

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Fern Services
<b>Centre ID:</b>	OSV-0004693
<b>Centre county:</b>	Roscommon
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Margaret Glacken
<b>Lead inspector:</b>	Ivan Cormican
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 28 July 2016 09:00 To: 28 July 2016 18:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This inspection was carried out to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 3 and 10 December 2014. As part of this inspection the inspector reviewed the actions the provider had undertaken since the previous inspection. Of the 26 actions required, 24 had been addressed in line with the provider's response. Two had not been satisfactorily addressed and remained non-compliant on this inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with three residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. Some of the residents' bedrooms were individually decorated with personal photographs, achievements and music posters.

The inspector also spoke with five staff members, including the person in charge. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed. Under each outcome the inspector focused on the actions that the provider had taken since the previous monitoring inspection to improve the quality of care for residents.

#### Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was being provided as described in that document. The centre was a modern house that accommodated up to three residents who have intellectual disabilities, physical disabilities with high-support needs and behavioural support needs. One resident had a full-time residential placement, while the other two residents had a shared-time placement. Each resident had a large en-suite bedroom and there were adequate communal rooms available for residents to have visitors such as family and friends. The centre was also adequately equipped to cater for residents with mobility issues, with track hoists available as required. The designated centre was located within a short drive of a large town. Suitable transport was available for residents in order to access facilities within the local community.

#### Overall judgment of our findings:

The inspector found that residents received a good quality of service in the centre, although there were some areas for improvement identified. The inspector found that the provider had put systems in place to ensure that the regulations were being adhered to, with good practices identified in all outcomes inspected.

The inspector found examples of compliance with the regulations in the following areas:

- Advocacy was available to residents and complaints were addressed by the person in charge (outcome 1).
- The premises was well maintained both internally and externally (outcome 6 ).
- Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges (outcome 8).

The inspector found improvement was required in the following areas:

- The provider failed to ensure the centre had carried out a simulated fire drill when all residents were present (outcome 7).
- Safeguarding of residents had not been fully maintained (outcome 8).
- The provider failed to address highlighted skin integrity issues within the centre (outcome 11).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end of this report.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection, the inspector found that residents were consulted about how the centre is planned and run. All complaints received were addressed and advocacy was promoted within the centre. However, the inspector found that improvements were required in regards to the management of residents' finances.

The inspector observed that the privacy of each resident was respected and staff spoke with residents in a caring and respectful manner. An intimate personal care plan had been developed for each resident. Each plan gave clear guidance for staff in attending to personal care such as preferences, pace and level of independence. All residents had large en-suite bedrooms which were well- furnished and had ample storage space. These rooms were decorated with photographs of family and friends, art and personal effects. One resident chose not to decorate their bedroom with personal effects.

The actions from the previous inspection had been addressed with residents now choosing what clothes they wear daily. Advocacy for residents was also promoted within the centre. Two of the residents had independent advocates who visited the centre to discuss any issues the residents may have. One of the residents chose not to have an advocate. All complaints had been addressed by the person in charge in a timely manner. A user-friendly complaints procedure was available to both residents and their families on the day of inspection. Two staff members were interviewed on the day of inspection. Both staff had an understanding of the complaints procedure and could identify the person in charge as the nominated person to deal with complaints.

Residents were actively involved in the running of the centre. Residents were assisted by staff to decide what activities they would like to partake in on a daily basis. Staff actively sought the opinion of residents in regards to meal choice. The inspector observed meal times throughout the inspection day. These were communal events with residents interacting warmly with each other and staff. The residents appeared to enjoy their meals and meal times on the day of inspection.

The inspector reviewed residents' finances within the centre. The inspector found that there were localised procedures in place to protect residents from financial abuse. All transactions for each resident were individually logged, with receipts and reference numbers available. However, on the day of inspection the inspector found that one resident's cash balance was incorrect with funds in excess of the documented amount being held in the centre. The staff team were unable to account for this discrepancy on the day of inspection.

**Judgment:**  
Substantially Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The necessary amendments required as per the previous inspection were implemented with the organisational policy on admissions now including the discharge arrangements for residents within the centre. The inspector reviewed all contracts for the provision of services. One of the contracts for the provision of services was signed while two remained unsigned on the day of inspection. The person in charge stated that they were currently in contact with the families or residents in regards to the remaining unsigned contracts. There had been no recent long-term admissions to the centre and there were no immediate plans to admit any new residents.

**Judgment:**  
Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection, the inspector found that the well-being and welfare of residents was maintained to a good standard within the centre. The actions from the previous monitoring inspection were addressed with extra staffing now available within the centre to facilitate residents to take part in meaningful activities. However, some improvements were required in relation to the annual review of personal plans.

