



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

Issued by the Chief Inspector

Name of designated centre:	Fern Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	05 May 2021
Centre ID:	OSV-0004693
Fieldwork ID:	MON-0032028

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 May 2021	09:30hrs to 17:00hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

In order to comply with the public health guidelines and minimise the risk to staff and residents, this inspection took place primarily in one of the houses which comprise the designated centre. However, the inspector did review documentation relating to all of the residents and briefly visited and met with the residents in both houses, in order to ensure that their care and support was appropriate.

The inspector met with all of the residents on the day. While the residents could not communicate verbally with the inspector directly, the staff supported interaction and they allowed the inspector to be in their company.

The atmosphere in the centre was warm, welcoming, relaxed and happy. During the day the staff were seen to be attentive, engaged, and communicating easily with the residents.

Care and support was provided to five residents, one full-time and four others who availed of very regular respite in the centre. In response to their vulnerabilities and personal circumstances, two of the residents had moved full-time into the centre during the COVID-19 pandemic, this move was carried out following consultation with the residents themselves and their families. The residents involved in this transition attended the day services which were also managed from the centre, which meant that the residents were very familiar with the staff and each other so this transition was supportive and minimised disruption for the residents.

The residents were observed to be in good spirits during the day, doing their own various activities, which have a therapeutic element, such as foot spas, using the sensory equipment, listening to their favourite music, looking at their magazines, or using the exercise equipment and going for local walks. They had a relaxing morning, and got up when they wished. Staff were observed to be careful and considerate in supporting the residents and ensuring those with limited mobility were included in all activities.

While the pandemic had impacted on the residents access to their normal activities such as reflexology, art, having lunch out, or taking part in community events such as the hospice coffee morning, this was compensated for with activities such as baking, planting seeds and using tactile mediums which the residents enjoyed. Safe external activities, family, and home visits were being planned as restrictions allowed. All efforts had been made to reduce the impact of the restrictions including contact with families via technology.

The residents looked very well cared for. The inspector observed that the staff were very familiar with and adhered to the residents' support plans for their meals, mobility and behaviour. They used familiar objects of reference to assist the residents in communicating their wishes. The staff were observed to be very respectful and gentle in their interactions, and respectful of the residents' privacy

and dignity in carrying out their personal care.

Each of the residents had their own ensuite bedroom which was nicely decorated with personal belongings and photos evident. One resident had sensory lights on the ceiling of their bedroom as they enjoyed looking at these when they were in bed, or resting during the day.

During the inspection the inspector had the opportunity to speak with a family member. They expressed their confidence in the care and support provided by the staff to their adult child. A number of other matters were discussed which the family member confirmed were being addressed by the provider, where these were within the providers remit to do so.

The inspector observed that at times during the day the environment was very noisy, due to loud vocalisation. Staff spoken with stated that this could sometimes be the case, but may have been exacerbated by additional personnel being present the centre on the day of inspection which was a change in the usual routine in the centre. This did require review by the person in charge however, to ascertain the frequency and the possible impact on the other residents wellbeing who were unable to express this for themselves.

Overall, the inspector found systems were in place to provide for the health, emotional and social care needs of the residents. However, an improvement was required in the out-of-hours management on-call arrangements to ensure adequate oversight and direction of the residents care was available at this time.

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

Capacity and capability

This risk inspection was undertaken, at short notice, to ascertain the providers continued compliance with the regulations, the provider's continued management of the COVID-19 pandemic and to inform the decision regarding the renewal of centres registration. The centre was subject to a thematic inspection in relation to restrictive practice December 2019 with a good level of compliance evident. Any issues raised were in the process of being addressed, for example, a height adjustable bed was awaiting delivery.

Overall, this inspection found that this was a well-managed centre with good systems and levels of oversight evident to ensure the residents' needs, wellbeing and quality of life was prioritised. However, the inspector found that the out-of-hours on-call arrangements were not satisfactory to provide the support or assistance which may be required by staff. From 23.30hrs at night, there was no formal management on-call arrangement. Staff were advised to contact the relevant

emergency services. However, this did not take account of situations where the guidance or decision making from a manager was necessary. For example, staff being ill, the centre having to be evacuated or a resident becoming acutely ill.

