<table>
<thead>
<tr>
<th>Centre name:</th>
<th>The Ferns Grove</th>
</tr>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002989</td>
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<td>Centre county:</td>
<td>Louth</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>St John of God Community Services Company</td>
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<td></td>
<td>Limited By Guarantee</td>
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<tr>
<td>Provider Nominee:</td>
<td>Declan Moore</td>
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<tr>
<td>Lead inspector:</td>
<td>Jillian Connolly</td>
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<tr>
<td>Support inspector(s):</td>
<td>Andrew Mooney</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>9</td>
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<td>Number of vacancies on the date of inspection:</td>
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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: 05 October 2017 11:00 To: 05 October 2017 19:00

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

| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection
Background to the inspection:
This was the second inspection of the centre. The inspection, prior to this, was conducted in February 2016 following an application by the provider to register the centre under the Health Act 2007. This inspection was conducted to assess if the provider had taken the actions as stated following the previous inspection and to monitor compliance with specific Outcomes.

How we gathered our evidence:
As part of this inspection, the inspector met with the nine residents. The inspector also met with staff, observed practices and reviewed documentation such as residents’ personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:
The designated centre is two houses located in Co. Louth. Services were provided to male and female residents over the age of 18. The centre is operated by St. John of God Community Services Limited.

Overall findings:
The findings of this inspection demonstrated that the provider had taken the actions
that they had stated they would and deficits identified in areas such as the complaints procedure had been addressed. Residents were observed to be comfortable within their home and staff were observed to engage with residents in a respectful and dignified manner. Residents told the inspector that they were very happy with their home and how they were supported. Staff were observed to be knowledgeable of the needs of residents.

Overall, the inspector found that the service was led by the needs of the residents. Residents were active participants in deciding how they live their lives and were supported to engage with their local community.

However, the inspector found that improvements were required to ensure that the measures in place for the management of fire were effective.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failing identified during the inspection of Regulation 26 and 28 and the action required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
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 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:
There had been no new admissions to the centre since the last inspection. The provider had policies and procedures in place, if the need arose. Inspectors reviewed a sample of written agreements between the resident and/or their representative and the provider and found that they were signed by the resident and/or their representative. They also included the fees to be paid by residents including additional charges.

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):
No actions were required from the previous inspection.

Findings:
Residents were supported to live active lives. The inspector found that the health and social care needs of residents were assessed. Each resident had a personal plan in place which was completed with them by their key worker.

All residents attended a formal day service programme. They also were supported to attend a variety of educational and recreational activities in the evening and at the weekend. Residents told the inspector that they were happy with the support provided to them. They outlined the various opportunities that they had to ensure that their educational, recreational and employment needs were met. This included supported employment, flower arranging classes and going on holidays. Residents were aware of who their key workers was and they met regularly to review the progress they were making towards their goals. The inspector found that the day to day operation of the centre was led by the needs and wants of the residents.

Personal plans were available in an accessible format and the residents used the personal plans to communicate to the inspector the activities that they take part in. The inspector observed that communication aids such as pictures were used as a forum for identifying the needs and wants of residents.

Residents were referred and reviewed by allied health professionals if a need arose.

**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 provider had systems in place for the assessment and management of risk. This included a safety statement, risk management policy and a risk register. However, the inspector found that there was an absence of oversight of the clinical, environmental and operational risks within the centre. For example, there had been a medication error in the centre. The medication management practices in the centre had not been reviewed in the context of the circumstances in which the error had occurred and the likelihood of a reoccurrence. It had also been identified that there was insufficient emergency lighting in the centre by an external contractor. The provider had made the decision that this would be addressed when new legislation was enacted. This decision was not supported by a robust risk assessment.

The risk register contained risks associated to the support individual residents required.
The inspector found that the centre promoted positive risk taking. Individual risks assessments were reviewed at regular intervals to ascertain if they were effective and if the control measures in place remained relevant. The inspector reviewed a sample of incident/accident records and found that they were reviewed and the appropriate actions were taken to reduce the likelihood of a reoccurrence.

The inspectors observed the premises to be clean on the day of inspection. There were structured schedules in place to ensure that this was standard practice.

There were fire management systems available in the centre. However, improvement was required to ensure that the measures in place were effective. Both houses had been provided with a fire alarm, fire extinguishers and emergency lighting. Records demonstrated that they were serviced at appropriate intervals by external contractors. The provider had also installed fire doors and self closers. However, the inspector observed that some doors were not closing properly which reduced their effectiveness. Staff had received training in the prevention and management of fire. Residents were clear on the action to be taken in the event of a fire and confirmed with the inspector that they had taken part in fire drills. The inspector observed that one fire escape route was key operated. However, during the inspection the key could not be found.