All residents in the designated centre had a personal plan in place on the day of inspection. The inspector reviewed a sample of personal plans, each of which reflected the assessed needs of the residents. Each plan contained details such as personal goals, family and friends, social interests, intimate care plans, personal development, healthcare needs and risk assessments plans. However, the inspector found that not all residents' goals and personal plans were reviewed on an annual basis as stated in the regulations.

Residents had good family contact with all plans viewed by the inspector containing family pictures and a log of family contact which was well-maintained. The residents' families visited the designated centre on a regular basis and were actively involved in the care delivered to residents by the provider.

Within the centre, residents were assisted to access the community on a daily basis. Residents used the local amenities such as restaurants, cinema, hotels, shops and garden centres. Residents also took part in activities such as bowling, social dancing and visiting local historical sites.

Residents were also supported to communicate. Communication passports were in place which detailed how the residents communicated and what supports they required. The use of objects of reference was used for one resident with items such as a flower used to indicate aromatherapy, compact disk for music and sponge to indicate a shower. All staff interviewed by the inspector had a good knowledge of the residents' communication needs.

**Judgment:**

Substantially Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found on the day of inspection that the premises met the assessed needs of residents.

Each resident had an en suite bedroom which was spacious, warm and had adequate storage for personal belongings. The inspector found that the designated centre was clean, warm and had a sufficient number of reception rooms to facilitate residents to have visitors such as family and friends. There was also an open plan kitchen and dining room.

The centre was also equipped to cater for residents with mobility needs. Track hoists and mobility aids were available for the use of residents within the centre, all of which were serviced on the day of inspection.

The actions from the previous inspection had been addressed. One resident's wheelchair had been assessed by the occupational therapist and recommendations for a new chair had been documented in the centre. Residents were also assessed by the occupational therapist in relation to using hoist slings for the bath. A bath insert had also been purchased for the designated centre following an assessment by the occupational therapist.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that there were measures in place to address emergencies, risk and incidents within the centre. The centre had policies and procedures in place relating to risk management. However, the inspector found that improvement was required in respect of fire precautions and risk assessments.

The risk register for the centre was reviewed by the inspector. It contained detailed risk assessments in regards to various identified risks such as infection control, trips, slips and falls, fire precautions, financial and transport. Each resident had individual risk assessments in place. The risks identified for residents included aspiration, using the shower chair, using the hoist, use of bedrails, bumpers and malnutrition. The inspector found that some of the risk assessments viewed on the day of inspection did not accurately reflect the identified risk for residents. One resident had a risk assessment which detailed a single risk as pressure sores, aspiration and falls, all of which had no control measures in place.

The inspector found that there were some good practices for the detection and prevention of fire. Day time fire drills and simulated night time fire drills were taking place. Service records indicated that the emergency lighting, fire fighting equipment and fire alarm system were serviced at regular intervals. Staff carried out weekly checks of the fire alarm, emergency lighting and fire escapes. However, the inspector found that all fire doors within the designated centre did not have closers attached to allow for the containment of fire. The inspector also found that a fire drill had not taken place when all residents were in the centre together.

There was an emergency evacuation plan in place for each house within the designated centre. There was also emergency accommodation listed in the event of the centre being closed due to loss of power or flooding. Each resident's file viewed had a personal emergency egress plan (PEEP) in place. However, the inspector noted that a PEEP for one resident had not been reviewed since 2014.

The actions from the previous inspection were satisfactorily addressed. The centre had implemented new procedures for recording and responding to accidents and incidents. All recorded incidents were responded to by the person in charge in a timely manner. The risk management policy had been updated to provide guidance on the management of risk. The inspector also viewed training records which indicated that all staff had been trained in the clamping of wheelchairs on vehicles.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the designated centre had measures in place for the prevention, detection and response to alleged abuse. However, the inspector found the provider had failed to recognise a safeguarding issue which was occurring on the designated centre's transport.

There were measures in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults with a disability from abuse. Training records indicated that all staff had attended training on safeguarding. Staff who spoke with the inspector were very clear on what actions they would take in the event of suspected or alleged abuse with all staff stating that they would contact the designated person who deals with any allegations of alleged abuse. The inspector observed staff interacting with residents in a respectful and friendly manner. However, the inspector reviewed the incident log within the designated centre and found that the provider failed to recognise a safeguarding issue which was occurring on the provided transport. This was brought to the attention of the provider on the day of inspection. Subsequent to the inspection, the provider submitted the required notifications and safeguarding plans to HIQA.

