

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

## Issued by the Chief Inspector

Name of designated centre:	Fernview Community House (with Cluain Mhuire as a unit under this centre)
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	03 April 2024
Centre ID:	OSV-0002453
Fieldwork ID:	MON-0034585

## About the designated centre

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

This is a service comprising of two detached houses and provides residential care and support to 13 adults, both male and female. Both houses are in Co. Monaghan and in close proximity to the local town where residents have access to a range of community based facilities such as dance halls, shopping centres, clubs, parks, hotels and pubs. The centre also provides transport for residents to avail of as required. The service is one that respects the dignity, rights and independence of each resident. It provides opportunities for self-expression and personal development which enables each resident to realise their full potential in a fulfilling and meaningful manner. A person-centred approach is used, which positively encourages each resident to make their own individual choices and decisions. Management and staff work in partnership with families, carers and the wider community so as to ensure the service delivered to the residents is collaborative and based on their assessed needs and individual preferences. The centre is staffed on a 24/7 basis by a full-time person in charge (who is a clinical nurse manager II), a team of staff nurses, a team of care assistants and social care workers. Systems are in place so as to ensure that the welfare and wellbeing of the residents is comprehensively provided for and as required access to GP services and a range of other allied healthcare professionals forms part of the service provided to the residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	13
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## How we inspect

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
Wednesday 3 April 2024	10:00hrs to 15:00hrs	Raymond Lynch	Lead
Wednesday 3 April 2024	10:00hrs to 15:00hrs	Sarah Barry	Support

## What residents told us and what inspectors observed

This service comprised of two detached houses in Co. Monaghan and at the time of this inspection, there were 13 residents living in the designated centre. One house provided care and support to six residents while the other provided care and support to seven residents.

On the day of this inspection one resident was presenting with symptoms of COVID-19 and as per the organisations policies and procedures, were isolating in their bedroom. Because of this, the inspectors kept their footfall to a minimum in the service and, only visited one house that comprised the designated centre. However, a sample of residents personal plans, healthcare plans and risk assessments from both houses were reviewed by the inspectors over the course of the inspection process. Additionally, written feedback on the quality and safety of care from family members and residents was also viewed by the inspectors.

Although the inspectors did not spend time talking to the residents, from time to time over the course of the inspection staff were observed to support the residents in a person centred and caring manner. Additionally, residents appeared to look comfortable and relaxed in their home and happy in the company and presence of staff.

From a review of a sample of files, the inspectors noted that residents were engaged in social, recreational and learning activities of their choice, interest and preference. For example, some residents liked to go bowling and swimming while others liked outings to sensory rooms and to go on train journeys.

Some residents also liked to go to football matches, were members of clubs, go to the theatre and musicals, attend concerts, have dinner out and enjoy hotel and spa breaks.

Other residents were being supported with educational activities such as taking pottery classes and engaging in arts and crafts such as knitting. Activities such as music therapy, rally car driving, bingo, massage therapy and reflexology were also available to the residents.

Additionally, as part of their goals for 2024 some residents were redecorating their rooms, some had booked concert tickets to see their favourite musicians, some had booked tickets to upcoming musicals and one wanted to renew their library membership and visit their family home

Written feedback on the quality and safety of care from relatives of the residents was also positive and complimentary. For example, one relative was complimentary of the care their family member received in the centre while another wanted to thank staff for all they do. Another family member said that their relative always

looked well and thanked staff for their hard work.

Written feedback from residents was also complimentary. For example, one resident said that the house was a nice place to live, they were happy with their accommodation, the menu options were nice, they made their own choices, they felt listened to in the centre and that staff provide care and support when it is required.

Another resident reported that they were also happy in the service, liked the garden, were happy with the visiting arrangements, liked attending their club and that staff supported them in achieving their goals.

It was observed however, that aspects of the risk management process required review. Notwithstanding, while limited time was spent in the centre due to the issue as detailed above, inspectors did observe that the house appeared well maintained, homely and welcoming and residents appeared relaxed and comfortable in their home. Staff were also observed to be kind and person centred in their interactions with the residents

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

## Capacity and capability

From the limited time spent in the centre, the inspectors observed that residents appeared happy and relaxed in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge who was a clinical nurse manager II (CNM II). They were supported in their role by an a director of nursing, an assistant director of nursing and a clinical nurse manager III (CNM III).

