

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

Issued by the Chief Inspector

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| Name of designated centre: | Saimer View Community Group Home |
| Name of provider: | Health Service Executive |
| Address of centre: | Donegal |
| Type of inspection: | Unannounced |
| Date of inspection: | 07 December 2022 |
| Centre ID: | OSV-0002495 |
| Fieldwork ID: | MON-0033630 |

About the designated centre

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

Saimer View Community Group Home provide both shared and full-time residential care and support to adults with a disability. The centre comprises of one 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. The centre provides 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 health care assistants and staffing requirements are based on the assessed needs of residents. At night, residents 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.

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| Number of residents on the date of inspection: | 3 |
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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 |
|------------------------------|-------------------------|---------------|------|
| Wednesday 7 December 2022 | 09:00hrs to 14:30hrs | Ivan Cormican | Lead |

What residents told us and what inspectors observed

This centre is run by the Health Service Executive (HSE) in Community Healthcare Organisation Area 1 (CHO1). Due to concerns about the management of safeguarding concerns and overall governance and oversight of HSE centres in Co. Donegal, the chief inspector undertook a review of all HSE centres in that county, including a targeted inspection programme which took place over two weeks in January 2022 and focused on regulation 7 (Positive behaviour support), regulation 8 (Protection) and regulation 23 (Governance and management). The overview report of this review has been published on the HIQA website. In response to the findings of this review, the HSE submitted a compliance plan describing all actions to be undertaken to strengthen these arrangements and ensure sustained compliance with the regulations. Inspectors have now commenced a programme of inspections to verify whether these actions have been implemented as set out by the HSE, but also to assess whether the actions of the HSE have been effective in improving governance, oversight and safeguarding in centres for people with disabilities in Co. Donegal. At the time of the inspection, the inspector found the above mentioned compliance plan, for the most part, been implemented. However, some actions had not been fully implemented and these will be discussed in the subsequent sections of this report.

The centre was warm and cosy and it had a sense that it was very much the residents' home. Each resident had their own bedroom which they had decorated to reflect their own interests in areas such as farming and prehistoric animals. There were an ample number of bathrooms with one shared bathroom having undergone recent refurbishment with plans also to refurbish another in the near future. There was also an open plan kitchen/dining area and a comfortable sitting room was available in which residents could relax. The centre was also decorated for Christmas and residents had displayed some of their own homemade decorations which gave the centre a pleasant feel.

The inspector did not get the opportunity to meet with residents as they had left early to attend a Christmas event. However, the inspector reviewed information in the centre and found that residents had a good quality of life and that they were actively involved within their local community and well supported to pursue personal interests. Residents attended regular house meetings where they discussed topics such as advocacy, rights, keeping safe and fire safety. Residents also covered more day-to-day topics such as who would like to assist with grocery shopping and also their preferences in regards to meals which would be prepared in the week ahead.

A review of daily notes and discussions with the person in charge indicated that residents had an active social life. Residents had recently gone to the launch of the Christmas lights in their local town and a review of daily notes indicated that they were regularly enjoyed the cinema, having meal out or popping into a nearby public house to watch a match and to have a drink. The centre also had various pictures on display of residents enjoying social events such as parties and nights out

together.

Overall, the inspector found that residents enjoyed a good quality of life and that they were actively assisted to pursue their personal interests and in their local community. The arrangements for residents meetings also promoted their awareness of their rights and gave them a platform in which to discuss the running and operation of their home.

Capacity and capability

As outlined above, the provider had submitted a compliance plan in response to the findings from the targeted inspections in January 2022. This plan outlined a number of ways in which the provider planned to strengthen the governance and oversight arrangements and included strategic planning within the centre, within the local governance area which was known as the network area and also county wide within Donegal. The provider had stated that each of the three points of governance had key responsibilities which were interlinked and aimed to strengthen management arrangements and improve the quality and safety of care which was provided to residents.

The person in charge facilitated the inspection and a senior manager attended to inspection towards its conclusion and they provided additional information in regards to the oversight of care. The person in charge was found to have an in-depth knowledge of the centre, including the resident's individual needs and also of the resources which were implemented to meet those needs. They discussed at length the new governance and management arrangements which had been introduced and they spoke highly of the impact which it had on the provision of care. They also outlined how the revised management arrangements assisted in the completion of the centre's quality improvement plan. They also clearly outlined that the fortnightly person in charge meetings (which were a county wide initiative) gave them an opportunity to network with their peers and it was a valuable resource in terms of shared learning.

The person in charge had a clear understanding of their role and also of their responsibilities in the oversight of care which was provided to residents. They were also a person in charge of another designated centre and they clearly demonstrated how they managed their time between both areas. They had detailed knowledge of the provider's governance plan and they outlined their role within that plan in great detail throughout the inspection. Any action which they had responsibility for had been implemented and they discussed how their individual meetings with their line manager and separate meetings with staff were linked and allowed for an ease of information sharing. The inspector found that all actions which had been described to have occurred at the designated centre level had been implemented as described.

The provider also outlined how the governance arrangements at a network level would be strengthened with two main features in the form of a safeguarding meeting and a separate quality safety improvement meeting. The person in charge outlined the function of the targeted safeguarding meeting which was attended by persons in charge and also designated officers. Although the minutes of these meetings did not fully capture the scope and depth of the safeguarding measures which were discussed, a template which the person in charge shared with the inspector clearly outlined that a full review of safeguarding measures and procedures were covered at each meeting. Again, the person in charge described how this meeting also allowed for shared learning and also where safeguards could be strengthened. One quality safety meeting had occurred in this region and although this was a positive initiative, the minutes of the meeting indicated that very little was discussed in terms of what the overall objectives of the meeting were. For example, the meeting minutes set out 16 objectives; however, two topics were only covered.

There were a number of actions described at a county level to strengthen the governance arrangements. The senior manager who attended the centre outlined how these measures had been implemented with a total of six meetings listed as occurring. Again, the inspector found that this was a positive initiative by the provider and both managers discussed how these meetings assisted in ensuring that information which was relevant to care could flow easily between the centre and senior managers. The fortnightly person in charge meetings again were highlighted as having a positive impact on care and the person in charge described how an external speaker on advocacy had recently attended one of their meetings. One of the listed meetings was in relation to human rights and one of these meetings had occurred; however, the inspector found that the minutes of this meeting were of a poor quality and there was little discussion on the promotion of human rights.

The inspector found that the measures which were implemented by the provider assisted in ensuring that the service was safe and effectively monitored, although some actions had not been robustly implemented, overall positive measures had been taken to better the lives of residents.

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that staff received continuity of care from a familiar staff team. Revised team meetings ensured that staff members were kept up-to-date with developments in the centre and it also gave them an opportunity to raise concerns in regards to care practices.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had also completed a complete review of the centre's training needs and review of the associated training matrix indicated that staff members were up to date with their training needs.

Judgment: Compliant

Regulation 23: Governance and management

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete 11 actions aimed at improving governance arrangements at the centre. At the time of the inspection 11 actions had been implemented. The inspector found that overall, the actions taken by the provider had led to a stabilisation of the governance arrangements in this centre and resulted in residents receiving a better service. However, 2 of the actions which the provider had implemented in relation to both the quality safety improvement meeting and the human rights meeting required review to ensure that these meetings were robust and with a clear focus on quality improvement and supporting and promoting residents' rights.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of records and information in the centre indicated that all notification had been submitted as required by the regulations. The person in charge also maintained copies of all submitted notifications.

Judgment: Compliant

Regulation 34: Complaints procedure

Information on rights was readily available in the centre and there were no active complaints on the day of inspection. There was an open and transparent culture within the centre and residents were well informed in regards to the complaints process. The provider had also appointed a person to manage complaints which were received.

Judgment: Compliant

Quality and safety

The inspector found that residents enjoyed a good quality of life and it was clear that their welfare and wellbeing was actively promoted.

As mentioned earlier, the inspector did not get the opportunity to meet with resident; however, it was clear from reviewing information such as personal plans, residents' meetings and incidents reports that residents were safe and that they were well supported to engage in activities which they enjoyed. The person in charge explained how residents who used this service had a diverse range of interests from watching television soaps, to sport and also farming. Two residents normally went to the local mart on a weekly basis to watch the cattle sale and also to chat and catch up with farmers to whom they are well known. The person in charge explained that they loved this activity and also that one resident helped out on a local farm from time-to-time. Another resident had a great love of sport and they regularly attended football matches over the summer and they also went to their local public house for a drink and to watch a match.

Personal planning was also to the fore front of care and user friendly personal plans had been developed for residents to assist them with their goals. These plans were bright, colourful and outlined their goal setting process and what they had achieved in the last year. One plan which was reviewed showed that a resident's interests were fully supported. For example, this resident had a love of animals and they were supported to visit an animal sanctuary, attend an agricultural show and also as mentioned above to attend the local mart on a weekly basis.

