



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

## Issued by the Chief Inspector

Name of designated centre:	Whitehills
Name of provider:	The Rehab Group
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	01 October 2024
Centre ID:	OSV-0002683
Fieldwork ID:	MON-0036716

## About the designated centre

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

Whitehills is a designated centre which comprised two houses and is registered to provide a residential service to six adults. This service is designed to provide a service to residents with a diagnosis of autism or Asperger syndrome and residents may also attend the services of the mental health team. Each resident had their own bedroom and are supported to attend their local community in line with their expressed wishes. Each resident also had the option to attend individual day services and some residents were also assisted to attend paid employment. Residents were supported by care assistants and team leaders and a sleep-in arrangement was in place to support residents during night-time hours. The centre was located in a suburban area of a large city. Transport was provided by the centre and public transport links were also readily available.

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

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 1 October 2024	09:50hrs to 15:30hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was an announced inspection, carried out following receipt of an application to the Chief Inspector of Social Services to renew registration of the centre and, to monitor compliance with the regulations. The inspection was facilitated by the person in charge. The inspector also had the opportunity to meet with four staff members and with three residents who were living in the centre. The inspector also reviewed three questionnaires which residents had completed in advance of the inspection, regarding their views of the service.

The centre comprises two detached houses, with each house accommodating up to three residents. Both houses are located within close proximity of one another, in residential areas of the city suburbs and close to a range of facilities, amenities and shops. Both houses were visited as part of this inspection.

On the morning of the inspection, the inspector visited one of the houses. They were greeted and welcomed by one of the residents. One resident had already left to attend their day service, another resident was still in bed, in line with their preferred routine. The inspector spoke with the resident who advised that he loved living in the house and gets on well with others living there. He spoke about the recent renovations and upgrading works that had taken place in the house, that residents had been involved in choosing the colours for the new kitchen and for paintwork to the internal walls and bedrooms. He spoke about the house being comfortable and warm and how they sometimes liked to light the open fire in the sitting room. He was happy to show the inspector his large bedroom which was furnished in line with his preferences, including a large television and comfortable swivel armchair. He spoke about his recent purchase of a new mattress for his bed. The resident told the inspector that he did not wish to attend day services and was happy choosing how he spent his days. He advised that he enjoyed going shopping, taking trips into the city, going for walks in the neighbourhood, attending the cinema, going to the credit union and local supermarkets, playing games of pool, listening to music, as well as meeting family members for lunch and visiting family at the weekends. He told the inspector how he was looking forward to a planned trip to the city later in the morning. The resident stated that he got on well with staff and how he could contact the person in charge or advocacy officer if he had any concerns or issues.

The person in charge confirmed that the resident who was still in bed had returned to attending day services two days a week, in line with their own choosing since the last inspection. This resident was due to go on a planned short holiday break to Cork the following day. The third resident normally stayed two nights per week and chose to stay at the family home on other nights. This resident attended day services during the weekdays and independently used public transport to go to and from day services and his family home. Staff advised the inspector that residents were generally independent, completed their own shopping, prepared and cooked their

own meals, completed laundry, general cleaning and managed their own finances.

The first house visited on the morning of inspection was a two storey, detached dormer style house. It was found to be spacious, bright and comfortably furnished in a homely style. Each resident had their own bedroom located on the first floor. One of the bedrooms had en-suite shower facilities and there was a separate shower room which was shared by two residents. There was a variety of communal day spaces provided including a large sitting room, dining room, kitchen and sun room. There was a well equipped laundry room which included storage for cleaning equipment, a staff office and or sleepover bedroom provided. Residents had access to a garden and patio area at the rear of the house. Extensive refurbishment works had been completed since the last inspection. There was a new fitted kitchen, new flooring, new heating boiler, new fire doors, the bathroom had been re tiled and internal walls had been repainted. Wheelchair accessible ramps had been provided to the front and rear doors.

