



Office of the Chief Inspector

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

Name of designated centre:	Alpine Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	28 August 2019
Centre ID:	OSV-0004069
Fieldwork ID:	MON-0023375

About the designated centre

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

Alpine Service provides respite care to 5 male and female people with an intellectual disability who require a support level ranging from minimum to high, and who are over 18 years of age. The service provides planned, short-term, recurrent respite breaks of varying durations. The centre is a large, well-equipped building linked to a day service in a rural town. All residential accommodation is on the ground floor of the building, and residents have their own bedrooms during respite breaks. The centre is centrally located and is close to amenities such as shops, restaurants, a church, and pharmacy service. Residents are supported by a staff team which includes the person in charge, social care workers and care assistants. Staff are based in the centre when residents are present and a staff member remains on duty at night to support residents. The person on charge is based in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 - 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
28 August 2019	10:00hrs to 19:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with four people who were taking respite breaks in the centre on the day of inspection, and some residents discussed these respite breaks. These residents told the inspector that they felt well cared for and safe while in the centre, that they trusted the staff, and that they enjoyed good access to activities of their choice. They further stated that they loved spending respite breaks there. Residents told the inspector about their planned activities for the stay. A resident explained how these were planned with staff at the start of each break, and that their preferred activities were always arranged. Although some residents did not have the communication skills to speak with the inspector, it was very evident that they were happy and comfortable being at the centre, and were very much enjoying the activities that they were taking part in.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who took respite services in this centre.

There was a clearly defined management structure, and there were systems in place, such as audits and staff training, to ensure that the service was provided in line with residents' needs and that residents were safe. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of care and support being provided to residents. Unannounced audits of the centre's practices were being carried out twice each year by members of the management team. Audit records showed a high level of compliance with the regulations. Any required improvements had been identified, and had been addressed. Annual reviews of the care and support provided at the centre were also being carried out.

The person in charge, who was based in the centre, was responsible for the overall management of the centre and was well known to the residents. There were management cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had allocated sufficient staff to the centre to support residents' assessed needs and activity choices. These staff had received training relevant to their roles and were knowledgeable about residents' care and support needs. During

the inspection, staff demonstrated a strong knowledge of residents' preferences and care needs and these were being supported in a person-centred way.

There was a suitable process to manage complaints. There had been a low level of complaints in the centre, although there were policies and practices to ensure that any complaints would be suitably recorded, investigated and resolved.

The provider had ensured that the records and documentation required by the regulations, such as service agreements, a statement of purpose, and fire safety records, were being maintained and were available in the centre. However, the service agreement required review to ensure that it reflected the service to be provided to each respite user.

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

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge was based in the centre and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection, and a review of the planned and actual rosters indicated that suitable staffing levels were being maintained.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had access to, and had received, appropriate training, including mandatory training, as part of a continuous training and development programme.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up-to-date. Records were maintained in a clear and orderly fashion and were suitably stored.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the fees to be charged, what was included in the fees and most of the required information about the service to be provided. However, some details of the service to be provided to each resident were not shown in sufficient details and were, therefore unclear.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and up-to-date copies of the statement were available to residents and their families.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There had been active complaints in the centre and any previous complaints had been suitably managed and resolved.

Judgment: Compliant

Quality and safety

Residents received person centred care that supported them to be involved in activities that they enjoyed while availing of respite breaks. This ensured that each resident's well-being was promoted at all times and that residents were kept safe.

Personal plans had been developed for all residents and were based on each resident's assessed needs. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were planned. These meetings were attended by residents, their families, day service staff, and staff from the designated centre. As respite users were based in the centre at limited times their goals were developed by day service staff in conjunction with respite staff, residents' families and multidisciplinary team, and these plans were supplied to the designated centre. The personal planning process ensured that residents' social, health and developmental needs were identified, and that supports were put in place to ensure that these were met. As residents' stays in this centre were for short breaks, their goals and plans were primarily supported by their families and day service staff, although designated centre staff also supported these assessed needs and plans during respite stays.

The management team had taken measures to protect residents from harm and to keep them safe. 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 any signs of harm and or neglect. The service of a designated safeguarding officer was also available.

There were measures in place to safeguard residents from other risks. These included, development of personal emergency evacuation plans for each person, availability of missing person profiles and intimate care plans, and maintenance of a safe environment. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, staff training and completion of fire evacuation drills. The person in charge scheduled fire drills to ensure that all staff and residents attended a fire drill at least once each year. Records showed that all fire drills were completed in a timely manner. Staff and residents who spoke with the inspector were clear on fire evacuation procedures.

The provider and person in charge had introduced good measures to assess, assist and support communication with residents in accordance with their needs and wishes. These included the use of communication techniques, such as picture cards, signage and sign language, development of communication passports to guide staff, and involvement of communication specialists.

Residents' nutritional needs were well met. Residents, who wished to, had involvement in choosing, shopping for, and preparing their own food, and this was confirmed by residents. Furthermore, residents' weights were being monitored and suitable foods were provided to meet any assessed nutritional needs.

The centre suited the needs of residents. The house was warm, clean, comfortable and suitably furnished and equipped. There was adequate furniture in which residents could store their clothing and belongings while they were staying in the centre. During respite breaks each person stayed in their preferred bedroom, and before each break the rooms were personalised with residents' own bed linen and personal belongings.

Residents had good access to information relating to the service and their safety and rights, such as safeguarding, fire safety and advocacy. This information was provided to residents in appropriate formats. A guide about the service has also been prepared for residents although this required some further development as it did not clearly state some of the information required by the regulations.

Throughout the inspection, staff interaction with residents was seen to be person-centred and respectful, and there was a high level of compliance with regulations relating to the quality and safety of resident care.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated and furnished.

Judgment: Compliant

Regulation 18: Food and nutrition
Residents' nutritional needs were being well met and suitably monitored.
Judgment: Compliant
Regulation 20: Information for residents
Information was provided to residents. This included information, in user friendly format, about issues important to residents' daily lives, such as fire safety, residents' rights, how to make complaints, and meal plans. There was also a residents' guide that met most of the requirements of the regulations. This was made available to residents in a suitable, easy-to-read format. However, some aspects of the required information were not clearly stated in the guide.
Judgment: Substantially compliant
Regulation 28: Fire precautions
The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.
Judgment: Compliant
Regulation 8: Protection

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

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Alpine Services OSV-0004069

Inspection ID: MON-0023375

Date of inspection: 28/08/2019

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The contracts for the provision of service will include additional information on an individualised basis, the terms that the resident shall reside in the designated centre, details how their contribution fee is utilised and the support and care to be provided to the resident.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The Residents guide shall include a more specific summary of the services and facilities provided, the terms and conditions of the designated centre, arrangements for the residents involvement in the running of the centre. It will also provide information for service users and their family members on how to access inspection reports of the centre.</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 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	30/11/2019
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	30/11/2019
Regulation 20(2)(c)	The guide prepared under paragraph (1) shall include arrangements for resident involvement in the running of the centre.	Substantially Compliant	Yellow	30/11/2019
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	30/11/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/11/2019