

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Fernview Community House (with Cluain Mhuire as a unit under this centre)
<b>Centre ID:</b>	OSV-0002453
<b>Centre county:</b>	Monaghan
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Kevin Carragher
<b>Lead inspector:</b>	Stevan Orme
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	13
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 26 September 2016 09:00 To: 26 September 2016 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to the inspection:**

This was an unannounced monitoring inspection carried out to monitor ongoing compliance with the regulations and standards. As part of the inspection, the inspector reviewed actions the provider had completed since the previous inspection conducted on 8 and 9 January 2015. The designated centre is part of the service provided by the Health Service Executive (HSE) in Monaghan. The centre provided residential services to adults with an intellectual disability.

**How we gathered our evidence:**

During the inspection, the inspector met with ten residents at the centre. Residents told the inspector that they enjoyed living at the centre and that they were supported by staff in a respectful and dignified manner. Where unable to tell the inspector about the quality of service they received, the inspector observed residents to appear comfortable and happy during the inspection.

The inspector met with staff members as part of the inspection, as well relatives visiting the centre. The inspector observed practices and reviewed documents such as personal plans, healthcare records, policies and procedures and staff files.

Furthermore, the inspector interviewed the person in charge as part of the inspection regarding practices and regulatory compliance at the centre.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided in the main as it was described in that document.

The centre comprised of two bungalows located in county Monaghan. Bungalow one comprised of six bedrooms of which three had en-suite facilities. The bungalow further provided two sitting rooms, a dining room, kitchen and communal bathroom with both bath and shower facilities. In addition, the bungalow had access to an external building which was used for relaxation activities and included a large room with separate toilet facilities. Bungalow one was located in a rural setting, with access to local amenities being facilitated by access to the service's vehicle.

Bungalow two was in a town with access to local amenities and shops. The bungalow comprised seven bedrooms each with their own en-suite facilities. Furthermore, residents had access to two sitting rooms, kitchen, dining room and a communal bathroom.

Both bungalows included an office accessed by staff and the person in charge.

Overall Findings:

The inspector reviewed actions taken to address the previous inspection findings and found that overall actions had been addressed by the provider. The inspector found that residents received support in line with their needs. Residents accessed activities in the wider community, although staffing levels at times did not enable residents' to access community activities reflective of their needs and interests.

The person in charge demonstrated knowledge and competence during the inspection. The inspector found them to be fit person to participate in the management of the centre.

Summary of regulatory compliance:

The centre was inspected against 14 Outcomes. For the most part the provider had put appropriate systems in place to ensure the regulations were being met. The inspector found compliance in six out of the 14 outcomes inspected. Moderate non-compliance was found in three outcomes with actions relating to risk management and staffing resources available at the centre. Substantial compliance was identified in five outcomes.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre had systems in place for the promotion of residents' rights.

The inspector did not review all aspects of this outcome focusing on actions taken to address the findings of the previous inspection.

The centre had an up-to-date complaints management policy which was reflective of both staff and resident knowledge. Information on the complaint policy was prominently displayed on resident notice boards. Additionally, accessible versions of the policy were observed in residents' bedrooms. The centre's complaints register clearly indicated the complaint and actions taken. Furthermore, records showed the satisfaction of the complainant with the outcome.

Following on from the previous inspection findings, where residents were unable to express complaints the person in charge reviewed incident reports to identify if a complaint should be lodged on behalf of residents. The inspector examined incident records and found evidence of damage to resident's property by their peers which had been lodged as a complaint and addressed in line with the provider's policy.

Information on advocacy services was displayed on residents' notice boards. Residents' meeting minutes reflected discussions on accessing advocacy services and were reflective of residents' knowledge. Where residents were unable to express their views on choices and decisions affecting their lives, the centre had made referrals on their behalf to the National Advocacy Service (NAS).

**Judgment:**  
Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Residents' communication needs were supported, but further assessments were required to fully meet their needs.

The inspector did not examine all aspects of this outcome focusing on measures undertaken to address the previous inspection findings. The inspector examined personal plans which identified residents' communication needs. Staff knowledge and observed practice was reflective of personal plans examined. The inspector observed residents being supported through the use of sign language and pictorial references to make choices during the inspection.

Following the previous inspection, the centre had made speech and language referrals on behalf of residents for assistive technology assessments. Documents reviewed reflected the centre's actions, although assessments had not been completed at the time of the inspection.

**Judgment:**  
Substantially Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Following the previous inspection, the inspector found that all residents had contracts of care. The inspector reviewed residents' contracts which were signed by both the provider and the resident or their representative.

Contracts of care did not provide sufficient information on all charges to be met by residents. Contracts included the total charge at the centre, although additional charges were not reflective of staff and resident knowledge such as residents paying for community activities.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Overall the inspector found that residents' personal plans were comprehensive and reflective of practices at the centre.

The inspector reviewed a sample of personal plans which identified residents' support needs in areas such as communication, community activities and physical and emotional well-being. The inspector found that although staff knowledge reflected multi-disciplinary recommendations such as dietary needs, this was not consistently reflected in personal plans examined. Furthermore, although recorded in health management plans and reflected by staff knowledge, residents' mental health support needs were not included in personal plans reviewed by the inspector.

Following the previous inspection findings, personal plans included assessments on the suitability of the centre in line with residents' needs. Assessments examined residents compatibility with each other and individual supports required to live at the centre, which were reflective of personal plans and practices observed by the inspector. Assessments were reviewed regularly as part of the residents' personal plan review

meetings.

Personal plans were developed with the participation of residents and their families along with multi-disciplinary professionals such as physiotherapists, speech and language therapist and behavioural specialists.

Personal plans were reviewed with the resident, their families and multi-disciplinary professionals every six months in line with the provider's policy. Residents' annual goals were reflective of their assessed needs and abilities as reflected in personal plans and daily care notes examined. Resident goals included, for example, accessing leisure activities and attending educational courses such as computer and literacy skills. Goals identified in personal plans reviewed were reflective of both resident and staff knowledge.

Personal plans were available to residents in an accessible format.

**Judgment:**

Substantially Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Residents' needs were assessed in line with the suitability of the centre's premise.

Following the previous inspection, the inspector reviewed residents' personal plans which included an assessment of their needs in line with the suitability of the centre. Assessments reviewed made recommendations on the layout and design of the centre in relation to needs such as the management of behaviours that challenge. As referenced in outcome 5, assessments were regularly reviewed as part of residents' personal plan reviewed every six months in accordance with the provider's policy.

Furthermore, as a response to the previous inspection's findings, the external building at bungalow one; used for day activities, had been assessed in relation to heating and ventilation. The inspector found that following assessment, storage heating had been installed in the building to provide adequate heating when used by residents.

**Judgment:**  
Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Overall, the inspector found that risks were identified and appropriately addressed at the centre.

The centre had an up-to-date safety statement and risk management policy. The safety statement was comprehensive and identified risks relating to the centre such as trip hazards and utility breakdowns.

The inspector found that risk assessments were reviewed regularly and related to both the needs of residents and the centre's premises. Risk assessments identified measures to reduce the risk and were reflective of staff knowledge and practices.

Monthly health and safety audits were completed by the person in charge, which reflected issues identified in reviewed risk assessments. Furthermore, the inspector examined the centre's maintenance records which showed that identified issues had been addressed or were in progress with interim measures in place.

Accidents and incidents at the centre were recorded and discussed at regular staff meetings to ensure risk management practices were effective.

The inspector reviewed staff training records which showed all staff had up-to-date manual handling training. Staff knowledge of residents' needs in relation to mobility was reflective of personal plans and training.

The centre in both bungalow one and two had suitable fire equipment including, for example, fire alarms, extinguishers, fire doors, fire exit signage and emergency lighting. Records examined by the inspector showed that equipment was checked weekly by staff in addition to regular servicing by external contractors.

The centre's safety statement included assessments of fire related risk, although the inspector found that the external building at bungalow one had not been assessed. Furthermore, the inspector observed no alarms in the external building to alert staff to the presence of fire or smoke.

The centre's fire evacuation plan was up-to-date and reflective of staff knowledge and discussions with residents in bungalow two. The inspector reviewed fire drill records which showed that evacuation drills occurred monthly and were conducted under minimum staffing conditions.

Residents had up-to-date 'Personal Emergency Evacuation Plans' (PEEPs). Following the previous inspection, PEEPs reflected residents' needs including measures to ensure all residents were safely evacuated from the premise. The inspector found that PEEPs included where evacuation aids were identified to support residents, although records did not indicate staffing levels required to use the aid. Staff knowledge of residents' evacuation needs were reflective of PEEPs reviewed by the inspector.

Following the previous inspection findings, the inspector reviewed staff training records and found that all staff had received up-to-date training in line with the provider's fire safety policy.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that centre practices were in line with the provider's policies on positive behaviour management and safeguarding of vulnerable adults.

The centre had an up-to-date policy on the prevention, detection and response to abuse, which indicated the provider's designated safeguarding officers. Information on the designated officers; including their photographs, was displayed on the residents' notice boards at the centre.

Following the previous inspection, training records examined showed that all staff had received training on safeguarding vulnerable adults in line with the centre's policy. Staff were knowledgeable on what constituted abuse, and actions they would take if they

suspected its occurrence, which was in line with the provider's policy.

The inspector observed staff practices and found staff to be respectful and supported residents in a timely and dignified manner throughout the inspection. Where residents were able to tell the inspector about the quality of the support they received, they told the inspector that they were happy with the support they received from staff. Furthermore, residents told the inspector that if they were unhappy with the support received; they would tell staff or the person in charge.

The inspector reviewed reports of incidents between residents and safeguarding plans. Documents reviewed showed agreed practices to support residents and a review of records showed a reduction in the reoccurrence of resident-to-resident incidents. Safeguarding plans were reviewed regularly by the person in charge and a behaviour specialist.

Safeguarding plans were reflected in regularly reviewed behaviour support plans. Staff knowledge and practices were in line with behaviour plans reviewed by the inspector. Furthermore, following the previous inspection, the inspector found that behaviour support plans included staff guidance on the behaviour's causes, nature and agreed supports such as de-escalation techniques. Additionally, behaviour plans included the agreed staffing levels to support residents when participating in community activities such as accessing local amenities or having a haircut.

Following the previous inspection findings, the inspector reviewed staff records and found that not all staff had completed positive behaviour management training at the centre.

Restrictive practices at the centre were recorded. Records examined showed the type of practice and date used. Additionally records recorded the reasons the practice was used and duration of use. Practices were assessed in line with a resident's need as well as the impact of the practice on their peers for example the locking of front doors. Restrictive practices were regularly reviewed by the person in charge, residents' named psychologists and behavioural specialists. Furthermore, the inspector reviewed documents which showed family consultation in assessing the use of restrictive practices.

**Judgment:**  
Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Residents were comprehensively supported to manage their health.

Following the previous inspection findings, the inspector reviewed residents' healthcare records and found that residents were supported to access a range of allied healthcare professionals in line with their needs, including speech and language therapists, general practitioners (GPs), dieticians and physiotherapists.

Residents had a GP and where able residents told the inspector they were happy with their current doctor. Staff told the inspector that if residents were unhappy with their GP they would be supported to change doctor.

Healthcare records examined by the inspector were reflective of residents' needs with health care management plans in place for dietary conditions, skin integrity and epilepsy management which were reflective of residents' needs and staff knowledge.

Resident support at meal times was in line with dietary needs recommended in speech and language assessments reviewed by the inspector. Staff knowledge and practices were reflective of residents' needs as reflected in assessments and healthcare plans.

Residents were supported to choose and prepare meals dependent on their abilities, reflected in personal plans examined and resident and staff knowledge.

Following the previous inspection findings, the inspector examined individual resident's food records which reflected both a wide choice of nutritious meals as well as assessed dietary needs.

The inspector observed that meal times were social activities at the centre with residents eating together and discussing the day's activities with staff.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that staff practices were in line with the centre's medication policy.

Medication was administered by nursing staff in bungalow one and by healthcare assistants in bungalow two, which was reflected in discussions with staff. The inspector reviewed staff records which showed that all healthcare staff at bungalow two had been trained in the safe administration of medication in line with the provider's policy and discussions with the person in charge.

Medication prescription sheets contained a photograph of the resident as well as all relevant personal information such as date of birth and address. Prescription sheets showed the medication prescribed for the person, its dosage, times to be administered and the route of administration. Medication was given as prescribed to the resident.

Staff signed when they had administered medication in administration records for each resident and a staff signature bank was maintained in the centre's medication file.

