



# 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:	Unannounced
Date of inspection:	24 October 2019
Centre ID:	OSV-0002453
Fieldwork ID:	MON-0024577

## 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
24 October 2019	10:30hrs to 16:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

On arrival to the first house of this designated centre, inspectors observed it was clean, comfortable, warm and homely. One resident was relaxing listening to music and one was having their breakfast. Residents appeared happy and relaxed in the company of staff and staff were observed to support residents in a person centred, dignified, warm and caring manner. One resident sat with the inspectors for a long period of time and spoke about things they like to do, their family and places they like to visit. The inspectors observed that staff were very attentive to this residents needs and offered them a range of social activities to engage in. However, the resident chose not to leave the house and opted instead to stay at home. This choice and the residents' autonomy were respected by the staff team. Staff also ensured the resident was comfortable and made tea and snacks for them at times throughout the day.

Some residents communicated using pictures and visual representation. For example, pictures of staff members were placed on rosters so as residents would know what staff members were working in the house each day. So as to ensure each resident's choice was respected, food menus were provided in picture format as were options for some social activities. This communication system empowered residents to make individual choices on a daily basis based on their preferences and will.

The second house was also observed to be clean, warm and welcoming. Residents appeared very happy to meet with the inspectors and some showed one inspector their bedroom. The bedroom was observed to be decorated to the individual style and preference of the resident. Residents spoke about what they like to do during the day and told inspectors that they were all heading out that night to a fancy dress Halloween party in a nearby hotel. Residents were looking forward to their night out and told one inspector that they were looking forward to dressing up and loved dancing.

One resident informed the inspectors that they really liked their home and it was observed that they were very relaxed and at ease in the company and presence of staff. This resident also told the inspectors they would go to a senior manager (whose details were available to the resident) if they had any issues with the service however, they had no issues whatsoever.

Residents' autonomy and independence was also being supported in this house. Residents were being encouraged to maintain and learn new skills so as to maintain and enhance their independence. Residents' individual choice and autonomy was also encouraged, supported and respected and residents were consulted with and involved in the management of their own home. For example, residents held weekly meetings where they decided for themselves on what social activities to participate in and menu options for the week.

Written feedback by residents on their home informed inspectors that they were very happy living there, very happy with the care and support provided, very happy with their rooms and very happy with the staff team. This feedback also informed the inspectors that the residents had no complaints about the service at the time of this inspection.

The inspectors also observed that the person in charge and senior management team were very well known to the residents and on the day of this inspection, residents chatted with them about their day and their plans for the evening. The person in charge also had systems in place so as to ensure the service provided a warm and caring home for each resident where their individual choice, autonomy and dignity was supported and promoted.

## Capacity and capability

Residents appeared very happy and content in this centre and the provider ensured that appropriate supports and resources were in place to meet their assessed needs. The model of care provided to the residents was person centred, supported their autonomy, individual choice and independence. This was reflected in the high levels of compliance found across all regulations assessed as part of this inspection process.

The centre had a management structure in place which was responsive to residents' assessed needs and feedback on the service. There was a clearly defined and effective management structure in place which consisted of an experienced full-time person in charge who worked who was supported in her role by a director and assistant director of nursing.

The person in charge was a qualified clinical nurse manager II (CNM II) and provided effective leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being comprehensively provided for as required by the regulations. She also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge to provide a person-centred, responsive and effective service to the residents.

Of the staff spoken with the inspectors were assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Staff members had undertaken a suite of in-service training including safeguarding, children's first, fire training, manual handling and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a

knowledgeable, consistent, capable and safe way.

The person in charge 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 along with six-monthly auditing reports. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre.

There were systems in place to ensure that the residents' voice was heard and their rights were respected in the centre. Inspectors observed staff supporting and respecting each residents choice and preference throughout the course of the inspection. Residents were also involved in the running of the centre, held weekly meetings, chose what social activities to engage in and agreed weekly menus between them. They were also consulted with about their care plans and were satisfied as to how their needs were being provided for. Residents were also very complimentary about the service provided and staff team working in the house.

There was a comments, compliments and complaints log in place in the designated centre. There was also evidence that residents had been supported to make complaints and any complaint received in the year to date had been satisfactorily resolved and closed. The person in charge was carrying out audits on the complaints log every quarter. There was an accessible version of the complaints policy displayed in the centre and one resident spoke about the actions they would take if they had any problem and who they could talk to about the problem. Access to independent advocacy services also formed part of the service provided

Overall, from spending time with and speaking directly to the residents, from reviewing written feedback on the service and from speaking with management and staff during the course of this inspection, the inspectors were assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent, effective and person centred manner.

Residents reported that they were very happy with their living arrangements, got on very well with the staff team and appeared happy and content in their home.

## Regulation 14: Persons in charge

The inspectors found that there was a person in charge in the centre, who was a qualified professional (Clinical Nurse Manager II) with significant experience of working in and managing services for people with disabilities. She also held a third level qualification in management.

She was also aware of her remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

She provided good supervision and support to her staff team and knew the needs of

each individual resident very well.

She was also found to be responsive to the regulatory and inspection process.

