



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

## Issued by the Chief Inspector

Name of designated centre:	Saimer View & Eske House Community Group Homes
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	02 February 2021
Centre ID:	OSV-0002495
Fieldwork ID:	MON-0031778

## About the designated centre

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

Saimer View and Eske House Community Group Homes provide both shared and full-time residential care and support to adults with a disability. The centre comprises of two bungalows. Saimer View is a six bedded bungalow with one of the bedrooms being used as a staff office and overnight accommodation. Saimer View is located on the outskirts of a rural town, with the residents having access to centre transport to enable them to access activities of their choice. Eske House is a five bedded bungalow with one of the bedrooms being used as an office and staff overnight accommodation. Eske House is located in a rural area, but has its own transportation to enable residents to access facilities in a nearby town and surrounding area. Both bungalows provide residents with their own bedrooms as well as communal facilities such as kitchen dining rooms, sitting rooms, and bathroom and laundry facilities. Residents are supported by a team of a nurse who works across both bungalows as well as a team of health care assistants in both Saimer View and Eske House. Residents in both bungalows are supported by one staff member during the day and evening times, with this rising to two health care assistants at the weekend or dependent on occupancy levels during weekdays. At night, residents in both bungalows are supported by a sleep over staff member. In addition, the provider has arrangements in place to provide management support outside of office hours, weekends and public holidays when required.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 2 February 2021	09:30hrs to 13:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that residents were enjoying a good quality of life and that their welfare and well being were to the forefront of care.

The inspector met with two residents and the inspection was facilitated by the person in charge and by a clinical nurse manager 2 (CNM2) who had responsibility for the day-to-day management of the centre. The inspector also met briefly with one other staff member who was on duty on the morning of inspection.

Throughout the morning of inspection, the inspector observed that residents enjoyed living in the centre which they considered their home. Residents had free access to all areas of their home, which was found to be spacious and homely in nature. There was a large kitchen/dining and sitting area which residents relaxed in and the inspector could hear both residents and staff members laughing and chatting throughout the day. There was a delicious smell of cooking in the centre and a resident explained to the inspector that they had made a beef stew for dinner and that they loved cooking. This resident was also opening a letter from their mother and staff explained how the resident really looked forward to these letters which meant a lot to them. Later in the day, this resident sat and spoke with the inspector for a short period of time. They said that they liked the centre and that staff, the CNM2 and person in charge were very nice. They explained how they went home once a month and that they look forward to seeing their family. This resident also spoke about COVID-19 and how it had impacted on their lives. They discussed how they missed their day service and many of the activities such as the cinema which they used to enjoy, but they also discussed how they needed to protect themselves from this disease and they understood that the restrictions were there to keep people safe. They indicated that they would be looking forward to returning to their day service and seeing family and friends on a more casual basis.

The second resident met with the inspector first thing in the morning when an opening meeting with management of the centre was occurring. They said good morning to the person in charge and CNM 2 and they introduced themselves to the inspector. They explained how they had enjoyed a sleep on and they were planning to get their own breakfast and have a relaxing morning. They seemed to enjoy chatting to both managers and they explained how we had to touch elbows to greet each other. This resident was in good form throughout the morning of inspection and they met with the inspector for a short period of time, just before they went for a walk on a nearby beach. They also said that they liked the centre and that staff were very nice. They met the inspector while wearing a face covering and they said that they were sick of this "bug" and wished it would go away. They explained how they washed their hands and how staff are always cleaning the centre to keep them safe.

It was apparent that the welfare and well being of residents was promoted in this centre. Residents were actively consulted with in regards to the running and operation of their home and weekly meetings were held in which residents actively

participated. At these meetings residents discussed meals they would like to cook during the week and issues such as safety, safeguarding and COVID-19. Easy read information was covered with residents during these meetings which assisted in explaining social distancing, hand hygiene, self isolating and what a COVID-19 test would entail. Residents also participated in six monthly surveys where they had a further opportunity to discuss care practices within their home. Topics such as community access, bedroom, mealtimes, relationships with fellow residents and their overall satisfaction with their home. The inspector found that these arrangements demonstrated that the provider was committed to delivering a person centred service which was based on residents thoughts and opinions.

Overall, the inspector found that this centre was a pleasant place in which to live and it was clear that consultation with residents was to the forefront of care which assisted in ensuring that their well being was actively promoted. The inspector found that these arrangements were a direct result of robust governance arrangements which promoted residents' welfare and will be discussed further in the report.

## Capacity and capability

The inspector found that the management arrangements in this centre ensured that residents were safe and also actively included residents in the running and operation of their home.

The person in charge assumed overall responsibility for the running of the centre and they were supported in their role by a CNM2 who held responsibility for the day-to-day operation of the centre. The inspector met with both managers on the day of inspection and it was apparent that both people wanted the best possible service for residents. Both managers could clearly explain their roles and the CNM2 explained what oversight arrangements were in place to ensure that the service was safe and effectively managed. The inspector found that there was a structured approach to monitoring the quality and safety of care which was provided and a range of audits and reviews were in place which all fed into an overall quality improvement plan which assisted in driving improvements in the care which was provided. In addition to completing the centre's annual review and six monthly audits, the CNM2 completed an overall monthly audit of care practices and a scheduled auditing of medications, restrictive practices and fire safety was also occurring.

It was clear that residents were actively consulted in the running of their home and the inspector found that resident consultation was actively promoted through the centre's management arrangements. The provider promoted a six monthly resident engagement with a personalised questionnaire completed for each resident. The information from these questionnaires was used as part of the centre's annual review and indicated a high level of satisfaction with the service. A separate consultation process had also occurred with residents' representatives which

indicated a high level of satisfaction with the quality of the care which was provided.

The provider had a COVID-19 response and contingency plan in place which was found to actively promote residents' safety. As previously mentioned, residents welfare was also actively promoted in this centre and this approach to care was also clearly evident in these planning documents. It was clearly articulated how residents should be kept informed of developments in regards to COVID-19 and a range of easy read documents were available and implemented at residents' meetings. The contingency planning also clearly outlined how staff would be prepared through completing additional training in infection prevention and control, the use of personal protective equipment (PPE) and hand hygiene. There were also clear arrangements for residents to self isolate, if required, and additional measures had been developed to ensure that staffing ratios would be maintained throughout the national emergency.

Overall, the inspector found that the governance arrangements that were implemented by the provider and management of the centre ensured that it was a safe and pleasant place in which to live and that residents were actively involved in the running of their home.

### Regulation 15: Staffing

The provider maintained an accurate rota which indicated that residents were supported by a staff team who were familiar to them.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were up-to-date with their training needs and they had also completed additional training in hand hygiene, the use of PPE and infection prevention and control.

Judgment: Compliant

### Regulation 23: Governance and management

The governance arrangements ensured that residents received a service which was

safe and promoted their welfare. The provider had also produced a robust response plan to the threat of COVID-19.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents were supported to have a good quality of life in which their welfare was actively promoted.

Residents had personal plans in place which were found to be comprehensive in nature and they were reviewed on at least an annual basis and also to reflect changes in resident's individual care needs. The provider had implemented a goal setting system for residents which was put on hold due to COVID-19, but residents were supported during this period to choose additional activities which they enjoyed such as baking, cookery and gardening. A resident also completed a picture scrap book titled "How I spent my time during COVID-19, 2020". The inspector found that this was very personalised and showed the resident enjoying one-to-one outings with their keyworker. The resident went sea fishing and took charge of the boat, picked berries to make jam, carved pumpkins and enjoyed gardening and relaxed with a beer after a hard day's work. The inspector found that these documents clearly indicated that residents were supported to make the best of the national restrictions which had a positive impact on their overall well being.

As discussed earlier, residents were actively engaged in decisions about their care and also in the running of their home. The provider, through their response plan to COVID-19, had also highlighted that advocacy should continue to be made available to residents who required support. The person in charge had also ensured that residents' meetings were meaningful and residents participated by being in charge of time keeping and attendance. The inspector found that these arrangements ensured that residents had a "voice" and that it was heard. It meant that their thoughts and opinions were used to drive improvements in care and that they were supported to live their lives as they wished.

There were two active safeguarding plans in place on the day of inspection which were openly discussed with the person in charge and the CNM 2. Both managers had a good understanding of each resident's individual needs and of the circumstances and history which lead to safeguarding issues occurring. The inspector found that safeguarding plans which were implemented had proved effective in protecting residents and further compatibility assessments were due to be completed to access if residents were suitably placed together. This arrangements demonstrated that the safety of residents was promoted and that the provider was actively seeking to resolve these safeguarding concerns.

The CNM 2 had completed robust risk management plans in regards to issues which could impact on the safety of care which was provided. Detailed risk management

plans had been implemented in response to the threat of COVID-19 for both residents and staff, and the inspector found that these were regularly reviewed and updated. As mentioned earlier, a resident returned home on a monthly basis to spend time with their family. Again, management of the centre had completed a detailed risk assessment which involved consultation with all parties involved. The inspector found that this approach to care ensured that the safety of residents, was at all times promoted.

### Regulation 26: Risk management procedures

The provider had arrangements in place for monitoring adverse events which impacted and the safety of residents. The CNM2 had a good knowledge of these arrangements and she monitored these events on a monthly basis to identify trends which affected the quality and safety of the service. There were also risk management plans in place which further promoted the safety of residents.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had increased the infection, prevention and control arrangements in response to COVID-19 and staff were observed to wear face coverings while on duty. Increased cleaning and hygiene arrangements were also implemented and sufficient stocks of PPE were also available for use.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans which were reviewed with the involvement of the resident on at least an annual basis. These plans outlined what supports residents required and they assisted in supporting residents to live their lives as they wished.

Judgment: Compliant

### Regulation 6: Health care

Residents had comprehensive health assessments and plans in place. Residents were reviewed by health care professionals as required and they were also supported to participate in national preventative health screening.

Judgment: Compliant

### Regulation 8: Protection

Staff had received training in safeguarding and there were two active safeguarding plans in place on the day of inspection. There provider was actively trying to resolve safeguarding issues within the centre and further compatibility reviews were due to occur subsequent to the inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were actively consulted in regards to their care and in regards to the running and operation of their home. Advocacy services were available if required and residents who met with the inspector said that they liked their home and the staff members who supported them.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant