

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Alpine Services
<b>Centre ID:</b>	OSV-0004069
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Ability West
<b>Provider Nominee:</b>	Breda Crehan-Roche
<b>Lead inspector:</b>	Ivan Cormican
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 27 September 2017 10:30 To: 27 September 2017 19:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and also to inform a registration decision. The previous inspection of this centre took place on 22 June 2016. Three actions were identified following the previous inspection, the inspector found that all of these actions had been implemented as described.

How we gathered our evidence:

As part of the inspection, the inspector met with four residents who were observed to interact warmly with staff and appeared to enjoy their surroundings. One of the residents was could communicate verbally, one resident had some verbal skills and two residents were non-verbal. The inspector also spoke with five staff members, including the person in charge and an area manager. Questionnaires which were submitted to residents and their families prior to the inspection were reviewed and indicated a high level of satisfaction with the service provided. The inspector observed interactions between residents and staff and work practices.

Documentation such as personal plans, risk assessments, medication records and

emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised of a large building that was linked to a day service and accommodated up to five residents who have an intellectual disability. Planned and emergency respite was offered in this centre and 19 individuals availed of this service. Each respite user had their own bedroom for the duration of their stay which was warm and comfortably furnished. The centre had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. The centre was located within walking distance of a small town and suitable transport was made available to support residents to access the community.

Overall judgment of our findings:

This inspection found a good level of compliance with the regulations and residents appeared to enjoy a good level of care. Outcomes including premises, health and safety, healthcare, medications, governance and management and workforce were found to be in compliance with the regulations. However, the inspector also found that improvements were required in relation to outcomes including social care needs, safeguarding and the centre's statement of purpose.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that that the social care needs of residents was maintained to a good standard in the designated centre. However, some improvements were required in regards to residents' goals.

Each resident had a comprehensive personal plan in place on the day of inspection. The inspector reviewed a sample of personal plans and found that they reflected the assessed needs of the residents. Each plan contained details such as my profile, annual reviews, circle of support meetings, intimate care needs, healthcare needs and risk assessments plans.

The inspector reviewed the documented personal goals for some residents. These goals had been formulated through circle of support meetings which involved the resident, their family members and staff from the designated centre and day centre. The inspector found that some residents had achieved personal goals; however, some of these goals did not reflect the residents' chosen goals, which were identified at their planning meetings. The review of residents' goals also required improvement as a circle of support meeting had not taken place as planned for one resident.

Residents were supported to access the local community on a regular basis. Daily notes indicated that residents attended events such as agricultural shows, concerts and birthday parties. Residents also accessed the community on a daily basis to go shopping and attend local restaurants and public houses.

**Judgment:**

Substantially Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the premises met the assessed needs of residents.

The centre was warm, clean and had suitable lighting and ventilation. The centre had a large kitchen which was appropriately equipped and a separate dining area. Residents also had access to a large sitting room in which to relax.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection, the inspector found that the health and safety of residents, staff members and visitors was promoted in the designated centre. The actions from the previous inspection had been addressed with a revised emergency on call system and updated personal emergency egress plans (PEEPs) now in place.

The centre had a safety statement in place which outlined the safety precautions within the centre. The person in charge also maintained a critical incident response plan which detailed the supports which were available to staff in the event of an emergency.

The centre had appropriate fire precautions in place such as fire doors, emergency lighting, fire alarm, fire extinguishers and emergency exits. Staff were conducting regular audits of these precautions and were also carrying out a schedule of fire drills. All staff and residents had taken part in a fire drill and each recorded fire drill indicated that residents could be evacuated in a prompt manner.

Staff had attended fire training and were guided in the evacuation of residents by PEEPs and a centre emergency evacuation plan (CEEP). Staff had a good knowledge of these plans which also listed the use of enticements to aid the evacuation of some residents.

The person in charge maintained a risk register which was regularly reviewed and outlined the identified risks within the centre such as fire, safeguarding and lone working. Each risk was also rated and had appropriate controls in place to address the area of concern. Each resident also had risk assessments in place which were also rated and regularly reviewed to ensure that appropriate control measures were in place.

The centre had a log of all adverse events which were responded to in a prompt manner by the person in charge. There was clear evidence of follow up by the person in charge with an incident of a resident falling resulting in a referral to the occupational therapist and a review of a resident's risk assessment.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection, the inspector found that the provider had systems in place to safeguard residents from abuse. However, some improvements were required to safeguarding practice in the centre. The action from the previous inspection had been addressed with appropriate action taken by the provider in regards to a safeguarding issue which was raised.

The centre had a safeguarding policy in place and staff had a good understanding of safeguarding including identifying potential abuse and reporting procedures employed within the designated centre. Staff also had a good knowledge of the two active safeguarding plans in place on the day of inspection. These safeguarding plans were regularly reviewed by the designated officer and the person in charge completed a monthly tracking report in regards to any concerns which may have occurred.

A review of the daily logs for one resident indicated that a safeguarding issue may have occurred within the centre. This was brought to the attention of the person in charge who was not aware of this issue. The inspector found that this issue was not reported in line with the provider's safeguarding policy. Subsequent to the inspection, the person in charge submitted the required notification and actions which were taken to address the issue.

There were some behavioural support plans in place which listed the proactive and reactive strategies to behaviour that challenges. Staff were found to have a good knowledge of these plans. The centre had one restrictive practice in place which the resident's family was aware of. There was a protocol in place to guide staff in regards to its use and staff on duty were also maintaining a log of when the practice was implemented. The person in charge also completed a restrictive practice risk assessment which was reviewed on a regular basis.

**Judgment:**

Non Compliant - Moderate

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection the inspector found that the healthcare needs of residents was supported in the designated centre.

Residents lived with family members and attended the centre for respite breaks. Their healthcare needs were supported by their families; however, the centre had relevant information such as residents' medical histories and any updates in regards to their care following a review by allied health professionals.

A resident's personal plan also contained a plan of care to support them in regards to a recently diagnosed condition. Residents' plans also contained information to guide the

support required by residents with modified diets. These were regularly reviewed by the speech and language therapist. Each resident also had a hospital passport in place, which outlined the care requirements of that resident, should they require acute medical care.

A home-cooked meal was also prepared on the evening of inspection which appeared nutritious.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the centre had appropriate medication practices in place.

The centre had suitable locked storage for all medicines. Staff had received training in the safe administration of medicines and could clearly articulate the steps to be followed in regards to the administration of medicines and the associated recording procedures. The inspector reviewed a sample of prescription sheets and found that all medicines were administered as prescribed.

Residents had been assessed to self-medicate, but no residents were self-administering their medicines on the day of inspection. Staff on duty also maintained a log of all received and returned medications.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> On the day of inspection, the inspector found that the centre had a statement of purpose in place which described the service provided. The statement of purpose was reviewed on an annual basis; however, it did not contain all the requirements as detailed in Schedule 1 of the regulations.</p>
<p><b>Judgment:</b> Substantially Compliant</p>

<p><b>Outcome 14: Governance and Management</b> <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.</i></p>
<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> On the day of inspection, the inspector found that the centre had appropriate governance and management arrangements in place.</p> <p>The person in charge was in a full-time role and had allocated time to carry out their duties. The person in charge had a good understanding of the residents care needs and of the regulations. The person in charge was also conducting regular audits on medications, residents' finances, adverse events and risk management within the centre.</p> <p>The provider had conducted a six monthly audit of the care and support provided in the centre. The audit reviewed 14 outcomes which had largely positive findings. An action plan was generated following this audit and the person in charge had made good progress in addressing the identified issues.</p> <p>An annual review of the service had also been conducted by the person in charge. Residents and their families were consulted in regards to the service provided and a quality improvement plan was formulised following this review with areas such as the</p>

availability of respite, adverse events and family involvement identified as requiring some improvements.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection, the inspector found that the staffing arrangements were meeting the assessed needs of residents. The action from the previous inspection was addressed with an accurate rota now being maintained in the centre.

The inspector reviewed the training matrix and found that staff had received training in areas such as fire safety, medications and safeguarding and were up to date with training needs.

Regular staff meetings were occurring and staff stated that they felt supported by the person in charge. Regular staff support and supervision sessions were also taking place in the centre.

The inspector reviewed a sample of staff files which were found to contain all the requirements of Schedule 2 of the regulations. There were no volunteers in place on the day of inspection.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

## **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Ivan Cormican  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0004069
<b>Date of Inspection:</b>	27 September 2017
<b>Date of response:</b>	18 October 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The person in charge failed to ensure that resident's circle of support meetings had occurred as planned.

**1. Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

reviewed annually or more frequently if there is a change in needs or circumstances.

**Please state the actions you have taken or are planning to take:**

Circle of Support meeting scheduled to take place. Going forward, a schedule of all Circle of Support meetings will be compiled in conjunction with the relevant Day services.

**Proposed Timescale:** 31/10/2017

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The person in charge failed to ensure that resident's personal goals reflected those identified as part of the resident's annual review.

**2. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**Please state the actions you have taken or are planning to take:**

In the future, where resident's choose to change their goals, this will be clearly documented at the Circle of Support meetings. A review of the resident's Person Centre Plan will also be undertaken at these meetings to look at the effectiveness of the plan and reflect any changes in circumstances or new developments.

**Proposed Timescale:** 31/10/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that a safeguarding issue was reported in line with the provider's safeguarding policy.

**3. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**

This concern has been reported to the Designated Officer and reported to HIQA via NF06 on 28/09/2017. Additionally, the Designated Officer and Area Services Manager will be attending staff team meeting on 25/10/2017 to reinforce staffs obligations in terms of Safeguarding procedures.

Completed 28/09/2017

**Proposed Timescale:** 28/09/2017

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that the statement of purpose contained all the requirements of Schedule 1 of the regulations.

**4. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

A full review of the Statement of Purpose has been undertaken with the Quality and Compliance Officer to ensure that all requirements of Schedule 1 of the regulations are contained within the revised Statement of Purpose. Completed 13/10/2017

**Proposed Timescale:** 13/10/2017