



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

Name of designated centre:	Fern Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	07 August 2018
Centre ID:	OSV-0004693
Fieldwork ID:	MON-0021898

## 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 will 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.**

Current registration end date:	14/02/2019
Number of residents on the date of inspection:	3

## How we inspect

To prepare for this inspection the inspector or 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
07 August 2018	09:30hrs to 15:30hrs	Catherine Glynn	Lead

## Views of people who use the service

The inspector met with three residents who were living in the service on the day of inspection. All residents present did not have the capacity to discuss the service with the inspector. However, the inspector observed that residents were relaxed and comfortable in the centre and in the presence of staff and each other. The inspector observed that staff prioritised the welfare of residents, and ensured that they were supported to take part in activities they enjoyed. These activities were based on the each person's individual abilities and preferences. The inspector did not receive feedback or views from families on the day of inspection.

## Capacity and capability

The inspector found that residents received care and support that was person centred in nature and facilitated them to enjoy activities of their choice on a daily basis. The provider's practices further ensured that residents' well-being was promoted at all times.

There were effective governance and management arrangements in place which ensured that the service received by residents in the centre was safe and of a good quality.

On the day of inspection there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs including their activity programmes. It was evident that staff knew the residents and their care needs.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. However, on review of training records, the inspector found that some staff had not completed refresher training as scheduled. The person in charge was awaiting dates from the training department at the time of inspection.

The person in charge was not based in the centre; however, the inspector found that she was known to all staff and worked closely with residents and staff. She also ensured that staff had formal supervision sessions as scheduled. Throughout this registration cycle, the inspector found the person in charge to be familiar with residents' care and support needs, knowledgeable of her legal responsibilities, and competent in her role. There were effective cover arrangements in place to ensure that staff were adequately supported in the absence of the person in charge. The provider had also increased to capacity of the service as part of the application

for renewal of registration. The inspector reviewed the additional house on the day of inspection and discussed plans for the change in registration. The person in charge had a comprehensive plan in place for the change in the capacity of the service. Furthermore, the provider had put measures in place to establish and proceed with the additional premises on confirmation of the registration renewal.

Since the last registration, the provider and management team had ensured that any issues that required improvement had been addressed, which improved the overall quality and safety of service to residents. In addition, on review of a fire risk report, the inspector found that all actions were completed as specified.

### Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of the designated centre's registration was submitted to the chief inspector as required.

Judgment: Compliant

### Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role was suitably qualified and experienced. The person in charge was based in the centre and was very knowledgeable regarding the individual care and support needs of each resident.

Judgment: Compliant

### Regulation 15: Staffing

The number and skill mix of staff was sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed, which were updated to reflect actual rosters, and these were accurate at the time of inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

There was a training schedule in place at the time of inspection. On review of training records, the inspector found that staff were not up-to-date with their mandatory training needs.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived, or received respite services, in the centre.

Judgment: Compliant

## Regulation 22: Insurance

There was a current insurance policy in effect in the service.

Judgment: Compliant

## Regulation 23: Governance and management

There were governance and management arrangements in place to oversee the running of the centre and to ensure the provision of a good quality and safe service to residents. There was a clear management structure, and there were systems in place, such as audits and management meetings, to ensure that the service provided to residents was safe and as described in the statement of purpose.

Judgment: Compliant

## Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge maintained an accurate record of all notifications which were submitted to the chief inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were suitable procedures in place for the management of complaints in the centre. Records showed that complaints were taken seriously by the provider, and had been investigated as required.

Judgment: Compliant

## Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times and that residents were kept safe. The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyle of their choice.

Residents' quality of life was prioritised by the systems in the centre and their choices were actively promoted and supported. The inspector observed that all residents were accessing the community and records reflected activities completed.

The centre suited the needs of current and proposed residents. Both houses were centrally located, residents had good access to their local community and services available. All residents had their own bedrooms and en-suites. Bedrooms were decorated to residents' liking and there was adequate furniture such as wardrobes, bedside lockers and chests of drawers for residents to store their clothing and belongings. The centre was clean comfortable, well decorated and suitably furnished at the time of inspection.

The provider had policies and procedures for promoting the health and safety of residents, staff and others. The person in charge had maintained a comprehensive register of risks. There were arrangements for the identification, reporting and review of accidents and incidents. However, the person in charge had not ensured



that risks in the centre were appropriately controlled and all identified risks had a management plan in place which monitored these risks on an on-going basis.

The provider had ensured that effective measures were in place to protect residents from harm or abuse. These included policies and procedures to guide staff, safeguarding training, and behaviour management protocols and support.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year was planned. Recommendations from multi-disciplinary supports were included in residents' personal plans to ensure that the plans were comprehensive. The personal planning process ensured that residents social, health and developmental needs were identified, and that a suitable supports were in place to ensure that these were met.

There was evidence of good fire safety practice in the centre. Fire action and fire procedures were prominently displayed in both houses; the emergency lighting, fire detection system and fire fighting equipment were inspected and tested at prescribed intervals and records of testing were maintained in the centre. In addition, there were policies and procedures in place to guide all staff in relation to fire management practice in the centre. All staff had completed fire safety training and completed simulated fire evacuation drills with residents. Records of these drills indicated there were no areas of concerns to evacuation and good evacuation times were achieved. The person in charge also had plans in place to ensure that evacuation procedures were practiced with proposed residents in the additional house.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care.

### Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre comprised of two houses, which were clean, comfortably furnished and nicely decorated throughout. Each resident had their own bedroom, which was of a good size, and storage for personal possessions was available. In addition, each resident was provided with an en-suite facility.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

There were suitable arrangements in place to support residents who were transitioned into the centre. There was an up-to-date policy to guide practice. The person in charge was also mindful of the importance of consistency and compatibility in the transition process.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had policies and procedures for promoting the health and safety of residents, staff and others. The person in charge had maintained a comprehensive register of risks. There were arrangements for the identification, reporting and review of accidents and incidents.

However, the person in charge had not ensured that risks in the centre were appropriately controlled and all identified risks had a management plan in place, which monitored these risks on an on-going basis.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had ensured that the recommendations of a fire risk report were completed at the time of inspection. Staff were conducting regular fire drills and fire procedures were clearly displayed in the centre. Fire equipment was regularly serviced and records were maintained of fire safety checks that staff completed in the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were appropriate medication practices in place and residents had been assessed in relation to managing their own medications .

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which was reviewed on a regular basis. Residents were supported to enjoy a good level of community participation and individual goals which were identified during the annual review were satisfactorily progressed.

Judgment: Compliant

### Regulation 6: Health care

Each resident had appropriate access to healthcare professionals and individualised healthcare plans were in place, where required, to ensure that consistency of care was provided to residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were some restrictive practices in the centre and the provider had ensured that these were utilised with the consent of residents or their representatives. The provider also ensured that these were subject to a regular review.

Judgment: Compliant

### Regulation 8: Protection

There were no safeguarding concerns in the centre and the provider had systems in place which promoted the safety of residents, which included that staff had received appropriate training.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Fern Services OSV-0004693

Inspection ID: MON-0021898

Date of inspection: 07/08/2018

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff mandatory training has been scheduled and a number of trainings have been completed since the inspection.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk Management procedures have been reviewed and all risk assessments have been updated.	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	21/09/2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	Completed 08 <sup>th</sup> August 2018.