



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

## Issued by the Chief Inspector

Name of designated centre:	Alder Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	28 April 2021
Centre ID:	OSV-0004060
Fieldwork ID:	MON-0032223

## About the designated centre

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

Alder Services is a service run by Ability West. The centre provides residential and respite services for up to 10 male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre is two adjoining two-storey houses in a residential area on the outskirts of Galway city, where residents have their own bedroom, some en-suite facilities, sitting rooms, kitchen and dining area, utility, staff offices and garden area. Staff are on duty both day and night to support the residents who avail of this service.

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

Number of residents on the date of inspection:

5

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
Wednesday 28 April 2021	09:40hrs to 12:40hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This is a centre that very much ensures residents are provided with the care and support that they require. All efforts were made by staff to ensure residents have multiple opportunities to engage in activities of interest to them, in accordance with their capacities and assessed needs. Overall, this is a centre that prioritises the needs of residents in all aspects of the service delivered to them.

The purpose of this inspection was to monitor compliance with the regulations. The centre comprised of two houses adjacent to each other, with one house providing residential care for five residents and the other house providing respite care for up to five residents. Since the introduction of public health safety guidelines, the provider revised the service provision of this centre and the service now operates at a lower bed capacity in terms of its respite service.

The five residents who lived together had done so for many years and got on very well together and the inspector had the opportunity to meet with them. Upon the inspector's arrival to the centre, some of these residents were having their breakfast before leaving for their day service, some were doing cross words and others were watching television. One resident brought the inspector upstairs to see her bedroom, which was tastefully decorated. This resident showed the inspector a number of photographs that were displayed in her bedroom, some of which were of a fashion show that she had taken part in with her peer a number of years ago. This resident told the inspector that she had her own en-suite and liked having her own television and armchair in her bedroom to use as she wished. The inspector was also invited by another resident to also see her bedroom, which was laid out in a manner that meet her falls prevention needs. This resident liked to display memorabilia and other items of interest to her and staff had provided additional storage arrangements in order for her to safely do so. Another resident spoke with the inspector of her involvement in a local drama group and of the opportunities it had given her over the years.

Staff who were on duty spoke briefly about the active lifestyles that these residents had led, prior to the introduction of public health safety guidelines. Since then, much effort was made by staff to come up with alternative activities that these residents could engage in, including, afternoon tea evenings, mocktail making, cinema nights, seasonal activities and events, cooking and various walks and drives in the local area. Residents had maintained memory books of the last years activities and one resident brought out her books to show the inspector the various activities that she had been involved in. For many of these residents, their day service was now occurring in the comfort of their own home and the person in charge stated that residents had adapted very well to this change in routine.

The centre comprised of two houses located adjacent to each other on the outskirts of Galway city. Residents had their own bedroom, some en-suite facilities, shared bathrooms, sitting rooms, kitchen and dining areas, utilities, staff offices and access

to spacious garden areas. Both houses were tastefully decorated and had comfortable furnishings and seating available to residents in all living areas of the centre. Furnishings were in a good state of repair and the general decoration and personal touches of the house gave it a warm and homely feel.

Much effort was made by the person in charge and staff to ensure residents were as involved as possible in the planning of their care and running of their home. This was primarily done through effective daily engagement between residents and the staff members supporting them. Due to the suitability of this centre's staffing arrangement, residents at all times had access to the level of staff support that they required, which had a very positive impact on their social care needs.

In summary, the inspector found that residents' rights were very much promoted and respected. Residents' safety and welfare were also paramount to all systems and arrangements that the provider had put in place in this centre. The provider ensured that they were supported and encouraged to choose how they wished to spend their time and that they were as involved as much as possible in the running of their home.

## Capacity and capability

This was a well-run and well-managed service, which ensured residents received and safe and good quality of service. Since this centre's last inspection in November 2019, the provider made improvements to governance and management arrangements, to the premises and management of complaints. However, this inspection did identify some minor improvements were required to aspects of risk management, fire safety, health care and medication management.

The person in charge held the overall responsibility for this service and she was based full-time at the centre, which allowed her to regularly meet with staff and residents. She knew the residents and their needs very well and was also familiar with the operational needs of this service. She was supported by her line manager and staff team in the running and management of this centre. This was the only designated centre operated by the provider in which she was responsible for and current arrangements gave her the capacity to effectively oversee and manage this service.

Due to the respite aspect of this service, this meant that staffing levels were subject to regular review by the person in charge and adequate arrangements were in place, should additional staff be required to support the service. Many of the staff working at this centre had supported these residents for a number of years and were very familiar with their assessed needs. This had a very positive impact for residents as it ensured that they were always supported by staff who knew them well. Where newly recruited were appointed to this service, an induction programme was in place to support these new staff members to get to know these residents and their needs prior to working directly with them. Effective training arrangements were

also in place to ensure staff received refresher training, as and when required. In addition to this, all staff were subject to regular supervision from their line manager. At the time of inspection, the person in charge was in the process of scheduling her next supervision meeting with her own line manager.

