Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Alberg House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	28 May 2019
Centre ID:	OSV-0004665
Fieldwork ID:	MON-0021124

About the designated centre

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

Alberg House provides a residential service for both male and female adults with autism and/or an intellectual disability. The number of residents accommodated in the centre is five. The Alberg house team uses a social care model of care and the centre is staffed by a person in charge, social care workers, assistant support workers, administration staff and relief staff to cover planned and unplanned leave. Staffing numbers are reviewed and revised to respond to residents' dependencies. The premises is a large detached five bedroom house close to the centre of a large town in Co. Kildare. Each resident has their own bedroom, four of which are ensuite. There is a kitchen, utility, living room, sitting room, bathroom, staff office, games room/staff sleepover room. There is also a spacious garden with two storage sheds.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 May 2019	09:30hrs to 17:10hrs	Marie Byrne	Lead

Views of people who use the service

The inspector had the opportunity to meet and spend some time with the four men living in the centre at the time of the inspection.

They described what it was like to live in the centre and how they were supported by staff to spend their time engaging in activities and further education and training of their choosing. A number of residents who spoke with the inspector described how important is was to maintain their current level of independence and they described how they were working towards become more independent in relation to accessing their local community, seeking employment and moving towards independent living. A number of the men spoke with the inspector about their achievements to date and demonstrated skills they had gained during courses they had recently completed. They also discussed their plans and goals for the future and the steps involved in reaching these goals.

Resident were complimentary towards the care and support they received from staff to set and achieve their goals. They described their involvement in the day-to-day running of the centre and the inspector observed them preparing their meals and taking part in the cleaning and upkeep of their home.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were monitoring the quality of care and support for residents. They were completing regular audits including the annual review and six monthly visits by the provider.

There were clear management systems and structures in place and staff had clearly defined roles and responsibilities. Audits were being completed regularly including; personal plan audits, hygiene audits, incident review and trending, health and safety, and risk register and risk assessments audits. The annual review of the quality and safety of care in the centre and six monthly review by the provider were being completed in line with the requirement of the regulations. These reviews were identifying areas for improvement in line with the findings of this inspection. There was evidence that the completion of actions following some of these reviews were bringing about positive changes in relation to residents' care and support. Staff meetings were being completed regularly and the agenda items were resident focused. The facilities and services in the centre were reflective of the centres' statement of purpose.

A new person in charge had commenced in the centre a number of weeks prior to

the inspection. They were also the existing person in charge of another designated centre in the organisation for one and a half years. They were working in a full-time capacity and dividing their time between the two centres. The amount of time spent in each area was dependent on residents' needs. They had the qualifications, skills and experience to fulfill their role. They had systems in place to monitor the quality of care and support in the centre and there was a deputy team leader on duty in their absence. There were systems in place for when deputy team leaders were on duty including the completion of a daily management report which was then sent to the the person in charge to ensure their full oversight and monitoring of the centre. The person in charge was completing a governance matrix weekly and linking with the Director of Operations (DOO) in relation to areas such as; incidents, staffing, complaints, medication, safeguarding and notifications. The person in charge was also attending a clinical meeting once a month with members of the managements and allied health professional to review residents therapeutic support needs. The had a governance folder in place and were doing monthly assurance reports including an action plan to the DOO.

The staff team reported to the person in charge who in turn reported to the DOO of the designated centre. There were enough staff to meet the assessed needs of the residents currently residing in the centre. Regular relief staff were utilised to cover planned and unplanned leave in the centre. A resident was in the process of transitioning into the centre and the provider had recognised that staffing numbers required review to facilitate their transition. They were in the process of recruiting staff and informed the inspector that these staff would be in place prior to the resident fully transitioning into the centre. The inspector spoke with a number of staff and they were found to be knowledgeable in relation to residents' care and support needs and motivated to support residents to maintain and where necessary develop skills to become more independent. Residents who spoke with the inspector, spoke fondly of the staff team. The inspector reviewed a sample of staff files and found that they contained the information required by the regulations. Planned and actual rosters were in place and well maintained in the centre.

Staff had completed training and refreshers in line with residents' assessed needs. In addition, they had completed additional area specific training in line with residents' needs. There was a comprehensive induction programme and site specific induction in place for new staff. This induction process included affording new staff an opportunity to review residents' personal plans and complete shadow shifts prior to working as part of the staffing quota. The person in charge had just commenced in the centre but had completed supervision with the deputy team leaders. These supervisions were found to be detailed and identifying areas where staff were performing their duties to the best of their abilities and identifying areas for further development and required supports to achieve these. The person in charge also had a plan in place for regular formal supervision for all staff.

Residents were protected by the complaints and compliments policy and procedures in the centre. They were available and on display including pictures of the local complaints officers. There was an easy read complaints document and a complaints log in each residents' personal plans. There was a section in the complaints form to show actions taken and required follow ups if required to complaints. In addition,

the satisfaction level of the complainant was recorded on the complaints form. Residents and staff who spoke with the inspector were aware of the complaints procedure.

Regulation 14: Persons in charge

The person in charge was working in a full time capacity and they had the necessary qualifications, skills and experience to manage the centre. They had systems in place to monitor the quality and safety of care and support in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff with the right skill mix to meet residents' assessed needs. The provider was ensuring continuity of care and support for residents through the use of regular relief staff to cover planned and unplanned leave.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' assessed needs. They were supported in their role and plans were in place for regular formal supervision.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures in the centre which identified the lines of authority and accountability in the centre. There were systems in place to monitor the quality of care and support in the centre and there were effective arrangements in place to support and supervise staff.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the information required by the regulations and it had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process was user-friendly, accessible and on display in the centre. Residents and staff who spoke with the inspector were aware of the complaints process and could name the local complaints officers.

Judgment: Compliant

Quality and safety

Overall, the centre was managed in a way that maximised residents' capacity to exercise independence and choice in their daily lives. Residents who spoke with the inspector stated that they liked their home and were happy with the support they received from staff. They described opportunities for meaningful activities and told the inspector that they had things to look forward to. They lived in a caring environment where they had opportunities to make their own choices and decisions. Their potential and independence were being supported and encouraged. Areas for improvement were identified in relation to the premises and residents' personal plans.

The residents' home was found to be spacious, warm, comfortable and homely. However, there were areas of the centre which required painting and decorating and there were areas of the centre which were not found to be clean on the day of the inspection. These areas included damage and scuffing to a number of walls in the centre, damage to the counter in the kitchen, door frames and skirting boards which required cleaning and painting and areas in the centre such as bathrooms and the kitchen which required cleaning. The provider had recognised these areas for improvement in their latest six monthly audit and a cleaning station had been installed in the shed. However, this was yet to impact on the cleanliness of the centre. The provider also outlined their plans to paint areas of the centre and replace the carpet on the stairs the week after the inspection. Each of the residents

had their own bedroom which was decorated in line with their wishes and preferences. There was plenty of private and communal space available in the centre.

Residents' personal plans were found to be person-centred. Each resident had an assessment of needs and care plans developed in line with their assessed needs. Residents had access to a keyworker and monthly keyworking sessions were held to discuss goals and aspirations, and concerns if applicable. A number of residents described their goals and how they were supported to achieve them such as travelling independently, accessing their local community and work independently and attending education and training courses. There was evidence of regular review and update of residents' personal plans to ensure they were effective. However, the inspector reviewed a number of personal plans and found that there were some gaps in the documentation. There was information in residents' assessment of need which was conflicting to that in their care plans. There was additional information in some care plans which were not outlined in the residents' assessment of need.

Residents were supported to enjoy best possible health. Their healthcare needs were appropriately assessed and they had access to allied health professionals in line with their assessed needs. They were supported to access health information as required.

There were suitable arrangements in place to detect, contain and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Each resident had a personal emergency evacuation procedure in place and there was evidence that these were reviewed regularly and changes made in line with learning from fire drills. The inspector discussed the evacuation plans for one resident and their associated risk assessment with the person in charge and they had appropriate control measures in place in line with the identified risk. Staff were in receipt of appropriate training and found to be knowledgeable in relation to supporting residents in the event of a fire.

Residents were protected by appropriate risk management policies, procedures and practices. There was a system for keeping residents safe while responding to emergencies. There was a risk register and risk assessments which was reviewed and updated regularly. Incident review and tracking was evident in residents' personal plans as was the learning following incidents. The vehicles in the centre were regularly serviced, insured, suitably equipped and roadworthy.

Residents were protected by policies and practices in the centre in relation to restrictive practices. There were a number of restrictive practices in the centre and these were applied in line with national policy and evidence based practice. There was a restrictive practice register in place and evidence of regular review of restrictions to ensure the least restrictive measures were used for the shortest duration. Residents had access to allied health professionals such as a behaviour specialist in line with their assessed needs and reactive strategies in place in residents' personal plans were clearly guiding staff to support them.

Residents were protected by the policies, procedures and practices in relation to

safeguarding and protection in the centre. There was a safeguarding register in place and evidence that safeguarding plans were developed and implemented as required. Staff who spoke with the inspector were knowledgeable in relation to their responsibilities in the event of a suspicion or allegation of abuse. Safeguarding was a set agenda item at monthly staff meetings and the safeguarding register was reviewed at these meetings.

One resident had successfully transitioned from the centre since the last inspection and one resident was in the process of transitioning into the centre. Planned supports were in place to ensure the resident was appropriately supported to transition into the centre. A comprehensive needs assessment had been completed for the resident and there was evidence they were considering the impact for other residents of his transition. An impact assessment had been completed and the resident had visited the centre and had a meal with his peers. There was a clear transition plan in place and it was evident that the transition was occurring at pace suitable to the resident. There were plans in place for a staff familiar to the resident to work with them for a period of time following the transition to support them to settle into their new home.

Regulation 17: Premises

The centre was designed and laid out to meet the number and needs of residents in the centre. There was adequate private and communal space for residents. However, there were areas of the centre which were not found to be clean on the day of the inspection and there were areas in need of maintenance and painting.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents guide which was available for residents in the centre. It contained the information required by the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were appropriate policies, procedures and practices in relation to temporary absence, transition and discharge of residents in the centre. One resident had successfully transitioned from the centre since the last inspection and one resident

was being supported to transition into the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by appropriate risk management policies, procedures and practices in the centre. There was a risk register in place and general and individual risk assessments were developed and reviewed as required and in line with learning following incidents.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate arrangements in place to detect, contain and extinguish fires in the centre. There was evidence of maintenance and servicing of equipment as required by the regulations. Residents had personal evacuation plans in place which were reviewed and revised as necessary and fire drill were completed regularly in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans were person-centred and they had access to a keyworker to support them to develop and achieve their goals. However, residents' personal plans required review to ensure that the information in their assessment of need correlated with that in their care and support plans.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. Their healthcare needs were appropriately assessed and they had access to allied health professionals in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to allied health professionals in line with their assessed needs. Restrictive practices in the centre were applied in line with national policy and evidence based practice.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by appropriate polices, procedures and practices in relation to safeguarding. Staff had access to appropriate training and were knowledgeable on their responsibilities in relation to safeguarding. Safeguarding plans were developed and implemented as required.

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
Views of people who use the service	
Capacity and capability	
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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Alberg House OSV-0004665

Inspection ID: MON-0021124

Date of inspection: 28/05/2019

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge will ensure that the following actions are implemented in the Centre to ensure the maintenance and hygiene of the Centre is to the correct standards; 1. New Carpet put in on stairs and landing [complete: 19th of June]. 2. Walls, doors and skirting painted [complete: 30th of May]. 3. Kitchen countertop to be replaced [to be complete: 3rd of July]. 4. Deep clean to be carried out in bathrooms and kitchen, tiles to be re grouted [to be complete by: 5th of July]. 5. Sing set in back garden to be removed [to be complete: 2nd of July]. 6. Review of cleaning SOP's, to ensure adequate cleaning SOP's are in place for each room in the Centre, reviewed and sign off weekly by the Person in Charge or Deputy Team Leaders [complete: 17th of June]. 7. All the above actions above where discussed at monthly Team Meeting [complete: 21st of June].	
Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge will ensure that the following actions are implemented in the Centre; 1. All Personal Plans to be reviewed in full to ensure there is no gaps in documentation. 2. All Comprehensive Needs Assessment to be reviewed in full to ensure information correlates from into the individuals Personal Plan. 3. All the above actions above where discussed at monthly Team Meeting [complete: 21st of June].	

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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	05/07/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	20/07/2019