Residents who were assessed as requiring support with their behaviours had behavioural support plans in place. There were two such support plans in place on the day of inspection and the inspector found that these plans gave clear insight and guidance in this area of care. Plans had been read and understood by staff members which assisted in ensuring that residents would receive consistency in this area of care and plans were recently reviewed to ensure that they were effective in meeting the residents' needs. The person in charge also indicated that following a further review, one behavioural support plan may be retired as the living arrangements had recently changed and the resident no longer presented with behaviours of concern. Seven main actions had been identified by the provider to ensure that support in this area of care was maintained to a good standard. Additional multi-disciplinary supports were in process and a complete review of training had been undertaken by the person in charge. The person in charge also explained that a staff induction which was specific to the centre, was under review at the time of inspection and was scheduled for discussion with their line manager at their next individual person in charge meeting.

Safeguarding was also very much to the forefront of care in this centre and as mentioned above, scheduled safeguarding meetings were occurring which promoted safeguarding in centres which were operated by this provider. There were two

active safeguarding plans in this centre and the person in charge ensured that they were reviewed as required. Staff members had also signed off on these plans which demonstrated that residents were supported in this area of care. There were 13 main actions outlined by the provider in the promotion of safeguarding and the inspector found that most measures had been implemented. However, an action in relation to policy development and staff training had not been fully completed in this centre.

Overall, the inspector found that the measures which were implemented by the provider had strengthened both safeguarding and behavioural support for residents. It meant that safeguarding incidents would be recognised promptly and acted upon and also that staff members, including those who are not in full time employment with the provider would be assisted, in a targeted manner, to understand residents' behavioural and support needs which assisted in ensuring that residents would receive a good quality service where safety was promoted.

Regulation 26: Risk management procedures

The provider had a system for the identification, reporting and responding to incidents which occurred in the centre. The inspector found that the person in charge had a good knowledge of incidents which had occurred and they demonstrated the actions which were taken such as the implementation of safeguarding procedures. The inspector found that this system promoted the safety and welfare of residents. In addition, the provider had risk assessments in place in areas such as safeguarding, behaviours of concern and fire safety which provided additional assurances in relation to the safety of residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were supported to have a good quality of life and comprehensive assessments of need were also in place. Residents were assisted in regards to their care preferences and each resident had a goal setting programme in place which supported them to achieve activities which were meaningful to them. In addition, aspects of residents' personal plans were in an accessible format which promoted their inclusion in the person planning process.

Judgment: Compliant

Regulation 7: Positive behavioural support

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete seven actions aimed at improving governance arrangements at the centre. At the time of the inspection six out of the seven actions had been implemented. The action in relation to inducting new staff into the centre had not yet been completed; however, the person in charge had included this on the agenda at the next scheduled individual person in charge meeting with their manager. The inspector found that there was minimal impact as a result of this action not being fully implemented as there was an established staff team in place which included relief staff who sometimes worked in the centre.

Judgment: Compliant

Regulation 8: Protection

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete 13 actions aimed at improving governance arrangements at the centre. At the time of the inspection 11 actions had been implemented, with a listed action in regards to the policy on provision of safe wifi usage not completed. A remaining action in relation to additional training had not been fully implemented; however, this training was scheduled to occur. The person in charge was aware of both incomplete actions; however, there was no immediate impact on the delivery of care observed on this inspection as a result.

Judgment: Substantially compliant

Regulation 9: Residents' rights

It was apparent that the rights of residents were actively promoted. Residents attended regular meetings where they had input into the running and operation of their home and they were also supported to understand the complaints process and how to access advocacy if required. In addition, residents had good access to their local community and every effort was made by the staff team to ensure they could engage in activities and local events.

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

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Saimer View Community Group Home OSV-0002495

Inspection ID: MON-0033630

Date of inspection: 07/12/2022

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 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with Regulation 23 Governance and management the following actions have been undertaken;</p> <ul style="list-style-type: none"> • A revised agenda has been implemented for the Quality & Safety Service Improvement Meetings which now includes all areas under the Terms of reference. This was completed on the 07-12-2022 • A revised agenda has been implemented for the Service Human Rights Meetings which now takes into consideration the resident's rights. This was completed on the 23-12-2022 | |
| Regulation 8: Protection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>To ensure compliance with Regulation 8 Protection the following actions will be undertaken;</p> <ul style="list-style-type: none"> • The PIC will complete Speak Easy Plus training by March 31st 2023. • The Policy on the Safe Use of Internet for Service Users has been developed and finalised on the 23rd December 2022 and is currently being implemented across the service. Full implementation will be completed by the 31/01/23 | |

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 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 23/12/2022 |
| Regulation 08(2) | The registered provider shall protect residents from all forms of abuse. | Substantially Compliant | Yellow | 31/03/2023 |