



# 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:	Unannounced
Date of inspection:	18 January 2024
Centre ID:	OSV-0004693
Fieldwork ID:	MON-0034351

## 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 social care workers and support workers. 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
--	---

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 18 January 2024	10:50hrs to 16:15hrs	Angela McCormack	Lead
Thursday 18 January 2024	10:50hrs to 16:15hrs	Jackie Warren	Support

## What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor compliance with the regulations. Overall, inspectors found that the health and wellbeing of residents who lived at Fern services were promoted and that individualised care and support was provided.

The centre comprised two houses located a short distance from each other. The centre could accommodate five residents, three residents in one house and two residents in the other. Two residents in one house received residential care on a part-time basis, meaning that this house was closed at times during the month. On arrival to the first house, inspectors were greeted by a staff member. One resident was observed walking along the corridor, while the other residents were observed in the kitchen. Inspectors gave staff a document called 'Nice to Meet You', which inspectors use to help explain to residents the purpose of their visit. The person in charge arrived to the centre shortly after and was available throughout the inspection. Inspectors got the opportunity to meet with all five residents across the two houses throughout the day.

All residents living in Fern services required support with communication. Residents did not communicate verbally, therefore inspectors did not get to hear their views of about their lived experiences. However, the lived experiences of residents was established through observation, a review of various documentation and speaking with staff and the management team. Residents' families were reported to be very involved in their family members' lives. Communication with families appeared to be very good. Families had been consulted about the quality of care in the centre through the annual reviews of the service.

Residents in the first house were met with during the first half of the day. They were observed supported by staff in having meals and getting ready for their day. Later in the morning, residents and staff went to out to have lunch in a nearby restaurant. One resident was attending an advocacy meeting with their peers in the afternoon in an external location. Residents interacted with inspectors in their own way and appeared relaxed and happy. The centre had transport available at each house for residents to access their local community.

Residents in the second house attended a day service each day. Inspectors met with them on their return in the early evening. They interacted with inspectors through smiles and gestures. They appeared happy and content and were observed laughing and smiling. Staff were responsive to residents' interactions and there was a jovial atmosphere in the house.

In the first house, there was a visual staff rota in place in the hallway to show what staff were working that day. There was an accessible area in the living room where there were various objects of reference and pictures to support residents with communication and making choices. Inspectors were informed that facial

expressions were also an important form of communication for residents that were non-verbal. Staff were observed to be responsive to residents' various communications and were seen treating residents with respect

Both houses were found to be well maintained, warmly decorated, clean and homely. The bedrooms had access to the outside of the house through doors located in each bedroom. Inspectors were informed that in one house, a review was taking place to see if double doors could be added to support bed evacuation in the event of a fire. In the second house, there were plans in progress to get some internal walls re-painted. Residents had access to a whirlpool bath in one location. In addition, there were areas for leisure and occupation in the houses. For example; one house had exercise equipment and a room was designed to provide a sensory space in this house.

Residents had their own en-suite bedrooms which were personalised to their individual preferences with personal photographs, art work and soft furnishings. Residents also had televisions and music players in their bedrooms. In addition, residents had access to technological devices and were supported to get magazines and visit the library in line with their personal preferences.

Residents had access to garden spaces to the front and rear of the properties. The gardens were decorated with potted shrubs and flowers. One house had a cherry blossom tree recently planted, which was decorated with string lights. Overall, the houses were well maintained, well designed and laid out to meet residents' needs.

A range of easy-to-read documents, posters and information were displayed throughout the centre in prominent locations. These included; easy-to read information on the procedure for making complaints, national advocacy information, a pictorial staff roster, infection prevention and control posters and the 'human rights charter' poster.

Human rights training had been completed by staff working in Fern services. The management team spoke about how they felt that there was a positive impact as a result. It was clear that every effort was made to determine residents' choices with regard to food and activities. In addition, residents' independence in daily activities was promoted. For example; inspectors were informed about the use of assistive technology to support residents in becoming more independent and more involved with cooking skills.

Two residents attended a day service during the week. The other residents were supported to do activities from their home in line with their individual needs, abilities and wishes. Activities that residents were reported to enjoy included; visiting religious amenities, reflexology, swimming, going for day trips and going out for meals. Residents' personal plans contained a range of photographs which showed them enjoying various activities also. These included; pottery classes, visits to church and visits to the hair salon. Some residents attended a music therapy session in an external location each week. Two residents had recently attended a cookery demonstration. One resident had plans to host a tea party for Valentine's day, for which they were practicing making desserts. Within one house, residents were

supported to do art therapy each week. This house was beautifully decorated with various framed artwork made by residents. Inspectors were informed that they were hoping to have an art exhibition in the future.

Staff spoken with described about how residents were supported and they appeared knowledgeable about residents' individual needs. Staff were observed supporting residents in line with the care plans and in a respectful and dignified manner.

Overall, inspectors found that Fern services provided person-centred care and support. It was clear that the management team strived to ensure that residents' wellbeing was protected and that residents were safe.

