



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

Issued by the Chief Inspector

Name of designated centre:	Alberg House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	22 October 2020
Centre ID:	OSV-0004665
Fieldwork ID:	MON-0021123

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. The centre is near a wide variety of services and amenities including shops, cinema, post office, banks, and medical centres. There were good public transport links and residents had access to a vehicle to support them to attend work and activities in their local community. Each resident has their own bedroom, four of which are en suite. There is a kitchen, utility, living room, sitting room, bathroom, staff office, games room/staff sleepover room and 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
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Thursday 22 October 2020	09:30hrs to 13:40hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

During the inspection, the inspector had the opportunity to meet the four residents living in the centre, and to speak to three of them briefly in line with public health measures during the COVID-19 pandemic. In addition, the inspector had the opportunity to speak with one resident's family member and all four residents completed a questionnaire in relation to care and support in the designated centre, prior to the inspection.

Throughout the inspection residents appeared comfortable and content. The inspector observed kind and caring interactions between residents and staff. The inspector could hear residents chatting in the kitchen and singing and laughing could also be heard at times during the inspection. Residents were keeping busy at home due to the current level of restrictions and, in line with public health advice. One resident had baked a cake on the morning of the inspection and was going to decorate it later. Two residents were observed sitting at the kitchen table making Halloween decorations. A number of residents spoke to the inspector about the impact of restrictions relating to the COVID-19 pandemic. They talked about how important it was to stay safe and follow public health advice. They talked about how important it was to stay safe and to follow public health advice. They described how hard it was not being able to visit friends and family, but told the inspector that they were keeping in touch with them by telephone.

Residents told the inspector about work experience they had enjoyed, courses they were currently doing and courses they would like to do in the future. One resident talked to the inspector about their job and how they planned to look for a different job in the near future. Another resident talked to the inspector about taking the opportunity during the current restriction to further develop their curriculum vitae by completing more courses. Residents showed the inspector some of the course work they were doing and discussed their achievements, and how much they meant to them. They described how their confidence had grown following the completion of course work and work experience.

Residents talked to the inspector about their goals and things they had to look forward to. They talked about developing their independence skills and taking responsibility for things like collecting their medicines from the pharmacy, storing them and taking them as prescribed. They discussed cooking for themselves, travelling independently and taking part in meaningful activities in their local community.

A number of residents talked about how important it was to them to keep busy during the restrictions and described things they liked to do, such as watch movies, cooking, games and getting out for walks locally. Each resident told the inspector that they felt happy and safe in their home and that they were aware of the complaints procedures. They named who they would go to, if they had any concerns

or complaints. They were all very complimentary towards the staff team.

The resident's family member who spoke with the inspector was complimentary towards the care and support offered to their family member. They told the inspector that the staff team kept them informed and involved, and that they were always made to feel welcome in the designated centre. They described the staff team as dedicated and resourceful and how well staff were supporting their family member to engage in activities which were meaningful to them. They described efforts that had been made in the past to ensure they could meet with their family member and talked about how they were kept up to date in relation to visiting, as changes occurred in line with public health advice. They had been made aware of the complaints process and said they would talk to the staff team if they had any concerns.

The feedback in the questionnaires completed by residents prior to the inspection was mostly positive, with residents indicating that overall they were happy with the warmth, comfort, communal spaces and garden in the designated centre. The questionnaires indicated that residents were also happy with their bedrooms, arrangements for visitors, and choices available to them.

Residents were particularly complimentary towards access to their home and community-based activities in the questionnaires. They listed activities they enjoyed at home, such as reading, cooking and baking, playing games, dancing, guitar, arts and crafts, watching television and listening to music. They also listed activities they enjoyed in their local community, such as drumming lessons, attending community groups, walking, cycling, travel training, cooking and baking courses, cinema, horse riding, dancing, going to the gym, going to the theatre and being in a musical society. Residents also included a list of future activities they would like to take part in, such as, bingo, bowling, tennis, surfing, basketball, and golf. All of the residents indicated that they were happy with the food and mealtimes, with one resident describing the meals as very tasty.

All four residents indicated in their questionnaires that they were happy with the support offered by the staff team. Some residents described the staff team as great and lovely, with others stating that the staff team were good to talk to if they had a problem. They stated that the staff were there to make sure they were happy and safe. One resident referred to the fact that they have loads of freedom and were happy to be living in this low support house. Some areas for improvement were identified by a number of residents in the questionnaire, with one resident indicating they would like a new glass table and chairs and another resident indicating they were getting too much support.

Capacity and capability

The registered provider was monitoring the quality of care and support for residents and striving to ensure they lived in a nice home where they felt safe. Residents were

being supported to develop and maintain their independence, and to make choices and decisions in relation to how they spent their time and lived their lives.

The provider was completing regular audits and reviews and identifying areas for improvement. They were then making the required changes which were leading to improvements for residents in relation to their care and support and their home. For example, the latest six-monthly and annual review in the centre had identified the need for maintenance and repairs to a number of areas in the centre and these had been completed and resulted in the centre being more comfortable and homely.

There were clearly defined management structures in place and staff had defined roles and responsibilities. There were effective systems to support staff to carry out their duties to the best of their abilities. Regular audits were being completed and these included, health and safety, risk management and care plan audits. There was evidence of completion of the actions following these audits.

There was a person in charge, who was supported by two deputy team leaders. Between them they maintained oversight for the day-to-day management of the centre. They were supported by a director of operations who was regularly meeting the team and visiting the centre. They were identifying areas for improvement and tracking and completing actions from audits and reviews in the centre. Staff meetings were being held regularly and there were daily handovers completed at the start of shift. Staff meetings were well attended and actions were developed with a responsible person identified for completing these actions, within a specified timeframe.

Residents were supported by a staff team who were familiar with their care and support needs and motivated to ensure they were happy, safe and engaging in jobs, courses and activities they enjoyed. Throughout the inspection, residents were observed to receive support and assistance in a kind, caring, respectful and safe manner. Each resident who spoke with the inspector, was complimentary towards the staff team. They discussed how important members of the team were to them, and how supportive they were in helping them to achieve their goals.

Staff had access to training in line with the organisation's policies. They had also completed additional training in line with residents' needs. Staff were in receipt of regular formal supervision which was completed by either the person in charge or one of the deputy team leaders. From the sample reviewed, it was evident that staff were being supported and their roles and responsibilities were being discussed along with their training needs. Staff who spoke with the inspector were aware of their roles and responsibilities and stated they were well supported by the local management team.

Registration Regulation 5: Application for registration or renewal of registration

The required information was submitted with the application to renew the

registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

Residents were supported by a staff team who were familiar with their needs. When speaking with residents, they were all complimentary towards the staff team. Staff who spoke with the inspector were knowledgeable in relation to residents' care and support needs. Staff were motivated to ensure residents were happy, safe, engaging in work and activities they enjoyed, engaging in positive risk taking, and making choices and decisions in relation to their day-to-day lives.

There were planned and actual rosters in place and they were well maintained.

There was evidence of a continuity of care as all of the required shifts were covered by regular staff and there was a dedicated relief panel for the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed training and refresher training in line with the organisation's policies and procedures. They had also completed additional training in line with residents' needs.

Staff had recently completed training in hand hygiene, infection control and the use of personal protective equipment (PPE).

Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities. Staff who spoke with the inspector stated they were well supported by their colleagues and the management team.

Judgment: Compliant

Regulation 22: Insurance

There was appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well resourced and there were clearly defined management structures in place. Staff were clear in relation to their roles and responsibilities and aware of how and when to escalate concerns.

The provider had systems in place to monitor the quality of care and support for residents. These included the annual review and six monthly reviews by the provider which provided for consultation with residents and their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in the centre which contained the required information and it been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was given notice in writing of incidents occurring in the centre in line with the requirements of the Regulations.

Judgment: Compliant

Quality and safety

The provider and person in charge were ensuring that residents were in receipt of a good quality and safe service. Residents were being supported to make choices and engage in meaningful activities. They lived in a clean, warm and comfortable home and each resident who spoke with the inspector said they liked living in the designated centre.

Works had been completed in the centre since the last inspection, which had resulted in the centre appearing more comfortable and homely. These improvements included maintenance works, painting and decoration indoors and improvements to the garden. Improvements had also been made in relation to cleaning schedules, to ensure each area of the house was cleaned regularly. Each resident had their own bedroom, and four of the bedrooms had en-suite facilities. One resident had recently moved to a different bedroom and showed the inspector from the door how much space they had, including room for their drum kit and desk, and an ensuite bathroom and walk in wardrobe. They said they were very happy in their new room. There was plenty of private and communal spaces for residents, including two living rooms, a large kitchen/dining room and a large games room with a pool table. Halloween decorations were being put up during the inspection, and these included some homemade decorations made by residents.

Residents were protected by the risk management policies, procedures and practices in the centre. There was a risk register and general and individual risk management plans were developed for each resident. These documents were reviewed regularly. There were systems in place for recording, investigating and learning from serious incidents and adverse events. Learning following review and trending of incidents was shared among the team at shift handover, and during staff meetings.

During the inspection, the premises was found to be clean. There were cleaning schedules in place, which had been adapted in line with COVID-19. Staff's responsibilities were clearly outlined and regularly discussed at shift handovers. Information was available for residents and staff in relation to COVID-19 and infection prevention and control. The provider had developed policies, procedures, guidelines and contingency plans for use during the pandemic. They had also updated existing policies, procedures and guidelines. There were systems for ensuring adequate supplies of PPE were available at all times. Staff had completed training in infection prevention and control and the use of PPE.

