



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:	Unannounced
Date of inspection:	16 August 2022
Centre ID:	OSV-0004060
Fieldwork ID:	MON-0037267

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 comprises two detached two-storey houses located adjacent to one another 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:	7
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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 (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
Tuesday 16 August 2022	09:00hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This inspection was completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the *National Standards for infection prevention and control in community services (HIQA, 2018)*.

The inspection was unannounced. On arrival at the centre, the staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering.

Alder services comprises two detached two-storey houses which are located adjacent to one another in a residential area on the outskirts of the city. One house provides full-time residential services and the other house provides respite services. Each house can accommodate up to five residents. On the day of inspection, there were four residents availing of full-time residential placements and three residents were availing of respite services. Each resident had their own bedroom which was personalised and decorated in line with their preferences. Some bedrooms had en suite shower and toilet facilities and there were an adequate number of shared bathrooms. Residents had access to a variety of communal day spaces including sitting rooms, kitchen and dining room in each house. There were garden areas located to the rear of each house. While outdoor furniture was provided, the inspector noted that some was defective and rusted and in need of replacement. Some residents had difficulty accessing the garden areas due to a raised step and high door thresholds leading to the garden areas. One resident also had difficulty using a rollator at the front entrance to one house due to the steep incline and high door threshold at the front door.

The centre was found to be generally well maintained and in a visibly clean condition throughout. There were cleaning schedules in place and records reviewed showed that cleaning was completed on a regular on going basis. The provider had recently identified a number of areas that needed refurbishment in order to further enhance infection control in the centre including the replacement of the carpet to the stairs, repainting of walls, and repair to the kitchen worktops and kick boards in one house.

The inspector met and spoke with all residents, the staff members on the duty and a representative of the senior management team who visited to facilitate the inspection. The inspector was informed that the person in charge was no longer working in the post and that a previous person in charge was due to commence in the role, however, the Chief Inspector had not been notified of these arrangements as required by the regulations.

Staff on duty confirmed that there were no staff or residents with signs or symptoms of COVID-19 or any other active infections in the centre and that residents being accommodated had no known infection risks. Staff advised that they

continued to monitor all residents for signs and symptoms of COVID-19 on a daily basis. The Chief Inspector had been recently notified of one staff member who had tested positive for COVID-19, however, a daily update regarding the status of this infection had not been submitted as required since August 10th.

From conversations with staff and residents, observations in the centre and information reviewed during the inspection, it appeared that residents were supported and encouraged to have a good quality of life that was respectful of their individual wishes and choices.

On the morning of the inspection, most residents had already left the centre to attend their respective day service. The inspector met with two residents, one was getting ready to go to work and the other was leaving to attend a theatre group. The inspector met with all residents later in the afternoon on their return to the centre. Residents were in good form and reported that they enjoyed attending day services, meeting with friends and doing activities that they enjoyed. Residents and staff greeted one another in a relaxed, friendly and familiar manner. Residents chatted about their day and set about their own routines.

Residents in the residential house told the inspector how they liked living in the house, got on well with one another and staff working in the centre. They said that they were all friends living together and had lived together for many years. Residents spoke fondly about missing their fellow house mate who had recently passed away. They mentioned how they lit a candle each evening in her memory and were going to attend a remembrance mass for her in the coming week. They spoke about enjoying a range of activities including going for drives, walks, visiting local parks, having picnics, visiting the local church, eating out, going for drinks and shopping. Residents also mentioned that they liked going to the fun fair, cinema, bowling and basketball when they wished. They told the inspector how they were looking forward to going shopping for magazines and some food items later in the evening. One resident was involved with a local theatre group and was looking forward to taking part in an upcoming production. There were posters for the theatre production displayed in the centre and other residents stated that they were looking forward to attending the show. Another resident told the inspector how they had recently enjoyed a overnight stay in a hotel. There were photographs displayed of residents partaking in and enjoying a range of activities including attendance at the recent 60th anniversary celebrations of the Ability West organisation. Residents availing of the respite service told the inspector how they enjoyed and looked forward to staying in the centre. They mentioned how they had recently enjoyed attending a summer BBQ with the residents next door.

Residents' independence was very much promoted. Some residents enjoyed helping out with household tasks, laundry, grocery shopping and meal preparation. The inspector observed some residents getting their own lunches ready for the following day and helping themselves to drinks, snacks and making tea.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information on COVID-19, infection prevention and

control protocols including techniques for hand washing, cough etiquette and social distancing, as well as staffing information were made available to residents. Staff had established residents' preferences through the personal planning process, regular house meetings, and ongoing communication with residents and their representatives.

Residents were supported to follow public health guidelines and staff continued to remind residents of the importance of infection prevention and control measures in place. There was evidence of on going consultation with residents through regular house meetings, at which issues such as COVID-19 updates, protocols for effective hand hygiene, cough etiquette and the use of face coverings were discussed. Residents were observed wearing face coverings while using transport to and from the centre.

The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. All residents had their own bedrooms and each resident had a documented intimate care plan in place. Staff on duty were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for information or support. Staff spoken with were very knowledgeable regarding residents' wishes, preferences and interests. There was a warm, friendly and happy atmosphere in the centre and residents were observed smiling and laughing as they interacted and chatted with staff.

Residents were supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance and there were no restrictions in place. There were posters displayed outlining the required protocols and precautions in place regarding infection prevention and control control for all visitors entering the centre. The entrance hall was supplied with a hand sanitising dispenser and signage was displayed reminding visitors of the protocols in place. There was plenty of space for residents to meet with visitors in private if they wished. Residents spoken with confirmed that they regularly received visits from family members and also kept in contact by telephone and enjoyed using Whats app as they could see their family member on the screen.

Staff spoken with were knowledgeable regarding infection prevention and control protocols in the centre. They were seen to implement their knowledge as part of the daily routine in the centre and an integral part of providing safe, effective care and support for residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

The provider generally met the requirements of Regulation 27 and procedures that

were consistent with the *National Standards for infection prevention and control in community services (2018)*. However, some improvements were required to the governance, management and staffing arrangements in place and a small number of areas in the centre required repair and refurbishment in order to further enhance infection control in the centre.

Some improvements were required to the governance and management arrangements in place to ensure clear lines of accountability and responsibility including for the prevention and control of health-care-associated infection in the centre. The person in charge who was responsible for, and had maintained oversight of infection prevention and control was no longer working in the centre and the post had not yet been filled. Management arrangements in place had not ensured that the Chief Inspector was notified of the absence of the person in charge or the arrangements in place for the management of the centre in the absence of the person in charge as required by the regulations. In the absence of the person in charge, arrangements had not been put in place to ensure that the required daily updates regarding the status of a reported COVID-19 infection relating to a staff member were submitted to the Chief Inspector as required. There were no formal on-call management arrangements in place to ensure that staff were adequately supported out of hours during the weekdays which posed a risk to both staff and residents.

Staffing arrangements required review to ensure that the assessed needs of all residents were met and to ensure that all residents were safeguarded from the risk of preventable infection. During the morning time, there was one staff member on duty in each house and two staff on duty in the evening time. While the staffing levels and skill mix of staff were in line with those set out in the statement of purpose, the assessed needs of some residents had changed. One resident now required support with all personal care and all of the activities of daily living. Staff spoken with advised that because of the increased support needs of some residents, it was often challenging to complete cleaning duties to the required standards during the morning time. The management representative advised that approval had been sanctioned for a second staff member during the morning hours but to date it had not been filled.

The staffing roster reviewed indicated that there was a regular staff pattern, however, the full name of staff and their role was not always included. The staff member in charge of each shift was not identified. The hours worked by some staff were not always clear and legible as many hand written changes had been recorded on the worked roster. The photographs of staff on duty were displayed so that residents could be reminded or check as to which staff were on duty. Many of the staff team had worked with the residents over a sustained period, were very knowledgeable about their needs and wishes and had developed good relationships with the residents.

The management team had provided on going training for staff. There was a training schedule in place and training was scheduled on an on going basis. The training matrix reviewed identified that all full-time staff and some relief staff had completed mandatory training in various aspects of infection prevention and control,

including hand hygiene, donning and doffing of personal protective equipment (PPE) and basic infection prevention and control. There were no training records available for some relief staff employed. Staff had also completed recent training in managing health and safety in the workplace and chemical safety in the workplace. Staff spoken with confirmed that they had attended a combination of on line and in-house training. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks. A review of the minutes of team meetings showed that various aspects of infection prevention and control were discussed including COVID-19 protocols, cleaning, personal protective equipment (PPE), use of cleaning products and updates in relation to guidance and policies.

Staff had access to a range of policies, protocols and guidance in relation to infection prevention and control including national guidance. The centre's infection prevention and control policy had adopted the principles of the Health Service Executive (HSE) guidelines on infection prevention and control in community and disability services. It provided guidance to staff on a range of topics, including standard precautions, hand hygiene, cleaning and disinfection, laundry management, decontamination of equipment, dealing with spills, safe use and disposal of sharps, health care risk waste and guidelines on the management of an outbreak of infection. There were copies of the Health Protection Surveillance Centre (HPSC) guidance, as well as the HSE's national guidance documents available to staff. Staff had access to an infection prevention and control folder which contained important updates and guidance in relation to COVID-19. There was clear guidance and written protocols in place to direct cleaning of the centre. Staff spoken with were knowledgeable regarding the guidance and the inspector observed that it was being implemented in practice.

There was a comprehensive COVID-19 folder available to staff which contained details of the centre-specific COVID-19 preparedness and contingency plan. Risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents. There was clear guidance and pathways for staff should a resident be suspected or confirmed with COVID-19.

The provider had systems in place to monitor and review infection prevention in the centre. The HIQA self assessment preparedness, planning and infection prevention and control assurance framework document had been recently completed and was planned to be completed on a six monthly basis. Unannounced audits continued to be carried out twice each year on behalf of the provider. The most recent audit completed on 3 August 2022 had reflected on infection prevention and control and had identified some areas for improvement. The annual review had been completed in January 2022 and its associated improvement plan aimed to continue to ensure the highest infection prevention and control procedures were implemented. There was a monthly audit of PPE stocks taking place to ensure adequate supplies were available at all times.

Quality and safety

The provider had good measures in place to ensure that the wellbeing of residents was promoted. Residents were supported to live person-centred lives where their rights and choices were respected. The inspector found that the services provided in this centre were person-centred in nature and residents were informed and supported in the prevention and control of health care-associated infections. However, some improvements were required to the repair and replacement of some items in order to further enhance infection prevention and control.

It was evident that staff understood the importance of infection prevention and control. They had a clear understanding of their roles and responsibilities which in turn informed their daily routines in protecting residents from preventable healthcare-associated infections. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks in line with current public health guidance. Staff continued to monitor residents for signs and symptoms of COVID-19 on a daily basis.

Residents had been supported to understand the importance of infection prevention and control and why infection prevention and control precautions were in place. Residents were supported to follow public health guidelines and staff continued to remind residents of the importance of infection prevention and control measures in place. There was evidence of on-going consultation with residents through regular house meetings, at which issues such as COVID-19 updates, guidelines, protocols for effective hand hygiene, cough etiquette, the use of face coverings and the importance of social distancing were discussed. Residents had been supported to understand the process of consent for COVID-19 testing and vaccinations through the use of appropriate user-friendly documentation and social stories. There was a range of easy-to-read documents, posters and information displayed throughout the centre such as easy-to-read versions of important information on COVID-19, infection prevention and control protocols including techniques for hand washing, cough etiquette and social distancing.

Residents' health, personal and social care needs were assessed. The inspector reviewed a sample of residents' files and noted that care plans were in place for all identified issues. Residents had regular and timely access to general practitioners (GPs) including out of hours service and to health and social care professionals. A review of residents files showed that residents had been referred and recently assessed by a range of allied health professionals including speech and language therapy (SALT), chiropody, occupational therapy and psychology.

Residents were supported to access vaccination programmes and national screening programmes. Residents had availed of the COVID-19 and influenza vaccine programmes. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of them requiring hospital admission.

The centre was found to be generally well maintained in a visibly clean condition throughout. The provider had identified some areas for improvement during a recent audit including replacement of carpets to the stairs, repainting of walls, replacement of worn kitchen worktop and kick board, replacement of defective and rusted

outdoor furniture.

There was clear guidance and written protocols in place to direct cleaning of the centre, cleaning of equipment and for the management of waste and laundry. The provider had a colour coded system in place for cleaning and disinfection. The laundry area and cleaning stores were maintained in an organised, tidy and clean condition. There were reminders for staff displayed regarding the colour coding system in place, requirements for laundering cleaning equipment, temperature requirements and instructions for using alginate bags for laundering soiled and infected clothing. Staff spoken with were knowledgeable regarding the guidance in place. Cleaning checklists were completed on a daily basis as well as for frequently touched areas. Cleaning records reviewed showed that staff were diligent at completing cleaning tasks on a regular and on-going basis. Cleaning equipment and cleaning chemicals were suitably and safely stored. There were clear written guidance for staff on the use of and dilution rates required for cleaning chemicals as well as safety data sheets on each chemical.

Regulation 27: Protection against infection

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the *National Standards for infection prevention and control in community services (2018)*.

While there was evidence of good practice in relation to infection prevention and control noted in many areas, some improvements were required to the governance, management, staffing arrangements, staff training and a small number of areas in the centre required repair and refurbishment in order to further enhance infection control in the centre.

The provider had developed policies and guidance which were consistent with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018) which were readily accessible to staff. The provider had systems in place to monitor and review infection prevention and control in the centre and had identified some areas for improvement.

Residents were found to be in receipt of good health care and had timely access to GP's, allied health services and vaccination programmes. The centre was found to be generally well maintained and visibly clean. It was evident that guidance and written protocols in place to direct cleaning of the centre, cleaning of equipment and for the management of waste and laundry were being implemented in practice.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Alder Services OSV-0004060

Inspection ID: MON-0037267

Date of inspection: 16/08/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The ancillary Manager has linked with the Landlord as it is a rented property, awaiting clarification re timeline for works to be complete. – 17th October 2022.</p> <p>ADOC will source staff from Day Service to support in the morning routine as there is a requirement for this currently. 12/9/2022.</p> <p>The on call policy was discussed at a meeting on 30.8.2022 with PICS where the on call policy was discussed and reiterated that ADOCS are on call mid-week for their services. The on call policy was shared via email also.</p> <p>The Person in Charge of this Designated Center is presently on leave. The registered Provider is presently actively trying to appoint a suitably qualified person to the position. As per the Statement of Purpose the Team Lead takes over all operational responsibilities on a daily basis with support from the PPIM who has overall responsibility for the protection against infection in this designated centre. The team lead will notify the PPIM in a timely manner of any notifications that require submission and the PPIM will complete via the HIQA portal.</p> <p>The rota was reviewed to include all staff titles with clear start and finish times and staff member in charge clearly highlighted on the rota. 17/8/2022.</p> <p>Training Matrix now includes relief staff that work within the Centre to indicate that all mandatory training is completed – 17/8/2022.</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	17/10/2022