



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

## Issued by the Chief Inspector

Name of designated centre:	Rea Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	10 February 2025
Centre ID:	OSV-0005029
Fieldwork ID:	MON-0037556

## About the designated centre

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

Rea services provide full-time residential care and support for up to six adults with a disability. The centre comprises of two houses both located in a rural setting. One of the houses is a single storey building which has three self-contained apartments, two of the apartments are occupied by residents with the third being used as staff accommodation. Each of the residents' apartments contains a bedroom, bathroom, kitchen diner and sitting room. The second house is a dormer style, two storey house which has four self-contained resident apartments. Three of the apartments have a bedroom, bathroom, kitchen, dining and sitting room facilities. The fourth apartment has its own bedroom, bathroom and separate sitting room, with access to the centre's main kitchen. Residents are supported by a team of social care workers in each house and staffing levels are directed by residents' assessed needs. Residents in both houses are supported by overnight sleeping staff, who are available to provide assistance if required during the night. In addition, the provider has arrangements in place to provide management support to staff outside of office hours, weekends and public holidays.

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

Number of residents on the date of inspection:	5
--	---

## How we inspect

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 10 February 2025	09:15hrs to 16:30hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was an announced inspection, carried out following receipt of an application to the Chief Inspector of Social Services to renew registration of the centre, to monitor compliance with the regulations and to follow up on non-compliance's identified at the last inspection. Rea Services consists of two houses both located in rural areas but close to a number of towns and villages. At the time of inspection, there were three residents accommodated in one house and two residents in the other house, all residents were accommodated in individual self contained apartments. One resident had recently moved into the centre having transitioned from another designated centre. Both houses were visited as part of this inspection.

The inspection was facilitated by the team leaders, person in charge and area manager. The inspector also got to speak with a number of staff throughout the day. The local management team advised that while residents were generally in good physical health, some had declining mobility issues, one was a full-time wheelchair user and all required supports in managing behavioural issues. The inspector met and spoke with all five residents and also reviewed three completed questionnaires which had been completed in advance of the inspection that outlined their views on what is like to live in the centre. The residents living in both houses were welcoming, engaging and able to express their views. All residents mentioned that they were happy, content in their environment and had choices in how they spent their days.

Both houses had been extensively renovated over the past year. Issues identified at the previous inspection in relation to the premises and infection, prevention and control had been addressed. All six apartments had been refurbished to a high standard. Residents spoken with confirmed that they were happy with the recent upgrading and refurbishment works to their apartments, stating that they really liked their apartments. Residents appeared proud to show the inspector around their apartments and some mentioned how they liked to keep them clean and tidy. Apartments were found to be bright, spacious and visibly clean. Renovation works completed included new kitchens and appliances, new flooring, new fire doors, repainting, upgrading of all bathrooms and laundry facilities and provision of new furniture and soft furnishings. The provider had considered the layout and design of individual apartments to better meet the support needs of some residents. For example, some bedrooms had been provided with doors which allowed for evacuation directly to an outside area in the event of fire and another had been designed to meet the needs of a resident using a wheelchair. Extensive works had also been completed to the external areas in one of the houses including the provision of new ramps and pathways to ensure that all residents could easily access the garden areas.

The staff team were knowledgeable, observed to be professional and caring towards the residents that they supported. There was a positive, calm and respectful atmosphere in the centre. The staff team were observed to engage in open

conversations with residents and there was regular banter witnessed between the residents and staff. Residents spoken with told the inspector how they had good relationships and enjoyed the company of staff supporting them. A resident who had recently moved into the centre advised that they were still getting used to their new living arrangements and still getting to know staff but were happy and settling in well.

Throughout the day, residents were observed following their own routines, getting up when they wished, relaxing in their apartments, listening to music, watching television, having their meals and snacks, interacting with staff in a familiar way and getting ready at their own pace to go out on planned activities. Each resident had their preferred daily and weekly activity schedule documented in a suitable format.

Residents were supported to engage in meaningful activities that they enjoyed. Residents spoken with told the inspector that they enjoyed a variety of activities and were able to get out and about and to go places of their choice on a daily basis. Some activities were planned in line with agreed care and support protocols which included the avoidance of crowded environments. Residents were supported to do both their personal and food shopping, as well as go on walks and visit places of interest they enjoyed. On the day of inspection, some residents went for drives and walks, some went for their daily take away coffee, one attended their weekly rebound therapy session, others went for their daily grocery food shopping and another resident went to visit a family member. Residents reported that they regularly enjoyed eating out, getting take away meals and some reported going for a weekly pints of Guinness. Others mentioned how they enjoyed going to the cinema, going bowling, going swimming, attending sporting events and going on short holiday breaks. One resident spoke about having recently enjoyed attending a six nations rugby game in the Aviva stadium in Dublin. Others were looking forward to a planned holiday at Centre Parcs. Another resident partook in weekly activities with the Irish Wheelchair association. There were five vehicles available for use by residents living in the centre. Residents also mentioned how they enjoyed spending time relaxing in their apartments, including watching their favourite sporting channels on television, watching their favourite DVD's, listening to music, making their own tea or coffee, playing games on the laptop, colouring, baking and some enjoyed completing household tasks. Others enjoyed spending time outside, for example, one resident enjoyed feeding the birds while another enjoyed spending time on the large wooden swing.