Additionally three were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

From a sample of training records viewed, the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been completed as required by the regulations.

Registration Regulation 5: Application for registration or renewal of registration
The provider had submitted a complete application for the renewal of the registration of this designated centre.
Judgment: Compliant
Regulation 14: Persons in charge
<p>The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).</p> <p>They were a qualified nursing professional with an additional qualification in management. The demonstrated a knowledge of their legal remit to the Regulations and, were found to be responsive to the inspection process.</p> <p>They had systems in place for the oversight of the centre to include the supervision of staff and localised audits.</p> <p>They also demonstrated a good knowledge of the assessed needs of the residents.</p>
Judgment: Compliant
Regulation 15: Staffing
<p>A review of a sample of staff files for this centre were reviewed the day prior to inspection. The sample of files reviewed contained all of the required information under Schedule 2 of the regulations.</p> <p>The designated centres had proposed and actual rosters in place, with separate rosters for each unit. The rosters demonstrated that the identified staffing levels were in place in both units in the centre each day for the month of March 2024.</p> <p>There was a consistent staff team in place in the centre. A small number of shifts were covered by agency staff and there appeared to be regular agency staff who worked in the centre.</p> <p>The staff in the designated centre were made up of a mix of healthcare assistants, nurses and social care workers.</p>

Judgment: Compliant

## Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included

- fire training (theory and practice)
- manual handling (theory and practice)
- safety, health and welfare
- safeguarding of vulnerable adults
- children's first
- open disclosure
- management of behaviour of concern
- standard precautions
- infection prevention and control
- respiratory hygiene
- donning and doffing of personal protective equipment
- basic life saving
- food hygiene
- consent
- assisted decision making
- supporting decision making
- positive behavioural support
- human rights

Judgment: Compliant

## Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management



There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by an experienced and qualified director of nursing, an assistant director of nursing and a clinical nurse manager III.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2023 along with a six monthly unannounced visit to the centre as required by the regulations.

Additionally, a number of localised audits were being carried out by the person in charge.

A quality improvement plan had been developed based on the findings of the auditing process and this identified any issues along with a plan of action to address those issues in a timely manner.

For example, the auditing processes and quality improvement plan identified the following:

- an easy to read statement of purpose was required which detailed the management structure of the organisation
- a review of the controlled drug ledger required review
- the floor in the hallway required repair
- person centred training was to be provided to staff
- the residents guide required review

These issues had been identified, actioned and addressed by the time of this inspection.

It was observed that some staff were to receive sexuality awareness training and some painting was required to the external part of the premises. However, the person in charge was aware of this and plans were in place to address both these issues.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the Regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

It was observed that an update was required to the statement of purpose on the day of this inspection and this issue was addressed by the person in charge prior to

<p>the end of the inspection process.</p> <p>The person in charge was also aware of their legal remit to review and update the statement of purpose as required by the regulations</p>
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
<p>The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.</p>
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
<p>All policies and procedures required by Schedule 5 of the Regulations, where relevant, were in place and all in date.</p>
Judgment: Compliant
<b>Quality and safety</b>
<p>The residents living in this service were supported to live their lives based on their individual preferences and, systems were in place to meet their assessed health and social care needs. A minor issue was identified with the process of risk management however.</p> <p>Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to live lives of their choosing and frequent community-based activities.</p> <p>Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services.</p> <p>Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. However, a minor issue was identified with the process of risk management. Adequate fire-fighting equipment was provided for and</p>

was being serviced as required by the regulations.

The one house visited as part of this inspection process was found to be clean, warm and welcoming on the day of this inspection and, was laid out to meet the needs of the residents

Overall this inspection found that the individual choices and preferences of the residents were promoted and from the limited time spent in one of the houses that comprised the centre, inspectors observed that residents appeared happy and content in their home..

### Regulation 10: Communication

Residents communication need and preferences were clearly stated in their personal plans and, they were being supported to communicate in line with their needs and wishes.

