



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:	Unannounced
Date of inspection:	24 August 2022
Centre ID:	OSV-0002681
Fieldwork ID:	MON-0036521

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
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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
Wednesday 24 August 2022	09:00hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This inspection was completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the *National Standards for infection prevention and control in community services (HIQA, 2018)*.

The inspection was unannounced. On arrival at the centre, the staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering.

The inspector met and spoke with all residents, the staff member on the duty and the person in charge. On the morning of inspection, some residents were having breakfast, some were getting ready to go to day services, while others were relaxing in the sitting room. One resident was still in bed in line with their preferred daily routine.

Homevale Services comprises of one house which is a large detached two-storey house situated in a residential area close to a city. The centre is registered to accommodate up to four residents. Residents are accommodated in individual bedrooms and all have en suite toilet and shower facilities. There is an additional shared bathroom with a specialised bath on the first floor and an additional separate toilet and utility room on the ground floor. There is a separate sitting room, kitchen dining room, and a small relaxation room. There is a garden area to the rear of the house which can be accessed from the kitchen area. The garden had a large paved patio, lawn area and a variety of plants and shrubs. Some larger shrubs had recently been cleared from the garden and residents told the inspector how the area was now much better as a result. Staff advised that further improvement works were planned to the garden area. The inspector noted that the garden furniture was defective, rusted and needed to be replaced. There was a covered smoking shelter provided in the garden area which was used by residents who smoked. The ground floor area of the house had been suitably adapted to facilitate residents with mobility issues be independent in opening doors and appropriate grab-rails and handrails were provided. However, the wooden ramps provided at both the front door and rear patio doors were worn and defective, these along with the high door thresholds posed a difficulty and risk for a resident who used a rollator in accessing the outdoors independently.

The inspector noted that the external walls to the house had been recently repainted and new flooring had been provided to the kitchen area, however, many parts of the house were still in need of refurbishment and repainting. For example, the flooring to the wall/floor junctions and underneath of refrigerators in the kitchen area was not suitably finished, internal walls were in need of repainting, the stained carpet to the stairs was in need of replacement, defective skirting boards also needed to be replaced. Some of these issues had been previously raised by residents, were included as part of the improvement plan set out in the annual

review of the service and in the six monthly review completed by the provider. The person in charge advised that there was a plan to complete these improvement works, however, works had not yet been scheduled. While the house was generally found to be maintained in a visibly clean condition, some areas were noted to require more thorough and deep cleaning. Defective surfaces as described in the report were not conducive to effective cleaning and therefore impacted upon infection prevention and control in the centre. There were daily cleaning checklists in place which were being completed by staff, however, they did not include guidance on the type of cleaning to be undertaken, the method, products and equipment to be used.

Residents spoke about how they liked living in the centre, how they had been living together as a group for many years and continued to get on well with one another. They spoke about enjoying attending various events and outings together and were looking forward to going away on a mini holiday later in the summer. There were photographs displayed of residents enjoying recent outings together. Residents said that they loved the location of the house as it was near to a range of shops, hotels, post office, pharmacy, church and local bus stop. Residents described how they enjoyed using these local facilities and amenities, getting the daily papers from the local shop, attending weekly mass, going out for meals in local hotels and restaurants, visiting the library, collecting their medicines from the local pharmacy, going for regular walks in the locality and using public transport regularly to attend appointments, go on day trips and visit family and friends. Some residents mentioned how they enjoyed their independence and could come and go from the centre as they wished. They enjoyed getting their own breakfast and lunch, arranging and attending to their own appointments, completing cleaning tasks, doing their own laundry, helping out with other household jobs, deciding on the weekly shopping list and menus, assisting with grocery shopping and the preparation and cooking of meals. Other residents told the inspector how they enjoyed attending day services on the days of their choice and another enjoyed weekly day outings with a wheelchair organisation. Residents mentioned how they had recently enjoyed outings to the Galway Races, Fr. Teds House and were looking forward to attending a music concert at the weekend. Residents also mentioned how they enjoyed spending time relaxing in the house, reading the newspaper, watching television and completing word searches. Some residents had their own hand held computer tablets and showed the inspector how they used it to view their preferred sporting events on the large screen television.

There was a range of easy-to-read documents, posters and information supplied to residents in a suitable format. For example, easy-to-read versions of important information on COVID-19, infection prevention and control protocols including techniques for hand washing, cough etiquette and social distancing, as well as staffing information were made available to residents. There was evidence of on going consultation with residents through regular house meetings, at which issues such as COVID-19 updates, protocols for effective hand hygiene, cough etiquette and the use of face coverings were discussed. Residents spoken with were familiar with the public health guidance in place and were aware of their rights and choice of wearing face coverings while using public transport.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance and there were no restrictions in place. Residents told the inspector that they could meet with visitors in private if they wished. One resident was supported to visit and stay with her family every weekend and other residents regularly visited and met with family members. All residents had their own mobile telephones and maintained regular contact with friends and family.

