

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

Issued by the Chief Inspector

Name of designated centre:	Homevale
Name of provider:	The Rehab Group
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	16 September 2024
Centre ID:	OSV-0002681
Fieldwork ID:	MON-0036405

About the designated centre

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

Homevale Services provides a supported accommodation service to four adults with a disability. Residents have a primary diagnosis of a mild intellectual disability as well as additional needs such as a physical and sensory disability, mental health needs and communication difficulties. The centre comprises of a two-storey, four bedded house in an urban residential area close to a range of amenities and public transport. Residents at Homevale services are supported by a staff team which includes both social and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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 16 September 2024	10:00hrs to 15:00hrs	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.

On the morning of inspection, three residents had already left to attend their respective day services. One resident who does not attend day services had chosen to go on an overnight break away. Residents in this house have been living together as a group for many years. The inspector had the opportunity to meet with two of the residents during the afternoon on their return from day services.

The centre is a detached, two storey house located in a residential area in the city suburbs. The house was found to be well maintained, comfortable, warm, visibly clean and decorated and furnished in a homely style. Recent refurbishment works had been completed which included repainting of internal walls and woodwork, replacement of carpets to the stairs and landing, new flooring to the ground floor hallway, upgrading of kitchen worktops, utility room and first floor shower room. Residents had their own bedroom with en suite shower and toilet facilities. One bedroom was located on the ground floor and three were located on the first floor. There was a separate sitting room, kitchen-dining room, shower room and a separate small room which residents could use to receive visitors in private should they wish. A separate utility room was equipped with laundry and cleaning equipment. The ground floor area had been suitably adapted to facilitate a resident with mobility issues to be independent in opening doors and, appropriate grab-rails, handrails and ramps were provided. There was an accessible garden area to the rear of the house which could be easily accessed from the kitchen area. There was a large paved patio area with outdoor dining table and chairs, lawn and a variety of plants, shrubs and bird feeder. There was a covered smoking shelter provided in the garden area which was used by residents who smoked.

The inspector met and spoke with two residents when they returned to the centre from their respective day services on the afternoon of inspection. They were in good form and told the inspector that they enjoyed attending day services during the weekdays. The inspector observed that they were relaxed and familiar with one another and in their environment as they set about preparing and having their individual lunches in the kitchen. They told the inspector how they continued to enjoy living in the house and got on well with one another and with staff working in the centre. They mentioned how they liked the recent renovations to the house, having their own bedrooms and found the house to be very comfortable. They also spoke about liking the location of the house as it was near many facilities, amenities and public transport. They mentioned visiting local shops, hotels and restaurants, the post office and pharmacy and could use public transport to go shopping and attend events in the city. Some residents used public transport independently while others were supported by staff. Residents told the inspector how they attended

regular house meetings and could raise any issues of concern, decide on the weekly menu and plan activities of their choice. They told the inspector how they enjoyed cooking and took turns at cooking the evening meal and also enjoyed eating out and getting the occasional takeaway meal. They spoke about enjoying nights away and staying overnight in hotels including their recent stay in Cavan and in Westport earlier in the year, they were also looking forward to a planned day trip to Knock religious shrine in October. They said that they all got on well and enjoyed going on day trips and attending events together. The inspector noted many photographs displayed throughout the communal areas of the house of residents partaking in and enjoying events and celebrations together.

Residents mentioned how they liked to be independent but that they could ask staff for support with any tasks. They told the inspector how they liked to do their own laundry, tidy and clean their own bedrooms, collect and manage their own medicines, decide on the weekly shopping list and menus, assist with grocery shopping and the preparation and cooking of meals. They mentioned that they had their own key to the house and to their individual bedrooms. Some residents were supported to leave the house at their own discretion while having regard to letting staff know of their plans. All residents had their own mobile telephone which they used to keep in contact with staff, friends and family. All residents continued to manage their own finances.

From conversations with staff and residents, 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

There was a clearly defined management structure in place and the findings from this inspection indicated that the centre was being well managed. The local management team were committed to promoting the best interests of residents and complying with the requirements of the regulations. There was evidence of good practice in many areas. The issues identified in the compliance plan from the previous inspection had been addressed.

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 the team leader, staff team and regional manager. There were on-call management arrangements in place for out-of-hours.

There were consistent staffing arrangements in place with staff members having worked in the centre over a sustained time period. There were no staff vacancies at the time of inspection, there were a number of regular relief staff who covered shifts during annual or sick leave. The local management team continued to review staffing levels and additional hours had been recently allocated in order to better support the increasing needs of some residents. The roster reviewed showed a regular staff pattern and was reflective of staff on duty.

The inspector reviewed the staff training records which showed that all staff members including relief staff had completed mandatory training. Additional training had been provided to staff to support them in meeting the specific needs of some residents. The person in charge had systems in place to ensure that staff training was regularly reviewed and discussed with staff.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The annual review for 2023 was completed and had included consultation with service users and their families. Improvements identified to the premises as a result of the review had been addressed. The provider continued to complete six-monthly reviews of the service. The most recent review was completed in July 2024. Actions identified as a result of the review including updating of the risk register had been addressed.

The local management team continued to regularly review areas such as incidents, health and safety, risk management, infection prevention and control, medication management, staff training, staff supervision, residents records and complaints. The results of recent audits reviewed generally indicated satisfactory compliance. Regular team meetings were taking place at which the results of audits and actions required were discussed.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

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 ensuring on-going compliance with the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels in the centre had continued to be reviewed to ensure that they were adequate to meet the assessed and increasing support needs of residents. The staffing levels at the time of inspection met the support needs of service users. There was normally one staff member on duty during the morning, afternoon and evening time. There was one staff member on sleepover duty at night-time. In addition, the team leader worked four days a week. The rosters reviewed for the weeks beginning the 16 and 23 September 2024 was reflective of staff on duty.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding.

