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## Saimer View and Eske House Community Group Homes, OSV-0002495, 09 October 2019

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**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

## Office of the Chief Inspector

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

Name of designated centre:	Saimer View & Eske House Community Group Homes
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	09 October 2019
Centre ID:	OSV-0002495
Fieldwork ID:	MON-0024453

## 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:	9
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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
09 October 2019	08:58hrs to 17:00hrs	Stevan Orme	Lead

## Views of people who use the service

During the course of the inspection, the inspector had the opportunity to meet and speak with two residents who lived at the centre. One resident although happy to say 'Hello' to the inspector, when asked about whether or not they liked living at the centre stated that they 'did not', when asked why this was the case, they choose not to answer and left the room. The other resident continued to speak with the inspector, and said that they liked living at the centre and were supported well by staff. They told the inspector that they had been recently unwell and that staff had ensured that they had received immediate medical treatment at the time. The resident also told the inspector about activities they enjoyed and goals they had either achieved or were working towards relating to their interests such as musicals and comedy TV shows.

Throughout the inspection, the inspector observed that practices in place at the centre reflected the assessed needs of residents. Also where the inspector observed staff interacting with residents this was conducted in a respectful and person centred nature, with residents appearing both comfortable and relaxed with the support provided. In addition, the two premises which made up the centre were homely in nature with residents personalising both their bedrooms and communal areas.

## Capacity and capability

Governance and management arrangements at Saimer View and Eske House ensured that residents received a good standard of care and support which ensured that their assessed needs were met at all times. Furthermore, the inspector observed that improved oversight structures since the last inspection in January 2018 had resulted in positive changes in all areas of care and support provided at the centre and ensured that residents were kept safe and assisted them to achieve their personal goals.

The centre's governance arrangements were robust in nature with a clearly defined management structure. The person in charge was knowledgeable about residents' assessed needs and was actively present and involved in the operational management of the centre. As the person in charge was responsible for several other designated centres in the local area, they were assisted in their responsibilities by a Clinical Nurse Manager (CNM2), who undertook the day-to-day management of the centre, and was knowledgeable on all aspects of the residents' needs as well as the running of the centre. In addition, to their management role, the CNM2 also provided nursing support to residents in the

centre's two locations during the week.

The person in charge had ensured that residents' needs were met by an appropriate number of suitably skilled staff, which comprised of in addition to the CNM2, a team of health care assistants. Staffing levels ensured that residents were able to regularly enjoy activities both at the centre and in the local community which reflected their needs and wishes. Discussions with staff and records reviewed showed that residents enjoyed both activities as a group and individually, with additional staff being provided to facilitate individual planned activities. Where additional staff had been provided through an employment agency, the management team had ensured that temporary workers were known to the residents, which ensured a consistency of approach to their needs. The inspector observed that residents enjoyed a range of community activities such as personal shopping, meals out, trips to the cinema, bowling and attendance at musicals and sporting events. Residents' ability to access social activities was further assisted through both of the centre's premises having access to their own personal transport.

Staff spoken to during the inspection were very knowledgeable about residents' assessed needs and spoke proudly about how they supported residents to achieve their goals. The inspector found that staff had improved access to opportunities to attend regular training to ensure their skills were kept up-to-date and reflected residents' needs since the last inspection, with records showing that all required training had been completed by staff. Staff also told the inspector that they were able to request additional training from the person in charge to ensure their skills effectively met residents' needs. Training accessed by staff included safeguarding, positive behaviour management, dementia awareness and fire safety. Furthermore, refresher training was provided in line with the provider's organisational policy requirements, which ensured that staff knowledge was further, updated and in line with current developments in health and social care practices.

In addition, the CNM2 facilitated one-to-one 'personal development plans' with staff, which enabled them to identify any additional training needs they required and offered ongoing support with their personal career development. In addition, the person in charge ensured that the CNM2 received regular support through weekly meetings either at the centre or the provider's offices to discuss the running and oversight of the centre. Staff were further kept up-to-date on changes in residents' needs and the operational running of the centre, through regular staff meetings chaired by the CNM2 in both houses and also attended by the person in charge. Both records reviewed and discussions with staff, showed that these meetings enabled staff to gain clarity on and raise concerns about the care and support provided at the centre.

The inspector also noted that following the last inspection, improvements had been made by the provider in the maintenance of staff records, with the person in charge having easy access to staff documents such as full employment histories and garda vetting disclosures, which ensured that staff employed at the centre were suitably qualified.

