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:	20 June 2023
Centre ID:	OSV-0004060
Fieldwork ID:	MON-0040417

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:	9

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 (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 20 June 2023	09:00hrs to 15:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to follow up on non compliance's identified during the previous inspection of this centre, to assess the provider's compliance with specific regulations and also the regulatory compliance plan submitted to the Chief Inspector of Social Services on an organisational level.

The inspector met and spoke with staff members on duty, the team leader and the assistant director of client services. The post of the person in charge was still vacant at the time of inspection, however, the assistant director of client services advised that notification of a new person in charge was due to be submitted to the Chief Inspector later in the day.

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 living in the residential house, all of whom had lived together for many years. There were five residents staying in the respite house. The inspector met and spoke with three residents who lived in the residential house during the inspection. Some residents continued to experience age related changing needs, where they now required increased support and supervision from staff with regards to specific aspects of their care.

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 and new outdoor garden furniture consisting of tables, chairs and parasols had been provided for residents use.

The centre was found to be homely, suitably furnished and in a visibly clean condition throughout. However, there were still a number of areas that required painting and refurbishment including repairs to the kitchen worktops and kick boards as discussed in the last inspection report. The external windows and sills to one of the houses were dirty and required cleaning.

On the morning of inspection, one resident had already left the house to attend to their regular day service. The inspector spoke with a resident who was waiting to be collected by taxi to attend their day service. They told the inspector how they enjoyed attending the day service, liked living in the house and got on well with the other residents and staff. The inspector met with another resident who was happy to show her bedroom. They stated that they loved their room and and having their own en suite bathroom. They showed the inspector the range of dresses and clothing which were hanging neatly in their large wardrobe. They said that they

loved style and going shopping for clothes. They mentioned that they regularly attended a theatre workshop and spoke of how they had enjoyed taking part in a theatre production during the past year. They told the inspector that they had a medical appointment later in the morning and that staff would support them to attend.

Another resident spoken with said they loved living in the house and working part time in a coffee shop. They mentioned that staff were great and would be supporting them to attend a follow up medical appointment during the afternoon. They mentioned that they had attended a house meeting the day prior to the inspection, had discussed a new resident moving into the house and said how they were looking forward to this resident moving in. They mentioned how they were enjoying the warm, sunny weather, using the outdoor furniture and recently had a BBQ with the respite residents who lived in the house next door.

Residents spoken with told the inspector how they decided on the weekly menu each week. The weekly menu plan was displayed in pictorial format in the kitchen. Residents confirmed that they could choose their preferred options and also regularly ate out in local hotels and restaurants at weekends. Residents stated that they enjoyed helping out with household tasks, laundry, grocery shopping and meal preparation. The inspector observed residents helping themselves and choosing their own breakfasts, snacks and drinks.

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. 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. Some residents regularly visited and stayed at home over night with their family.

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, responding promptly to any requests for information or support and reassuring a resident who was anxious about a medical appointment. Some staff spoken with had worked in the centre for many years and were very knowledgeable regarding residents' wishes, preferences and interests. There was a warm and friendly atmosphere in the centre and residents were observed smiling as they interacted and chatted with staff.

Throughout the inspection, it was evident that staff prioritised the welfare of residents, and that they ensured residents were supported to live person-centred lives where their rights and choices were respected and promoted. Staff spoken with advised that staffing levels in the centre had improved since the last inspection and there were now always two staff on duty in the morning time in the residential

house. The team leader outlined how many staff were flexible particularly in supporting residents attend the increasing number of medical appointments.The inspector observed that two staff arrived to the centre to support residents attend medical appointments outside of their rostered hours on the day of inspection. However, there was still one vacancy for a care assistant in the respite house and a further review of staffing was required due to the increasing support needs of some residents.

While some improvements were noted to the governance and management arrangements, staffing and management of risk, further improvements were still required. Improvements were also still required in relation to individualised assessments. Further oversight was required in relation to the management of residents accounts to ensure transparency, agreement and consent for the transfer of monies towards the payment of utility bills. These issues will be outlined further in the the next two sections of the report.

Capacity and capability

This designated centre is run by Ability West. Due to concerns in relation to Regulation 23: Governance and management, Regulation 15: Staffing, Regulation 14: Person in Charge, Regulation 5: Individualised assessment and personal plan, and Regulation 26: Risk management procedures, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider’s registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in April 2023 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has outlined an action plan to the Chief Inspector highlighting the steps they will take to improve compliance in the registered centres. These regulations were reviewed in this inspection and this report will outline the findings found on inspection.

The findings from this inspection showed that the provider had not yet fully implemented its own compliance plan which was submitted to the Chief Inspector following the last inspection, and some deficits in governance and management identified during the last inspection had not been fully addressed. Improvements were noted to staffing arrangements, risk management and care planning documentation. However, a further review of staffing was required given the increasing needs of some residents and the proposed admission of a new resident. Improvements were also required to the individual assessments of the health, personal and social care needs of residents.

There were now formal on-call arrangements in place for out of hours seven days a week. The details of the on-call arrangements were notified to staff on a weekly basis and clearly displayed in the centre. Staff spoken with were familiar with the arrangements in place.

The post of the person in charge had remained vacant since August 2022. The provider had put in place interim arrangements for an experienced team leader to oversee the service but had failed to appoint a person in charge in line with the regulations. The assistant director of client services advised the inspector that the post of the person in charge was due to be filled and submitted a notification of same to the Chief Inspector following the inspection.

The provider had not yet fully implemented its own compliance plan which was submitted to the Chief Inspector following the last inspection. Internal repainting and refurbishment of kitchen units and worktops had not yet been completed. The team leader advised that the landlord of the property had commenced internal repainting and once the painting was completed there was a plan in place to complete the refurbishments by August 2023.

While staffing levels had increased following the last inspection a further review of staffing was required given the increasing support needs of some residents, the proposed plan to admit another resident and the potential need for two staff to support the evacuation needs of one resident at night time. Staff spoken with confirmed that the support needs of some residents continued to increase. Consideration was now being given for the need to use a hoist for one resident. A hoist had been delivered and staff advised that they were waiting on the occupational therapist to assess the suitability of the hoist and provide training for staff on its use. Two staff would be required to safely use the hoist while other residents still required supervision and support. Staff also raised concerns regarding the evacuation support needs for one resident who at times was refusing to get out of bed and would potentially require two staff in order to evacuate safely.

Training was provided to staff on an on-going basis and records reviewed indicated that all staff had completed mandatory training. Additional training in various aspects of infection prevention and control, feeding, eating, drinking and swallowing, medication management, chemical safety, diabetes awareness and dementia care had also been provided to some staff. Further training was scheduled in risk management, dementia care and safe use of the hoist.

In line with the regulatory plan submitted by the provider, the team leader confirmed attendance at a number of recent training workshops which had been arranged by the provider to support and enable persons in charge and team leaders in their role. Training included roles and responsibilities, risk management, Flex maintenance system, quality enhancement plans and discussion on new templates, filing systems and assessments of need being implemented by the provider across all services.

While the provider had systems in place to monitor and review the quality and safety of care in the centre including an annual review and six monthly unannounced audits, some key areas for improvement had not been identified in these reviews. For example, a recent provider led audit had been carried out in March 2023 with a focus on Regulation 23: Governance and management and Regulation 26: Risk management, however, the changing needs of residents and the resulting impact on staffing resources had not been mentioned as an issue. The

team leader advised that the provider had plans in place to develop a standardised quality enhancement plan to provide improved oversight of actions that were required to be addressed. The plan is to include actions from provider led audits, however, the inspector had concerns that if the issues were not being identified in the audits they would not be included as part of the quality improvement plan.

The team leader continued to regularly review identified risks, health and safety, accidents and incidents, complaints, restrictive practices, medicines management, fire safety, staff training and residents finances. The team leader met with the assistant director of client services on a monthly basis and regular team meetings were taking place at which identified areas for improvement and staff training updates were discussed and learning shared.

While residents accounts were audited on a monthly basis by the team leader and a sample of records reviewed did not show any discrepancies, further transparency was required to ensure that there was evidence of agreement and consent for the transfer of monies from a residents' bank account towards the payment of utility bills.