Medication was stored in a secure cabinet only accessed by trained staff, with additional cream based medications being secured in a locked medication refrigerator. Arrangements were in place at the centre for the separate storage and disposal of out-of-date medication at a local pharmacy, which was in line with staff knowledge and the centre's policy

The centre did not have any recent incidents of misadministration of medication, although the inspector found that staff knowledge on procedures to follow in events of this nature, were in line with the centre's policy.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Overall the centre's statement of purpose was in line with the requirements of Schedule 1 of the regulations.

The inspector reviewed the statement of purpose which was overall reflective of the services and facilities provided at the centre. Following the previous inspection's findings, the statement of purpose made reference to the external building at bungalow one, although the inspector found this did not include a description of the room's purpose and dimensions.

**Judgment:**  
Substantially Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Overall governance and management arrangements at the centre ensured residents were kept safe and supported with their identified needs.

The centre's management structure was reflective of the statement of purpose and discussions with staff.

The person in charge is full-time and is based in either bungalow one or two for a proportion of each week as reflected by staff and the centre's roster.

Residents in bungalow two told the inspector that they found the person in charge to be approachable and would raise any concerns they had with them. Following the previous inspection, the person in charge told the inspector that formal supervision had commenced between themselves and their line manager, which was reflective of meeting minutes reviewed.

The inspector interviewed the person in charge and found them to be suitably qualified and knowledgeable on residents' needs and their role under regulation. The person in charge facilitated regular team meetings which discussed both operational and resident needs at the centre. Staff told the inspector that they found the person in charge to be approachable and would not have any reservations in raising concerns relating to the centre or residents' support with them.

The inspector reviewed audit systems used by the person in charge which included medication management, infection control and health and safety. The inspector found audits had identified risks which had them been addressed by the person in charge as reflected in the centre's maintenance records.

Following the previous inspection findings, the inspector reviewed six monthly unannounced visits conducted on the centre by the provider. Visit reports were available at the centre and identified areas for improvements including timeframes for completion. Actions highlighted in the unannounced visit reports were reflected in team meetings minutes examined by the inspector and discussions with the person in charge.

The inspector reviewed the centre's annual review of care and support which was completed by the provider's representative and available at the centre.

**Judgment:**  
Compliant

### **Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

#### **Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

#### **Findings:**

The inspector found that further review was required in relation to staffing at bungalow two to ensure residents had access to opportunities in line with their needs and interests.

As referenced in outcome 17, although additional nursing and healthcare staff had been allocated to bungalow two, this was not available at all times. The inspector found that when additional staffing was not available, residents' opportunities to access community activities of interest were restricted as reflected in daily care notes reviewed and discussions with staff and residents.

**Judgment:**  
Non Compliant - Moderate

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector found that staff training and levels were reflective of residents' needs, although current staffing levels at times restricted opportunities for residents to access activities in line with their interests.

Following the previous inspection, the inspector reviewed staff records which showed that all staff had received training in fire safety, and protection of vulnerable adults. Further review of training records showed however that not all staff had attended positive behaviour management training as required under the centre's statement of purpose.

The centre had both a planned and actual roster, which was reflective of staffing on the day of the inspection in both bungalow one and two.

Throughout the inspection, residents received timely and respectful support in line with their needs as reflected in personal plans examined. Residents told the inspector that they were supported well by the staff and felt safe. Where residents were unable to tell the inspector about the support they received, the inspector observed that they appeared happy and comfortable with staff support.

Following, the previous inspection, a review of staffing across the centre had occurred and due to residents' needs in bungalow two, additional nursing staff were provided for two days a week (24 hours). Furthermore, additional health care assistant support was rostered for one evening weekly to facilitate resident to attend a local social club. The inspector found these arrangements to be reflected in the roster and in discussions with staff.

The inspector reviewed the roster and residents' daily care notes at bungalow two. The review showed that opportunities to access community activities were restricted on days when additional staffing was not rostered, and staffing levels reduced to one staff on duty. Discussions with staff and residents confirmed that opportunities were reduced when only one staff was available to support seven residents.

Following the previous inspection, the person in charge received regular formal supervision from their line manager. Staff told the inspector that the person in charge was available daily and approachable, although there was no formal supervision arrangements in place for staff at the centre.

The inspector review staff records for both nursing and healthcare assistants and found these to be compliant with schedule 2 of the regulations, including up-to-date registration for nursing staff.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Overall the centre had policies required under schedule 5 of the regulations.

The inspector did not examine all aspects of this outcome focusing on the progress made in relation to the findings of the previous inspection.

The inspector reviewed the centre's policies in relation to Schedule 5 of the regulations, and in the main policies were present and in date, although the inspector found the centre's recruitment policy had not been reviewed every three years as required under regulation 4 (3).

Furthermore, although staff knowledge reflected health and safety good practices and staff had received food safety training, the centre was unable to provide a copy of the centre's health and safety policy for review.

**Judgment:**

Substantially Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Stevan Orme  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Fernview Community House (with Cluain Mhuire as a unit under this centre)
<b>Centre ID:</b>	OSV-0002453
<b>Date of Inspection:</b>	26 September 2016
<b>Date of response:</b>	21 October 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 02: Communication

**Theme:** Individualised Supports and Care

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

The inspector found that although speech and language referrals had been made, assistive technology assessments had not been completed to support residents with their communication needs.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**1. Action Required:**

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

**Please state the actions you have taken or are planning to take:**

Residents to be re-referred to Speech and Language and Central Remedial Clinic for communication and assistive technology assessments.

**Proposed Timescale:** 28/10/2016

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

Information on additional charges was not reflective of practices at the centre.

**2. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**

Since Inspection the Contract of Care has been reviewed and now includes additional charges for each resident.

**Proposed Timescale:** 14/10/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Personal plans did not fully reflect the support needs of residents.

**3. Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

**Please state the actions you have taken or are planning to take:**

All Person Centred Plans will be reviewed to include all relevant information and reflects each Resident's assessed needs.

**Proposed Timescale:** 28/10/2016

## Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

A fire risk assessment of the external building at bungalow one had not been completed.

**4. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**

Fire Risk Assessment now completed with regard to the external building at bungalow one and the installation of smoke detector now completed.

**Proposed Timescale:** 17/10/2016

Theme: Effective Services

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

Smoke and fire alarms were not available in the external building to bungalow one.

**5. Action Required:**

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

**Please state the actions you have taken or are planning to take:**

Fire Risk Assessment now completed regarding the external building at bungalow one and the installation of smoke detector now completed.

**Proposed Timescale:** 17/10/2016

Theme: Effective Services

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

Residents' Person Emergency Evacuation Plans did not include staffing levels required to use identified evacuation aids.

**6. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**  
Since Inspection a review of all Personal Emergency Evacuation Plans has been completed and now includes the level of staff required to use identified evacuation aids.

**Proposed Timescale:** 14/10/2016

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not describe the purpose and dimensions of all rooms at the centre.

#### **7. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

Statement of Purpose and Function has been reviewed on 27/09/2016 and now includes the dimensions of the external activity room at bungalow one.

**Proposed Timescale:** 27/09/2016

### **Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

The inspector found that at times staffing levels in the centre restricted residents' opportunities to access activities reflective of their interests and needs.

#### **8. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**

The staffing levels will be continually reviewed by the PIC to ensure that the centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose is provided. 14/10/2016 Ongoing

**Proposed Timescale:** 14/10/2016

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

Staffing levels did not consistently offer opportunities for residents to access community activities in line with their needs and interests.

**9. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**

The staffing levels will be continually reviewed by the PIC to ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents and that the centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose is provided.

**Proposed Timescale:** 14/10/2016

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Formal supervision arrangements were not available to all staff.

**10. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**

Formal Supervision arrangements for all staff will be commenced by Nov 18th.

**Proposed Timescale:** 18/11/2016

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

The centre was unable to provide an up-to-date health and safety policy for review.

**11. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care

and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

Health and Safety Policy will be in place by November 30th 2016.

**Proposed Timescale:** 30/11/2016

**Theme:** Use of Information

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

The centre's recruitment policy had not been reviewed in the last three years.

**12. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**

1. Correspondence issued to HR from Director of Nursing on 19th Oct advising them that current policy is outside of regulation and requires update.
2. Response received confirming that the recruitment policy 2007 has not in itself been updated, however, the most current guidelines on recruitment and selection are set out within the HSE website, HSe.ie.

**Proposed Timescale:** 21/10/2016