In the afternoon, the inspector visited the second house, a large detached two-storey dwelling where they met with two residents. The inspector spoke with one resident and briefly met a second resident. Each resident had their own spacious bedroom, one bedroom had en-suite shower facilities and there was a shared bathroom used by two residents. There was a variety of communal day spaces provided including two large sitting rooms, kitchen dining room and small reading room. Following the last inspection the ground floor staff office had been relocated to the first floor in order to provide an additional sitting room for residents. One resident advised that the additional communal space was great as each resident could have their own space if they wished. This house which had previously been leased, had been purchased by the organisation and some refurbishment works had taken place. Further works were planned to renovate and refurbish the first floor bathroom. Residents had access to a garden area at the rear of the house. Residents were observed using the outdoor areas. One resident was observed enjoying spending time outside relaxing in the wooden garden room. Another resident spoke about enjoying working in the garden shed which they used to store their power tools and to work on repairing bicycles and other projects.

The inspector spoke with a resident who advised that they liked the house, enjoyed living there, got on well with other house mates and with staff working in the centre. They stated that they could raise issues of concern with any staff member and always felt listened to. They mentioned how they could choose how they wished to spend their day, and could come and go as they wished. They told the inspector how they enjoyed going to the local shop, watching 'You Tube' videos on television and working on repairing items in the garden shed. They mentioned how they had ordered parts online to use in upcoming repair projects. The resident proudly showed the inspector a framed photograph of themselves donating a bicycle which they had repaired and refurbished to a local charity organisation. The inspector observed another resident making a cup of coffee for themselves, spending time outside in the garden and later going for a walk with the support of staff. Staff advised that a third resident was at work, that they normally worked three days a week and used public transport independently to go to and from work.

From conversations with staff and residents, a review of completed questionnaires, observations made while in the centre, and information reviewed during the inspection, it was evident that residents lived active and meaningful lives, had choices in their lives and that their individual rights and independence was very much promoted.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

## Capacity and capability

The management team had organised systems and processes in place to ensure that they had oversight arrangements to monitor the quality and safety of care received by residents. The findings from this inspection indicated that the centre was being well managed. This centre had a good history of compliance with the regulations. There was evidence of good practice in many areas. The issues identified in the compliance plan from the previous inspection had largely been addressed, however, further clarity regarding staffing rotas was still required to accurately and clearly reflect staff and their working hours in the centre.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities. The person in charge worked full-time and was also responsible for one other designated centre. The person in charge had a regular presence in the centre, demonstrated clear knowledge of the service and knew the residents well. They were supported in their role by a team leader, staff team and regional manager. There were on-call management arrangements in place for out-of-hours. The on-call arrangements were clear and readily accessible to staff in the centre.

The inspector found that the staffing levels were in line with levels set out in the statement of purpose and a full complement of staff were available. There were no staff vacancies at the time of inspection. There were separate staff rosters for both houses. The staffing rosters reviewed for the weeks beginning 23 September 2024, 30 September 2024 and 7 October 2024 indicated that a team of consistent staff was in place. However, improvements were still required to the staff rosters to ensure that they accurately and clearly reflected the hours worked by staff in each house, including the sleepover night-time hours worked by staff, as well as the full names and roles of staff.

Training records reviewed by the inspector and conversations with staff provided assurances that the staff were provided with ongoing training. Records reviewed by the inspector indicated that all staff had completed mandatory training. The person in charge had systems in place to ensure that staff training was regularly reviewed

and discussed at team meetings.

The providers' systems for reviewing the quality and safety of the service included six-monthly provider-led audits and an annual review. The annual review for 2023 was completed and had included consultations with residents and their families. Improvements identified in the review had largely been addressed, and there were plans to upgrade the bathroom in one of the houses. The provider continued to complete six-monthly reviews of the service. The most recent review was completed on 25 September 2024. While the completed report had not yet been issued, a draft action plan outlining identified issues, had been addressed. Some identified issues included medication management.

The person in charge and team leader continued to carry out weekly reviews of incidents, health and safety, infection, prevention and control and medication management. The results of recent audits reviewed indicated satisfactory compliance. Regular team meetings were taking place, where the results of audits and required actions were discussed.

#### Regulation 14: Persons in charge

The post of the person in charge was full-time. The person in charge had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents. They showed a willingness to ensure on going compliance with the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

While the provider had ensured that the number, qualifications and skill-mix of staff was appropriate to meet the support needs of residents and statement of purpose, the staffing rosters were still not adequately maintained.

The rosters required further clarity in order to accurately and clearly reflect the hours worked by staff including the person in charge and team leader in each house, including the sleepover night-time hours worked by staff, as well as the full names and roles of staff.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training.

Staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including various aspects of infection prevention and control, medicines management, food safety, assisted decision-making, restrictive practice, positive risk taking and human rights.

Judgment: Compliant

## Regulation 23: Governance and management

The governance and management arrangements in place continued to ensure that a good quality and safe service was provided for people who availed of a service in this centre. There was a clearly defined management structure in place as well as an on-call management rota for out of hours and at weekends. The provider continued to monitor and review the quality and safety of care in the centre and action plans as a result of these reviews had either been addressed or were in the process of being addressed.

There was evidence of ongoing consultation with residents and their representatives. The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of the residents.

Judgment: Compliant

## Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose submitted with the recent application to renew registration of the centre. The statement of purpose was found to contain the information as set out in Schedule 1 of the regulations.

Judgment: Compliant

## Quality and safety

The inspector found that the care and support that residents received from the staff team was of a good quality. Staff were committed to promoting the rights and independence of residents and ensured that they received an individualised safe service. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis. The provider had continued to invest in both properties, one house had recently been purchased, both houses had been refurbished and further improvement works were planned in one of the houses. Completed questionnaires reviewed by the inspector and conversations with residents indicated that they liked living in the centre, they continued to enjoy their independence both in the house and while out and about in the community.

The inspector reviewed the files of two residents. There were recently updated comprehensive assessments of the health, personal and social care needs of residents. A range of risk assessments had been completed and care and support plans were in place for all identified issues. Residents availing of this service were generally in good physical health, however, some residents required supports with mental health difficulties. Support plans were found to be comprehensive, informative, person-centred and had been recently reviewed. Residents had access to general practitioners (GPs), an out of hours GP service and a range of allied health services.

The provider and person in charge had systems in place for the regular review of risk in the centre including regular reviews of health and safety, infection prevention and control and, medication management. Identified risks were regularly discussed with staff at regular scheduled meetings. The management and staff team continued to promote a restraint-free environment and there were no restrictive practices in use in one of the houses. The person in charge advised that some practices identified as restrictive in the other house were to be discussed further and reviewed. Risk assessments had been completed to support some residents to self-administer their own medications. All residents had been involved in completing fire drills and fire drill records reviewed by the inspector indicated that there had been no issues in evacuating the building in a timely manner.

## Regulation 11: Visits

Visits to the centre were being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. There were no restrictions on visits to the centre. Residents were supported to maintain regular contact with their families and regularly visited family members at home.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents continued to be involved in activities and tasks that they enjoyed in the centre and in the local community. Some residents continued to attend day services and one resident was in part-time employment. The centre was close to a range of amenities and facilities in the local area and nearby city. Some residents independently used public transport to get about while the centre also had its own vehicles which could be used by residents. Residents spoken with confirmed that they could choose how they spend their day and the activities they wished to attend or partake in.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual needs. Both houses were found to well maintained, visibly clean, furnished and decorated in a homely style. There was a variety of shared communal living spaces available and an adequate number of toilets and shower facilities in both houses. Extensive refurbishment works had been completed and further works were planned to upgrade the main bathroom in one of the houses. This work was scheduled to be completed by December 2024.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risks. There was a recently updated risk management policy in place to guide staff in the centre. The risk register had been recently reviewed and was reflective of risks in the centre. All residents had a recently updated personal emergency evacuation plan in place. Fire drill records reviewed by the inspector indicated that all residents could be evacuated safely in the event of fire. The inspector spoke with residents who were knowledgeable regarding the fire evacuation procedures and confirmed that they had taken part in fire drills. There were regular reviews of health and safety, incidents, medication management as well as infection prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections. There was evidence of good practice in relation to infection prevention and control. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. There was a colour-coded cleaning system and a documented cleaning programme being implemented at the centre. Suitable facilities were provided for the storage of cleaning equipment. The building, environment and equipment were visibly clean and well maintained. Recent refurbishments to the kitchens, flooring and bathrooms, further enhanced infection prevention and control in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety management systems in place. Daily, weekly and monthly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. New fire doors had been provided as part of the refurbishment of one of the houses. All staff had completed fire safety training including in-house training. Regular fire drills were taking place involving all staff and residents. Fire drill records reviewed by the inspector indicated that residents could be evacuated safely in a timely manner.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the safe prescribing, administration and storage of medicines in this centre. Records reviewed by the inspector showed that medications were administered as prescribed. Some residents were supported to take responsibility for their own medications following ongoing risk assessment and competency assessments. The person in charge had systems in place for regular medication stock checks. Medication audits were frequently carried out to identify any improvements that may be required and to ensure that a high standard of compliance was maintained. All staff had completed training in medicines management.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. There was evidence that risk assessments and support care plans were regularly reviewed, and updated as required.

Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and progress reviewed. The inspector noted that individual goals were clearly set out for 2024. The inspector noted that some of the goals set out for 2024 had already been achieved while others were in progress. For example, one of the residents was scheduled to go on a short holiday break to Cork on the day after the inspection as partial fulfilment of one their goals.

Judgment: Compliant

### Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the healthcare that they needed.

Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of two residents' files indicated that residents had been reviewed by the GP, psychologist, behaviour therapist and dentist. Residents were supported to avail of vaccine programmes.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents that required support with behaviours were being responded to appropriately, had access to specialists in behaviour management and written plans were in place. Behaviour support plans included triggers, early warning signs, as well as detailed proactive and reactive strategies to support them. Positive

behaviour support plans had been developed and updated by the behaviour therapist in consultation with the residents and staff. The person in charge outlined how the behaviour therapist continued to visit residents on a regular basis. The behavior therapist had also completed training with staff in order to provide guidance on better meeting the support needs of residents. Additional communal space had been provided in one of the houses so that residents could avail of time on their own if they wished.

The provider was working towards a restraint-free environment and there were no restrictions in use in one of the houses.

Judgment: Compliant

### Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect as well as the actions required to protect residents from harm. A photograph and the contact details of the designated safeguarding officer was displayed. There were no safeguarding concerns at the time of inspection. Residents who spoke with the inspector said that they felt safe living in the centre. The topic of safeguarding was discussed regularly with residents at house meetings and with staff at team meetings.

Judgment: Compliant

### Regulation 9: Residents' rights

The local management and staff teams supported residents to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Residents who spoke with the inspector were knowledgeable about accessing advocacy services. The contact details of the local advocate were displayed. Staff were observed to interact with residents in a caring and respectful manner.

All staff had completed training on promoting human rights in health and social care, in the role of communication in upholding human rights, in putting people at the centre of decision-making and in positive risk-taking. The human rights charter had been discussed with residents. There was evidence of ongoing consultation with residents, on a daily basis, at regular house meetings and individually at key working sessions. Residents spoken with confirmed that they were consulted with

and had choices in their daily lives. Residents who spoke with the inspector confirmed that they were consulted and had choices in their daily lives. The residents had access to information in a suitable accessible format, as well as access to the internet, televisions and their own mobile telephones. Residents advised that they could attend religious services if they wished and some regularly attended local church services. Residents also mentioned that they were registered to vote and could choose to vote or not. Residents continued to manage their own finances and had keys to the front door and their bedrooms.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	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

# Compliance Plan for Whitehills OSV-0002683

Inspection ID: MON-0036716

Date of inspection: 01/10/2024

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Roster has been updated and now clearly reflects the hours worked by staff in each house.</p> <p>The hours of the sleepover shifts have been included in the key at the bottom of the roster.</p> <p>Full names and roles of all staff in both houses have been included on the updated roster.</p> <p>The above has been completed and will be in use from week beginning 4th November 2024.</p>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	04/11/2024