There were stable staffing arrangements in place and staff were well known to the residents. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. Throughout the day, residents were observed enjoying the interaction and company of staff. There was a relaxed and friendly atmosphere in the house. Staff were observed to interact with residents in a caring, courteous and respectful manner. Staff were observed spending time and interacting warmly with residents, responding to and supporting their wishes.

It was evident from these inspection findings that staff saw infection prevention and control as central to their roles and, an integral part of providing safe, effective care and support for residents on a daily basis. The centre was generally found to be visibly clean, staff were seen to be diligent in performing hand hygiene and in wearing appropriate face masks.

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 provider generally met the requirements of Regulation 27 and procedures that were consistent with the *National Standards for infection prevention and control in community services (2018)*, however, some improvements were required in order to fully comply.

There were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection at the centre. The person in charge who worked full-time had overall accountability, responsibility and authority for infection prevention and control in the centre. There were clear management and reporting structures in place within the centre. The person in charge was supported in her role by the integrated services manager and regional manager. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The inspector found that the staffing levels and mix were in line with that set out in the statement of purpose. The staffing roster reviewed indicated that this was the regular staff pattern. Residents were aware of the three week rolling staff roster

pattern and knew what staff to expect on duty. The staff roster was also displayed on a kitchen wall chart so that residents could be reminded or check as to which staff were on duty. An additional staff member was rostered on some evenings to facilitate and support residents with grocery shopping and to attend activities and outings. However, there were no dedicated housekeeping staff, cleaning was the responsibility of all staff on duty. While staff on duty completed daily cleaning tasks, the person in charge confirmed that it was often challenging for staff to complete thorough and deep cleaning tasks to the required standards as there was normally one staff member of duty.

The management team had provided on going training for staff. There was a training schedule in place and training was scheduled on an on going basis. The training matrix reviewed identified that all full-time staff had completed mandatory training in various aspects of infection prevention and control, including hand hygiene, donning and doffing of personal protective equipment (PPE), respiratory hygiene and cough etiquette, breaking the chain of infection and food safety. However, there were no training records available for relief staff employed. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks. A review of the minutes of team meetings showed that various aspects of infection prevention and control were discussed including COVID-19 updates and protocols, use of personal protective equipment (PPE) and training were discussed.

Staff had access to a range of policies, protocols and guidance in relation to infection prevention and control including the *National Standards for infection prevention and control in community services (2018)*. The centre's infection prevention and control policy referenced standard operating procedures which outlined guidance for staff in a range of areas including hand hygiene, PPE, environmental hygiene, cleaning of equipment, safe handling of laundry, management of spillages including blood and bodily fluids, safe handling and management of waste and management of needle stick injuries.

While the centre was generally visibly clean, there was no documented comprehensive cleaning schedule in place to guide practice. The cleaning checklist in use did not guide staff in the frequency of cleaning, type of cleaning to be undertaken, the method, products and equipment to be used. Defective floor and wall surfaces in some areas of the house were not conducive to effective cleaning and therefore impacted upon infection prevention and control in the centre.

There was a COVID-19 folder available to staff which contained details of Health Service Executive (HSE) information updates relating to COVID-19. The person in charge advised that there was a immediate response plan in place but details of this plan were not available in the centre on the day of inspection. The HIQA self assessment preparedness, planning and infection prevention and control assurance framework document had been recently completed. The organisation had set up a COVID-19 response team who met regularly and reviewed outbreaks that had occurred in their centres. The outcome of these reviews were discussed with staff teams in order to share learning. The team had access to an infection prevention and control nurse specialist who had visited the centre and given advice to staff

during an outbreak earlier in the year.

The systems in place to monitor and review infection prevention and control in the centre required review. While an annual review and unannounced audits were being carried out twice each year on behalf of the provider, these reviews had not reflected upon infection prevention and control. The annual review for 2021 had identified that some maintenance issues and repainting of bedrooms required completion based on feedback from residents. Infection prevention and control had not been reviewed as part of the most recent six monthly audit, however, the action plan tracker had identified that maintenance issues were still outstanding.

Quality and safety

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The inspector found that the services provided in this centre were person-centred in nature and residents were well informed, involved and supported in the prevention and control of health-care associated infections. Each resident's well-being was promoted, independence and community involvement was encouraged.