Where required, easy to read information was provided to the residents.

Additionally, residents had access to televisions, telephones and radio.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were being supported to engage in social, recreational and learning opportunities of their choosing and preference.

For example, as stated in the first section of this report, some residents liked to go bowling and swimming while others liked outings to sensory rooms and to go on train journeys.

Some residents also liked to go to football matches, were members of clubs, go to the theatre and musicals, attend concerts, have dinner out and enjoy hotel and spa breaks.

Other residents were being supported with educational activities such as taking pottery classes and engaging in arts and crafts such as knitting.

Activities such as music therapy, rally car driving, bingo, massage therapy and reflexology were also available to the residents.

Judgment: Compliant

## Regulation 17: Premises

One house that comprised this centre was visited on the day of this inspection. From the limited time spent in the centre inspectors observed it to be welcoming and homely. It was also clean, well maintained and laid out to meet the needs of the residents.

Because one of the residents was isolating with a suspected case of COVID-19, inspectors kept their footfall to a minimum in the centre, completed the paperwork in small activity building to the rear of the centre and, did not visit the second house that comprised the centre.

Judgment: Compliant

## Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessment management plans on file so as to support their overall safety and well being. For example:

- where a resident may be at risk of falling, they were provided with staff support and supervision as required. Equipment (such as a wheelchair) and monitors could also be used to promote the residents safety
- where a resident could be at risk of choking, certain objects were to be removed from their environment and where required, they were monitored on a regular basis. Additionally, where required, they were supervised at all times during meal times.
- on the day of this inspection one resident had symptoms of COVID-19. As per their risk assessment, they were self isolating in their room, staff were wearing personal protective equipment, there were hand sanitising gels available in the centre and staff had training in a number of infection prevention and control courses.

It was observed that a number of other measures were also in place so as to promote residents safety and well being in the centre. For example, all staff had training in basic life saving and cardio pulmonary resuscitation and, some had training in feeding eating drinking and swallowing difficulties however, this was not adequately stated in some risk assessments related to the risk of choking.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Risk assessments and guidelines to follow in the event of an evacuation in the designated centre were in place for all residents. One of the resident has refused to leave the centre in the past and the risk assessments details the procedure for staff to follow if the resident refused to evacuate, with a number of stepped measures to follow. The risk assessment was signed by the resident's key worker, GP, person in charge and a family representative

There was a policy on fire management in place with a date of revision for 21.11.24. This policy had been signed off on by the staff team

Fire extinguishers were last inspected on 10.01.24 and the emergency lighting system certificate for annual inspection and testing was completed on 25.01.24

Four fire drills completed in the year to date. Three of those were day time drills while one was a night time drill

As required checklists were also completed by staff each day, week and month.

It was observed that one resident could get upset when the fire alarm was activated. However, the person in charge had contacted the local county council to ask if a fire representative could visit the centre to talk to the residents about fire safety, to see if this would be of benefit the resident.

Judgment: Compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- physiotherapy
- ophthalmology
- occupational therapy
- speech and language therapy
- dentist
- dietitian
- chiropody
- audiology

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice.

It was also found that where or if required, residents had access to mental health support services and behavioural support.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection, there was one open safeguarding plan in place. However, it had been reported to the national safeguarding team and, a safeguarding plan was in place to support residents safety.

The inspector also noted the following:

- information on advocacy was available in the service
- information on safeguarding and the safeguarding officer was available in the service
- written feedback on the quality and safety of care was positive and complimentary with one family member reporting that they were very satisfied with the care their relative received, they had no issues or concerns and were aware that they could make a complaint if they felt the need was to arise

Additionally, from a small sample of files viewed staff had training in:

- safeguarding of vulnerable adults
- children's first
- open disclosure

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Fernview Community House (with Cluain Mhuire as a unit under this centre) OSV-0002453

Inspection ID: MON-0034585

Date of inspection: 03/04/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>In order to meet compliance with Regulation 26: Risk Management, the following actions have been undertaken</p> <ul style="list-style-type: none"><li>• The Person in Charge has reviewed all risk assessments to ensure all relevant controls are included in the management of the risks.</li></ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	18/04/2024