the inspector reviewed a sample of two plans.

Behaviour support plans were developed following a functional assessment of the behaviour, and plans outlined the preventative and reactive responses to support residents. For example, the person in charge described the importance of positive interactions in line with a resident's plan. A reactive strategy included the circumstances for consideration of use of PRN (as needed) medicine. There was ongoing monitoring of the effectiveness of plans, and where incidents occurred staff completed observations records.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected in the centre, and the provider had put the necessary actions in place to reduce risks following allegations of financial abuse.

The provider had submitted five notifications pertaining to allegations of financial abuse in 2023, and the inspector observed these allegations had been reported to the relevant authorities, and safeguarding plans developed. In response the provider was required to complete a provider assurance report. The inspector reviewed the actions of this report, and found all actions had been completed. These included, for example, a review and change of procedure in the local management of residents' finances, a revised peer to peer financial audit, and improved checks of residents' financial transactions with bank statements. This is discussed further in regulation 23 and regulation 12. Residents had been reimbursed for unaccounted loss of money following these notifications.

Since the last inspection there been two notifications submitted reporting allegations of psychological abuse, and the inspector was assured that these risks had been mitigated, and the residents had been provided with the necessary information to ensure these incidents did not reoccur. All staff had received training in safeguarding, and a staff member described the procedure to follow in the event of a suspected safeguarding concern arising.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents chose the life they wished to lead, and were positively engaged in identifying the support they needed to meet their needs and realise their goals.

Residents spoke positively about some of the things they liked to do on a day to day basis, as well as more long term goals. These included for example, going to community hubs, going on holidays, going to a weekly club, going out for coffee or a meal, and going to concerts.

Residents also told the inspector about some of the things that were important to them, for example, one resident had a preference for staff or visitors not to go into their room when they weren't in the centre, and told the inspector they would prefer if the inspector did not view their room as part of this inspection. This preference was respected. A number of residents spoke about the importance of their families, and residents were supported to visit their families, have family members over to their home, ring their families, or could if needed, contact families via video link. Some residents spoke about family members who had passed away, and staff were observed to support residents sensitively and positively, as well as having supported residents to visit family graves.

Residents had specific interests or hobbies, and these were incorporated into day to day routines, as well as goals. In this regard, the inspector found residents participated in the organisation of the centre. For example, one resident continued to go to martial art classes, another resident followed a football team, and had an enhanced television package, so they could watch their team play. This resident had also been supported to attend a match overseas in 2023, and meet players from the team they followed. As mentioned, one resident really liked films, and accessed the local library to borrow DVD's. The resident also told the inspector about their plans to go to a concert at the weekend.

Residents had been kept up-to-date on their needs and supports, and with the support of staff arranged an annual review meeting of their needs, inviting persons of their choice to these meetings. Assessments of residents' needs had identified how residents make decisions, consent to support, and outlined their will and preference in relation to each identified need. The provider had employed an assisted decision making coordinator, and plans had commenced on supporting a resident with a change in circumstances, due to the legislative changes outlined in the assisted decision making capacity act. Information was available for residents on an external advocacy service.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant