



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

## Issued by the Chief Inspector

|                            |                        |
|----------------------------|------------------------|
| Name of designated centre: | Homevale               |
| Name of provider:          | RehabCare              |
| Address of centre:         | Galway                 |
| Type of inspection:        | Short Notice Announced |
| Date of inspection:        | 11 March 2021          |
| Centre ID:                 | OSV-0002681            |
| Fieldwork ID:              | MON-0030146            |

## 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:

3

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date                   | Times of Inspection  | Inspector     | Role |
|------------------------|----------------------|---------------|------|
| Thursday 11 March 2021 | 10:20hrs to 15:40hrs | Jackie Warren | Lead |

## What residents told us and what inspectors observed

From what residents discussed with the inspector, conversations with staff, observations in the centre and information viewed during the inspection, it was clear that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community.

The inspector met with all three residents who were in the centre on the day of inspection, all of whom were happy to talk to the inspector and to discuss their lifestyles. Although the time the inspector spent with residents was limited in line with COVID-19 safety protocols, all residents were observed to be in good spirits and comfortable in the company of staff and each other.

All resident said that they were very happy living in the centre and enjoyed their lives there. All had lived there for a long time and really considered it to be their home. Resident said that they had good involvement in the community and described some of the social and leisure activities that they took part in and enjoyed. These included attending day service, going to Mass, entertainment events, visiting the library, shopping, outings, going to GAA matches and walking. Some residents also enjoyed volunteer work but this was suspended due to the pandemic.

Resident told the inspector that they had good relationships with staff and with each other. They said that they were all good friends and got on well together. Although residents did not required staff support during the day, staff who were present for the inspection were seen speaking kindly to residents and were very aware of their wishes and preferences. Resident knew who was responsible in the centre and said that if they had any complaints or concerns, they would tell staff and it would be addressed. They said that they enjoyed meals in the centre and that they were supported to prepare meals in line with their own preferences.

Residents discussed how their lives had changed due to COVID-19. They explained that a support worker had recently started working in the centre to provide them with day time activity support and they were very pleased about this. Although this support had only recently started they said that they were enjoying going out for drives. A range of activity projects were being planned based on their preferences and interests.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents were involved in the running of the centre and how they lived their lives. Residents came together for weekly house meetings and their ongoing views and choices were also discussed daily. Advocacy support was also available and residents were aware of this. While visiting to the centre was restricted due to COVID-19, interventions had been introduced to ensure that residents could keep in contact with families and friends while adhering to COVID-19

safety requirements. For example, residents had access to computer technology and telephones. All residents were aware of COVID-19 and the precautions that were required to reduce the spread of infection. In addition to staff reminding residents about the requirements, there was a range of user-friendly information available to help residents to understand the restrictions and arrangements.

Due to infection control safety protocols, the inspector did not carry out an inspection of all parts of the house. However, the rooms that were viewed were clean, bright, warm, comfortably furnished and nicely decorated with pictures, personal effects and artwork. This created a homely, person-centred atmosphere in the house. Each resident had their own bedroom and could lock their doors if they chose to.

## Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre. While a high standard of governance was found in the centre, some minor documentary improvement was required to the annual review and the staff roster. However, these issues did not impact on the quality of care being delivered to residents, and measures to address them were in progress.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. Unannounced audits were being carried twice each year on behalf of the provider. Records showed a high levels of compliance in all audits and that most audit findings had been addressed, while some were in the process of being completed. A review of the quality and safety of care and support of residents was being carried out annually. There was evidence that consultation with residents and or their representatives was taking place in various formats throughout the year and this indicated a high level of satisfaction with the service. This information, however, was not adequately captured in the annual review. The person in charge planned to compile residents' and relatives' views throughout the coming year to inform the next annual review. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

Documents required by the regulations were kept in the centre and were available to view. Records viewed during the inspection included personal profiles, personal plans, healthcare plans, risk management assessments and a sample of operational policies. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur. While most of the policies viewed were comprehensive and up to date, a small number had not been reviewed within the past three years as required by the regulations. However, there was evidence that this work was in the progress, and that these policies were in draft would be available in the centre in

April 2021.

There were sufficient staff on duty to support residents' assessed needs. Rosters confirmed that this was the normal staffing level. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred. There had been a recent change to staffing in the centre as a new person in charge had been appointed in the previous weeks and this was not accurately reflected in current the staffing roster. Duty roster arrangements for care staff were correctly stated in the roster. The person in charge confirmed that future staff rosters would include all up-to-date staffing and management arrangements.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in nutritional screening, autism awareness, food safety, infection control and epilepsy awareness, in addition to mandatory training.

The provider had ensured that there was an up-to-date service agreement made with each resident. The sample of agreements viewed clearly described the service to be provided and had been agreed and signed by residents.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to support the assessed needs of residents at the time of inspection. However, while there was a planned staffing roster, this was not fully up to date and did show some recent changes to staffing arrangements.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training, in addition to other training relevant to their roles.

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. However, while an annual review and report had been prepared, this report did not reflect the range of consultation with residents and their representatives that had taken place throughout the year.

Judgment: Substantially compliant

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

There were suitable written agreements for the provision of service in place for all residents.

Judgment: Compliant

## Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that supported them to be involved in activities that they enjoyed. This ensured that each resident's well-being was promoted at all times, that independence and community involvement was encouraged, and that residents were kept safe.

Review meetings took place annually, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. 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 a local area which was close to a city. Residents did not required staff support during the day time. traditionally residents attended day services, but due to COVID-19 restriction these had been temporarily discontinued. To support residents while day service was closed a community support worker had recently been appointed to the centre to support residents' activity choices during the day. Although residents had access to, and used public transport, the centre also had its own dedicated vehicle, which could be used for outings or any activities that residents chose. During the inspection residents spent time relaxing and doing activities that they enjoyed in the



centre, taking walks in the local area, and keeping up with their household duties such as meal preparation. Some of the programmes that residents were involved in and enjoyed included card making, shopping, beauty and fashion, expanding cooking and baking skills and working on road safety awareness.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect them from COVID-19. Residents' healthcare needs had been assessed and required care was delivered by staff. Overall residents in this service enjoyed good health and minimal healthcare interventions were required. However, to maintain good health, staff arranged healthcare visits for residents which included annual medical checks by the general practitioner (GP), appointments with healthcare professionals such as audiologists, chiropodists, optician, pharmacist and dentists. Residents also had access to national health screening programmes and those who were eligible and who chose to had attended these appointments.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

The provider had systems in place to ensure that residents were safe. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had also been updated to include risks associated with COVID-19. Arrangements were also in place to safeguard residents from any other form of harm. These included safeguarding training for all staff, a safeguarding policy and development of personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required.

Measures were in place to ensure that residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. For example, residents lived independently for portions of each day with minimal support from staff at other times, they had access to and managed their own money and medication, and they were registered to vote.

Residents also met together weekly to discuss issues of importance to them such as meal planning for the coming week and agreeing the roster for household tasks. Staff used these meetings as a way to share important information with residents. At recent meetings, social distancing due to COVID-19, emergency evacuation and advocacy had been discussed with residents. Staff also used the meetings to explore if residents had any concerns or worries.

## Regulation 26: Risk management procedures

There were suitable arrangements in place to manage risk in the centre.

Judgment: Compliant

## Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

## Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs, healthcare professionals and national screening programmes.

Judgment: Compliant

## Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had ensured that the residents' rights were supported and that they had freedom to exercise choice and control in their daily lives.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title   | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>                                       |                         |
| Regulation 15: Staffing  | Substantially compliant |
| Regulation 16: Training and staff development                        | Compliant               |
| Regulation 23: Governance and management                             | Substantially compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 26: Risk management procedures                            | Compliant               |
| Regulation 27: Protection against infection                          | Compliant               |
| Regulation 5: Individual assessment and personal plan                | Compliant               |
| Regulation 6: Health care  | Compliant               |
| Regulation 8: Protection   | Compliant               |
| Regulation 9: Residents' rights                                      | Compliant               |

# Compliance Plan for Homevale OSV-0002681

Inspection ID: MON-0030146

Date of inspection: 11/03/2021

## 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: <ul style="list-style-type: none"><li>• Rota changes to reflect various staff grades have been made and fully reflect recent staffing changes in the service. This was completed on 13/03/2021.</li></ul>  |                         |
| Regulation 23: Governance and management   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"><li>• Next annual review is due in September 2021. Satisfaction surveys to be provided to residents and families by June 2021 to ensure their timely return for the report. ISM will reflect this in the annual review.</li></ul> |                         |

## 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             | 13/03/2021                      |
| Regulation 23(1)(e) | The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.       | Substantially Compliant | Yellow             | 10/09/2021                      |