



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:	15 November 2022
Centre ID:	OSV-0002453
Fieldwork ID:	MON-0035833

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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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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 15 November 2022	11:20hrs to 17:15hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation for the management of infection prevention and control. The centre comprised of two large detached houses located in County Monaghan, in close proximity to local towns and provided care and support to thirteen residents.

The inspection was completed over one day. The inspector met seven of the residents and spoke with one staff nurse and the person in charge over the course of the inspection.

On arrival to the first house, a staff nurse met with the inspector. They guided the inspector through the infection prevention and control procedures required on entering the house and invited the inspector to use a hand sanitiser gel which was in the hall. All staff were observed to be wearing appropriate PPE throughout the course of the inspection process.

The house was observed to be spacious, clean and free from clutter. Each resident had their own bedroom (some were ensuite) and a communal bathroom was also available for use.

Although the residents in this house did not speak with the inspector, three were observed watching television in the sitting room appeared comfortable and relaxed in their home. Staff were also observed to be patient, kind and caring in their interactions with the residents.

The person in charge arrived later in the day and informed the inspector that some residents were attending day services and engaged in horticulture and gardening programmes. Others liked to avail of relaxation therapies such as foot massage, hand massage and social outings.

The inspector looked at a sample of compliments received from family members about this house and noted that they were positive. In particular, family members reported that they were very happy with how well the residents were supported to look their best.

Written feedback on the quality and safety of care from two residents was viewed by the inspector. Both reported that they were happy in their home, happy with their room, satisfied with the menu options available, happy with the level of social activities provided and happy with the staff team.

The second house also appeared, warm, welcoming and spacious. It was also observed to be generally well maintained throughout and clean throughout. Hand sanitising gels were available throughout the centre and both staff and residents were observed to use the gels on and off over the course of the inspection. Staff

were also observed to be wearing appropriate PPE.

Residents greeted the inspector on arrival to the house and appeared relaxed and happy in their home. One resident informed the inspector that they were very happy in their home and very happy with their room. They invited the inspector to see their room and it was observed to be clean, warm and decorated to the individual style and preference of the resident. Their ensuite was also observed to be clean.

Two other residents were having their tea and one spoke briefly with the inspector saying that their food was very nice and they were very happy in the house. Staff in this house were also observed to be warm, kind and caring in their interactions with the residents. Some of the residents were at their day service and the person in charge that they liked to engage in life skills training programmes and community-based activities while there.

Written feedback from three residents was viewed by the inspector. All reported that they were happy with their home and bedrooms, saying the houses were warm and comfortable. They also reported that they were satisfied that their choices were respected and were happy with the visiting arrangements in place.

Some reported that they enjoyed social activities such as going to various clubs, playing football, basketball, going shopping, meals out and shopping. They also said in their feedback that they were happy with the staffing arrangements and, would speak with the person in charge or a staff member if they had any issues in their home.

Overall, while residents appeared happy and content in their home and there were systems in place for the oversight and management of IPC in the service, some staff required training.

The following two sections of the report will present the findings of the inspection in more detail.

Capacity and capability

The provider had in place a range of protocols, documents, guidelines and procedures so as to promote effective IPC systems in the house. However, not all staff were trained in IPC as required by the centres overall risk assessment.

The person in charge was responsible for the implementation of the provider's guidance documents and procedures regarding IPC. However; to support the person in charge, the provider had put in place a mechanism for the overall governance and oversight of the service and for IPC related practices. For example, an IPC nurse specialist was available to provide support and advice to the person in charge and the centre. Additionally, the person in charge could link in with the Director and

Assistant Director of Nursing to discuss any IPC related issue should one arise.

The inspector reviewed a number of documents the provider had in place to support their IPC operations. These included guidelines and procedures relating to IPC, training records, risk assessments and the providers contingency planning documents. The contingency planning document was clear and straightforward to follow. It also detailed information which guided the person in charge and staff on how to respond to and manage, a suspected and/or confirmed outbreak of COVID-19 in the centre.

From speaking to one staff member over the course of this inspection, the inspector was assured that they were aware of the standard precautions to take in the event of a suspected and/or confirmed case of COVID-19 in the centre. Additionally, they were able to inform the inspector of the cleaning protocol in place for the use of oxygen masks in the centre.

While the inspector was informed by the person in charge that there were adequate staffing arrangements in place in both houses, in one house it was observed that some staff who had recently commenced working in the service, had not completed training in IPC to include hand hygiene, respiratory hygiene, donning and doffing and standard precautions.

A number of audits to include six monthly unannounced six monthly visits and IPC related audits had been conducted in the centre over the last few months. These audits were identifying areas of good practice with regard to IPC and areas that needed addressing. Following such audits an action plan was drawn up so as to address any issues found. For example, the auditing process identified that the some IPC documentation required updating and review and a floor needed replacement. This issues were addressed by the time of this inspection.

It was observed that some maintenance works were required in the houses however, the person in charge was aware of this and had a plan of action in place to have this work completed by the end of December 2022.

Quality and safety

The communication needs and preferences of the residents were clearly detailed in their personal plans and, the provider had developed a communications and health-related accident and emergency document for each resident so as to alert staff and other healthcare professionals to the residents assessed needs, how best to communicate with them and support them.

Good practices were observed in relation to the delivery of person centred care and in some of the local implementation of infection prevention and control procedures. For example, both houses were found to be clean which helped to minimise the risk

of acquiring a healthcare-associated infection.

There were systems in place to promote and facilitate good hand hygiene practices and antibacterial gels were available in multiple different locations in the centre. Staff and residents were also observed to use these hand gels. The provider also had sufficient stock of PPE available in both houses and staff were observed to use it in line with policy national guidelines.

The inspector completed a walk-through of both houses. The premises was found to be generally clean, tidy and free from clutter. Cleaning schedules were in place for high-touch areas such as light switches, door handles and remote controls. Cleaning schedules were also in place for bathrooms, bedrooms, laundry rooms and the kitchens. These helped ensure the overall effective hygiene of the centre. Staff were also observed to be adhering to cleaning schedules in place in the house.

There was a colour-coded system regarding the use of mops so as to minimise the possibility of cross contamination. The person in charge informed the inspector that a new system for mops was to be introduced to further enhance IPC practices in this area.

Throughout the course of this inspection, the inspector observed staff were following the provider's general guidelines and procedures on IPC, through the practices that were in place in the centre. For example, staff were observed appropriately wearing PPE, engaging in hand hygiene practices and the centre was observed to be clean (in line with the enhanced cleaning schedules in place). IPC related notices and reminders were also on display in the centre.

Regulation 27: Protection against infection

The provider had in place a range of guidelines, protocols and procedures so as to implement effective infection prevention and control (IPC) in this centre. However, some staff who had recently commenced working in the service, had not completed some IPC training to include

- Hand Hygiene,
- Respiratory Hygiene,
- Donning and Doffing of PPE and
- Standard Precautions.

Judgment: Substantially 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

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

Inspection ID: MON-0035833

Date of inspection: 15/11/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To ensure compliance with Regulation 27: Protection against infection the following actions have been undertaken</p> <ul style="list-style-type: none"> • All staff have completed the IPC training • All new Staff will receive a one day induction to complete IPC training before they commence in the Designated Centre 	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	10/12/2022