Regulation 14: Persons in charge

The post of the person in charge had remained vacant since August 2022. The provider had put in place interim arrangements for an experienced team leader to oversee the service but had failed to appoint a person in charge in line with the regulations. Following this inspection a notification regarding the appointment of a person in charge was made to the Chief Inspector. This notification will be considered when all of the prescribed documents have been submitted, following assessment of fitness and assurances that the nominated person has the capacity to full fill the role.

Judgment: Not compliant

Regulation 15: Staffing

There was still one vacant care assistant post. While staffing levels in the in the centre had improved since the last inspection. Staffing levels in the centre require further review given the increasing support needs of some residents, the proposed plan to admit another resident to the centre and the potential need for two staff to safely use a hoist and support the evacuation needs of a resident at night time.

Judgment: Substantially compliant

Regulation 23: Governance and management

Further improvements were required to ensure that the service provided was safe, appropriate to the residents needs, consistent and effectively monitored.

The provider had not fully implemented its own compliance plan which was submitted to the Chief Inspector following the last inspection.

Staffing resources were still not in line with the statement of purpose, there was still one vacant care assistant post.

The post of the person in charge had remained vacant since August 2022 and the provider had failed to appoint a person in charge in line with the regulations up to the time of the inspection.

Systems in place to monitor and review the quality and safety of care in the centre require review to ensure that all areas for improvement were identified and included in the quality enhancement plan for the centre.

Improvements were required to the individual assessments of the health, personal and social care needs of residents. The recently introduced standardised needs assessments had not been fully completed, were not informative and staff were unable to interpret the resulting scores.

Further transparency was required in relation to residents finances, to ensure that there was evidence of agreement and consent for the transfer of monies from a residents' bank account towards the payment of utility bills.

Judgment: Not compliant

Quality and safety

The local management team and staff strived to ensure that residents received an individualised, safe and good quality service. Improvements were required to the recently introduced individual assessments of residents needs.

The inspector reviewed a sample of residents' files and noted that support plans in place were individualised, informative and there was evidence of regular review. Care plans and protocols in place were found to be comprehensive and provided clear guidance for staff. For example, a resident assessed as being at high risk of falls had a falls management plan in place which had been developed following consultation and assessment by the physiotherapist. There was a clear falls protocol in place including a detailed protocol for night time as well as a environmental safety checklist completed. Staff spoken with reported that the protocols had been working

well and this resident had not had any recent falls.

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 physiotherapy, speech and language therapy (SALT), chiropody, occupational therapy,psychology and dentist. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and documented. Individual goals were outlined along with the names of those responsible for supporting each resident achieve the goals in the plan within agreed timescales. A log was maintained to show progress and achievement of each goal. From a review of these logs the inspector was clearly able to see that many of the goals outlined had been achieved and others were planned or in progress.

Residents needs had been recently assessed using a new standardised needs assessment template 'My support needs assessment'. The assessments had been carried out by the team leader and an assigned member of the multi-disciplinary team. A total numerical score had been calculated for each resident but staff and the team leader were unable to interpret the score result. The team leader advised that the completed assessments had been submitted to the senior management team and they were currently waiting on further guidance on how to interpret the scores. The assessments were not informative, they did not identify the type of supports required, actions required due to risk identified, staff skill set or staff training needs to support the needs of residents.

The inspector reviewed the risk register which had been updated on 30 May 2023. The team leader had recently completed a training workshop on risk management and training was planned for all staff in the coming months. The team leader outlined the risk escalation pathways and confirmed that the top five centre risks are discussed at the monthly team meetings. Minutes of recent staff meetings reviewed showed that these risks had been discussed. The changing needs of residents, staffing resources and fire safety were clearly identified as the main risks in the centre. The risks had been discussed with the multidisciplinary team and at a follow up meeting with members of the senior management team.

Regulation 26: Risk management procedures

There were systems in place for the identification and on-going review of risk. The risk register was reflective of identified risk in the centre. The team leader had recently completed a training workshop on risk management and training was planned for all staff in the coming months.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents needs had been recently assessed using a new standardised needs assessment template 'My support needs assessment'. The assessments were not informative, they did not identify the type of supports required, the action required due to risk identified, the staff skill set or the staff training needs to support the needs of residents. Staff were unable to interpret the assessment score result.

Judgment: Not 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	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant

Compliance Plan for Alder Services OSV-0004060

Inspection ID: MON-0040417

Date of inspection: 20/06/2023

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: • A person in charge has been appointed for the Alder services commencing on 24th July 2023 • Induction for the new Person in Charge is ongoing and this will be provided by the Area Service Manager. The induction for the new Person in Charge will continue until 30th August 2023 and will be supported and reviewed by the Area Service Manager. • The Team Leader in Alder Services has been allocated twenty-four hours of supernumerary time per week, to fulfill the delegated responsibility of governance and oversight. • The newly appointed person in charge will meet the Team Leader weekly to review all areas of the Team Leaders responsibility and to provide supervision and support.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Effective from 17th July 2023, there are now three staff (increased from two staff) on duty during waking hours. This is to ensure sufficient staffing to meet the assessed support and supervision needs of all residents. • The person in charge is responsible for ensuring that residents' assessments of needs are up to date and accurate. The Team leader has delegated responsibility to update residents' needs assessments at least monthly, or more frequently if it is evidenced that a resident's needs are changing. The Team leader will report to the person in charge in their weekly meetings to assure that this level of monitoring and updating of resident's needs is effective.	

• The Area Service Manager will audit resident needs assessments on a monthly basis and escalate if evidenced a need to review staffing arrangements in Alder Services.
• Staff meetings, facilitated by the Person in Charge, are held monthly. Standing agenda items include review of incidents, risk register and management and changing needs of residents.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• A person in charge has been appointed for the Alder services commencing on 24th July 2023
• Induction for the new Person in Charge is ongoing and this will be provided by the Area Service Manager. The induction for the new Person in Charge will continue until 30th August 2023 and will be supported and reviewed by the Area Service Manager.
• The Team Leader in Alder Services has been allocated twenty-four hours of supernumerary time per week, to fulfill the delegated responsibility of governance and oversight.
• The newly appointed person in charge will meet the Team Leader weekly to review all areas of the Team Leaders responsibility and to provide supervision and support.
• Staff supervision is now scheduled for all staff and will be completed quarterly or as required.
• The newly appointed person in charge will review all incidents as and when they occur to identify trends, evidence, or other indicators that a review of risk or resident's needs assessment is required.
• Painting and refurbishment on the premises will be completed by 30th of September 2023.
• The Person in Charge is responsible for ensuring that resident finances are managed in compliance with protocol and procedures.
• An updated document is now in place to provide support for residents in regards how much money they receive, the rent they pay and what bills their contribution goes towards.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

• The “All About Me” assessments are completed for all residents.
• The “ All About Me” assessment document is an existing Ability West document. It is completed and maintained by the Person in Charge, Team Leader and Key worker . This document is filed in the resident’s personal plan for the purpose of review.
• The Person in Charge will ensure that the “All about Me” is regularly reviewed when an emerging/changing need is identified.
• Separate to the “ All About Me “ needs assessment , the provider is undertaking an additional robust review of needs assessments utilizing “My Support Needs Assessment”. “My Support Needs “assessment has been completed by the Person in Charge and a member of the MDT team. This document is stage one of a Provider needs assessment to inform current and future needs for each resident in Ability West.
• Support Plans and PCP will be reviewed and updated monthly or as required.
• Keyworkers have been assigned to each resident. The Person in Charge and Team Leader will guide and support the keyworkers to ensure that support plans and person centred care plans are reviewed and updated monthly or more frequently as required.
• The Person in charge will review all incidents as and when they occur to identify trends, evidence, or other indicators that a review of risk or resident’s needs assessment is required.

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 14(1)	The registered provider shall appoint a person in charge of the designated centre.	Not Compliant	Orange	24/07/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	17/07/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent	Not Compliant	Orange	17/07/2023

	and effectively monitored.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	31/07/2023