The next sections of the report describe the governance and management arrangements and about how this impacts on the quality and safety of care and support provided in the designated centre.

## Capacity and capability

Overall, this inspection found that the systems and governance structures in place in Fern services ensured that the service was well managed and effectively monitored. Inspectors found that the service strived to ensure that safe and high quality care was provided to residents. This inspection found a service that was fully compliant with all of the regulations assessed.

The local management team comprised a person in charge who reported to an area manager, both of whom were available throughout the inspection. They demonstrated very good knowledge of the centre and the individual needs of residents. The person in charge was supported in the operational management of the centre by a team leader. The team leader commenced their post in November 2023. They were also met with throughout the inspection. It was clear from talking to the management team that they were committed to providing a safe service and were striving to improve the quality of care.

The staffing skill mix consisted of social care workers and support workers. Both houses had sleepover cover each night. There was an on-call management system for out-of-hours. This was an action from a previous inspection by the Health Information and Quality Authority (HIQA). There were no staff vacancies at the time of inspection. In general, there were dedicated staff working in each location. This ensured that continuity of care was provided and that familiar staff were available to support residents.

Staff were supported to develop skills and competencies to support residents with their needs through a schedule of mandatory training. A review of the training plan demonstrated that in general staff had all the required training. There were dates set in the coming weeks for staff who had outstanding training identified, in

behaviour management training and refresher training in medication.

There were good systems in place for monitoring, and ensuring oversight, of the centre. This included weekly audits that covered a range of areas such as; restrictive practices, safeguarding, complaints, health and safety, fire safety, finances and incidents. The local management team were actively reviewing behaviours that occurred to try to establish if this impacted negatively on other residents as a result.

The provider completed unannounced visits to the service and prepared a report on the visit. The most recent visit occurred in December and the report was made available by the end of the inspection. This included actions for quality improvement, that had a designated person and time frame assigned to them. Annual reviews of the quality and safety of care and support provided were completed. These included consultation with residents and their family advocates.

Overall, the management team demonstrated that they had the capacity and capability to manage the service. The monitoring systems and responses to actions identified, ensured that a safe and high quality service was provided to residents.

#### Regulation 14: Persons in charge

The person in charge had the experience and qualifications to manage the centre. They were knowledgeable about the needs of residents. They worked full-time and had responsibility for one other designated centre which was located nearby. There were arrangements in place to ensure effective oversight of the designated centre by the person in charge. This included the appointment of a team leader to support the person in charge with the operational management of Fern services.

Judgment: Compliant

#### Regulation 15: Staffing

The centre appeared to be effectively resourced with the appropriate numbers and skill mix of staff available to support residents with their needs. The centre had their full complement of staff, including a team leader who took up post in November 2023. There was a planned and actual rota in place that was well maintained.

Judgment: Compliant

#### Regulation 16: Training and staff development



Staff were provided with a range of training courses to support them in developing the skills required to meet the needs of residents. Training was completed in areas such as: fire safety, safeguarding, infection prevention and control (IPC), medication management, human rights, and behaviour management. One staff, who was appointed in September 2023, required training in behaviour management and there was a plan in place for this to occur in February.

Judgment: Compliant

### Regulation 23: Governance and management

There were good arrangements in place for the governance and management of the centre. This included systems for reviewing and monitoring practices in the centre on a regular basis by the local management team. In addition, the provider ensured that unannounced audits took place and that an annual review of the centre was completed. This included consultation with residents and their advocates as relevant.

The centre appeared to be effectively resourced. A team leader was appointed in November 2023 to support the person in charge with the operational management of the centre. Both houses that formed the centre had transport in place to support residents to access their local community.

Staff were offered opportunities to raise any concerns that they have about the operation of the service through regular team meetings. In addition, regular management meetings occurred which provided opportunities for shared learning.

Judgment: Compliant

### Quality and safety

Inspectors found that residents living in Fern services were provided with person-centred care and support. There were good systems in place to ensure that residents' needs were regularly monitored, In addition, any changes in need identified were found to be responded to in a timely manner.

Residents' needs were found to be kept under ongoing review. Residents' health, personal and social care needs were assessed. A range of care and support plans were developed to guide staff in the supports required. These included; personal and intimate care plans, feeding, eating, drinking and swallowing (FEDS) plans and a variety of health support plans, where the need was identified.

In addition, all residents living in Fern services required supports with communication. Each resident had a 'communication passport' that outlined how best to support them. The communication aids required, such as objects of reference and visuals, were located in an accessible location in the house.

Residents had access to wholesome and nutritious foods. Each resident had a sample meal planner that outlined meals that they enjoyed. A record was kept of meals offered, including new meals, to establish if residents liked them or not. This demonstrated that the service strived to establish residents' will and preference through a variety of means.

