



Report of an inspection of a Designated Centre for Disabilities (Adults)

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:	Announced
Date of inspection:	19 April 2018
Centre ID:	OSV-0002453
Fieldwork ID:	MON-0021382

About the designated centre

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

This is a service that comprises of two detached houses and provides residential services to 13 adults, both men and women. 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, fitness centres, 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 following information outlines some additional data on this centre.

Current registration end date:	11/10/2018
Number of residents on the date of inspection:	13

How we inspect

To prepare for this inspection the inspector or 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
19 April 2018	10:30hrs to 16:00hrs	Raymond Lynch	Lead

Views of people who use the service

Residents reported to the inspectors that they see the centre as their home, they felt comfortable and safe there and that they could speak with any staff member at any time if they so wished to. Residents were also happy with the choices they made, the way in which their independence was being supported and the social activities that they were supported to engage in. The inspectors spoke with the residents throughout the inspection process and saw that they were very much at home in the centre and that they were comfortable in the presence of both management and staff.

Some residents showed the inspectors their bedrooms and it was observed that they were tastefully decorated and furnished to the preferences of each resident. Residents said that they liked having their own space and bedroom in the house and it was observed that staff treated and spoke with them in a caring, warm and dignified manner.

Capacity and capability

This centre was well-resourced, supportive and responsive in meeting the individual and assessed needs of the residents, in turn demonstrating high levels of compliance across the majority of regulations assessed.

There was a clearly defined management structure in place with clear lines of authority and accountability. There was a qualified and experienced person in charge who worked on a full time basis and was supported in her role by the director of nursing (whom was the provider representative) and assistant director of nursing (who participated in the management of the centre).

The person in charge was a qualified nurse with a qualification in management. She provided good leadership to her staff team and ensured the centre was adequately resourced to meet the individual and assessed needs of the residents. She ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred, safe and effective service to the residents.

The director and assistant director of nursing provided regular support to the governance and management of the centre. They ensured it was monitored and audited as required by the regulations. Such audits were bringing about positive changes to the operational management of the centre in turn ensuring it remained

responsive to the needs of the residents.

For example, a past documentation audit highlighted a peer to peer related issue. This resulted in the drafting of a safeguarding plan for one resident and the updating of a positive behavioural support plan. This was completed with the input and support of a team of multi-disciplinary professionals and was ensuring that residents were being supported to be safe. Residents also reported to the inspectors that they felt safe in the centre and could speak with staff at any time if they had any concerns.

There were systems in place to ensure that the residents' voice was heard and respected in the centre. Resident were encouraged to provide feedback on the service and if required, were supported to make a complaint. Complaints however were minor and were being dealt with to the satisfaction of each resident. At the time of this inspection there was one only one complaint in progress and it was being dealt with by management and staff.

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. Many held third level qualifications and all had undertaken a suite of in-service training courses to include safeguarding, children's first, fire training, food hygiene, manual handling and basic lifesaving skills. This meant they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe way.

Overall, from speaking with residents, 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 and person centred manner. Residents reported that they were very happy with their living arrangements and appeared happy and content in their home.

Registration Regulation 5: Application for registration or renewal of registration

All documents were provided as required with the application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked on a full time basis in the centre and had the necessary experience, skills and knowledge to ensure the service was managed

effectively and meeting the individual and assessed needs of the residents.

The person in charge was a qualified nurse who had worked in the centre for nine years. She provided leadership, support and supervision to her staff team so as to ensure they had the skills necessary to meet the individual and assessed needs of the residents.

She engaged in continuous professional development and apart from being a qualified nurse, she also held other third level qualifications and had management training.

She was aware of her remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The Regulations) and was found to be responsive to the inspection process throughout the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

There was a team of qualified and/or highly trained professionals working in the centre who had the skills and experience necessary to meet the needs of the residents.

The staffing compliment consisted of a team of registered nurses and care assistants. From speaking with two staff members over the course of this inspection the inspectors were assured that they knew the needs of the residents at an intimate level and were responsive to ensuring those needs were provided for.

Staff were also observed to interact with the residents in a professional, caring, warm and dignified manner

Judgment: Compliant

Regulation 16: Training and staff development

Staff had the necessary skills, training and qualifications so as to meet the assessed needs of the residents in a safe and effective manner.

