



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:	Short Notice Announced
Date of inspection:	27 April 2021
Centre ID:	OSV-0002453
Fieldwork ID:	MON-0032371

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 and team of care assistants. 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 - 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 27 April 2021	10:00hrs to 15:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This service consisted of two houses however, only one of those houses was visited as part of this inspection process.

The inspector met with four residents and spoke with one family representative over the phone so as to get their feedback on the service provided. The four residents met with, appeared happy in their home and were relaxed and comfortable in the presence of the staff team. Staff were also observed to be professional, person centred and caring in their interactions with the residents.

Written feedback on the quality and safety of care from two residents was also reviewed as part of this inspection. The residents met with did not speak directly to the inspector, however, it was observed they appeared content in their home and staff were seen to be caring and attentive in responding to their needs. Staff were also aware of the communication style and preference of each resident and were respectful of these styles.

Prior to COVID-19, residents attended day services and visiting community-based amenities, such as shops and going out for meals. Notwithstanding, while day services were closed and community based activities were restricted due to the current lock down, staff had ensured that a number of recreational and learning activities were available to the residents in their home. For example, the centre had an activities room where residents could engage in table top activities of their choosing. Some residents liked sensory activities such as hand massages and foot spas, whilst others were supported with cooking and baking activities.

Some residents were also attending a social farming programme of which they seemed to enjoy very much. The centre had its own transport so as residents could avail of scenic drives and go for walks in the countryside. The house also had an outdoor area where one of the residents liked to play football.

The inspector observed that over the lock down period, staff made arrangements for special occasions such as residents' birthdays and Easter to be celebrated in the house. For example, the inspector saw pictures of residents having a party to celebrate the Easter holiday period and, they seemed to have enjoyed this occasion very much.

Written feedback on the service from two residents was reviewed by the inspector. They reported that they had no complaints about their home. They also reported that they were happy in the house, happy with their rooms, happy with the range of activities on offer and with the staff team.

Some residents also liked to relax in their rooms listening to music and/or watching television and the inspector observed their rooms were spacious and comfortable.

They were also decorated to take into account their individual style and preference.

A family representative spoken with (over the phone) was complimentary and positive about the quality and safety of care provided in the service. They informed the inspector that the house was like a 'home from home' and their relative was very happy living there. They also spoke highly of the staff team, were satisfied that the healthcare needs of their loved one were being provided for, and had no issues or complaints about the service.

The family representative said that while there were restriction on visits to the centre due to COVID-19, the staff team had ensured that regular contact was maintained between them and their relative. For example, they said that their relative was supported to make regular calls home and they were welcome to call the centre at any time.

Some minor issues were identified with staff rosters, premises and risk management, which are discussed in greater detail in section one of the report: Capacity and Capability and section two: Quality and Safety.

Capacity and capability

Residents appeared happy and content in their home and the provider ensured that supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by the director of nursing, assistant director of nursing and a service manager. The person in charge was an experienced and qualified nurse and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

The person in charge was also responsive to the inspection process and aware of their legal remit to 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). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The person in charge ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the needs of the residents. Of a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, manual handling and hand hygiene. It was observed that there was a delay in providing some refresher training due to COVID-

19, however, the person in charge had a plan in place to address this issue in a timely manner.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. However, on reviewing a sample of staff rotas in the centre, the inspector found that at times, they were not maintained as required by the regulations.

The person in charge and senior management team ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2020 along with six-monthly auditing reports. These audits were ensuring the service remained responsive to the regulations and responsive to the needs of the residents. For example, the last six-monthly unannounced visit to the centre in December 2020, identified that some aspects of residents' care plans required review (to include a review of residents' goals) and a training matrix was to be completed for the centre by January 2021. These issues had been actioned and addressed at the time of this inspection.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nurse with experience of working in services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents. However, the staff rota was at times, not maintained as required by the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of

an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by the director of nursing, assistant director of nursing and a service manager.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs. However, minor issues were found with regard to the premises and risk management.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families. While a number of community-based activities and day services were on hold due to COVID-19, residents were being supported to engage in social, recreational and learning activities in their own home. Some residents were also involved in a social farming project which they seemed to enjoy very much. Transport was also available to the residents so that they could go for drives and walks in the countryside.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to speech and language therapy, dietitian and dental services. The inspector observed that during the current lock down, some consultations with allied healthcare professionals were facilitated over the phone.

Hospital appointments were also facilitated and, as required access to mental health services, psychology and behavioural support was also provided for. Where required, residents had a behavioural support plan in place and, from a sample of

files viewed, staff had training in positive behavioural support.

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. There were some minor peer-to-peer related issues ongoing at the time of this inspection however, they were being recorded, reported and responded to appropriately. From a sample of files viewed, staff had training in safeguarding of vulnerable adults and Children's First. Information was also publicly available in the centre on who to contact, in the event of a safeguarding concern. A family representative spoken with as part of this inspection also said they were satisfied with the quality or safety of care to their relative.

There were systems 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 assessments on file so as to support their overall safety and wellbeing. However, some individual risk assessments required review so as to ensure they adequately reflected the assessed needs of the residents as detailed in their care plans. For example, in one residents care plan it said that they were at a heightened risk of a fall. However, their falls risk assessment did not reflect this adequately.

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in donning and doffing of personal protective equipment (PPE) and hand hygiene. If required, an isolation facility was also available to the centre. The person in charge reported that there were adequate supplies of PPE available and it was being used in line with national guidelines. The inspector also observed that there were adequate hand-washing facilities available and hand sanitising gels in place around the house. Enhanced cleaning schedules were also in place as were COVID-19-related contingency plans.

The house was homely and welcoming on the day of this inspection and residents rooms were decorated to their individual style and preference. However, one room required painting, redecorating and the carpet needed replacing.

Overall, residents appeared happy in their home and systems were in place to meet their assessed needs. Feedback from a family representative on the quality and safety of care was also positive and complimentary.

Regulation 17: Premises

The house was homely and welcoming on the day of this inspection and residents rooms were decorated to their individual style and preference. However, one room required painting, redecorating and the carpet needed replacing.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Some individual risk assessments required review so as to ensure they adequately reflected the assessed needs of the residents as detailed in their care plans.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families. While a number of community-based activities and day services were on hold due to COVID-19, residents were being supported to engage in social, recreational and learning activities in their own home.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP and mental health services, which formed part of the service provided.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. There were some minor peer-to-peer related issues ongoing at the time of this inspection however, they were being recorded, reported and responded to appropriately.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	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-0032371

Date of inspection: 27/04/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: To achieve compliances with Regulation 15: Staffing The Person in Charge has ensured the staff rota is maintained as required by the regulations. Completed on the 28-04-2021	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: To achieve compliances with Regulation 17: Premises One room has been painted and the carpet has been replaced. This was completed on the 12-06-2021	
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

To achieve compliances with Regulation 26: Risk management procedures:

The Person in Charge reviewed the individual risk assessments to ensure they adequately reflected the assessed needs of the residents. This was completed on the 28-04-2021

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	28/04/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	12/06/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to	Substantially Compliant	Yellow	28/04/2021

	control the risks identified.			
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