It was clear that residents had been supported to understand why infection prevention and control precautions were in place and had been facilitated with opportunities to discuss and keep up-to-date with this matter. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. There were regular meetings with residents which included infection prevention and control items such as reminders and updates on the COVID-19. Staff and residents had viewed an information video on COVID-19. Residents also kept themselves informed and up-to date by watching news programmes on television and reading the daily newspapers. Residents told the inspector how they were happy to be involved in cleaning of their own bedrooms and spoke about the importance of keeping the house clean.

It was evident that staff understood the importance of infection prevention and control. They had a clear understanding of their roles and responsibilities which in turn informed their daily routines in protecting residents from preventable healthcare-associated infections. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks in line with current public health guidance.

Residents' health, personal and social care needs were assessed. The inspector reviewed a sample of residents files and noted that care plans were in place for all identified issues. Residents had regular and timely access to general practitioners (GPs) including out of hours service and to health and social care professionals. A review of residents files showed that residents had been referred and recently assessed by a range of allied health professionals including chiropody, psychology, physiotherapy, occupational therapy (OT), dentist and optician. One resident had

been referred to the speech and language (SALT) therapist and was waiting on a review. However, residents did not have an up-to-date hospital passport to ensure that important and useful information specific to each resident was readily available in the event of them requiring hospital admission.

Residents were supported to access vaccination programmes and national screening programmes. Residents had availed of the COVID-19 and influenza vaccine programmes as well as having attended breast checks, bowel and bone density screenings.

As discussed earlier in the report, some areas of the house required repair and maintenance to ensure surfaces were conducive to effective cleaning and to enhance infection control. These areas included some damaged walls that required repair and repainting, flooring at the wall/floor junctions and underneath of refrigerators in the kitchen area was not suitably finished to facilitate effective cleaning, the heavily stained carpet to the stairs was in need of replacement, defective skirting boards and outdoor furniture also needed to be replaced.

While the house was generally found to be maintained in a visibly clean condition, some areas were noted to require more thorough and deep cleaning. For example, the staircase and adjoining walls were stained and coated in grime, the areas underneath the refrigerator and freezer units in the kitchen showed lack of regular thorough cleaning, and cobwebs were noted in the utility room. There was insufficient guidance in place to direct thorough cleaning and disinfection of the facility. While the cleaning checklist in place listed areas of the centre that were to be cleaned on a daily basis, it did not include all areas and all equipment to be cleaned and or disinfected. It did not include guidance on the frequency of cleaning, the type of cleaning to be undertaken, the method to be used or the products and equipment to be used. Improvements were required to the storage of cleaning equipment such as mop buckets which at the time of inspection were being inappropriately stored in a shower unit adjacent to a toilet. Systems in place for the laundering of soiled floor mop heads also required review. At the time of the inspection mop heads were being washed along with kitchen dish clothes contrary to good practice in infection prevention and control.

Regulation 27: Protection against infection

The provider generally met the requirements of Regulation 27 and had developed policies and guidance which were consistent with the *National Standards for Infection Prevention and Control in Community Services (HIQA, 2018)*. All full-time 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.

Residents well-being was promoted, independence and community involvement was supported and encouraged. Residents were found to be in receipt of good health care and had timely access to GP's, allied health services and vaccination programmes. Residents were consulted with, well informed, involved and updated

regarding infection prevention and control guidance.

While there was evidence of good practice in relation to infection prevention and control noted in some areas, improvements were required to the oversight, monitoring and review of infection prevention and control in the centre. For example, areas identified as requiring repair and maintenance to ensure surfaces were conducive to effective cleaning and to enhance infection control had not been addressed. Oversight was also required to ensure that staff training records were available for all staff, to ensure COVID -19 contingency plans were accessible to staff, to provide guidance for staff in the thorough cleaning and disinfection of the facility and to ensure that the storage of cleaning equipment and laundering of cleaning equipment were in line with good practice in infection prevention and control.

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Homevale OSV-0002681

Inspection ID: MON-0036521

Date of inspection: 24/08/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Kitchen repairs will be finished by 30.09.22, including skirting boards. • Internal painting commenced 12.09.22, this is due to be completed by 30.09.22. • Rusted outdoor furniture will be removed by 16.09.22. • Defective flooring not conducive to proper cleaning will be replaced by 31.12.22. • Hallway carpet will be replaced this will be completed by 31.10.22. • A deep clean of the house will be scheduled after works completed, it is expected that this will be completed by 30.11.22. • Daily cleaning rota has been amended to refer to methods, products and equipment to be used and this is now available to all staff. The rota also now clearly outlines frequency of cleaning. Additional laundering guidance has also been put in place. • Improvement to the storage of cleaning equipment was have been implemented, this was completed on 12.09.22. • Relief Staff members training records will be added to training records for the service, this will be completed by 30.09.22. • Covid plans are now available in the Covid folder. <p>Hospital passports are now readily available for all residents.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/12/2022