A range of comprehensive management audits completed by both the person in charge and CNM2 ensure that residents consistently received a good standard of care and support at the centre. Scheduled audits looked at the effectiveness of all aspects of the centre's practices with areas for improvement being incorporated into the centre's 'Quality Improvement Plan' (QIP) which was reviewed monthly by the person in charge's line manager. In addition to internal audits, the provider also completed six monthly unannounced visits at the centre, which further examined the effectiveness of care and support provided to residents and again any identified actions were included in the QIP for continual review of progress towards achievement. When areas for improvement were identified following the audits and visits such as staff training needs, the inspector found that they had and were being addressed in a responsive manner and within agreed time frames by the centre's management team.

The provider's risk management practices ensured that residents were kept safe from harm and procedures were in place to effectively respond to adverse incidents which might occur. Staff were knowledgeable on identified risks at the centre as well as agreed risk management plans. The person in charge further ensured that all risk management interventions were subject to regular review which was undertaken by the CNM2, which ensured they were up-to-date and effectively protected residents from harm.

### Regulation 15: Staffing

Appropriate numbers of suitable skilled staff were in place at the centre to meet residents' assessed needs in a timely manner and support them to participate in activities of their choice.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to regular training, which ensured they were suitable skilled to support residents' assessed needs and their practices reflected current developments in health and social care.

Judgment: Compliant

### Regulation 23: Governance and management

Governance arrangements at the centre had improved since the last inspection and

ensured that practices at the centre were subject to regular review to ensure they were effective in meeting residents' needs. Management arrangements further ensured that appropriate resources were available at all times to support residents, keep them safe from harm and enable them to achieve their personal goals.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Following the last inspection, residents' written agreements had been reviewed in order to clarify arrangements for the provision of furniture at the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

Following the last inspection, the provider had ensured that the centre's statement of purpose was subject review to ensure it contained all information required under schedule 1 of the regulations. Furthermore, the centre's statement of purpose was subject to an annual review to ensure it was up-to-date and clearly reflected the services and facilities provided to residents at the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

Governance and management arrangements in place at the centre ensured that all notifications were submitted to the Chief inspector in line with regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had measures in place to ensure that residents were aware of their right to make a complaint about the care they received. Measures further ensured that in the event of a complaint being received, they were investigated in line with the provider's policy and documented the complainant's satisfaction with the

outcome.

Judgment: Compliant

## Quality and safety

Residents at Saimer View and Eske House received a good standard of care and support which met their assessed needs. Care and support arrangements further ensured that residents were kept safe from harm and were supported to enjoy activities of their choice and achieve their personal goals.

Residents were supported to participate in a range of activities both at the centre and in the local community which reflected their personal goals, assessed needs, wishes and interests. Residents also attended a variety of day services in their local area, which they told the inspector they enjoyed. One resident had recently decided that they did not wish to attend day services on a Thursday, and the person in charge had ensured that staffing arrangements were put in place at the centre to facilitate this. The resident told the inspector that they enjoyed being at home of Thursdays and they were supported by staff to do their personal shopping , go out for lunch and do other activities of their choosing.

Personal planning arrangements had been reviewed and improved since the last inspection, ensuring their effectiveness. Residents' personal plans were comprehensive and clearly guided staff on how to assist residents in all aspects of their care and support. Personal plans were regularly updated to reflect changes in needs and support requirements, which ensured a consistency of care was provided. Furthermore, staff were knowledgeable on residents' needs and staff interactions with residents were observed to be both timely and dignified in nature. The provider further ensured that residents were made aware of the supports they would receive at the centre through accessible versions of their personal plans. The provider also had arrangements in place which ensured that each resident's personal plan was reviewed at least annually to ensure its effectiveness. Annual review meeting examined all aspects of the resident's personal plan and assessed whether or not it met their needs and enabled them to achieve their personal goals. Residents were actively encouraged to participate in their review meetings with family members also being invited to attend along with multidisciplinary professionals, which ensured a holistic approach to meeting residents' assessed needs.

The inspector was also informed that one resident had only recently moved into the centre in August 2019. Records and discussions with staff showed that the resident's transition had been managed in a structure manner, which included visits to the centre for and regular consultation with themselves, representatives and multidisciplinary professionals. In addition, review meetings and assessments had been completed to ensure that the resident's needs were met and they were compatible with the other residents living at the centre.

Following the last inspection of the centre in January 2018, the provider had ensured that all improvements as highlighted in a fire assessment of the centre; which had resulted in an additional condition of registration, had been undertaken. The inspector observed that fire alarm and emergency lighting systems in both houses had been upgraded. In addition, self closing mechanisms had been installed to upgraded fire doors on both residents' bedroom and communal area doors to ensure the effective containment of an outbreak of fire. Residents were further supported to safely evacuate from the houses in the event of an outbreak of fire through their participation in regular fire drills conducted by staff under all circumstances including minimal staffing levels. In addition, pictorial fire evacuation plans were displayed in prominent areas of the centre and comprehensive 'personal emergency evacuation plans' (PEEPs) were in place for each resident which clearly explained the supports they required from staff in an emergency. The provider had also ensured that arrangements were in place to ensure that staff received annual up-to-date fire safety refresher training as described in the their organisational policy.