Visiting to the centre was being facilitated in line with national guidance. Each resident had their own living space to meet with visitors in private if they wished. Some residents were supported to meet family members outside of the centre, some regularly visited family members at home and stayed overnight. One resident was planning a trip to England later in the year to visit a family member living there. All residents were supported to maintain contact through regular phone calls with family members. Other residents were supported to visit family graves which was of great importance to them.

Throughout the inspection, it was evident that staff continually strived to ensure that the care and support provided to residents was person-centred in nature and

that they prioritised the wellbeing, autonomy and quality of life of residents. It was clear from observation in the centre, conversations with residents and staff, and information reviewed during the inspection, that residents had a good quality of life and had choices in their daily lives.

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 were effective governance and management arrangements in place that were accountable for the delivery of the service. The findings from this inspection indicated a well managed service. Issues identified at the previous inspection had been fully addressed. The provider had continued to invest in the properties, extensive refurbishments and renovations had been completed to both houses.

There was a clearly defined management structure with clear lines of accountability. A new person in charge had been recently appointed and was still in the process of getting to know residents and the service. They worked full-time, were an experienced manager and suitably qualified for the role. They were supported by the area manager and team leaders in both houses. 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 provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents, statement of purpose and the size of the designated centre. The inspector noted that there were adequate staff on duty to support the residents on the day of inspection. The staffing rosters reviewed for 26 January 2025 to 22 February 2025 indicated that a team of consistent staff was in place. The roster clearly set out the staff on duty including their roles.

Training was provided for staff on an ongoing basis. There was a training schedule in place for 2025. The training matrix and training records reviewed identified that staff had completed all mandatory training. Additional training had also been provided to staff to support them in their roles.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The area manager advised that the annual review for 2024 was currently in progress and was due to be completed once the feedback survey from families had been returned. Unannounced audits were being carried out twice each year on behalf of the provider. Actions as a result of these reviews such as the renovation works to the premises had been completed and a new vehicle had been provided to support a resident attend events and activities in the community.

Regular reviews of identified risks, infection prevention and control, medicines

management and errors, accidents and incidents, fire safety, staff training, personal outcomes, residents finances, complaints and restrictive practices were carried out regularly by the local management team. The person in charge advised that they planned to meet staff on a regular basis to discuss identified risks, share information and learning and to facilitate staff to have discussions or raise concerns about the service.

#### 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 as required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge had been recently appointed to the role. They were found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. They were knowledgeable regarding their statutory responsibilities and showed a willingness to comply with the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the residents in the centre. There had been a team leader appointed in each house. While team leaders covered shifts on the floor, they had also been allocated 10 hours per week to their operational administrative roles. The inspector found that the staffing levels were in line with levels set out in the statement of purpose and a full complement of staff were available. There were consistent and stable staffing arrangements in place. The staffing rosters reviewed for the weeks 26 January 2025 to 22 February 2025 indicated that a team of consistent staff was in place.

Judgment: Compliant



<b>Regulation 16: Training and staff development</b>
<p>The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them to safely meet the support needs of residents including various aspects of infection prevention and control, feeding eating and drinking guidance, administration of medications and safe use of transport.</p>
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
<p>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 residents and their representatives. The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of the residents.</p>
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
<p>The inspector reviewed the statement of purpose recently submitted with the application to renew registration of the centre. It was found to contain the prescribed information as set out in Schedule 1 of the Regulations, however, it required updating to reflect the recent changes to the management arrangements in the centre. The person in charge undertook to submit an updated statement of purpose following the inspection.</p>
Judgment: Compliant
<b>Quality and safety</b>

Staff were committed to promoting the rights and independence of residents and ensured that they received an individualised safe service. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis. Questionnaires completed by residents, as well as, conversations with residents indicated that they liked living in the centre, they continued to make choices about what they did every day, were happy with the staff supporting them as well as feeling safe living in the centre.

The inspector reviewed the files of three residents. Most files were now being maintained on a computerised documentation system. A range of risk assessments had been completed and care and support plans were in place for all identified issues. Support plans were found to be comprehensive, informative, person-centred and had been recently reviewed. Residents had access to general practitioners (GPs), an out of hours GP service, as well as, timely access to a range of allied health services.

The provider and local management team 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. The management and staff team continued to promote a restraint-free environment. There had been a further reduction in environmental restrictive practices in use and work was ongoing with a view to further reducing other restrictions. All residents had been involved in completing fire drills and fire drill records reviewed by the inspector indicated that there had been no issues in evacuating the building in a timely manner.

