



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

## Issued by the Chief Inspector

Name of designated centre:	Alpine Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	19 January 2021
Centre ID:	OSV-0004069
Fieldwork ID:	MON-0031199

## About the designated centre

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

Alpine Service provides respite care to 5 male and female people with an intellectual disability who require a support level ranging from minimum to high, and who are over 18 years of age. The service provides planned, short-term, recurrent respite breaks of varying durations. The centre is a large, well-equipped building linked to a day service in a rural town. All residential accommodation is on the ground floor of the building, and residents have their own bedrooms during respite breaks. The centre is centrally located and is close to amenities such as shops, restaurants, a church, and pharmacy service. Residents are supported by a staff team which includes the person in charge, social care workers and care assistants. Staff are based in the centre when residents are present and a staff member remains on duty at night to support residents. The person on charge is based in the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 19 January 2021	16:30hrs to 20:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that residents enjoyed their time spent in the respite centre and they were supported to participate in their care and also to engage in activities which they liked. Although, there was many positive aspects to the care which was provided in this centre, the inspector also found that improvements were also required to the centre's contingency planning in responding to COVID-19.

The inspector met with two residents and two staff members and the person in charge facilitated the inspection. The inspector met with the residents for a short period of time while maintaining social distancing. Both residents were very relaxed and one resident chatted to the inspector and staff members. They stated that they liked the centre and they had the same room for each time they attended for respite. They discussed how staff were going to help them to paint their nails later that night and how they really enjoyed this. A staff member then spoke about how the resident really enjoyed a foot spa at a local beautician and the resident included how they were planning to buy their own foot spa when the shops reopened fully. The inspector noted that the conversation between the resident and staff was free flowing and natural in nature. The resident really enjoyed these conversations and they also highlighted that they were looking forward to a take away during their stay. They highlighted that they made a decision to have a take away at the respite's house meeting which was held on the first evening of their stay. The other resident who met with the inspector did not communicate verbally but prior to meeting this resident staff informed the inspector that they understood language and that they would be able to respond to questions, if asked. Again, this resident was relaxed and they appeared to enjoy the company of staff. They were observed to make their own tea and have some biscuits as they sat and enjoyed the interactions. They indicated to the inspector that they liked the respite centre and that they were looking forward to doing some recycling during their stay. Residents were also observed to wear face coverings and one resident told the inspector it was because of COVID-19 and that it was also important to wash your hands regularly.

Residents attended scheduled twice weekly house meeting which supported them to have their voices heard in relation to what they would like from their respite stay. Residents discussed activity and meal choices and issues such as the importance of hand hygiene and face coverings were also highlighted. The provider also took this opportunity to openly discuss topics such as safeguarding, advocacy, complaints and fire safety which assisted in ensuring that residents' safety, inclusion and well being were actively promoted.

The provider had completed contingency planning in response to COVID-19 and these plans outlined how the centre would prepare and response to an actual or suspected case of COVID-19. The centre was also identified as an isolation unit should the provider need to cohort residents from other designated centres, who were confirmed as having COVID-19. In this event the provider planned to suspend the provision of respite care. Although, there were many positive aspects to

this contingency planning which highlighted the importance of maintaining residents' safety, some improvements were also required. For example the planning did not include how residents would be supported to understand the national emergency and how their personal planning and goal setting process would be progressed. The plan also failed to highlight how end-of-life care would be approached or how residents who were confirmed COVID-19 positive would be cared for and monitored should their condition deteriorate.

On the day of inspection, the centre was operating as a respite, the inspector found that the centre appeared like a pleasant place for respite and that residents enjoyed their stays. Some improvements were required in regards to contingency planning and these will be discussed under the subsequent heading of capacity and capability in this report.

## Capacity and capability

The inspector found that the governance and management arrangements which were implemented by the provider and by the person in charge ensured that residents received a service which was safe and tailored to meet their individual needs.

The provider had implemented contingency planning in response to COVID-19 which detailed how both the provider and the centre would respond to an outbreak of this disease. The plan outlined how suspected and confirmed cases of COVID-19 would be managed and there was clear instruction in terms of isolating residents. The provider had also identified this centre as an isolation unit and the plan clearly distinguished clean areas and also an identified area for the donning and doffing of personal protective equipment (PPE). Although there were many positive aspects to this contingency plan, so areas required review. For example, two separate teams were identified to assist the centre to manage COVID-19. One team called the Ability west response team was tasked with providing oversight of the COVID-19 situation and the plan outlined who were the members of this team, however, it did not detail the responsibilities of these team members. Furthermore, the second team was called a critical incident response team, but there was no information in regards to who would make up this team or what their role within the centre would be. The plan also required further revision to outline how staffing levels would be maintained and also guide on the level of increased cleaning and hygiene practices which was required to ensure the safety of residents was maintained.

The provider had guidance in place to ensure that residents' personal plans would be transferred into the centre should a resident need to isolate there for a period of time. The person in charge indicated that preferably, staff members from day services and the resident's residential placement would also transfer into the centre to support the delivery of care alongside the respite staff team. The inspector found

that these arrangements would ensure that, as much as possible, that continuity of care would be maintained. Although, this was a positive aspect of care, some improvements were required in regards to planning for residents, for example, there was no indication that monitoring of residents' health would be initiated and there was also no guidance in terms of end of life care for residents who had tested positive for COVID-19.

The provider had facilitated additional training for staff in regards to infection prevention and control, hand hygiene and the use of PPE. Staff were observed to use PPE when engaging with residents and information in regards to COVID-19 was freely available. The six-monthly audit and annual review had also been completed and any actions arising were being addressed by the person in charge. Some improvements were also required in regards to the centre's annual review, as the provider failed to clearly demonstrate how residents and their representatives had been consulted as part of this review process and the inspector found that this was a missed opportunity to drive improvements within the centre.

Overall, the inspector found that the provider had ensured that the centre was a pleasant place in which to have respite breaks; however, improvements were required to the centre's contingency planning and annual review process.

### Regulation 15: Staffing

Staff members interacted with residents in a warm and caring manner and residents appeared relaxed in their company.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured that staff members had received training in response to COVID-19 with additional training completed in regards to hand hygiene, infection control and the use of PPE.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured management arrangements in place which promoted the safety of the respite service. However, improvements were required in regards to the centre's contingency planning and also in relation to consulting with residents

and their representatives when completing the centre's annual review.

Judgment: Substantially compliant

## Quality and safety

The inspector found that the provider had ensured that residents' well-being, inclusion and welfare was actively promoted which assisted in ensuring that respite stays were a pleasant experience.

Each resident had a personal plan in place which was comprehensive in nature and clearly outlined each resident's care needs and also what they would like to do during their respite stays. As mentioned earlier, residents also participated in residents' meetings which ensured that they could pick and choose what activities they would engage in for each stay and also how they would like to relax. These meetings also facilitated residents to discuss safety issues within the centre and topics such as complaints and advocacy. The inspector found that these arrangements which were promoted by the provider and implemented by the staff team ensured that residents' independence, well being and welfare were to the forefront of care.

The provider had an incident reporting system in place which was monitored by the person in charge for serious incidents and ongoing issues which may impact on the provision and safety of care. The person in charge had a good understanding of responding to incidents and overall, the inspector found that this system actively promoted residents' safety. The person in charge also had responsibility for identifying and risk rating safety concerns within the centre and comprehensive risk assessments were in place for behaviours of concern and safeguarding. There was also risk assessments in place in regards to COVID-19 which required some amendments on the day of inspection to reflect many of the increased hygiene arrangements which had been enacted.

The centre was clean and homely on the day of inspection and an enhanced cleaning regime had been implemented in response to COVID-19. Staff and residents were observed to wear PPE and there was additional signage and reminders to take time for hand washing and to maintain social distancing.

Overall, the inspector found that residents enjoyed their respite stays and that the centre was homely and warm in nature.

## Regulation 26: Risk management procedures

The person in charge maintained the centre's risk register and their was also



comprehensive risk assessments in place which promoted safety within the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The person in charge ensured that enhanced cleaning regimes were implemented and also that the centre was adequately stocked with PPE.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place which was reviewed on an ongoing basis and also to reflect changes in care requirements.

Judgment: Compliant

### Regulation 6: Health care

Residents' health care was generally maintained by their respective families, but their was sufficient information contained in each resident's file to ensure that the centre was meeting their health needs.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding was discussed at bi-weekly residents' meetings and there were no active safeguarding plans on the day of inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre appeared like a pleasant place to have a respite stay. Bi-weekly meetings ensured that residents could get involved in their care and discuss topics such as advocacy, complaints and rights.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Alpine Services OSV-0004069

Inspection ID: MON-0031199

Date of inspection: 19/01/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Covid19 Contingency plans for Ability West have been updated to include a more comprehensive and detailed account of actions to be undertaken in the event of an outbreak. Plans have taken into account should the use of an isolation unit be required, paying specific attention to service user needs at that time, in terms of appropriate staffing requirements, healthcare support needs and any end-of-life considerations. The plans have been updated to provide more detail regarding the membership and responsibilities of the Ability West response team and Critical Incident Response Team. These updated plans were forwarded to all Ability West Services on 26/01/2021. Alpine Services local Contingency plan has been updated to include more specific information in terms of staff responsibilities, health care needs, cleaning schedules and PPE supply responsibility. This was completed by 31/01/2021. The Person in charge will continue to ensure that the service provided is safe, appropriate to resident's needs, consistent and effectively monitored.</p> <p>The Annual Review process shall provide opportunities for consultation with residents and their representatives. These consultations will then be reviewed in order to determine future improvement plans and ensure the most person centred service as possible is provided. This will be completed by 28/02/2021.</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 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 and effectively monitored.	Substantially Compliant	Yellow	31/01/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	28/02/2021