Residents who required supports with behaviours had comprehensive behaviour support plans in place which included multidisciplinary team (MDT) input. It was evident that the MDT were trying to establish the functions, and alleviate the cause, of behaviours. Any restrictive practices used were found to be kept under regular review. These practices were assessed so as to ensure that they were the least restrictive option and proportionate to any risks identified.

Residents' protection and safety were promoted in the centre through ongoing reviews of incidents and auditing of practices. This included ongoing checks on fire safety arrangements and the completion, and review, of fire drills. There were no safeguarding concerns in the centre at the time of inspection. Staff had received training in safeguarding. In addition, the policies and procedures in place outlined the process to be followed in the event of any protection concern.

Inspectors found that rights were promoted in the centre. Residents were supported to practice their faith and visit religious amenities when they chose to. Easy-to-read versions of various topics were used to aid residents' understanding and to establish their will and preferences. Residents were supported to be involved in advocacy groups.

In summary, this inspection found that the service provided to residents met residents' needs and provided them with person-centred care and support.

## Regulation 10: Communication

There was a communication policy in place in the centre. In addition, residents had access to an easy-to-read version of this policy. Residents who required supports with communication had 'communication passports' in place. These included information on how best to support residents with communication and with making choices in their every day lives.

Residents had access to televisions, telephones, technological devices, audio books, music players and magazines.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in activities that they enjoyed and that were meaningful to them. This included activities such as: beauty treatments (getting nails done), reflexology, baking, art therapy, swimming, music sessions and going on day trips. Some residents attended day services in an external location, with some residents being supported to engage in activities from their home on a daily basis.

Residents were supported to maintain links with their families, friends and the wider community. This included going on regular visits to family members and welcoming family and friends to visit their home.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the house ensured that residents enjoyed a safe, comfortable and homely environment. Each resident had their own en-suite bedroom with personal and individual aids and appliances, where required. Bedrooms were personalised with framed photographs and art work on display.

The houses were well maintained, clean and spacious for the numbers and needs of residents. The management team were proactive in identifying quality improvement initiatives, with some actions identified and being followed up by, such as seeking double doors to enable bed evacuation from bedrooms to the external area in one house.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents who required modified diets and support plans had these in place. All staff had completed training in the preparation and presentation of modified foods.

There were arrangements in place to support residents with making choices about meals and to ensure that preferred shopping options were available. Records were maintained of meals consumed. These illustrated that a range of wholesome and nutritious food was available to residents. Residents' weights were regularly monitored to help to ensure good health outcomes.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety. These included; fire containment doors, a fire alarm system, emergency lights and fire fighting equipment. There were regular checks completed on the fire safety arrangements by the staff and local management team.

Each resident had a personal emergency evacuation plan (PEEP) which outlined supports required for safe evacuation. These were found to be reviewed following fire drills. Regular fire drills occurred to ensure that residents could be safely evacuated under scenarios of day and night time.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed. Care and support plans were developed, where required. These were found to be kept under regular review and updated as required.

Meetings that occurred to review residents' needs included residents and their advocates/family representatives, as relevant. Priorities for the future and personal goals were set at these meetings. These were then found to be kept under ongoing review to ensure that they were achieved.

Judgment: Compliant

### Regulation 6: Health care

Residents' health and wellbeing were promoted in the centre. Residents' family advocates and the staff team worked together to ensure that residents achieve the best possible health. Residents were facilitated to attend a range of allied healthcare professionals such as; chiropodists, dentists, general practitioners (GP) and opticians. In addition, residents had access to MDT supports, such as occupational therapy, physiotherapy and speech and language therapy, as required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were policies and procedures in place for behaviour support and restrictive practices. Where residents required support with behaviour management, this was in place. Residents had access to MDT professionals, such as behaviour therapists, who had input into the development of support plans. Through discussions with staff and a review of various documentation, it was clear that every effort was made to establish the cause of residents' behaviours in order to provide the most appropriate supports.

Reviews of restrictive practices were completed regularly to assess if they could be reduced or eliminated safely.

Judgment: Compliant

## Regulation 8: Protection

There were policies and procedures in place for safeguarding and for the provision of personal and intimate care. Residents had care and support plans in place for personal care which clearly outlined the supports to be provided to ensure residents' preferences were respected. Money management plans were also in place, which outlined the supports required in this area to promote the protection of individual finances. All staff working in the centre had completed training in safeguarding.

In addition, residents' protection was promoted through ongoing reviews of behaviours that had the potential to impact other residents' quiet enjoyment of their home.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were promoted in the centre through ongoing reviews of individual residents' preferences in their day-to-day lives. While residents required supports through augmented forms of communication, it was clear that the practices in the centre strived to monitor residents' enjoyment of various activities and meal options for example. Where residents had preferences for particular activities, meals and visiting religious amenities, these were facilitated. The use of assistive technology was in place to support residents to become more independent in areas of interest such as making meals for example.

In addition, residents were supported to be active members of their local advocacy group. For example; one resident was attending an advocacy meeting on the day of inspection.

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 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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