Additional training in various aspects of infection prevention and control, medicines management, food safety, assisted decision making, positive risk taking, human rights and dysphagia had been completed by staff. The person in charge had systems in place to oversee staff training and further refresher training was scheduled as required.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. The compliance plan submitted following the previous inspection had been addressed and the regulations reviewed on this inspection were found to be compliant. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service. There was evidence of ongoing consultation with service users 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 statement of purpose recently submitted with the application to renew registration was reviewed by the inspector. It was found to contain the prescribed information as set out in Schedule 1 of the Regulations. However, it required updating to accurately reflect the hours worked by the person in charge. An updated statement of purpose was submitted following the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and the complaints procedure was available in an appropriate format. The complaints procedure and the right to make a complaint had been discussed with residents. The complaints procedure was prominently displayed. There were systems in place to record complaints when received. There were no open complaints at the time of inspection.

Judgment: Compliant

Quality and safety

The inspector found that the local management team and staff were committed to promoting the rights and independence of service users and ensured that they received an individualised safe service. The provider had adequate resources in place to ensure that residents had opportunity and engaged in activities that they enjoyed on a regular basis. Improvements required to infection, prevention and control identified by the last inspection had been addressed.

The inspector reviewed the files of two residents and noted that comprehensive assessments of the residents health, personal and social care needs had been completed. A range of individual risk assessments including moving and handling, falls, dysphagia and risk of medication errors had been recently updated. Support plans were in place for all identified issues including specific health-care needs. Support plans were found to be comprehensive, informative, person centered and had been recently reviewed. Residents had access to general practitioners (GPs),

out of hours GP service and a range of allied health services.

The centre was comfortable, visibly clean, spacious, furnished and decorated in a homely style. Recent refurbishments to the kitchen, utility room, shower room as well as to wall and floor surfaces further enhanced infection, prevention and control. Residents that required assistive devices and equipment to enhance their mobility and quality of life had been assessed and appropriate equipment had been provided.

The 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 including the changing needs of residents 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. Risk assessments had been completed to support some residents spend time alone in the centre and to self administer their own medications. All residents had been involved in completing fire drills and fire drill records reviewed indicated that there had been no issues in evacuating the building in a timely manner.

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was a comfortable space provided for residents to meet with visitors in private if they wished. All residents regularly visited their friends and family members. Some residents told the inspector how they went home at weekends and some independently used public transport to visit family members at home.

Judgment: Compliant

Regulation 13: General welfare and development

There were measures in place to ensure that residents' general welfare was supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The centre was close to a range of amenities and facilities in the local area and nearby city. While some of the residents mainly used public transport, the centre also had its own dedicated vehicle, which could be used for residents' outings or activities. Some residents attended day services on some days during the week, one resident attended weekly outings with a local wheelchair organisation. Another resident worked as a volunteer one day a week in a local charity shop. From conversations with residents and the person in charge and information reviewed during the inspection, it was evident that residents lived active and meaningful lives and spent time going places that they

enjoyed. Residents also liked spending time relaxing in the house, reading the daily newspaper, watching television, playing word games on their hand held android tablets and completing household tasks.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met resident's individual needs. The house was 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.

The design of the house and garden promoted accessibility with suitable ramps provided at the front and rear entrance doors. The ground floor area had been suitably adapted to facilitate a resident with mobility issues to be independent in opening doors and, appropriate grab-rails, handrails and ramps were provided.

Residents that required assistive devices and equipment to enhance their mobility and quality of life had been assessed and appropriate equipment had been provided.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and was reflective of risk in the centre. The centre had an emergency plan in place and all residents had a recently updated personal emergency evacuation plan in place. Fire drill records reviewed indicated that all residents could be evacuated safely in the event of fire. Residents spoken with 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. There were no restrictive practices in use at the time of inspection.

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. Issues identified at the previous inspection had been addressed. There was evidence of good practice in relation to infection prevention and control noted. 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. The building, environment and equipment were visibly clean and well maintained. Suitable storage facilities were provided for the storage of cleaning equipment and appropriate arrangements were now in place for the laundering of mop heads and cleaning cloths. Recent refurbishments to the kitchen, utility room, shower room as well as to wall and floor surfaces further enhanced infection prevention and control.

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 showed that medications were administered as prescribed. Residents were supported to take responsibility for their own medications following on-going risk assessment and competency assessments.

Medication audits were frequently carried out to identify any improvements that may be required and to ensure 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 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. Each resident's personal goals were also documented in an easy-to-read format. The inspector noted that some of the goals set out for 2024 had already been achieved while others were plans in progress. For example, some residents had attended the Galway Races, attended shows as part of the local Arts Festival and had gone on an

over night trip to Cavan as part fulfillment of some of their goals.

Judgment: Compliant

Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the health care 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, physiotherapist, occupational therapist, speech and language therapist, public health nurse, podiatrist, audiologist and dentist. Residents had also been supported to avail of vaccination and national screening programmes. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

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 were able to recognise the signs of abuse and or neglect and 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 spoken with told the inspector that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The local management and staff teams were committed to promoting the rights of service users. All staff had completed training on promoting human rights in health and social care and in the role of communication in upholding human rights. There was evidence of ongoing consultation with residents, residents spoken with confirmed that they were consulted with 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 newspapers. All residents had 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 two residents had voted in recent elections. Residents were supported to access advocacy services, details of the local advocacy service had been discussed with residents and were clearly displayed. Residents continued to manage their own finances.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant