



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

Name of designated centre:	Alder Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	17 April 2018
Centre ID:	OSV-0004060
Fieldwork ID:	MON-0023872

About the designated centre

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

Alder Services provides services to those with an intellectual disability who require support ranging from minimum to high levels of care needs. The service can accommodate both male and female residents from the age of 18 upwards. The service can accommodate up to five permanent residents at a time and operates seven days a week. Respite services are also available for another five residents on the basis of planned, recurrent, short-term placements of varying durations. During the day, service users attend a variety of day services and some service users are involved in supported employment. However, in the case of short-term illness, Alder Services will endeavour to make alternative arrangements particularly if a person is unwell and is not able to attend their day service.

The following information outlines some additional data on this centre.

Current registration end date:	27/07/2018
Number of residents on the date of inspection:	5

How we inspect

To prepare for this inspection the inspector or 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
17 April 2018	14:30hrs to 19:00hrs	Thelma O'Neill	Lead

Views of people who use the service

The inspector met with two residents living in the centre on the day of inspection. As part of the inspection, the residents' daily routines were also observed by the inspector.

The residents who were available to speak to the inspector said they were happy living in the centre. Residents were also observed to be comfortable and relaxed in their home and appeared at ease in the presence of staff members. Residents smiled and appeared content during the inspection.

During the course of the inspection, the inspector was shown a letter from a family member who was complementing the provider for the service provided. The family spoke positively of the service provided in the centre and their appreciation for the recent changes to the service level agreements between the service provider and the resident. This had resulted in security of tenure for the resident and provided the family with assurances of the full-time supports available to their relative.

Capacity and capability

The inspector found the provider had the capacity and capability to deliver a safe and quality service and the registered provider had demonstrated effective leadership in ensuring that a good quality and safe service was provided to the residents in this designated centre. While compliance with the regulations was mostly achieved, one area where improvement were required was in the assessment of residents healthcare needs.

This inspection found evidence of a service that supported and promoted each resident's care and welfare and social care needs to a better standard than found on previous inspections.

An inspection to inform the renewal of registration of this centre was completed on 12 February 2018 had found non-compliance across a range of regulations reviewed. This inspection was a follow up from the previous inspection and formed part of the regulatory plan for this centre. In response to the findings of the previous inspection, the provider had submitted a robust compliance plan detailing how they were addressing the non-compliance's in the centre. This quality improvement plan was reviewed on this inspection and was found to be effective in

bringing the centre back into compliance with the regulations, which resulted in positive outcomes for the residents and improvements in their quality of life.

The inspector found the registered provider, the person in charge and persons participating in management of the centre were now effective in ensuring each resident received an improved quality service. This inspection found evidence of a service that supported and promoted each resident's care and welfare and social care needs to a better standard than found on previous inspections. However, some improvement remained in the assessments of residents healthcare needs. This was an action from the last inspection that had not been addressed.

The provider had reviewed and enhanced their quality assurance systems to ensure that adverse incidents were appropriately reviewed and responded to, and managers were now aware of their responsibility to ensure internal and external control processes were effectively managed. In addition, the middle and senior management team were meeting more regularly to discuss the management of corporate risk issues. A new director of services was appointed to the organisation and the director was present at the feedback meeting and was made aware of the improvements in compliance of this centre since the last inspection.

Complaints management procedures had improved and staff training requirements; such as, safeguarding and safety training, risk management training, epilepsy management and diabetes management had been completed by all staff.

Further improvements also included clearer definition and identification of the lines of accountability and authority for governance and management structures within Ability West Services. These included improved performance management and accountability meetings between the senior services manager and person in charge. Meetings between the senior services manager and person in charge now occurred within the centre every two weeks, where specific key quality indicators were reviewed at this meeting. In addition, there had been three unannounced inspection completed by the provider representative since the last inspection and actions plans had been completed by the senior services managers to evidence and check that improvements were being achieved. This had resulted in improved accountability and performance management initiatives taking place at an operational level within Ability West designated centres.

The inspector reviewed incident recording systems in the centre and noted all required notifications had been submitted to the Chief Inspector within the time-lines stipulated in the Regulations. This was an improvement since the previous inspection.

Staff supervision meetings were ongoing and most staff had received a supervision meeting since January 2018 with dates for further supervision meetings scheduled. This demonstrated a commitment by the provider to continue to improve work practices, better quality of care provided to residents going forward and a positive culture towards bringing about improvements.

The inspector reviewed the statement of purpose during the course of the inspection. Inspection findings and observations made during the course of this

inspection indicated the service was being operated in line with the matters set out in the statement of purpose.

Regulation 14: Persons in charge

The person in charge worked full time in this centre and had the educational and management qualifications required for the post.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had completed a staff training analysis to identify staff training needs in this centre. Training needs requirements had been identified and appropriate training had been put in place. For example, diabetes care and epilepsy management had been completed by all staff as well as infection control management.

Judgment: Compliant

Regulation 23: Governance and management

Significant Improvements had occurred in the governance and management of this centre since the last inspection. The corporate and operational management of this centre had improved. This was a result of enhanced leadership and additional support and supervision from the senior management team.

Since the last inspection, the quality assurance systems in this centre were reviewed by the provider and improvements were put in place to identify any risks and hazards occurring in the centre. Where risks were identified appropriate systems were put in place to ensure risks were escalated to the appropriate manager responsible for managing these risks.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Service level agreements had been reviewed and updated since the last inspection. This provided assurances to residents and family members of the terms and conditions of the service provided.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose reflected both the services and facilities provided at the centre and contained all information required under Schedule one of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring was maintained in the designated centre, all of these incidents were reported to HIQA as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The person in charge is now the complaints officer for this centre and all staff have had training in complaints management since the last inspection.

Two open complaints were being managed by the person participating in the management (PPIM) who is the complaints appeals officer and the complaints had been investigated and managed appropriately.

Judgment: Compliant

Quality and safety

The findings of this inspection demonstrated a significant improvement in the quality and safety of care provided to residents since the last inspection. The experience of residents living in the centre had improved and the operational management of the centre had been enhanced. This resulted in a better oversight of the quality and safety of care provided to residents in this centre.

The centre was sufficiently resourced, had competent well-trained staff and had systems in place to ensure a good service delivery for residents. Residents using the service confirmed this to the inspector on the day of inspection and were very complementary of the quality of services provided. The inspector found the experience of residents living in the centre was generally positive and they were happy that the service level agreements had been completed since the last inspection. In addition, the provider had implemented effective measures to respond to behaviour that challenges and infection control risks in the centre.

Risk management procedures had improved in the centre and staff were able to demonstrate that there were now effective risk management procedures in operation since the last inspection. All staff working in this centre had received training in risk management, and protection and the management team had implemented new systems to identify and manage risks in the centre. This had led to a more effective oversight of the risks in the organisation.

Since the last inspection one resident was discharged and this had improved safeguarding and safety concerns previously identified in the centre. In addition, the management of safeguarding concerns were under review by the senior management team and they were implementing new procedures for the coordination of safeguarding allegations in Ability West Services.

All personal plans for residents had been reviewed since the previous inspection and now contained accurate and up-to-date information which guided and support staff in implementing evidence based practice and recommendations to support residents. Residents social care plans were in place and records were maintained to demonstrate the achievements of residents social goals.

Residents healthcare needs were responded to as required; however, there was no system to assess respite residents healthcare needs on admission or on an annual basis as required by the regulations. It was important for staff to be aware of respite residents medical conditions and their changing healthcare needs. This was an action from the last inspection that was not addressed.

At the last inspection improvements were required in the management of respite residents medication administration. Since then, the person in charge had audited medication management systems and communicated with families the need to adhere to the organisational medication management policies and procedures.

Regulation 12: Personal possessions

The management of residents finances had been reviewed since the last inspection and there were appropriate financial audits in place to ensure residents finances were managed as per organisational policies and procedures.

Judgment: Compliant

Regulation 17: Premises

The premises met the requirements of the regulations and the actions from the last inspections were completed. The offices in both houses were repainted and one residents en suite show is now in working order.

Judgment: Compliant

Regulation 26: Risk management procedures

Since the last inspection there was a significant improvement in the management of risk in this centre.

The risk register had been updated with the current operational risks in the centre.

The managers and staff demonstrated a better knowledge of risk management and the requirement to escalate and manage risk in the centre.

All staff had received training in risk management since the last inspection.

Judgment: Compliant

Regulation 27: Protection against infection

Since the last inspection staff had received infection control training necessary to prevent Healthcare associate infections (HCAIs) by ensuring that all staff were aware of the requirements to effectively manage clinical/hazardous waste, linen and

laundry, equipment, medical devices and environmental cleaning.

A residents' medical conditions had increased the risk of (HCAIs), but this condition is now being treated with a new medication and has resulted in a significant reduction in the risks of HCAI's in this centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Since the last inspection, there were no medication errors reported in the centre. This was due to a robust review of medication management procedures, particularly around the management of incorrect medications being sent into the centre from home. The management team were communicating more clearly and directly with families regarding the organisations medication management policies and procedures particularly for respite residents. As a result, the management of this issue had significantly been improved to prevent a serious incident occurring.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments of residents healthcare needs were not in place for all of the residents in this centre.

The inspector found that no health assessments or healthcare plans were in place for respite residents and there was not operational procedure in place to ensure staff were made aware of the changing healthcare needs of residents. This was required to ensure staff could manage residents current healthcare needs. This was an action from the last inspection that was not addressed.

Judgment: Not compliant

Regulation 6: Health care

Significant improvements in the management of residents healthcare needs were now in place in the centre. Since the last inspection, all staff have been trained in the management of acute medical conditions, such as epilepsy and diabetes care management.

Judgment: Compliant

Regulation 7: Positive behavioural support

Since the last inspection, the provider had completed a review of the impact or the safety concerns that some residents behaviours of concern were having on other residents quality of life in the centre. As a result, one resident was discharged from the centre to a more suitable environment better suited to meet their needs.

Restrictive practices in the centre were fully assessed to ensure they were in line with positive behaviour supports and organisational policies and procedures.

Judgment: Compliant

Regulation 8: Protection

Since the last inspection, a review of the management of safeguarding concerns had taken place in the organisation. As a result, the safeguarding management team identified the need to improved their processes around the management of some safeguarding concerns, by appointing a team coordinator. This was actively being addressed by the senior management team at the time of the inspection.

In addition, all staff working in the centre had received refresher training in protecting vulnerable adults, and as as result told the inspector that they had a better understanding of their role and responsibility in protection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Alder Services OSV-0004060

Inspection ID: MON-0023872

Date of inspection: 17/04/2018

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 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none">• All Alder Services residents will receive an Annual Health Assessment form. This is to be filled in by the service user's GP or alternatively by a family member and will be reviewed on an annual basis.• For residents with complex medical needs an annual health check by their GP will be requested.• The Assessment of Needs forms for each resident will be reviewed at the Annual Case Reviews, or as required if any changes in health arise.• All residents Person Centred Plans will be reviewed annually, and updated as changes arise.	

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 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	15 June 18
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	15 June 18

Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	15 June 18
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