Judgment: Compliant

### Regulation 15: Staffing

On completion of this inspection, inspectors were satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents and to provide for the safe delivery of services. Inspectors observed staff interact and communicate with residents over the course of this inspection and could see that staff knew the assessed needs of the residents very well and were responsive and caring in their interactions with the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had received training in Fire training, Moving and Handling, Safeguarding Vulnerable Adults, Positive Behaviour Support, Prevention and Management of Violence and Aggression, Open Disclosure, Children's First, Hand Hygiene, Standard Precautions, CPR. Where necessary, staff had also received Safe Administration of Medication training.

The person in charge provided formal supervision to staff members on a six monthly basis.

Judgment: Compliant

### Regulation 23: Governance and management

The inspectors were satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

There was an experienced person in charge who was supported in her role by a



director and assistant director of nursing. The director of nursing attended the feedback meeting at the end of the inspection process.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose contained all of the necessary information as prescribed by the regulations and 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.

It accurately described the service that will be provided in the centre and the person in charge informed the inspectors that it will be kept under regular review

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of her remit to notify the chief inspector as required by the Regulations of any adverse incidents occurring in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There is a comments, compliments and complaints log in place in the designated centre. There was evidence that residents had been supported to make complaints. All complaints received in the year to date had been satisfactorily resolved and closed. The Person in Charge was carrying out audits on the complaints log every quarter. There was an accessible version of the complaints policy displayed in the centre. One resident spoke about the actions they would take if they had problem and who they could talk to about the problem.

Judgment: Compliant

## Quality and safety

The quality and safety of care provided to the residents was being monitored and was to a good standard. Residents were supported to have meaningful and active lives within the centre and their community, their independence and autonomy was being supported and their health, emotional and social care needs were being comprehensively provided for.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspectors saw that residents were being supported to achieve personal and social goals and to maintain positive links with their families and their community. Social goals included going on holidays, hotel breaks, joining clubs and developing community based independence skills. Residents also attended day services where they engaged in hobbies and activities of interest. Opportunities to frequent community-based amenities such as pubs, hotels, shopping centres, cinema and restaurants were also provided to residents.

Residents' healthcare needs were being comprehensively provided for and, as required, access to a range of allied health care professionals formed part of the service provided. The inspectors saw that residents had access to GP services, dentist, speech and language therapy, occupational therapy, physiotherapy and a dietitian. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Residents were also supported to enjoy best possible mental health and, where required, had access to psychiatry, psychology and behavioural support. Where required, residents had positive behavioural support plans in place and staff had training in positive behavioural support techniques so they had the skills required to support residents in a professional, calm and competent manner if required.

Staff had training in safeguarding of vulnerable adults and Children's First and one resident told the inspectors that they knew where to go and who to speak with if they had any concerns about the service.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk of falling, they had undergone a physiotherapy and occupational therapy assessment and specialised equipment was provided to support their balance and mitigate this risk. Where a resident may be at risk in the community, staff support was provided so as to ensure they were safe.

The inspectors reviewed documents that evidenced that all fire safety equipment in the centre had been serviced as required by the regulations. This included fire extinguishers, emergency lighting, fire doors and the fire alarm system. There was evidence that fire drills were carried out regularly. A sample of personal emergency

evacuation plans for residents were reviewed. These plans were detailed and reflected learning from fire drills.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicine, where in use, was kept under review and there were protocols in place for its administration. There were also systems in place to report and respond to any drug errors occurring in the centre however, there were none on record of 2019. Some residents were also supported to take their own medication independently and systems were in place to ensure this system was effective and safe.

Overall, residents spoken with by the inspectors reported that they were very happy with the service and written feedback viewed informed that they felt adequately supported, their independence was being promoted and encouraged and their health and social care needs were being comprehensively provided for.

### Regulation 13: General welfare and development

The provider and person in charge had systems in place to ensure residents had access to a range of facilities for occupation and recreation purposes based on their interests and preferences.

Judgment: Compliant

### Regulation 17: Premises

The premises were designed in a way that met the aims and objectives of the service and the assessed needs of the residents. They were clean and comfortable and the issues with regard to their upkeep (as identified in the previous inspection) had been addressed.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspectors were satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspectors reviewed documents that evidenced that the fire safety equipment in the centre had been serviced as appropriate. This included fire extinguishers, emergency lighting, fire doors and fire alarm system. There was evidence that fire drills were carried out regularly. A sample of personal emergency evacuation plans for residents were reviewed. These plans were detailed and reflected learning from fire drills.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspectors found that the medication procedures were satisfactory and safe.

Practices in the areas of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multidisciplinary input into resident's personal plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

### Regulation 6: Health care

The inspectors were satisfied that residents' health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular access to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspectors were satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had access to psychology support and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis and only in use to promote the residents' overall health and well being.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to ensure that the residents were adequately safeguarded in the centre and where required, safeguarding plans were in place. All staff had undertaken training in safeguarding of vulnerable adults and Children's First. From speaking with one staff member, the inspectors were assured that they had the confidence, knowledge and skills necessary to report and respond to any issue of concern if they had to.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to exercise their rights and were facilitated to participate in and consent to decisions (with support where required) about their care. Residents also had control over their daily lives.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant