

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Alberg House
<b>Centre ID:</b>	OSV-0004665
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services Unlimited Company
<b>Lead inspector:</b>	Anna Doyle
<b>Support inspector(s):</b>	Conan O Hara
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **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: 23 November 2017 10:00 To: 23 November 2017 17:00

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

Outcome 03: Family and personal relationships and links with the community
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 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was an announced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the Authority's assessment of the provider's application to renew the registration of this centre. It was the Authority's third inspection of this centre and was conducted over one day by two inspectors. At the last inspection seven of the eight outcomes had been compliant with the regulations; therefore all regulations under these outcomes were not fully inspected as part of this inspection. The required actions from the centre's previous inspection in May 2017 were followed up as part of this inspection also.

How we gathered our evidence:

Inspectors met with four residents, staff members and the person in charge during the inspection. The inspectors also reviewed five questionnaires which were completed by residents and a family representative, which provided the inspectors with information and feedback on the quality of the care and support provided in the

centre. Inspectors reviewed practices and documentation; including residents' transition plans, incidents, audits, some policies and procedures, fire management related documents and risk assessments.

Description of the service:

The service provider had produced a statement of purpose which outlined the services provided within this centre. The centre is managed by Nua Healthcare Services and delivers services to adults with autism and intellectual disability. Alberg House aims to provide 24-hour care to both female and male adults, aged between 18 and 30 years of age. The centre comprises of one house which provides accommodation to five residents. The centre is located on the outskirts of Naas, Co. Kildare. It is a two-storey dwelling and each resident has their own bedroom. The house has access to a secure garden space and communal areas to include a kitchen, dining area, a games room and two separate living spaces.

Overall judgment of our findings:

The inspectors found that supports provided in the centre were individualised and that supports were aimed at promoting independence for residents. The residents spoken to said that they were happy with these supports and it was clear that they were consulted on how the centre was run. Some residents went through aspects of their plan with inspectors and verified the information contained in the plans.

Staff were observed to treat residents with dignity and respect throughout the inspection and were knowledgeable around the needs of the residents in the centre. Of the ten outcomes inspected, eight were found compliant and two were found to be substantially compliant.

The findings are discussed further in the report and the areas for improvement are included in the action plan at the end of this report.

**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 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that residents were supported to develop and maintain personal relationships including links with the wider community. Families were encouraged to get involved in the lives of residents in line with the residents own wishes.

From talking to residents in the centre, it was clear that residents were actively involved in their community. Some residents had jobs, were undertaking courses in local colleges and were being supported to become more independent both in their community and in their home. All residents met were able to advocate for themselves in the centre and the involvement of family or representatives was at the consent of the resident. Residents spoken with verified this.

**Judgment:**

Compliant

**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:**

Overall, the inspectors found that residents were appropriately supported in relation to transfers between services.

There was one new admission since the last inspection in May 2017. The inspectors found that the admission occurred in a planned manner and the resident informed inspectors that they were involved in discussions regarding the move; had the opportunity to visit and view the house and were very happy living here.

In addition, there was a planned discharge taking place in the centre. Inspectors found that the discharge was taking place in a planned and safe manner. The planned discharge was discussed with the resident and their family and at the time of inspection the resident informed inspectors that they were viewing apartments. The service planned to provide after care supports for the resident for a period of time post discharge.

Two residents spoke to inspectors about the care and supports outlined in their personal plans and it was evident that they were aware of the contents of their plan.

Not all aspects of this outcome were reviewed as part of this inspection.

**Judgment:**

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:**

The inspectors found that the layout and design of the centre was suitable for its stated purpose and was in line with the statement of purpose for the centre.

There had been no changes made to the premises since the centre had been registered. The premises were well maintained and clean. Each resident had their own room which was personalised to their own tastes. However, not all residents' bedrooms were viewed

in line with the residents' wishes on the day of the inspection.

From a walk around of the centre, the inspectors found that the centre provided:

- Adequate private and communal accommodation, including adequate social and recreational space.
- Rooms of a suitable size and layout
- Adequate space and suitable storage facilities for the personal use of residents.
- Adequate ventilation, heating and lighting
- A kitchen/ dining area with suitable space for a large dining table.
- Shower and toilet facilities suitable to meet the needs of the residents
- Adequate facilities for residents to launder their own clothes if they so wished
- Adequate outside space that was well maintained.

**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:**

Overall, the inspectors found that the health and safety of residents, visitors and staff was promoted and protected. However, there were some improvements required in the risk management policy.

There was a Health and Safety Statement in place dated February 2017 which identified those responsible for health and safety related duties within the centre. The centre had a policy and procedure in place for incidents where a resident goes missing dated January 2017.

Accidents and incidents were recorded within the centre and these were regularly reviewed by the person in charge and were a standing agenda item at the team meetings. The inspectors reviewed a sample of accidents and incidents and found they were appropriately reviewed and follow up actions were taken where required.

There was a policy in place for the management of risk dated August 2017. The policy included the four risks identified by Regulation 26; however, the policy did not outline the arrangements in place for investigating and learning from serious incidents or adverse events. The centre maintained a risk register and individual risk assessments.

There were systems in place for the prevention and management of fire. Inspectors found that suitable fire equipment was provided and that the fire alarm, emergency lighting and fire fighting equipment were serviced regularly. The procedure for the safe evacuation of residents and staff in the event of a fire was prominently displayed. In the last inspection, it was identified that the procedure to be followed where an upstairs evacuation is required was unclear. In response, the provider had engaged an external fire consultant who found that the use of an upstairs window as an escape route was suitable.

In addition, at the last inspection it was identified that not all means of escape had clear signage in place and adequate emergency lighting. This also had been addressed at the time of inspection.

The centre carried out regular fire drills and records viewed demonstrated the participation of residents and staff. Inspectors reviewed a sample of fire drills and found that the centre was responsive to issues identified. Residents and staff spoken to were clear on the procedure in the event of a fire. Personal emergency evacuation plans were in place for residents who required them and outlined the arrangements in place to support residents who may present with behaviours that challenge during an evacuation from the centre.

Overall, the inspectors found that there were adequate infection control procedures in place. The premises were clean and well kept and personal protective equipment and hand washing facilities were available in the centre.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

There were measures in place for responding to incidents, allegations and suspicions of abuse. Where required safeguarding plans were developed and implemented to ensure residents were protected. The safeguarding plans in place guided staff practice and staff



spoken with informed inspectors of their understanding of the management of these safeguarding concerns.

There was a policy in place for the prevention, detection and response to abuse dated August 2017. Staff knowledge of safeguarding needs and their reporting responsibilities were found to be good. Staff engagement with residents was observed to be pleasant and person centred.

There was a policy in place for the provision of intimate care date June 2017. However, the person in charge informed inspectors that residents did not require supports in this area in the centre.

There was a policy in place for the provision of behavioural support dated October 2017. Behaviour support plans were not reviewed as part of this inspection.

There was a policy in place on the use of restrictive practices dated October 2017. The inspector's identified that there were some restrictive practices in place in the centre. For example, a window restrictive had been implemented in response to safety concerns. This was risk assessed and the resident told inspectors that they were aware of it and the rationale for its use.

However, inspectors identified some restrictive practices in place which were not identified as such. For example, unsupervised community access is limited in some incidents. While residents spoken with stated that they were aware of these practices which included a process towards increasing independence in this area and thereby reducing the restriction; some improvements were required in the recording, monitoring and review of these practices to ensure best practice in this area.

**Judgment:**

Substantially 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:**

The inspectors found that there were systems in place to audit medication management practices in the centre.

Inspectors reviewed a sample of medication errors that had occurred in the centre since

the last inspection and found that appropriate actions were taken in such an event. For example, medication errors were reported to a senior member of staff, medical advice was sought where appropriate and learning from events was applied to reduce the likelihood of a reoccurrence.

However, inspectors found that the intervention in place for one resident who refused medications required review in order to guide staff practice. The person in charge intended to link with the resident's medical practitioner after the inspection to review this. This information was submitted after the inspection which verified that the resident's practitioner was satisfied with the protocol.

**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

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

No actions were required from the previous inspection.

**Findings:**

The provider prepared a written statement of purpose which outlined the service provided in the centre. It contained all of the information required by Schedule 1 of the Regulations.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*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.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Overall, inspectors found that there were effective management systems in place and a clearly defined management structure that supported and promoted the delivery of safe, quality care services.

The person in charge was full time in their role and was also the person in charge for another designated centre. The inspectors found that this was not impacting on the services provided in this centre. They were supported in their role by two deputy team leaders and reported to the regional manager. The regional manager in turn reported to the director of operation and representative of the provider.

The provider had introduced a governance matrix which included an overview of incidents, accidents and complaints in the centre and allowed for the trending of same. This was completed by the person in charge on a weekly basis and submitted to the provider.

Inspectors found that the provider was taking responsive actions to the information being submitted from an organisational perspective to improve standards and practice. For example, "quality zooms" were circulated to centres when an area of improvement was identified from the governance reports. These quality zooms demonstrated what was considered good practice thus informing staff practice.

The provider completed an annual review for 2016 and this was provided to inspectors on the day of the inspection. The inspectors found that residents' and their representatives were not consulted in the annual review for 2016. However, this was being addressed in the annual review for 2017.

In addition, the provider carried out six monthly unannounced visits as required under the regulations. The most recent six monthly audit had been undertaken in May 2017 and areas for improvement had been identified. From this action plans were developed to address these areas. Inspectors reviewed a sample of actions and found the actions had been completed.

Additionally, a number of audits had been completed in medication management, premises, safeguarding and risk management. These audits would be used to inform the next unannounced quality and safety review of the centre which was yet to be finalised at the time of the inspection.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the*

*designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. In the absence of the person in charge the regional manager will manage the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, inspectors found that there were appropriate staff numbers in the centre to meet the assessed needs of residents.

The centre maintained a planned and actual roster, which indicated the staff members names, their role in the centre and the times of the shifts. The centre had a relief staff panel identified for the centre and measures were in place to ensure continuity of care for residents. The centre did not use agency staff.

Inspectors reviewed a sample of training records which demonstrated that staff had completed mandatory training. Relief staff training records were submitted after the inspection and on review inspectors found that mandatory training had been completed also for relief staff.

Staff interviewed felt supported in their role and regular team meetings were held in the

centre, that were facilitated by the person in charge.

Staff files were found to be compliant with Schedule 2 of the Regulations in the previous inspection in May 2017 so were not reviewed as part of this inspection.

There were no volunteers active in the centre.

**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:***

Anna Doyle  
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 Nua Healthcare Services Unlimited Company
<b>Centre ID:</b>	OSV-0004665
<b>Date of Inspection:</b>	23 November 2017
<b>Date of response:</b>	22 December 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 07: Health and Safety and Risk Management

**Theme:** Effective Services

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

The risk management policy did not include arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

**1. Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

1. The Centre's risk management policy will be reviewed and updated to include the requirement for Regulation 26 (1) (d).

**Proposed Timescale:** 05/02/2018

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Not all restrictive practices were identified and reviewed as such.

**2. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

1. Identify incidents where unsupervised community access was limited and review the controls measures implemented.
2. All restrictive practices within the Centre will be reviewed by the PIC and Director of Services to ensure they are applied in line with the Centre's policy on restrictive practices.

**Proposed Timescale:** 31/01/2018