From a sample of files viewed, staff had training in safeguarding, children's first, manual handling, fire safety, positive behavioural support and safe administration of medication. This meant they had the skills required to support the residents in a safe and person centred way.

Additional training was also provided such as basic life saving skills training and food hygiene.

Judgment: Compliant

Regulation 19: Directory of residents

Directory of residents appropriately maintained.

Judgment: Compliant

Regulation 21: Records

The information governance arrangements ensured appropriate record-keeping and management in order to support a safe and effective service.

Judgment: Compliant

Regulation 23: Governance and management

There were systems in place to ensure that the centre was being appropriately managed with clear lines of authority and accountability.

There was a qualified person in charge working full time in the centre who was supported in her role by the manager of disability services (also the named provider), a director of nursing and assistant director of nursing.

They ensured that there was a qualified and appropriately trained workforce in place so as to meet the assessed needs of the residents.

Systems were also in place to review and audit the centre. These reviews and audits were effective and ensuring the service was being adequately monitored and safe.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were policies and procedures in place for admitting residents, including

transfers, transitions, discharges and the temporary absence of residents.

Residents' admissions are to be in line with the centre's Statement of Purpose. The person in charge confirmed that admissions and/or transitions were to happen, they would be facilitated in accordance with the centre's admission policy.

A contract of care document was available outlining the terms and conditions of services to be provided. A minor issue had been identified with these contracts in the last inspection in 2016 however, this issue had been addressed.

The contract of care sets out the services to be provided and any fees or charges to be incurred by the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of the Regulations. It described the service being provided in the centre and was kept under regular review. It was also available to residents, family members and staff.

A minor issue pertaining to one section of the statement of purpose highlighted in the previous inspection in 2016 had been addressed prior to this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The person in charge demonstrated that she was aware of her legal responsibilities to notify the Chief Inspector as required.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The person in charge was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

She also assured the inspectors that suitable arrangements would be in place in the event of her being absent for more than 28 days from the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place in the centre. The complaints procedure were on display and an easy read version was also available. A dedicated log book for recording complaints was present and it was observed that complaints (which were few) were being managed effectively and to the satisfaction of the residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were a complete set of records, policies and procedures as required by the Regulations and were available in the centre on the day of this inspection. A minor issue pertaining to some policies, which had been highlighted in the previous inspection in 2016 had been addressed .

Judgment: Compliant

Quality and safety

Overall inspectors found that the service was well managed and governed, with adequate resources, and had competent staff in order to provide a safe and quality service.

There was strong governance and oversight arrangements with clear and consistent audits of care and support in order to inform evidence based support which was

generally compliant with the regulations. This ensured that the changing needs of residents were clearly identified and responded to. Personal planning documentation detailed the needs and support requirements for each resident with a clear focus on maximising the personal development and quality of life for each resident.

The healthcare of each resident was protected and promoted appropriately with regular appointments with identified clinicians and consultants. This included psychology and psychiatry, physiotherapy and occupational therapy, dietary and mental health supports. In addition the skill mix of staff in each house was aligned to the assessed needs, including the healthcare needs of each resident. The healthcare needs of all residents were very well known to the staff who were spoken with over the course of the inspection. It was identified that there was an untimely delay in residents accessing speech and language therapist for a communication perspective.

Residents were appropriately protected through clear and robust safeguarding practices. Positive behaviour supports plans were in place as required and monitored accordingly. There was a clear focus on reducing and removing and restriction, and a clear rationale was provided for any identified restriction. A practice of checking residents throughout the night on a half hourly basis was occurring in both houses, however, the need for this was not clear to staff, and some staff were unsure of the frequency of the checks. While some staff provided a clear rationale for checking on some residents with a defined health issue; this was not recorded.

It was clear that residents were supported and encouraged to lead rewarding lives with meaningful activity and past times which was always respectful of the resident's wishes and choices.

Regulation 10: Communication

There was a policy in place on communication with residents and arrangements were in place so that residents were supported and assisted to communicate in accordance with their preferences.

However, there was an untimely delay in access to a speech and language therapist for some residents. Management were aware of this situation and were making plans to address it.