#### Regulation 10: Communication

All residents were able to communicate verbally and express their views. The provider had ensured that residents had access to appropriate media including televisions, the Internet and newspapers. One resident had their own mobile telephone while all residents had access to the house telephones.

Judgment: Compliant

#### Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their families. There were no restrictions on visiting the centre. There was adequate space available for residents to meet with visitors in private if they wished.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents continued to be involved in activities and tasks that they enjoyed in the centre and in the local community. The centre was close to a range of amenities and facilities in the local area and nearby towns. From conversations with residents 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 spoken with confirmed that they had the opportunity to get out and to go places or attend activities of their choice on a daily basis.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met resident's individual needs. All residents were accommodated in individual self-contained apartments. All apartments had been extensively renovated and refurbished to a high standard over the past year. Each apartment had a large living room, kitchen/dining area and bedroom with en suite shower facilities. The apartments were individually decorated and personalised in line with resident preferences. Some bedrooms had been provided with double doors opening to external areas to better facilitate evacuation in the event of fire and another apartment had been designed to meet the needs of a resident using a wheelchair. Extensive works had also been completed to the external areas in one of the houses including the provision of new ramps and pathways to ensure that all residents could easily access the garden areas.

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. All residents had a recently updated personal emergency evacuation plan in place. Fire drill records reviewed by the inspector indicated that all residents could be evacuated safely in the event of fire. There were regular reviews of incidents, medication management, restrictive practices as well as infection prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice. The

management team advised that they planned to discuss and review their emergency plan following the outcome and learning from the recent storm.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections. There was evidence of good practice in relation to infection prevention and control. Issues identified at the previous inspection had been addressed. There was a colour-coded cleaning system and a documented cleaning programme being implemented at the centre. Records of cleaning were being maintained and overseen by the team leader in each house. A new well equipped utility and laundry room had been provided in one of the houses and laundry facilities had been upgraded in the other house. Suitable facilities were provided for the storage of cleaning equipment. The building, environment and equipment were found to be visibly clean and well maintained. Recent refurbishments to kitchens, flooring, surface finishes, bathroom and laundry facilities had greatly enhanced infection prevention and control in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety management systems in place. Daily and weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills of both day and night-time scenarios were taking place involving all staff and residents. Fire drill records reviewed by the inspector indicated that there had been no issues in evacuating residents in a safe and timely manner. Recent refurbishments to the premises including the provision of new fire doors and new exit doors from some bedrooms, as well the installation of a fire alarm repeater panel on the first floor in one of the houses further enhanced fire safety management in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care

plans were developed, where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. Staff spoken with were familiar with and knowledgeable regarding the assessed needs of residents. The inspector reviewed a sample of three residents' files. There were individual risk assessments, as well as, care and support plans in place for all identified issues including specific health care needs. There was evidence that risk assessments and support plans were regularly reviewed. Personal goals were clearly set out for residents including evidence of review meetings and progress updates.

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), medical consultants and health and social care professionals. A review of three residents' files indicated that residents had been reviewed by the GP, psychologist, behaviour therapist, speech and language therapist, physiotherapist, occupational therapist, dentist, optician and chiropodist. Records also showed that guidance from health care professionals was available to inform and guide staff in the designated centre. Residents were also supported to avail of vaccine and national screening programmes.

Each resident had an up-to-date hospital and communication passport which included important and useful information specific to each resident, in the event of their requiring hospital admission.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents that required support with behaviours were being responded to appropriately, had access to specialists in behaviour management and written plans were in place. Residents had timely access to supports from the behaviour support therapist and psychologist. All staff had received training in order to support residents manage their behaviour. The local management team advised that there were a low level of incidents relating to behaviours. They attributed that to staff knowledge in following the guidance and behaviour support protocols, to staffing arrangements and skill-mix of staff, and to the individual living environments all of which had resulted in positive outcomes for residents.

Where behavioural supports warranted the need for a recommended restrictive practice, this was agreed through the provider's human rights committee. Restrictive practices in use continued to be reviewed and discussed regularly with a view to reducing same. The local management team outlined how some restriction's were no longer in use and of plans in place to reduce others on a trail basis.
Judgment: Compliant
Regulation 8: Protection
Due to the assessed needs of residents at the centre, safeguarding arrangements were comprehensive in nature and subject to regular review. Staff were knowledgeable on all agreed protocols and had access to up-to-date training to ensure their knowledge reflected current health and social care practices. A photograph and the contact details of the designated safeguarding officer was displayed. Residents had been provided with easy read versions of safeguarding information. The local management team advised that there were no safeguarding concerns at the time of inspection.
Judgment: Compliant
Regulation 9: Residents' rights
<p>The local management and staff team supported residents to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a respectful manner and residents spoke highly of staff supporting them.</p> <p>Information on human rights was displayed on the notice board. There was evidence of ongoing consultation with residents, on a daily basis, and individually at regular key working sessions. 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. Residents could attend religious services if they wished and some attended local churches. Residents had access to their money and were supported to manage their own finances.</p>
Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
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
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant