Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Fern Dean Stepaside
Name of provider:	VIEC Two Limited
Address of centre:	61 Stepaside Lane, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	10 February 2026
Centre ID:	OSV-0008904
Fieldwork ID:	MON-0045469

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 Stepaside. It compromises 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:	76

How we inspect

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 10 February 2026	08:00hrs to 16:30hrs	Laurena Guinan	Lead
Tuesday 10 February 2026	08:00hrs to 16:30hrs	Niamh Moore	Support

What residents told us and what inspectors observed

Residents living in The Fern Dean Stepaside described it as a lovely place to live, where they were well cared for. This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on the compliance plan from the previous inspection, and statutory notifications submitted to the Chief Inspector since the last inspection in March 2025.

The centre was spread over four floors with resident accommodation on the upper three floors. The entrance on the lower ground floor had a welcoming reception area with a computerised visitors' sign in log. A hairdressing salon, family room, laundry, kitchen and offices were located on this level. The hairdressing salon, family room and laundry were seen to be clean and well equipped.

Level 0 and Level 1 both had resident accommodation and communal areas. The residents' bedrooms seen by the inspectors were clean and tidy and many residents had personalised their bedrooms with their own belongings. Each floor had two spacious communal rooms which were decorated in a different theme. There was a Cinema room with a large screen and cinema-style lighting, a Library room with bookshelves and a piano, a Wellness room and a Reflection room. The Assistant Director of Nursing reported that the room themes had been suggested by residents at residents' meetings. There was also an additional day room on each floor where most group activities were held, and furnished break out areas on the corridors. All the communal areas were seen to be clean and had comfortable seating. Residents spoken with on the day commented on the choice of areas to spend time in, and the standard of cleanliness. There was access to a large, secure courtyard on Level 0 which had ample seating and good pathways to facilitate residents to use the area safely.

Each floor had it's own dining room which was clean and well furnished. Many residents chose to dine here at lunch, and there was a social atmosphere during the meal. Residents that chose to dine in their rooms said that their meal was hot, and they had access to drinks and condiments. There was adequate staff to assist, and residents were seen to be offered a choice. Residents said that they ordered their meal the day before, with some saying that they often forgot what they had ordered. There was a small written menu available on the serving trolley, and staff reminded residents of the choices, but there was no menu on display throughout the day. Residents also gave different reports to the inspectors about whether you could change your order. One resident said that the kitchen staff were very accommodating, but that many residents were not aware they could change their order, or order off the menu. This was discussed with the person in charge who said

that they would review the menus available, and the communication with residents about menu choices.

Both residential floors had a sluice room, treatment room and store rooms. The treatment rooms were locked, clean and tidy. The sluice rooms were clean, but linen skips stored here made access to the bedpan washer difficult. There were also communal toilets on each floor and while these were clean, the inspectors saw inappropriate storage of incontinence wear, moisturising cream and gloves in these rooms. This was brought to the attention of the Assistant Director of Nursing and will be discussed later in the report.

The centre had experienced a leak during the recent wet weather, and the ceilings of two residents' bedrooms on Level 0 were affected. The registered provider had ensured that the residents were relocated to appropriate accommodation, and their possessions safely secured while the ceilings were repaired. Inspectors were informed that the work was almost complete.

On the day of inspection, the terrace on Level 2 which would provide outdoor access for residents, had been lifted to repair a leak. The two communal rooms were also in the process of being furnished and decorated. There were no residents on this floor, and the person in charge confirmed that they would not accept admissions until the terrace was fully repaired and safe for use by residents, and the two communal rooms were furnished and decorated to the same standard as the communal rooms in the rest of the centre.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe and secure, with appropriate lighting, heating and ventilation. The premises was overall well-maintained. Inspectors saw that one of the two driers was out of order on the day of the inspection, and there was maintenance personnel on-site on the day responding to and repairing the damage caused by the leaks.

The atmosphere within the centre was calm and unhurried with ample communal space supporting the free movement of residents. The inspectors spent time observing the environment and interactions between residents and staff. All interactions observed were person-centred and courteous. Staff were responsive and attentive while attending to residents' requests and needs on the day of inspection. Residents were able to exercise choice in relation to how they spent their time, how they selected their food and refreshments during their meals, for example if they wanted sauce on their meat, and how they personalised their bedrooms. Residents who spoke with inspectors stated "I don't need to ring my call bell as I get continuity of care" "I am very happy with the care" and praised staff for their attentiveness. One resident explained their delight in receiving a bunch of ''welcome flowers'' on their admission to the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

The inspectors saw that there was a clearly defined management structure in the centre that identified the lines of authorities and accountability, however, greater oversight of storage and the implementation of the compliance plan from the previous inspection was required.

There was a person in charge who worked full-time in the centre and who was supported in their role by two assistant directors of nursing and a team of clinical nurse managers. Staff nurses, healthcare assistants, activities coordinators, household, catering and maintenance staff made up the remainder of the staff team in the centre. The inspectors reviewed the staff rosters and found there was a sufficient number of staff available in each department, with a system in place to cover absences. There had been active recruitment of staff in all areas so that increased occupancy would be safely accommodated.

The inspectors reviewed the induction system in place and saw that new staff were appropriately trained and supervised. Training days alternated with periods of supervised work, and the induction period could be extended from two weeks to four weeks where staff required additional time to become familiar with their role. New staff were assigned a mentor to assist them through the induction period, and staff spoken with said they felt the system was supportive and comprehensive. All staff had access to a suite of training and there was high compliance in all areas such as fire training, infection control and restrictive practices.

The inspectors saw a record of staff and resident meetings which facilitated good two-way communication in the centre. Action plans to address issues identified during meetings had a responsible person assigned to them, and the progress was tracked on the centre's software system. There was a suite of audits in areas such as falls, infection control, restrictive practice and care plans which showed a high compliance in many areas. However, the audits had not identified issues seen on the day of inspection with regard to storage practices and the accuracy of care plans. The inspector also saw that the compliance plan from the previous inspection had not been fully implemented. These will be discussed under Regulation 23: Governance and management.

The registered provider had a complaints policy on display in prominent areas in the centre. The policy detailed the timelines for the complaint and the review processes, and provided information on access to advocacy services. Both the complaints officer and the review officer were identified in the policy and they had completed training in dealing with complaints. The inspectors reviewed seven complaints and saw that all had been managed in line with the policy.

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to ensure that residents' needs were met in a prompt manner.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their roles and there was a robust induction system in place. Staff spoken with told the inspectors that they felt supported in their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had maintained a Directory of Residents that contained all the information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the oversight systems in place were insufficient to ensure that the service provided was safe and effectively monitored. This was evidenced by:

- Inappropriate storage practices in the sluice rooms had not been identified in the auditing process.
- Some care plans seen on the day of inspection contained conflicting information. This had not been identified on the auditing system.
- In the compliance plan from the inspection in March 2025, the registered provider had committed to providing care plan training for nursing staff to address issues seen on the day. While one session had been conducted, only seven nursing staff had received the training, and inconsistencies in the information contained in care plans were seen on this inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective procedure for dealing with complaints which was in line with the regulations, and complaints were seen to be managed appropriately.

Judgment: Compliant

Quality and safety

Inspectors found that residents of The Fern Dean Stepaside were receiving a good standard of care that supported and encouraged them to actively enjoy a good quality of life. It was clear that residents' rights were respected, staff were seen to treat residents with respect and kindness throughout the inspection and there was evidence that residents were consulted in relation to the running of the designated centre. Inspectors found that further actions were required in care planning arrangements.

Inspectors reviewed a sample of residents' records on the electronic system. Each resident had a comprehensive assessment of their needs completed prior to their admission to the centre, which ensured the service could meet the individuals' health and social care needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. There was evidence of consultation with residents, and where relevant their families, in the review of care plans. Inspectors found that the majority of care plans were person-centred, however in a small number reviewed, there were some discrepancies noted between the care plans and the assessed needs of the individual residents. This is further discussed under Regulation 5: Individual assessment and care plan.

The centre had a minimal amount of residents displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However, where required, inspectors observed that residents had appropriate care plans in place. Behaviour observation charts were completed, and staff spoken with had the knowledge to manage the individual behaviours when displayed.

The use of any restraints within the centre was minimal. For example, there were no bedrails in use during this inspection. Inspectors saw that where a restrictive

practice was deemed appropriate, the rationale was based on multi-disciplinary input, including by the general practitioner and physiotherapist.

The provider had a visiting policy dated March 2025 which outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits from their nominated support persons during outbreaks.

The provider had a policy on the management of residents' personal property dated June 2023. At the time of this inspection, the provider was not acting as a pension agent for any resident. Inspectors observed that each bedroom had ample storage space for residents to store their personal belongings. Inspectors saw that some bedrooms had personal items of furniture that residents had brought in from home. Inspectors reviewed the laundry and saw that clothing was labelled on-site. Residents' meeting records showed that residents had the opportunity to provide feedback on the laundry service.

Staff had completed a variety of infection prevention and control training, such as on the use of personal protective equipment (PPE), and general infection control principles. Some staff had completed antimicrobial stewardship training. There was an identified infection control link practitioner nominated in the centre, with plans to train further managers in this area. The environment supported good infection control with sufficient facilities for hand hygiene.

Regulation 11: Visits

There were no visiting restrictions in place. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate storage in residents' rooms for their clothing and personal belongings, including a lockable unit for safekeeping. Laundry facilities were available on-site. Staff spoken with during the inspection were knowledgeable regarding laundry arrangements.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had adequate resources available to ensure appropriate infection prevention and control practices were implemented.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Not all care plans were reflective of the resident's current care needs. For example:

- One nutritional care plan outlined that the resident required monthly weights, however the resident's updated assessment references the requirement of weekly weights.
- One resident's care plan contained guidance for monitoring blood sugar twice a week, however the recent medical advice was for this to be done weekly.
- One resident's food and fluid chart, had documented the food offered to the resident, but did was not have documented the amount of food taken by the resident. As a result there was insufficient and inadequate information available to inform the resident's nutritional assessment.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The provider had ensured all staff had training in managing responsive behaviours. Referrals to external services such as psychiatry of later life were in place to provide a person-centred approach to care.

Restrictive practices were reviewed monthly. Assessments and care plans to support restrictive practices in use were found to be person-centred. There was also consent outlined from the resident or the nominated resident representative.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for The Fern Dean Stepaside OSV-0008904

Inspection ID: MON-0045469

Date of inspection: 10/02/2026

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
All resident care plans will be reviewed to ensure information is accurate, consistent and reflective of residents' needs. Mandatory care planning and documentation training will be completed by all nursing staff, with ongoing audits and supervision in place to monitor compliance and ensure sustained improvements in documentation standards – to be completed by May 2026.

Audit training to be completed to all the managers – May 2026.
Immediate review of storage spaces.

Regulation Heading	Judgment
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Immediate Care Plan Review: ADON and Clinical Nurse Manager will review resident care plans to ensure they reflect current assessments and medical advice, including monitoring requirements such as weekly weights and blood sugar monitoring. Any discrepancies identified will be corrected immediately. 2. Improved Monitoring and Documentation : All staff will be reminded to record both the food offered and the quantity consumed on food and fluid charts to ensure accurate monitoring of residents' nutritional intake. 3 Ongoing Audit and Staff Guidance Monthly care plan and documentation audits will be implemented by the Clinical Nurse Manager, with oversight

from ADON, to ensure care plans remain accurate and consistent with residents' assessed needs and that documentation standards are maintained; As an improvement quality program we are reviewing our documentation system to automatically integrate the results of assessments into the care plan reducing discrepancies between these two (to be completed by Q2 2026)

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/05/2026
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	31/05/2026