Judgment: Substantially compliant

Regulation 17: Premises

The centre provided suitable accommodation to meet the individual and collective needs of all residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The support requirements of all residents was known and documented by staff including the need for modified and fortified diets.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate risk management procedures in place with adverse incidents and events managed and reviewed in a timely manner with outcomes informing practice at all levels.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire log in place, which was reviewed regularly and adequate fire fighting equipment throughout the centre. There was adequate means of escape, including emergency lighting, and fire exits were observed to be unobstructed. There were prominently displayed procedures for the safe evacuation from the house in the event of fire.

The fire alarm was serviced and maintained on a regular basis as was all fire safety equipment to include emergency lighting and fire extinguishers. Evacuation plans and procedures for each resident were in place and fire drills were facilitated on a regular basis.

From a sample of files viewed, staff had training in fire safety awareness and were

aware of the personal evacuation plans of each resident.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The medication management policies were satisfactory and medication practices described by the person in charge were suitable and safe.

A locked drug safe secured in the staff office was in place and medication prescription documentation was available that included sufficient detail to ensure safe prescription, administration and recording standards. All staff working in the centre had training in the safe administration of medication.

There were systems in place to manage a medication error should one occur and they were seen to be robust and effective.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a clearly documented plan which detailed their needs and outlined the supports required to maximise their personal developments and quality of life, in accordance with their wishes.

Judgment: Compliant

Regulation 6: Health care

The health needs of all residents were clearly documented and known to staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate care that supports positive behaviour and

emotional wellbeing.

Judgment: Compliant

Regulation 8: Protection

Each resident was protected from abuse and neglect and their safety and welfare was promoted.

Judgment: Compliant

Regulation 9: Residents' rights

While the rights of each residents was clearly promoted, one practice in relation to half-hourly checks during the night was not considered from a rights perspective.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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	Substantially compliant

Compliance Plan for Fernview Community House (with Cluain Mhuire as a unit under this centre) OSV-0002453

Inspection ID: MON-0021382

Date of inspection: 19/04/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>The provider has ensured that each adult has access to information provided in a format that is appropriate to their needs. In as much as is practicable, the provider has ensured that all communication supports and assistance have been put in place in line with the regulation 10 and each individuals will and preference.</p> <p>Through the PCP process and clinical governance forums, the PIC has ensured that all staff are aware and are familiar with the communication supports of each individual in their care.</p> <ul style="list-style-type: none"> • All residents have communication Passports • Picture schedule of activities are available to residents to support communication • Lamh signs and communication cues are available in the individual residents Person Centered Plan • Environments are set up in such a way that all forms of communication is supported and respected • Written communication needs are also available in easy to read formats. • Each Resident has access to TV, radio, internet and newspapers <p>In response to the area of non-compliance found under this Regulation 10(3)(b) The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.</p> <ul style="list-style-type: none"> • All individuals have now been rereferred to the CRC for assistive technology assessments. • The difficulty in accessing this service has been escalated to the General Manager Disability Services for appropriate action. • A meeting is planned with the Principal Speech & Language therapist in Primary 	

care to highlight this issue and agree a collaborative plan to overcome this obstacle.

- Ipad tablets will be sourced for those residents who have been assessed as benefiting from these devices as an augmented communication aid.

Please see section 2 for compliance dates.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. The registered provider has ensured that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident?
2. The registered provider has ensured that each resident, in accordance with his or her wishes, age and the nature of his or her disability:
 - a. participates in and consents, with supports where necessary, to decisions about his or her care and support
 - b. has the freedom to exercise choice and control in his or her daily life
 - c. can exercise his or her civil, political and legal rights
 - d. has access to advocacy services and information about his or her rights
 - e. is consulted and participates in the organisation of the designated centre?
3. The registered provider has ensured that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information

In response to the area of non-compliance found under Regulation 09(3) :

- The requirement for resident nightly checks will be assessed on an individual needs basis
- A clear rationale and procedure for any resident nightly check will be written up and kept in the resident's PCP
- A clear record of all assessed nightly checks carried out will be documented in the nursing notes

Please see section 2 for compliance date

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30 th Sep 2018
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30 th sep 2018