There were a number of restrictive practices being used in the centre such as, the use of bed rails and bumpers. All restrictive practices were in accordance with the organisation's use of restrictive practices policy. The human rights committee had reviewed and upheld all restrictive practices within the designated centre. Each restrictive practice used within the centre was risk assessed and risk rated with appropriate control measures in place to address the named risk.

The inspector reviewed one positive behavioural support plan which was devised by the multi-disciplinary team. The plan outlined information to staff in supporting the resident presenting with behaviour that challenges, including the functions of the behaviour, triggers and accommodations needed to support the resident. Two staff were interviewed as part of the inspection process. Each staff had an understanding of the resident's positive behavioural support plan and could describe in detail how support to the resident was delivered daily. The inspector observed that staff were using a personal timer which alerted them to offer the resident individual attention at set intervals throughout the day. This support was detailed in the resident's positive behavioural

support plan. All staff explained how the use of visual schedules, praise, objects of reference and low-arousal techniques were used to support residents to access the community and engage in meaningful activities.

**Judgment:**  
Non Compliant - Major

### **Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

#### **Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

#### **Findings:**

On the day of inspection, the inspector found that residents were receiving a good quality of care in terms of healthcare needs. However, the inspector found that improvements were required.

The inspector found that sufficient precautions were not taken by the designated centre in respect of tissue viability. A tissue viability assessment which was carried out in the centre stated that the skin integrity of a resident was at a high risk of being compromised. The inspector found that the provider had not put a plan of care in place for this healthcare need. A risk assessment on tissue viability was completed which detailed that the resident should be repositioned throughout the day. However, the risk assessment failed to detail how the resident would be supported to reposition throughout the night as the designated centre had a sleep over staff in place. The provider was unable to assure that the pressure relieving mattress used by that resident was a viable device in terms of the protection of skin integrity.

The action from the previous inspection was addressed with guidance now available on supporting residents whilst in hospital. Residents also had access to allied health professionals such as opticians, occupational therapists and physiotherapy. Residents visited these health professionals on a regular basis and as their healthcare needs changed. Residents' body mass index (BMI) was monitored on a monthly basis. Residents with a BMI outside of the recommended range were referred to the dietician. All recommended interventions prescribed by the dietician such as adjusted calorie intakes were implemented by staff. Residents with a difficulty in swallowing were also seen by the speech and language therapist in regards to the use of modified diets. All prescribed diets were followed by staff with clear guidance available in the resident's personal plan.

Each resident had access to a general practitioner (GP) and specialist services such as urology and neurology. The sample of files reviewed by the inspector indicated that residents were reviewed at least annually by their GP. Residents were also facilitated to visit their GP in times of illness, with all medical interventions required at that time documented.

**Judgment:**  
Non Compliant - Moderate

### **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The inspector reviewed documentation and work practices in regards to medicines management within the designated centre. An organisational policy was in place which accounted for the appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. The policy had been updated since the previous monitoring inspection in respect of medication errors.

All relevant staff had been trained in the safe administration of medication. Staff interviewed by the inspector had a good knowledge of best practice in regards to the safe administration of medication. The person in charge had conducted documented monthly audits which highlighted issues such as medication administration recording errors. Medications were stored in a locked press, however, the inspector found that the keys to the medication press were left in the locks of the medication press. This was brought to the attention of staff on duty on the day of inspection.

**Judgment:**  
Substantially Compliant

### **Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

In the areas inspected, the inspector found that the service was being provided as described in that document.

The actions from the previous inspection were implemented with the statement of purpose now stating the residential placements being provided to residents, the support needs of residents and the day and night staffing supports provided in the centre.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

On the day of inspection, the inspector found that the person in charge was supported by the organisation to carry out her role. The organisation had clear management structures in place. The person in charge had detailed knowledge of personal plans, the needs of residents and had a good understanding of the regulations.

The person in charge stated that she was supported by the area manager to carry out her role and received regular supervision. She also carried out the majority of actions from the previous inspection within agreed timelines and as specified. Regular documented team meetings were taking place and formal supervision of staff was due to commence in the coming months. The annual review had taken place which highlighted the need for a new wheelchair for a resident. The six monthly audits were also taking place with the recent audit highlighting the need for revision of risk assessments.

The actions from the previous inspection had been partially addressed. An on-call system was now on display for staff within the centre which detailed who to call in the event of an emergency at weekends. The on-call system however, failed to guide staff in relation to who was on call in the event of emergencies from Monday evening until Friday morning.

**Judgment:**  
Substantially Compliant

### **Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

#### **Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

#### **Findings:**

On the day of inspection, the inspector found that the centre was inadequately resourced in terms of the staffing arrangements to meet the needs of residents.