The inspector was advised that the managers in the organisation do provide an informal good will arrangement to staff and lone workers can contact colleagues via a buddy system, but this is not sufficient. This was raised at previous inspections in the organisation in 2020 with the provider and no actions had been taken to resolve this.

The centre was managed by a suitably qualified and experienced person in charge who was fully engaged in the management of the centre. Although responsible for two designated centres, the presence of a nurse/team leader in the centre supported this arrangement. The managers were very familiar with the residents.

There were reporting and quality assurance systems in place, which supported the residents' quality of life and safety and was responsive to their needs. These included the provider's monitoring of the centre as required by the regulations on a range of relevant issues including medicines, incidents and accidents, risks to the residents, and health and safety issues. Where issues were identified in these audits they were managed by the person in charge, for example updating of the risk assessments for the residents as needs changed, and procuring additional equipment.

The prompt change to the respite arrangements during the pandemic and continued support of the residents demonstrated the provider's commitment to being responsive to changing needs and circumstance for the residents. An annual review for 2020 was also completed and this was a detailed and transparent review of the service and included the views of the residents' families.

The person in charge ensured that the centre was sufficiently resourced in terms of staffing and skill mix, supported by nursing oversight to meet the needs of the residents. There was a locum panel available and contingency plans had been made in the event of needing additional staffing support.

The inspector did not review the personnel files on this occasion but the training record reviewed indicated that the provider was committed to the continued provision of mandatory training for the staff, including safeguarding, fire safety, and people moving and handling which was pertinent for the residents. This had continued during the pandemic. Records indicated that staff had undertaken COVID-19 specific training and regular updates were made available to them. There was also an effective supervision system to support the staff in doing their work.

Staff spoken with demonstrate a very good understanding of the individual residents and how to support them.

From a review of the accident and incident records, the inspector noted that all of the required notifications had been forwarded to the Chief Inspector, with evidence that appropriate actions taken in response to any such events.

Registration Regulation 5: Application for registration or renewal of registration
The application the renewal of the registration of the centre had been made in the required time frame.
Judgment: Compliant
Regulation 14: Persons in charge
The person in charge was a suitably qualified and experienced nurse who was very familiar with the residents' needs and had good oversight of the care practices in the centre.
Judgment: Compliant
Regulation 15: Staffing
The person in charge ensured that the centre was sufficiently resourced in terms of staffing, and skill mix, to meet the needs of the residents, supported by nursing oversight, which supported their wellbeing.
Judgment: Compliant
Regulation 16: Training and staff development
The training records reviewed indicated that the provider was committed to the continued provision of mandatory training for the staff, including safeguarding, fire safety, and people moving and handling which was pertinent for the residents. Appropriate training for the management of COVID-19 had also been provided
Judgment: Compliant
Regulation 23: Governance and management
There were effective management structures and systems in place to ensure the

residents' needs, wellbeing and quality of life was prioritised.

However, there was no out-of-hours management on-call available to the staff and this did not provide sufficient oversight and direction for the staff at these times which was a potential risk to the residents. This was of particular concern given the COVID-19 risk and the need for prompt decisions in this instance.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The contracts were in the process of being revised to reflect the changes to the long stay residential charges and will then be issued to the residents or their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose reflects the service provided and contains the information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was forwarding the required notifications to the Chief Inspector and appropriate actions had been taken in response to any incidents which occurred.

Judgment: Compliant

Quality and safety

The inspector found that the residents' quality and safety of life was well supported by the systems in place. However, two matters were noted which required review, to ensure that the residents were not subject to unnecessary restrictions and that

their rights were fully promoted.

There were a small number of restrictions implemented in the centre, concerned with the physical safety of the residents, such as bed rails or lap belts in seating. These had been assessed as necessary by the appropriate clinician and were reviewed and monitored. An unsuitable bed was being replaced which may reduce the need for bed rails in one instance. However, an audio alarm was used at night for one resident. The reason for the use of this had been clearly identified some years ago, and it had been reviewed by the provider's rights committee. However, given that this was a restriction on the free movement for the resident, the necessity for the restriction had not been reviewed since then, to ensure it remained necessary and was the most appropriate option.

There were systems in place to support and promote the rights of the residents which included consultation with their relatives, choices in their daily routines and access to the community. Their choices were seen to be based on their known preferences, good financial oversight and access to social work supports. External advocacy had been sourced previously for specific issues. However, as stated previously in this report the inspector observed that residents right to the quiet enjoyment of their home may be impacted by the noise level in one of the houses, this matter requires review to determine the frequency and possible impact on their wellbeing.

Residents were supported by consistent access to a range of relevant multidisciplinary assessments and interventions including physiotherapy, speech and language, occupational therapy and neurology, and there were effective systems for communicating and sharing information with the families of the respite residents. Most of the residents had a wrap around day service from their home but the provider was in the process of reviewing the day programme for one resident to determine if a more formalised programme would be more beneficial. In this way the residents' care was consistent. The residents had very detailed support plans implemented for all of their care needs. These systems helped to ensure that their needs, including healthcare were known and responded to.

The residents care was reviewed frequently and both they, and their representatives, were consulted with and involved in decisions regarding this.

The residents were supported to communicate in their preferred manner and had communication plans in place, with objects of references used effectively to support them in communication. These systems had been revised based on further assessment by the speech and language therapist.

There were no safeguarding concerns in the centre, but there was an appropriate policy and reporting procedures in place, with an internal social work service to oversee any such issues. Given the vulnerabilities of the residents, each resident had an intimate care plan which specifically identified the need to ensure their privacy and dignity was protected, as they could not do so themselves. In addition, the residents required full support with their finances, and the systems for managing these were robust, with good oversight evident.

While behaviours of concern were not a feature of service, where necessary, the residents had support plans in place aimed at reducing anxieties, and preventing incidents. The staff were familiar with them and used them on the day to support the residents.

The inspector reviewed the service contract and fee payments for the residents. The contracts were not current as they were in the process of being reviewed to reflect the changes to the long stay charges, families had been informed and revised contracts were being issued. During the changeover process the provider identified an overpayment of fees and the inspector confirmed that the monies had been refunded to the effected person.

Risk management systems were effective, centre-specific and proportionate to the issues. There was a detailed centre-specific risk register which identified all of the environmental and clinical risks with detailed individualised risk management plans for each resident. Identified risks were responded to appropriately with due regard to each individual residents vulnerabilities.

Good fire safety management systems were in place and appropriate fire drills were held with the residents, who would be totally dependent on the staff to enable them to evacuate the centre. To this end, the premises was designed and laid out so as to allow the residents to be evacuated quickly and safely, with doors off bedrooms and in one house double doors, so that the residents could be evacuated in their own beds safely. Once again, the staff were very familiar with the process for doing so. Both of the premises were very well designed and laid out, with all of the necessary assistive equipment available to meet the residents need for access, mobility and comfort.

The policy for the prevention and management of infection had been revised and reviewed to reflect the increased risks and challenges of COVID-19 and to protect the residents. A number of strategies were deployed; these included: restrictions on any visitors to the centre; increased sanitising processes during the the use of and availability of suitable PPE when necessary. Unnecessary crossover of staff between centres was avoided.

The staff used appropriate personal protective equipment when required and sanitising process were carried out. To this end, the provider had managed to effectively support the residents, including the weekly respites safely. A premises had been registered by the provider to accommodate residents should isolation be required. To date this had not been necessary and the residents were in the process of been vaccinated.

Regulation 10: Communication

The residents were supported to communicate in their preferred manner and had communication plans in place, with objects of references used effectively to support them in communication. These systems had been revised based on further

assessment by the speech and language therapist.