**Judgment:**
Substantially Compliant

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**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:**
There were policies and procedures in place for the protection of vulnerable adults. Residents told the inspector that they felt safe in the centre. The inspector also observed residents to be comfortable in the presence of staff. Staff had received training in safeguarding. The inspector found that appropriate action was taken if the policies required implementation.

Positive behaviour support was provided to residents if required. This was supported by assessment and reviews by the appropriate allied health professionals. Staff were clear
of the cause of residents’ behaviour and the preventative strategies that could be used. The inspector found that there was a proactive approach used to developing residents’ relationships with each other.

The centre promoted a restraint free environment. The inspector found that where restrictive practice was used, it was appropriately assessed and agreed with the resident.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
Residents' health and well being was promoted within the centre. Residents had regular access to their General Practitioner (GP) and additional services if a need arose.

Residents' health care needs were assessed and identified in their personal plans. Specific interventions were reviewed and agreed with the appropriate health care professional. Staff were clear on the care that residents required and records demonstrated that this care was provided to them. Residents were actively involved in promoting their own health.

Residents were complimentary about the food in the centre. They were involved in decisions regarding the weekly menus and encouraged to take part in the preparation of meals. Healthy eating was promoted in the centre and support had been obtained from the appropriate professionals if required. Staff were clear on the supports that residents required and the inspector observed residents being provided with this support on the day of inspection.

The inspector found that residents’ wishes in respect of their end of life care had been recorded and if required, was provided.

Judgment:
Compliant
### 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:**
There were policies and procedures in place for the safe administration of medication. Staff had received training in medication management. Residents were assessed for their ability to self administer their own medication.

The inspector observed that medication was stored in a secure location within the centre. Administration records confirmed that medication was administered at the times prescribed. Staff were aware of the medication that they were administering to residents. The provider had identified that the current method in which residents’ medication was prescribed was not optimal and that there were risks associated with it. On the day of inspection, they were in the process of moving to a new system. The maximum dosage for PRN medicines (medicines only taken as the need arises) was stated. There was also individual guidance in place for each PRN medication.

Medication audits were occurring in the centre and medication was checked upon receipt.

**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):**
No actions were required from the previous inspection.

**Findings:**
There were systems in place for the oversight of the care and support provided to residents.

There was a clear management structure in place. The frontline manager of the centre held the post of social care leader. They reported to the person in charge. The person in charge held the post of clinical manager 3 and had the responsibility for four designated centres. They had commenced their role in the centre two weeks prior to the inspection. Inspectors confirmed that they met the requirements of the regulations. The person in charge reported to the director of care and support who reported to the regional director. The regional director was the contact person for HIQA. There were clear reporting structures in place in which each of the prementioned met to review the operation of the centre.

The inspector found that the provider had a variety of audits in place, which were conducted in the centre. The centre also had a quality enhancement plan in place. The purpose of this was to compile all of the actions arising from audits, the unannounced visit by the provider and HIQA inspections. The inspector found that any actions arising from the audits were addressed in the appropriate time frame.

There had been an annual review of the quality and safety of care in the centre. This included the views of residents and/or their representatives.

**Judgment:**
Compliant

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector observed that residents were comfortable and familiar with staff. Staff demonstrated that they were familiar with the residents and their individual communication needs. A sample of rosters demonstrated that residents received continuity of care. The inspector found that there was sufficient staff to ensure residents’ needs were met.

Staff were appropriately supervised by the social care worker. This was used as a forum
for reviewing and developing practice.

Staff had received statutory training in areas such as manual handling. The social care leader had oversight of the training needs of staff and the dates in which refresher training was required.

The inspector did not review staff files on this inspection. However, the centre had the support of a volunteer. Residents expressed their satisfaction with this. The inspector reviewed the information maintained for the volunteer and found that it met the requirements of the regulations.

**Judgment:**
Compliant

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**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:**

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002989</td>
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<tr>
<td>Date of Inspection:</td>
<td>05 October 2017</td>
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<tr>
<td>Date of response:</td>
<td>01 November 2017</td>
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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 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:
There was an absence of oversight of the clinical, environmental and operational risks within the centre.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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. A risk assessment will be conducted of operational, clinical and environmental risks within the centre and control measures documented and implemented as required.

**Proposed Timescale:** 30/11/2017  
**Theme:** Effective Services

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

The inspector observed that one fire escape route was key operated. However, during the inspection the key could not be found.

### 2. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
1. A thumb turn lock has replaced the key lock system on the fire door.

**Proposed Timescale:** 23/10/2017  
**Theme:** Effective Services

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

The inspector observed that some fire doors were not closing properly which reduced their effectiveness.

### 3. 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. Importance of fire door checks discussed at staff meeting  
2. The two fire door requiring adjustments to the swing free closures have been notified to the company ATS Fire Systems and will be addressed

Proposed Timescale:  
1. 12.10.17  
2. 17.11.17
**Proposed Timescale:** 17/11/2017