The inspector found that improvements had been made in addressing the social needs of residents with adequate staffing now available for residents to access the community and engage in meaningful activities on a daily basis. However, the inspector found that the dignity of residents was not respected within the centre. Residents who were incontinent and had high-personal care needs were not facilitated to have their incontinence wear changed during night time hours, as there was only a sleep-over staff on duty. The inspector found that these staffing arrangements were not accurately reflecting the assessed needs of residents in terms of dignity.

**Judgment:**  
Non Compliant - Major

### **Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**  
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection, the inspector found that staff in the centre were supported by the organisation to carry out their roles.

The centre had detailed training records in place which highlighted the training that staff had attended. All staff had received training in safeguarding, manual handling, administration of medication, the provision of intimate care and food safety. Staff interviewed by the inspector were helpful and knowledgeable of residents' needs. The staff rota was reviewed and found to be accurate on the day of inspection.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection, the inspector found that overall the records and documentation were maintained to a good standard.

The sample of documents reviewed by the inspector were well organised. Training records were readily available for all staff employed in the designated centre and were clearly detailed. All the Schedule 5 policies were in place within the centre and had been reviewed within the three-year timeframe as detailed in the regulations.

The policies in relation to risk management and residents finances had been had been reviewed since the previous monitoring inspection.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Ivan Cormican  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Fern Services
<b>Centre ID:</b>	OSV-0004693
<b>Date of Inspection:</b>	28 July 2016
<b>Date of response:</b>	6 September 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that the balance of money held in the centre on behalf of residents was accurately maintained.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**1. Action Required:**

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**

The manager has carried out a full review of the financial transactions and the discrepancy has been rectified. All staff have been made aware of the proper financial procedures and the manager will reiterate these at the next team meeting on 10/10/2016

**Proposed Timescale:** 02/08/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that the residents' personal plans were reviewed on an annual basis.

**2. Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**

The manager has ensured that all personal plans have now been reviewed and all staff are aware of the need for annual reviews to be completed.

**Proposed Timescale:** 29/08/2016

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that risk assessments accurately detailed the identified risk and that appropriate risk control measures are documented.

**3. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**

1. All risk assessments have been reviewed under the supervision of the manager.  
Completed 29/08/2016
2. Any staff members who have not completed risk management training will be scheduled to do so. 30/12/2016

**Proposed Timescale:** 30/12/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that fire doors had door closers fitted as required for the containment of fire.

**4. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**

1. An application will be made to the landlord to install fire door closers throughout the house. 30/09/2016
2. If the landlord agrees to install fire door closers, we will request that this is done immediately. 30/11/2016
3. If the landlord does not agree to install fire door closers, we will apply to our external funding body for the additional capital funding required. 30/09/2016
4. On receipt of the additional capital funding, we will immediately carryout the work. 31/01/2017

**Proposed Timescale:** 31/01/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that fire drills had taken place within the centre when all residents were present.

**5. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**

A fire drill has been completed when all people supported were in the house.

**Proposed Timescale:** 28/08/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that all personal emergency evacuation plans within the centre were regularly reviewed.

**6. Action Required:**

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

**Please state the actions you have taken or are planning to take:**

All Personal Emergency Egress Plans are being reviewed and updated as required.

**Proposed Timescale:** 09/09/2016

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to address safeguarding issues which were occurring at the centre.

**7. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**

As noted in the report, the required notifications and safeguarding plans have been submitted to HIQA.

**Proposed Timescale:** 02/08/2016

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that appropriate measures were in place to protect the skin integrity of residents.

**8. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**

The community public health nurse reviewed the mattress and a new pressure relieving mattress that is a viable device in terms of the protection of skin integrity has been purchased for the person.

**Proposed Timescale:** 10/08/2016

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that medications were stored appropriately.

**9. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**

The manager has reiterated the need for all staff to comply with the organisation's policies and procedures in respect of the storage of medication.

**Proposed Timescale:** 29/07/2016

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that there was effective management systems in place to support staff in the event of an emergency.

**10. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**

The on call system is being reviewed and will now cover all out of hours emergencies on a seven day basis.

**Proposed Timescale:** 30/09/2016

## Outcome 16: Use of Resources

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that the designated centre was adequately resourced to ensure that the dignity of residents was respected.

**11. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**

1. As an interim measure, a faecal incontinence device has been sourced to use at night-time to ensure the dignity of people supported. This will alert the staff and they will get up, if required. This will be piloted and monitored. 21/10/2016
2. A staff restructuring plan is being looked at by the manager in consultation with the staff team. Additional funding will need to be sought from our external funding body to employ waking night staff in the designated centre, as we do not have the financial resources within our current funding allocation to do this. A request for this funding is being sent to the funding body. On receipt of additional funding - 31/01/2017

**Proposed Timescale:** 31/01/2017