Judgment: Compliant

Regulation 17: Premises

The premises was designed laid out and equipped to meet the needs of the residents, it was comfortable and with ample space for privacy.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents dietary and nutritional needs were monitored and additional supports were made available. The staff followed the guidance form the specialists in supporting the residents with their meals.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were effective, centre-specific and proportionate to the issues. All of the environmental and clinical risks were identified and the residents had detailed individualised risk management plans for falls, mobility, skin care or choking risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable systems implemented and monitored for the prevention and ongoing management of infection, including COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Good fire safety management systems were in place and appropriate fire drills were held with the residents, who would be totally dependent on the staff to enable them to them to evacuate the centre. The premises was designed and laid out in a manner so as to facilitate this.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents were supported by very consistent access to a range of relevant multidisciplinary assessments and interventions and their care was regularly reviewed, in consultation with their families. Their social care needs were promoted with access to the community, local shops and events based on their preferences.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs were well monitored with good access to a range of medical services and detailed support plans implemented.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where necessary, positive behaviour support plans were implemented. There were a small number of restrictions implemented in the centre, concerned with the physical safety of the residents such as bed rails or lap belts in seating and appropriately assessed as being necessary.

However, an audio alarm was used at night for one resident. The reason for the use of this had been clearly identified some years ago, and it had been reviewed by the provider's rights committee. However, the necessity for the restriction had not been reviewed since then to ensure it remained necessary, and was the most appropriate option given that it is an intrusion for the resident.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding concerns in the centre but there was an appropriate policy and reporting procedures in place with an internal social work service to oversee any such issues. Each resident had an intimate care plan which specifically identified the need to ensure their privacy and dignity was protected, as they could not do so themselves. In addition, the residents required full support with their finances, and the systems for managing these were robust, with good oversight evident.

Judgment: Compliant

Regulation 9: Residents' rights

Given the vulnerability of the residents, there were systems in place to support and promote their rights, these included choices in their daily routines and access to the community, which were based on their known preferences, consultation with their relatives, good financial oversight and access to social work supports. External advocacy had been sourced previously where this was deemed to be helpful.

However, their right to the quiet enjoyment of their home may be impacted on by the noise level in one of the houses which requires monitoring.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not 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 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Fern Services OSV-0004693

Inspection ID: MON-0032028

Date of inspection: 05/05/2021

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The management structures in place in the Designated Centre to ensure that the service provided is safe and appropriate to person supported needs, includes a senior staff nurse (in one house), a residential manager (PIC), an area manager (PPIM) and a services manager. The residential manager and PIC is on call up to 23.30 at night and from 8.00am in the morning. To support staff outside of these hours there is an arrangement with other services.</p> <p>In close proximity to the two houses of this designated centre there are two houses in another Designated Centre with two staff on duty at night –time. A staff is available to be called from either of these houses in the event of an emergency arising. There are strict protocols in place to guide staff on what to do in the event of a COVID 19 emergency, a fire, a complete evacuation, unexplained absence, an injury or a fall, a death, a staff becoming unwell, an allegation of abuse, a loss of power, water and heat and in the event of a leak. These protocols are reviewed regularly and discussed with the staff teams at the quarterly team support and supervision meetings. There are also strict protocols in place in the houses that are available for support to guide staff on how to respond if an emergency arises.</p> <p>Risk assessments have been put in place and a risk register is maintained. Risk assessments and risk register are reviewed on a quarterly basis.</p> <p>A further review and update has been arranged with senior management including Director of Services, Head of HR, Services Manager to review these arrangements.</p> <p>Based on the risk matrix (HSE Risk Assessment Tool) assessing the likelihood of this event based on evidence to date, this risk has continued to fall into the green category considering it a low risk.</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Residential Services Manager has reviewed the restrictive practice in place to ensure that alternative measures have been considered.</p> <p>A plan is in place to ensure that this restrictive practice is reviewed as part of the quarterly team support and supervision meetings to ensure there is a robust ongoing review of this restriction.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Residential Services Manager in consultation with the staff team has put a monitoring plan in place. This will monitor the noise levels in one house and assess if the noise in the house is having an impact on the people living there. This monitoring plan will continue to be reviewed at the team support and supervision meetings.</p> <p>Multi-Disciplinary Teams are also involved in the monitoring plan with input from Social work, Speech & Language and Behaviour Support.</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/06/2021
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	21/05/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with	Substantially Compliant	Yellow	21/05/2021

	his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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