Each resident had a comprehensive needs assessment completed which was reviewed at least annually. They had personal plans and it was evident that each resident was involved in the development and review of their personal plan. These were reviewed regularly in line with residents' changing needs. Care plans were developed, as required, and those reviewed were clearly guiding staff to support residents with their assessed needs. Residents had goals in place in relation to things they wanted to do, or things they wanted to achieve. They were meeting with their keyworkers regularly and discussing their goals and achievements. Staff who spoke with the inspector were knowledgeable in relation to residents likes, dislikes and preferences. They were motivated to ensure that they were supporting residents during the pandemic to engage in meaningful activities and to keep in contact with their family and friends.

Residents were being supported to enjoy best possible health. There were systems in place to ensure residents could be supported to access a general practitioner (GP) and other allied health professionals during the pandemic. They had assessments in place and care plans were developed, as required. Each resident had a hospital passport which contained important information for them to bring with them should

they require an admission to hospital. Appointments with allied health professionals were logged and the advice and guidance from these professionals were then updated into residents' personal plans.

There were a number of restrictive practices in place in the centre. Residents' individual risk management plans and personal plans were detailed in relation to the use of these restrictive practices. Restrictive practices were also detailed in the restrictive practice register, which was regularly reviewed and updated. There were regular meetings held to review the use of restrictions in the centre. These reviews included, a review of the rationale for the restrictions, and details of the considerations given to the use of the least restrictive practices for the shortest duration. There was evidence of a reduction in, and the removal of a number of restrictive practices in 2020.

Incident reviews and trending were completed and used to inform review and changes to residents' support plans. Residents had access to allied health professionals in line with their assessed needs. A behaviour specialist was available to support residents and staff. Staff who spoke with the inspector were knowledgeable in relation to residents' support plans. Staff had access to training to support residents and area-specific training was facilitated as required.

There were systems in place to ensure residents were protected from abuse. Residents were being supported to develop their knowledge, understanding and skills in relation to self-care and protection during keyworker and residents' meetings. Allegations and suspicions of abuse were being reported and followed up on in line with both national and the organisational policy. Safeguarding plans were developed and reviewed as required. Staff were in receipt of training to ensure they were aware of their roles and responsibilities in relation to safeguarding.

Residents were being supported to make decisions in relation to their care and support and the day-to-day running of the centre. They were meeting with their keyworkers regularly and residents' meetings were held regularly. Information relating to the complaints procedure, advocacy services, residents' rights and COVID-19 were available in the centre.

Regulation 17: Premises

The premises was clean, warm and comfortable. Residents stated they were happy in their home and with the amount of private and communal space available to them.

A number of works had been completed to the centre since the last inspection including grouting work in the bathroom, the installation of a new carpet on the stairs, the living room had just been redecorated and the counter top had been replaced in the kitchen.

Judgment: Compliant

Regulation 20: Information for residents

There was a resident's guide available in the designated centre. It contained the information required by the regulations.

It outlined the services and facilities available for residents, the terms and conditions of residency, the arrangements for resident's involvement in the running of the centre, how to access inspection reports, the complaints procedure and arrangements for visits to the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by the risk management policy, procedures and practices in the centre. The risk management policy contained the information required by the regulations and there was a risk register in place.

General and individual risk management plans were developed and reviewed as required. There was evidence that incidents and near misses were reviewed and that learning following these reviews was shared at handover, and at staff meetings.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policies and procedures in place in relation to infection prevention and control.

They had developed and adapted existing policies and procedures to guide staff practice during the COVID-19 pandemic.

The premises was clean and there were cleaning schedules in place to ensure all areas of the house were regularly cleaned.

There were supplies of PPE available and systems in place to ensure there were always adequate stocks in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need completed and a personal plan developed in line with their assessed needs. Residents' assessments identified their health, personal and social care needs. There was evidence that they were regularly reviewed and updated to ensure they were reflective of residents' needs.

Residents' personal plans were found to be person centred and there was evidence that residents were involved in the the development and review of their plans.

Residents were supported by a keyworker and they were meeting regularly to discuss goals, achievements and plans for the future.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and care plans were developed and reviewed as required.

They had access to allied health professionals in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had the knowledge, skills and training to support residents. Residents had support plans in place which clearly guided staff to support them. These plans were regularly reviewed and updated in line with residents' changing needs.

Restrictive practices were logged and regularly reviewed and there was recent evidence of a reduction in restrictive measures to ensure the least restrictive were used for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre.

Allegations and suspicions of abuse were reported and followed up on in line with organisational and national policy. Safeguarding plans were developed and reviewed, as required.

Residents were being supported to develop their knowledge and skills in relation to self care and protection during residents' meetings and keyworker sessions.

Staff were in receipt of training and refresher training in relation to safeguarding and protection and those who spoke with the inspector were knowledgeable in relation to their role and responsibilities if there was a suspicion or allegation of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' meetings and keyworker sessions were occurring regularly. There was evidence that residents were participating in the day-to-day management of the centre and that they were exercising choice and control in their daily lives. Complaints, advocacy and residents' rights were regularly discussed at keyworker sessions and during residents' meetings.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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