



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

Name of designated centre:	Homevale
Name of provider:	RehabCare
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	31 October 2018
Centre ID:	OSV-0002681
Fieldwork ID:	MON-0021721

About the designated centre

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

Homevale services provide full-time residential care and support 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 service is located in an urban setting close Galway City. The centre comprises of a two-storey, four bedded house. Residents at Homevale services are supported by a staff team which includes both social and care staff. The staff support provided is based on the needs and abilities of individuals; there are up to two staff working in the centre during the day and one sleepover staff support at night. Residential services are provided in a person centred approach and the provider incorporates a holistic approach to care and support, identifying each resident as an individual while ensuring a safe, warm, home like environment.

The following information outlines some additional data on this centre.

Current registration end date:	09/05/2019
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or 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
31 October 2018	09:30hrs to 16:30hrs	Thelma O'Neill	Lead

Views of people who use the service

The inspector met with three of the four residents residing in the house and they all expressed satisfaction about the care and support they received at the centre. They said staff were good to them and that they were happy living in this centre. In particular, they were satisfied with the renovations in the house and the increase in staff support since the last inspection. During the inspection, the inspector observed residents were comfortable with the support provided in the centre.

Residents said they were now happy to have access to Wi-fi which allowed them use their own tablets to access the internet. One resident told the inspector that all of the residents were getting new televisions for their bedroom and they were looking forward to them being installed.

Capacity and capability

On this inspection, improvements were found in the delivery of care and operational management of this centre. The inspector found the provider had demonstrated the capacity and capability to ensure that a good quality and safe service for residents living at this centre.

On the last inspection significant risks in the health and safety were found which resulted in 3 immediate actions being issued to the provider in addition to 22 actions where the service was not meeting the regulations. On this inspection, the inspector found that the provider had addressed all of the immediate risks within the agreed time frame as well as the twenty two actions from the previous inspection dated the 31/5/2017.

The inspector found the provider had ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a good standard of care, support and safety being provided to residents who lived at the centre. Six-monthly audits of the centre's practices were being carried out by the management team and staff carried out regular audits of areas such as, medication management and residents' finances. Records showed that audit findings had been addressed in a timely manner.

The person in charge worked closely with staff and was known to all residents in the centre and was very familiar with their up-to-date care and support needs. There was suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty. A new team leader had

commenced work in the centre in February this year and she was responsible for supporting the person in charge to manage the day to day service provision of this centre.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their roles, in addition, to mandatory training in fire safety management, Safe moving and handling, protection and positive behaviour management. There was also a range of policies, including all required Schedule five policies, to guide staff in the delivery of a safe and suitable service to residents.

The management team ensured that safe and effective recruitment practices were in place so that staff had the required skills, experience and competencies to carry out their roles and responsibilities. They ensured that all staff had undergone vetting as a primary safeguarding measure for ensuring that residents were safe and protected from abuse.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation, required for the renewal of the designated centre's registration, was submitted to the Office of the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time in this centre and had the required qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents, the statement of purpose, and the size and layout of the designated centre. Due to the changing needs of the residents staff support requirements will need to be kept under review in this centre.

Judgment: Compliant

Regulation 16: Training and staff development

The staff working in this centre had received all of the required training necessary to meet the needs of the residents. A number of staff had further training dates scheduled as part of their continuous professional development programme.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 21: Records

The provider had maintained records of the information and documents required in relation to staff as specified in Schedule 2

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that there was a contract of insurance against injury to residents and against other risks in the centre, including loss or damage to property. This document was made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in

place to govern the centre. The person in charge worked in the centre and shared her responsibilities between two designated centres. The person in charge had ensured there were robust management and oversight arrangements in place, such as, operational audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose as set out in Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had submitted written reports to the chief inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints procedure for residents, which was in an accessible and age-appropriate format and included an appeals procedure.

Judgment: Compliant

Quality and safety

The inspector found this was a well-managed and safe service and the provider had measures in place to ensure there were robust quality and safety procedures in place in this centre. The inspector reviewed the actions from the previous inspection and found they were complete. In addition, the inspector found that all of

the regulations this inspection were compliant.

The inspector found the policies and procedures in place in this centre had ensured that residents' well-being was promoted at all times and that they received a good quality service. Residents' received person centred care and support that allowed them to enjoy activities and lifestyles of their choice.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training for staff in the in the centre.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. There was a safeguarding policy and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect.

Monthly house meetings were held in the centre and this provided residents with the opportunity to express their views and preferences. The inspector noticed that staff discussed views and preferences with residents on an ongoing basis and this was evident in the minutes of house meetings and from discussions observed during the inspection.

Personal planning arrangements ensured that each residents' needs were subject to regular reviews both annually and more frequently if required. Recommendations from annual reviews and multidisciplinary supports were included in residents' personal plans to ensure a consistent approach to supporting their needs. Residents' personal plans were also formulated in an accessible version to increase residents' knowledge and understanding of their own goals for the coming year. The personal planning process ensured that sufficient supports were in place to assist residents in achieving their chosen goals.

The provider had ensured that residents had access to medical services to ensure that they received a good level of healthcare. All residents had access to allied health professionals including their general practitioner, who completed annual healthcare checks for each resident. Plans of care for good health were developed for residents' which identified their specific care needs and these needs were addressed as required.

Regulation 12: Personal possessions

Residents were supported to access and retain control of their personal property and possessions. Records were maintained of all residents personal possessions, including their finances.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured all residents had access to facilities to meet their occupational and recreational needs. Residents were supported to participate in activities in accordance with their interests, capacities and developmental needs and were supported to develop and maintain personal relationships and links with the wider community.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. Actions from the last inspection were complete. The interior of the premises had been renovated, including the hallway, residents' bedrooms and en-suites.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which outlined a summary of the services provided, the terms and conditions of their residency, and the arrangements for residents involvement in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that risk management arrangements were robust and were identified, monitored and managed effectively. These arrangements were reflected in staff practices and knowledge.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had infection control practices and procedures in place, to ensure that the residents were protected from the risk of infections.

Judgment: Compliant

Regulation 28: Fire precautions

Since the last inspection, the provider had implemented the recommendations of an independent fire expert which had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included internal renovations to the building, to ensure that a safe escape route was maintained as well as the installation of new fire doors. In addition, the provider had ensured that up-to-date servicing of all fire equipment, internal and external fire safety checks were completed by staff. Fire safety training had now been completed for all staff, fire evacuation drills and the review of individualised emergency evacuation plans for each resident had also taken place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was an up-to-date policy to guide staff. Residents' medication was securely stored at the centre and staff who administered medication received training in safe administration of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the resident or their representatives had taken place. Residents' personal goals were agreed at these meetings and short-term goals were developed at six monthly intervals. These were made available to residents in a user friendly format where required.

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 general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that each adult was protected from abuse and their safety and welfare was promoted.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' access to advocacy services was in place to support them choose where they live.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant