Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Saimer View
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	12 February 2024
Centre ID:	OSV-0002495
Fieldwork ID:	MON-0033625

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 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.

Number of residents on the date of inspection:	5

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 (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
Monday 12 February 2024	10:15hrs to 17:50hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was an announced inspection of this centre. The provider was given four weeks' notice of the inspection. The inspection formed part of the routine monitoring activities completed by the Health Information and Quality Authority (HIQA) during the registration cycle of the designated centre. From the inspector's observations and conversations with residents and staff, it was clear that residents' had a good quality of life in this centre and were supported to engage in activities that were meaningful to them. However, improvement was required in relation to the arrangements in place to protect residents from the risk of fire.

The centre was a large bungalow in a rural location at the edge of a town. Five residents lived in this centre. Some residents stayed at the centre on a part-time basis and spent some nights each week at home with family. One resident lived in the centre full-time. Each resident had their own bedroom. There were two bathrooms in the centre. Each bathroom had a level access shower. One bathroom also had a bathtub. The centre had a kitchen-dining room that contained a small seating area with television. There was also a separate sitting room with a television. In addition, there was a utility room and a staff sleepover room that was also used as an office. Outside, the front door was accessed via a ramp. The garden, driveway and paths were well maintained. The centre also had a garage that was separate to the house. This garage was not included as part of the designated centre but the person in charge reported that there were plans to convert it to a usable space in the future. The garage door had been replaced with a window in recent months.

Overall, the centre was in a good state of repair. The inspector noted minor areas that required improvement, for example, an area of discolouration on one bedroom ceiling and staining on the floor in the hallway. The décor and furniture in the communal rooms was dated but in good repair. Comfortable touches had been added, for example, cushions and throws. The kitchen contained ample fresh food for meals and snacks. Residents had use of a washing machine and dryer. Residents' bedrooms were decorated in line with the residents' tastes. Residents had adequate storage in their rooms for their personal possessions. Some residents had televisions in their bedrooms and comfortable chairs or couches. Bedrooms were fitted with fire doors. However, the inspector noted that one fire door had a significant area of damage on the jamb of the door by the smoke seal. Other fire doors had gaps in the smoke seal and the smoke seal on some doors had not been adequately maintained. The inspector also noted that some fire doors did not close fully when the automatic door closer were released.

There was a pleasant and cheerful atmosphere in the centre. Residents chatted comfortably with staff and with each other. They shared jokes and the news of the day. Residents and staff were heard laughing together. Staff offered choices to residents and encouraged them to assist in meal preparation, if they wished. Residents' independence in completing daily activities was respected and support

given when it was needed. Staff were very aware of residents' communication styles and strategies. All residents could easily chat with staff, no matter their communication style. Staff spoke about residents in a respectful manner. They were knowledgeable on the needs of residents and the supports that they required to meet those needs. Staff had received training in human rights based care and support. Staff reported that this training had a positive impact on how they supported residents and that they were more aware of the need to offer and respect residents' choices.

The inspector had the opportunity to meet with three residents in the afternoon after they returned from their daily activities. Residents welcomed the inspector to their home. They told the inspector that they were happy in their home. One resident said 'I like it here'. When asked about the staff, one resident responded 'good'. Residents said that the food was nice and that they got to choose the foods they liked for their meals. They said that the staff were good and that they listened to them. Residents spoke about the activities that they enjoyed and the plans that they had for the week. They spoke about activities within the centre, for example, watching their favourite television programmes. They also spoke about activities in the community that they enjoyed, for example, going to the mart or attending football matches. They told the inspector that they liked the people that they lived with. In the evening, residents left the centre to go grocery shopping with the support of staff.

As part of the inspection process, HIQA issued questionnaires to residents before the day of inspection. These questionnaires ask the views of residents in relation to their home, the staff, their choices and their daily lives. The inspector read the questionnaires that had been completed by residents. All responses indicated that residents were happy in their home, that they were happy with the service they received and that their rights were respected.

Overall, residents appeared happy in their home. They said that they were happy with the staff and the service they received in the centre. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident.

Capacity and capability

There were clear lines of accountability and defined management structures in this centre. The number of staff working in the centre was adequate to meet the assessed needs of residents and there was a consistent team in place. However, some improvement to staffing was required as there were a number of staffing vacancies in the centre, including a staff nurse post. The provider maintained good oversight of the quality of the service. However, not all issues identified on inspection had been detected on audit.

The governance structures in this centre had changed in recent months. The centre had moved from the Health Service Executive's (HSE) Donegal Disability Services to HSE Sligo/Leitrim Disability Services. This move had resulted in a new person in charge in the centre. The senior management structure had also changed. This meant that some lines of accountability had changed. However, other aspects of the service remained within the Donegal Disability Services, for example, access to certain health and social care professionals. The new lines of accountability were clearly defined and the new management structures had been fully established. The person in charge attended meetings with other persons in charge from the HSE Sligo/Leitrim Services. These meetings allowed shared learning across centres. There was a rota of on-call managers who could be contacted by staff outside of regular working hours. Incidents were appropriately recorded and escalated to senior management. This included an incident relating to the discovery of a sum of money that was located in a locked cabinet. The person in charge was unaware of the money and only discovered it when they were given the key to the cabinet the week prior to the inspection. The discovery of the money had been recorded and documented. The incident had been reported to senior management and an investigation was underway.

Staff within the centre received supervision from the person in charge in line with the provider's supervision policy. Staff meetings were also held in the centre every six weeks. Meeting minutes indicated that issues relating to the care and support of residents were discussed, for example, updating staff on changes to behaviour support plans. Issues relating to the service as a whole were also discussed, for example, planning of staff training and annual leave.

The staffing arrangements in the centre were appropriate to meet the assessed needs of residents. A review of rosters showed that the number of staff on-duty was adequate to support residents with their personal and social needs. Staff training in mandatory modules, as identified by the provider, were up to date. Where refresher training was required, the person in charge had identified dates for this training to be completed by staff. However, there were a number of staffing vacancies in this centre. These vacancies were filled by consistent agency staff who were familiar to the residents. The reliance on agency staff meant that the provider could not be certain that staff would be consistent at all times. The provider had also submitted forms for the creation of a new nursing post in the centre. The person in charge reported that the purpose of the nursing post was to assist with the oversight and auditing within the centre.

Oversight of the quality of the service was maintained through a schedule of audits. The audits had been completed in line with this schedule. The provider had completed the most recent unannounced audit of the quality and safety of care and support in the centre in January 2024. The audit identified specific areas for improvement and the actions required to address these issues. This audit report had been issued to the person in charge the day prior to the inspection and, therefore, the identified actions had not yet been added to the centre's quality improvement plan. However, the audits relating to fire safety were not adequate to identify the issues relating to the fire doors as outlined earlier in the report. The centre's quarterly audits of fire safety and a check of all fire doors that was completed on 13

January 2024 had not detected the issues that were noted by the inspector. The issues with fire doors were also not identified on the centre's unannounced audit completed by senior management.

Overall, the centre was well governed. However, some improvement was required in relation to staffing and the effectiveness of the centre's audits.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted all of the required documentation to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required experience and qualifications in line with the regulations. The person in charge maintained a regular presence in the centre. They had good knowledge of the needs of residents and the needs of the service.

Judgment: Compliant

Regulation 15: Staffing

The number of staff was suited to meet the assessed needs of residents. The team employed in the centre was consistent. However, the provider was heavily reliant on agency staff due to a number of staff vacancies. The provider had identified the need for a new nursing post in the centre to assist with oversight and governance.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training in mandatory modules was largely up to date. Where refresher training was required, the person in charge had identified dates for staff to complete these modules. The person in charge had also identified areas of training that were specific to the service. Training in these areas was also up to date.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of accountability in this service. Incidents were escalated to senior management as appropriate. The provider maintained oversight of the quality and safety of the service through a suite of audits. These audits were completed in line with the schedule set-out by the provider. However, not all audits were adequate to identify all issues noted on inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose with the required information as set out in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had submitted notifications to the Chief Inspector in line with the regulations.

Judgment: Compliant

Quality and safety

Residents in this centre had a good quality of life. Their rights were respected and their independence was promoted. Residents' wellbeing and welfare was maintained by a good standard of care and support. However, improvement was required in relation to the fire safety arrangements in the centre.

Residents' rights were respected in this centre. Their independence was promoted. Residents were supported to communicate their choices. There was information for staff on how to support residents with their communication needs. This was effective and meant that staff and residents could communicate easily. A weekly

residents' meeting was held in the centre that provided residents with the opportunity to choose the weekly menu and the activities that they would like to do. In the centre, residents were supported to prepare meals and complete household chores. They enjoyed watching their favourite programmes and sporting events on television. Outside of the centre, residents enjoyed social outings, including shopping, trips to the cinema, meals out and attendance at the local mart.

Each resident had an assessment that identified their health and social needs. Care plans that guided staff on how to support residents meet those needs were easily accessible and regularly reviewed. Residents had personal plans that outlined their goals for personal development. The assessment and personal plan were reviewed annually with input from the resident, members of the multidisciplinary team and the resident's family. Residents had access to a wide variety of health and social care professionals. When required, the care plans also included behaviour support plans that were devised by appropriate healthcare professionals. These plans were regularly reviewed and updated. There was evidence that staff followed these plans.

Risk assessments relating to residents' individual needs were developed and regularly reviewed. The risk assessments outlined ways to reduce the risk to residents. They reflected the information that was included in the residents' assessments of need and care plans. In addition to individual risk assessments, the person in charge maintained a risk register that outlined the risks to the service as a whole. The risk register was comprehensive and regularly reviewed.

The provider had taken steps to protect residents from abuse. Incidents were reported and escalated to the safeguarding team. The provider followed safeguarding procedures. There was evidence that safeguarding plans were devised, reviewed and closed-out, as appropriate. The provider had taken a holistic view of safeguarding in the centre and considered the compatibility of residents. Behaviour support plans and staffing arrangements were reviewed in light of incidents and safeguarding plans to good effect.

The provider had taken steps to protect residents from the risk of fire. The provider had employed an external fire company to regularly check and service the fire alarm system, emergency lighting and fire extinguishers. Fire drills were completed that reflected differing scenarios and staffing arrangements. However, improvement was required in relation to the arrangements for the containment of fire. Specifically in relation to the maintenance of fire doors and detecting faults in fire equipment, as outlined earlier in the report.

Overall, residents in this centre were in receipt of a good quality service. The service promoted their rights and respected their choices.

Regulation 10: Communication

Residents were supported to communicate at all times. Staff were familiar with the residents' individual communication profiles. Residents had access to appropriate

media.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in activities in the centre and in the wider community that were in line with their interests. They were supported to maintain links with family and friends.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered choice in relation to their meals and snacks. Food and refreshments were available in line with their assessed dietary needs.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks to residents and the service as a whole were identified through risk assessments. The assessments outlined ways to reduce the risk and they were reviewed regularly.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken measures to protect the residents from the risk of fire. An external company was employed to check and service the centre's fire alarm system, emergency lighting and fire extinguishers at regular intervals. Fire drills were completed with residents. However, not all fire doors were adequately maintained with gaps noted in smoke seals, damage to one door and fire doors that did not fully close automatically.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' health and social care needs were assessed. Care plans were devised to outline the supports needed by residents to meet those needs. Residents had personal plans that outlined goals for their personal development.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were well managed. Residents had access to a variety of healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents had behavioural support plans. These plans were devised by an appropriate healthcare professional. Staff were familiar with the content of the plans. Staff had all received training in supporting residents manage behaviour that is challenging.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to protect residents from abuse. Staff had received training in safeguarding. Safeguarding plans were devised, implemented and reviewed, when required.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were respected. Residents were routinely offered choice in their daily lives and these choices were respected.
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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not 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

Compliance Plan for Saimer View OSV-0002495

Inspection ID: MON-0033625

Date of inspection: 12/02/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The Registered Provider has expressed and 'Expression of Interest' to the Staff Nurse Panel in collaboration with HR. • The Person in Charge has now secured from the panel an 0.5 WTE nurse for the centre and this staff will commence work on the 11/03/2024 • Agency Conversion forms have been completed for interested agency staff to convert to HSE contract. Currently there are five staff interested in converting.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Register Provider has ensured that management systems are now place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored through audit. • The Person in Charge has contacted Master Fire to assess and repair the damaged fire door which includes the self -closure and smoke seals. Completed 07/03/2024 • The Person in Charge has reviewed the audit system which now includes an oversight on all fire Equipment which includes increased checks on self- closures. • Fire Checks have now been increased to weekly monitoring for the self-closure of fire doors and recorded in fire book. • The person in charge has developed a new template to record these weekly checks 06/03/2024.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The Person in Charge has contacted Master Fire to assess and repair the damaged fire door which includes the self -closure and smoke seals. Completed 07/03/2024 • The person in charge has ensured the registered provider that all fire doors now close automatically. • The Person in Charge with the registered provider has reviewed the Service Level Agreement and are meeting Parents and Friends on the 11/03/2024 to plan for the	

replacement of all fire doors going forward.
• All Staff in this Designated Centre has up to date fire training with 100% compliance.
• PEEPS are all in place for Residents to ensure a safe evacuation process.
• Evacuation Drills are carried out two monthly including practices with the minimum staff and maximum residents with an acceptable time noted for evacuation.
All fire equipment for the detecting, containing and extinguishing fire was serviced on the 26/01/2024.

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	11/03/2024
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	06/03/2024
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment,	Not Compliant	Orange	11/03/2024

	means of escape, building fabric and building services.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	06/03/2024