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. Six monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, action plans were put in place to address these. In addition to this monitoring system, the person in charge was also conducting a number of regular internal audits to review areas such as medication management, residents' finances and health and safety. The person in charge met with staff on a regular basis to discuss any concerns regarding the care and welfare of residents. She also maintained regular contact with her line manager to discuss any operational issues relating to the quality and safety of service delivered to residents.

#### Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider had successfully submitted an application to renew the registration of this designated centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and she had the required qualifications and experience required by the regulations for her role. She was regularly present at the centre and current support arrangements gave her the capacity to effectively manage this centre.

Judgment: Compliant

#### Regulation 15: Staffing

Due to the nature of this service, the centre's staffing arrangement was subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to support residents. A planned and actual roster was in place which clearly identified each staff member and their start and finish times worked at the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Effective staff training arrangements were in place, ensuring staff had up-to-date training in all mandatory areas. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced in terms of equipment, staffing and transport. Suitable arrangements were in place to ensure staff and the person in charge regularly had opportunity to discuss residents' care needs. Furthermore, the person in charge maintained regular contact with her line manager to ensure all operational matters were discussed. Six monthly provider-led audits were occurring and where improvements were identified, time bound action plans were put in place to address these. In addition to this, the person in charge was also conducting regular audits of various aspects of the service.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place for the identification, reporting and response to incidents occurring at the centre. This system also ensured that the Chief Inspector of Social Services was notified of incidents, as required by the regulations.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the provider had various effective systems in place to support the quality and safety of care that these residents received.



Residents' needs were subject to regular re-assessment which meant that any changes to residents' needs were quickly identified and responded to. For example, in response to recent falls experienced by one resident, the provider had ensured their needs in this area were re-assessed and at the time of inspection, the person in charge was in the process of updating this resident's personal plan to ensure staff were guided on their responsibility in ensuring this resident was maintained safe when mobilising. Similar arrangements were in place for residents with assessed health care needs, with clear protocols in place guiding staff on what to do should the health status of these residents change. Although staff were very responsive to residents health care needs, some improvement was required to ensure personal plans were in place to guide them in doing so, particularly in the area of pain management.

Effective systems were in place for the identification, assessment, response and monitoring of risk at the centre. Where incidents occurred, these were subject to immediate review by the person in charge, which meant that risk was quickly responded to. However, some improvement was required to the overall assessment of risk at this centre. In respect of many risk assessments that were reviewed by the inspector as part of this inspection, for the most part, improvement was required with regards to hazard identification, identification of control measures put in place to mitigate against these risks and accuracy in the overall risk rating. For example, for one resident who was identified at risk of falls, there were multiple risk assessments that looked at similar aspects of this residents' falls management, however; there was no consistency in the overall risk-rating afforded, which impacted on the provider's ability to clearly identify the level of risk posed to this resident. Furthermore, although organisational risks were monitored through the centre's risk register, some risks which were monitored on an on-going basis by the person in charge were not always supported by this system. For example, although the person in charge was continually monitoring risks relating to this centre's staffing arrangement, there was no supporting risk assessment in place to support her in her on-going review of this area.

Fire safety precautions were subject to regular review by the provider, including, fire detection and containment arrangements, fire safety checks and emergency lighting arrangements. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre. Due to the respite nature of this service, the person in charge had a system in place to ensure all residents who availed of respite took part in regular fire drills. At the time of inspection, she was also in the process of reviewing how these fire drills were conducted to ensure the outcome captured all eventualities, should a fire occur at the centre. Although there was a fire procedure available at the centre, it required review to ensure it gave guidance to staff on what to do, should the downstairs fire exits become inaccessible to those residing in upstairs accommodation. Furthermore, some residents personal evacuation plans required review to ensure these gave clear guidance to staff on the level of support each would required to safely evacuate the centre.

The provider had ensured that procedures were in place to support the safe prescribing, administration and storage of medicines at this centre. However, upon

review of one resident's prescription records, the inspector identified improvement was required to the prescribing of as-required medicines to ensure these gave clear guidance to staff on their indications for use.

Positive behaviour support was very much promoted at this centre, with behaviour support plans available to staff to guide them on how best to support these residents. In addition, staff were supported by a multi-disciplinary team, should further reviews or interventions be required. There were some restrictive practices in use at this centre and these were subject to on-going assessment and multi-disciplinary review to ensure the least restrictive practice was at all times used.

Since the introduction of public health safety guidelines, the provider put a number of measures in place to maintain the safety and welfare of staff and residents. Along with a change in service provision where the centre was now operating at a lower bed capacity, regular temperature checks were occurring, social distancing was practiced and staff wore appropriate PPE when supporting residents. The provider had contingency plans in place in response to an outbreak of infection at this centre, which included arrangements should residents require isolation as well as the response to decreasing staffing numbers.

#### Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured that these residents were adequately supported to express their wishes.

Judgment: Compliant

#### Regulation 17: Premises

The centre comprised of two premises and both were located within very close proximity to each other. Each house provided residents with their own bedroom, some en-suite facilities, shared bathrooms, sitting rooms, kitchen and dining area, utilities, staff offices and spacious garden area. Both houses were maintained to a high standard and provided residents with a comfortable living environment.

Judgment: Compliant

#### Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and monitoring of risk at this centre. However, some improvement was required to the

assessment of risk to ensure risk assessments accurately described hazard identification, the specific controls put in place to mitigate against the risk and accuracy in the risk-rating. Furthermore, although the person in charge was regularly monitoring specific organisational risks, some of these were not supported by a risk assessment, for example, the monitoring of risks relating to the centre's staffing arrangement

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider put a number of measures in place to ensure the safety and welfare of residents and staff. Regular temperature checks, social distancing and hand hygiene were in place. Contingency plans were also available to staff, should an outbreak of infection occur at the centre and these were subject to regular review by management.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had effective fire safety precautions in place with regards to regular fire safety checks, regular fire drills, fire detection and containment arrangements and internal and external emergency lighting. Although there was a fire procedure available at the centre, it required review to ensure it gave guidance to staff on what to do, should the downstairs fire exits become inaccessible to those residing in upstairs accommodation. Furthermore, some residents personal evacuation plans required review to ensure these gave clear guidance to staff on the level of support each would required to safely evacuate the centre.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the safe prescribing, administration and storage of medicines. However, some improvement was required to prescription records to ensure that where residents were prescribed as-required medicines, that the indication for use was clearly documented.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The provider had robust systems in place to ensure that residents' needs were subject to regular re-assessment and that clear personal plans were put in place to guide staff on how to support residents with their needs.

Judgment: Compliant

### Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that these residents received the care and support they required. Residents also had access to a variety of allied health care professionals, as and when required. Although staff were very responsive to residents assessed health care needs, some improvement was required to ensure personal plans were in place to guide them in doing so, particularly in the area of pain management.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured that these residents received the care and support that they required. There were some restrictive practices in use at this centre and these were subject to regular assessment and multi-disciplinary review.

Judgment: Compliant

### Regulation 8: Protection

The provider had adequate arrangements in place to support staff in the identification, reporting, response and monitoring of any concerns relating to the safety and welfare of residents. All staff had received up-to-date in safeguarding. There were no safeguarding concerns in this centre at the time of inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensured that residents' rights were very much promoted at this centre. The operations of this service were led by residents' needs and wishes and the provider ensured suitable resources and systems were in place to allow each resident to be part of the running of their home.

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>	
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 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Alder Services OSV-0004060

Inspection ID: MON-0032223

Date of inspection: 28/04/2021

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Risk register and associated risk assessments have been reviewed and updated with hazards more clearly defined. Risk ratings were also reviewed and reduced in some cases, considering control measures in place. This was completed on May 13th, 2021.</p> <p>The centre staffing arrangements also included in the Risk Register with corresponding risk assessment now in place. This was completed on May 13th, 2021.</p> <p>The Person in Charge will attend a training session on Risk Management, to include hazard identification, identification of control measures to mitigate against the risks and review of overall risk ratings. This will be completed by May 31st 2021.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Centre Emergency Evacuation Plan for the service has been reviewed and updated to include clear guidelines regarding the process in place should any fire exits become inaccessible to those residents upstairs or downstairs. Personal Emergency Evacuation Plans (PEEPs) for the five residents in the service have been updated and include level of support required to safely evacuate in the event of a fire. PEEPs for respite service users being updated on a phased basis as they come in for respite. As some respite service users are not availing of respite until they are fully vaccinated against Covid 19, review of all PEEPs will be completed by 31/8/21.</p>	



Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Cardex for service user who has been prescribed PRN pain medication is being reviewed and will be updated stating indication for use. This will be completed by May 31st, 2021. Cardex's for other service users will be reviewed and updated on a phased basis as per Cardex review timescale, to include clearly defined use for PRN medication. These will all be completed by August 2nd, 2021.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>A Pain Management Plan is being drawn up for one service user who is prescribed regular PRN medication. This will be signed off by all staff working with the service user. This will be completed by May 31st 2021.</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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/05/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/08/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a	Substantially Compliant	Yellow	20/05/2021

	prominent place and/or are readily available as appropriate in the designated centre.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	02/08/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/05/2021