Residents were protected from possible harm through the provider's arrangements for the reporting of safeguarding concerns. Where safeguarding concerns had been identified, the provider had ensured that they were managed effectively and in line with their policies, ensuring all affected parties were protected from future re-occurrence of the identified concern. Staff were very aware of safeguarding arrangements at the centre and had access to regular training to ensure their knowledge was up-to-date and reflected current best practices in health and social care.

Where residents had assessed needs which related to behaviours that challenge, they were supported through a multidisciplinary approach by the provider. Comprehensive behaviour support plans were developed by staff and were subject to review by a qualified behavioural specialist. Support plans were comprehensive and clearly described the behaviour and guided staff on both proactive and reactive strategies to be used in support of residents' needs. Several restrictive practices such as the locking of external doors were in place at the centre. The provider ensured that where these practices were employed they were reflective of residents' assessed needs, with associated protocols in place to guide staff on why, how and when they should be used. The provider had also ensured that practices were the least restrictive in nature and used only as and when required.

Following the last inspection, the provider had also reviewed arrangements at the centre for residents' medication. Sampled medication records were up-to-date and clearly showed that residents received their medication as prescribed. Where residents received 'as and when required' medication (PRN), clear protocols were in place to guide staff practice on when and how to administer. Furthermore, the provider had ensured that all staff engaged in the administering of medication had received up-to-date training on the 'safe administration of medication' to ensure their practices were safe and in accordance with agreed best practice.

The centre's two houses were well maintained and decorated to a good standard.

The design and layout of both houses met residents' assessed needs and residents had personalised their bedrooms with family photos, ornaments and items which reflected their likes and interests. Furthermore, staff in one of the two houses were supporting two residents to swap their bedrooms following them agreeing to do this. Residents were also supported further to make decisions about the centre, through their involvement at weekly residents meetings where they informed staff of any complaints or desired improvements they wished to voice about the centre. In addition, residents through the meetings agreed the houses' weekly menu and planned social activities as well as being updated on any other changes in the running of the centre.

### Regulation 12: Personal possessions

Residents were supported to manage their own personal finances subject to their abilities. Where support was provided from staff, clear protocols were in place to ensure residents had easy access to their money and were safeguarding from possible financial abuse.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to both access and participate in a range of activities which reflected their assessed needs, wishes and interests and assisted them to achieve their personal goals.

Judgment: Compliant

### Regulation 17: Premises

The centre's two premises were well-maintained, homely in nature, decorated to good standard and met residents' assessed needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

Governance and management arrangements ensured that risks to residents' safety

were identified and appropriate control measures implemented. Where risks required further actions to mitigate their effects, the person in charge ensured they were escalated to senior management in-line with the provider's policy. In addition, risk management interventions were subject to regular review to ensure they were effective in nature and protected residents.

Judgment: Compliant

### Regulation 27: Protection against infection

Arrangements were in place at the centre to safeguard residents from the spread of infection. Furthermore, staff had received up-to-date training in this area to ensure that their practices were in line with current health and social care development.

Judgment: Compliant

### Regulation 28: Fire precautions

Following the centre's last inspection in January 2018, the provider had undertaken improvements to the fire safety measures across the centre to ensure their effectiveness. In addition, fire practices such as simulated emergency evacuation drills were carried out regularly to ensure that both residents and staff were familiar with what to do in an emergency and to ensure their effectiveness. In addition, staff had received and had regular access to annual fire safety training.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medication administration arrangements had been improved at the centre since the last inspection, and ensured that residents received their medication as prescribed by suitably qualified staff.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' personal plans were up-to-date and clearly guided staff on how to support individuals' assessed needs. Personal plans were subject to regular review by residents' named key workers as well as their effectiveness being evaluated at a formal annual review meeting attended by the resident and multidisciplinary professionals associated with their care and support.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to access health care professionals as and when required. In addition, personal plans included health supports plans which were updated to reflect health professionals' recommendations and to ensure a consistency of approach to residents' needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents had behaviours that challenge, the provider ensured that positive behaviour support plans were in place to guide staff on how to effectively support the person and reduce any risk to others. Staff also had access to behaviour management training opportunities, which ensured their practices were in-line with current developments in health and social care.

Judgment: Compliant

### Regulation 8: Protection

The provider's safeguarding arrangements ensured that residents were protected from possible abuse and regular training opportunities kept staff knowledge up-to-date and in-line with current developments in health and social care practices.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to be actively engaged in make decisions about their own care through attendance at review meetings. In addition they were involved in decision-making about the day-to-day running of the centre through participation in weekly residents' meetings.

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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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

