



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	The Fern Dean Stepside
Name of provider:	VIEC Two Limited
Address of centre:	61 Stepside Lane, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	11 March 2025
Centre ID:	OSV-0008904
Fieldwork ID:	MON-0045448

About the designated centre

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

The Fern Dean is set on a large private site in the heart of Stepside. It comprises of separate gardens with mature trees and planting. It is a purpose-built facility providing residential services to older persons from the local area and beyond. The centre caters for individuals with a range of dependencies, from low dependency to maximum dependency, and provides long-term residential and nursing care, convalescent care, and respite services. The Fern Dean is set over four floors and comprises of 124 single bedrooms. Bedroom spaces are equipped with full en-suite shower facilities, emergency call systems, flat screen TV's, and internet access. Each floor benefits from different sitting rooms, lounge areas, and dining facilities. All residents can access different spaces including an on-site hair and beauty salon, a peaceful reflection room, and a private family room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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
Tuesday 11 March 2025	08:45hrs to 15:30hrs	Laurena Guinan	Lead
Tuesday 11 March 2025	08:45hrs to 15:30hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

The inspectors observed that staff were working towards improving the quality of life and promoting the rights and choices of residents in The Fern Dean Stepside.

The centre was registered for an occupancy of 42 residents, with the present accommodation located on the upper ground floor floor, Green View Lodge.

Overall, residents spoke positively about their experience of living in the centre. Residents expressed high levels of satisfaction with the care provided to them. Residents and visitors spoke with high praise for the staff within the centre, with one resident reporting 'staff are wonderful'. There was a comfortable familiarity between the staff and residents that created a positive atmosphere.

The premises were seen to be clean, and appropriately styled and furnished to create a comfortable environment for residents. There was sufficient private and communal space for residents to relax in. The inspectors observed that call bells were not available in some breakout seating areas, however staff were observed to be always present. The inspectors highlighted the potential risk to the nursing management on the day of inspection, and they gave assurances that they would assess the need, and had a portable call system available, if required. Residents had safe, unrestricted access to an outdoor garden that contained suitable seating, pathways, and seasonal plants.

Bedroom accommodation comprised of single-occupancy bedrooms. Residents who spoke with the inspectors were happy with their bedrooms, and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms, and other personal items which gave the room a homely feel.

Residents' mealtime experience in the dining room had a relaxing atmosphere, and sufficient staff were available in the dining room to assist residents should the need arise. Dining room tables were observed to be appropriately laid out for residents, with utensils, condiments, and the daily menu. The meal service was not rushed, and residents were observed interacting with each other. Residents informed the inspectors that there was a range of snacks and drinks made available to them outside of regular mealtimes.

Residents informed the inspectors how staff supported them to enjoy life in the centre. Newspapers were delivered daily to the centre. There was a detailed weekly social care programme on display to support residents in choosing what activities they would like to participate in. Social outings were encouraged, and there were numerous events and parties for the enjoyment of residents, families and staff. The social events usually occurred twice monthly, with the last outing taking place to a local park. The inspectors heard that it was an 'enjoyable day for all', and residents were already looking forward to the next trip. Residents were also encouraged to

maintain their community relationships. One resident informed the inspectors that they 'enjoyed very much the weekly trip to the local public house', which was organised by the staff in the centre.

Another initiative that the centre organised, was to invite experts from various backgrounds to give information sessions to residents. Inspectors heard about a recent visit from a speech and language therapist, and residents said they appreciated the valuable information they had received.

Mass was celebrated in the centre every month, however a chaplain visited weekly, and the sacrament of the Eucharist was available weekly to those residents who wished to receive it. A hairdresser attended one day a week in the well-furnished hair salon on the ground floor, and residents said that they 'loved getting their hair done'.

Residents' family and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces in the centre. Visitors confirmed they were welcome to the home at any time. They all praised the care, services and staff that supported their relatives in the centre.

The inspectors observed many instances of good practices in respect of infection prevention and control, including good hand hygiene techniques, and overall procedures were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018)*.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was a well-run centre with good governance and management systems in place which ensured that residents living in the centre were supported to live a good quality of life, and received a high standard of quality care. The provider had ensured that they reached a good level of compliance with regulations.

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). It was also to inform the decision on an application to register two further floors, Green View and Summit View, which would increase occupancy to 112.

The registered provider for The Fern Dean Stepside nursing home was VIEC Two Limited, which operates other designated centres in Ireland. The person in charge worked full-time in the centre, and was supported by a regional director, Assistant

Directors of Nursing (ADON's), clinical nurse managers (CNMs), and a team of nurses, healthcare, catering, activity, housekeeping, administrative and maintenance staff. Responsibilities for all areas were clearly defined, and each department had a direct supervisor in place.

The Fern Dean Stepside was registered in November of 2024, and the inspectors saw there were already robust management systems in place to monitor the quality and safety of care in the centre. There was evidence of regular management and staff meetings, and issues identified at these meetings were followed through. For example, the need for a podiatry service was raised at a staff meeting in January. This had subsequently been sourced, with the service having commenced the day before the inspection, and to continue on a monthly basis. Audits also had corresponding action plans in place to address identified areas for improvement. A Health and Safety committee had been established and the formation of a resident's committee was underway.

The inspectors saw an appropriate amount of staff on duty on the day of inspection, and residents said that their needs were attended to quickly. A comprehensive roll out system of increasing staff numbers as occupancy increased was provided to the inspectors. There was an induction system for new staff, and those spoken with said that they had received good supervision and support during the induction period. There was a high compliance with staff training, with new staff receiving appropriate training prior to commencing their role, and continuous training updates provided thereafter. A sample of staff files showed that Garda Vetting was in place prior to commencing employment.

The majority of records in the centre were stored electronically. The inspectors were informed that there is a system to scan paper records, such as the visitors log, so they too can be stored electronically.

The complaints procedure was on display in communal areas, and both the complaints officer and review officer had received training. The inspectors viewed the complaints log and saw that the complaints were handled in accordance with the centre's procedure, with evidence of clear and prompt communication from the complaints officer.

Regulation 15: Staffing

There was an appropriate number and skill-mix of staff on the day of inspection. There was a registered nurse on duty at all times as confirmed by the person in charge and staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, and there were comprehensive induction and supervision systems in place.

Judgment: Compliant

Regulation 21: Records

Records were found to be stored in a safe and accessible format on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. Management systems in place ensured that the service was safe and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of contracts of care between the resident and the registered provider, and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any additional fees. The contract also clearly stated the bedroom to be provided to the resident.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

The inspectors found that residents felt safe, and were supported and encouraged to have a good quality of life in the centre. Notwithstanding the positive findings, further improvement was required regarding individualised assessment and care plans. This will be discussed further under the relevant regulation.

Care planning documentation was available for each resident in the centre. An assessment of residents' health and social care needs was completed on admission and ensured that residents' individual care and support needs were being identified and could be met. There was evidence that care plans were completed within 48 hours of admission and reviewed regularly. Care plans demonstrated consultation with the residents, and where appropriate, their family. However, staff were not always consistently documenting records accurately in line with good standards of record-keeping and required further oversight.

It was observed that through on-going comprehensive assessment, resident's health and well-being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse, and of the procedures for reporting concerns. The registered provider did not act as a pension-agent for residents at the time of inspection.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents, and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy, with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided.

The inspectors were assured that residents' food and nutritional needs were being met. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required. The dining experience

was observed to be relaxed, with an adequate choice of food and drinks available. Residents on modified diets received the correct consistency of meals and drinks.

The premises were seen to be decorated and maintained to a very high standard. The corridors had hand rails to enable residents to mobilise independently with ease, and there was access to a secure outdoor area.

Regulation 17: Premises

The premises were appropriate to the needs and number of residents, and conformed to Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to a safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal-times.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Notwithstanding that care plans were person-centred, and the inspectors were assured that comprehensive assessments were carried out, improvement was needed to ensure gaps in care plan records were addressed. For example:

- While residents with unintentional weight loss were referred to health care professionals, the weekly weight recorded on one residents care plan reviewed was not correct. Therefore, accurate up-to-date information was not available to health care professionals, which could result in inappropriate interventions being recommended for the resident.
- Another resident's care plan contained historical information which was no longer relevant, and could lead to confusion regarding the most relevant plan of care.

Judgment: Substantially compliant

Regulation 6: Health care
Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to all required allied health professionals services, and the inspectors saw evidence that a variety of these practitioners were involved in care delivery for the residents.
Judgment: Compliant
Regulation 8: Protection
All reasonable measures were in place to protect residents from abuse. A safeguarding policy detailed the roles and responsibilities, and appropriate steps, for staff to take should a concern arise. The inspectors reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment.
Judgment: Compliant
Regulation 9: Residents' rights
Residents' rights were upheld in the centre, and all interactions observed during the day of inspection were person-centred and courteous.
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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Fern Dean Stepaside OSV-0008904

Inspection ID: MON-0045448

Date of inspection: 11/03/2025

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none">• Both records have been rectified. Additional Training regarding weight recording and care plan provided to the team on 13.03.2025 to address the findings. Audit plan has been updated to include more frequent checks of care plan accuracy and removal of outdated information. This process will be overseen by the CNM/ADON	

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 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/03/2025