



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

Issued by the Chief Inspector

Name of designated centre:	Alberg House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	10 October 2023
Centre ID:	OSV-0004665
Fieldwork ID:	MON-0032320

About the designated centre

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

Alberg House provides a residential service for both male and female adults with an intellectual disability. The number of residents accommodated in the centre is five. The Alberg house team uses a social care model of care and the centre is staffed by a person in charge, social care workers, assistant support workers, administration staff and relief staff to cover planned and unplanned leave. Staffing numbers are reviewed and revised to respond to residents' dependencies. The premises is a large detached five bedroom house close to the centre of a large town in Co. Kildare. The centre is near a wide variety of services and amenities including shops, cinema, post office, banks, and medical centres. There were good public transport links and residents had access to a vehicle to support them to attend work and activities in their local community. Each resident has their own bedroom, four of which are en suite. There is a kitchen, utility, living room, sitting room, bathroom, staff office, games room/staff sleepover room and a spacious garden with two storage sheds.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 (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 10 October 2023	09:30hrs to 16:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

Overall the findings of this inspection were that this was a well-managed and well-run designated centre. Each of the regulations reviewed were found to be compliant during this announced inspection. The inspection was completed following the provider's application to renew the registration of the designated centre. Residents were supported by a staff team who were familiar with their care and support needs. There were a small number of staff vacancies but the provider was ensuring continuity of care and support for residents while recruiting to fill these vacant positions. The provider had effective systems for oversight and monitoring in the centre and where areas for improvement were identified the required actions were taken to bring about these improvements. For example, a number of works had been completed to the premises since the last inspection which had contributed to the house being easier to clean, and they had resulted in the house appearing more homely and comfortable.

Alberg house provides 24-hour care and support for up to five adults with autism and/or an intellectual disability and acquired brain injuries. There were five men living in the centre at the time of the inspection. The centre is comprised of a two-story house close to the centre of a large town in Co. Kildare. There are five resident bedrooms, four of which have an ensuite bathroom. There is also a large kitchen, a utility area, two living rooms, a main bathroom, a games room, and a staff office. There is a driveway to the front of the house and a small well maintained garden to the back of the house.

A number of times during the inspection, the inspector of social services had the opportunity to meet and engage with three of the five residents living in the centre. This was an announced inspection and two residents choose to attend their usual activities so the inspector did not have an opportunity to meet them. They were aware they may not have an opportunity to meet the inspector so completed questionnaires in advance of the inspection and left them for the inspector to review. The other three residents also choose to complete the questionnaires.

The three residents who were at home were observed to have meals and snack at a time that suited them, to go out-and-about in the nearby town, to spend time in their favourite places in their home, or to spend time chatting with staff. They each chose a time that suited them meet the inspector and they each brought their goals and achievements folders with them. They spoke about courses they had completed, jobs they had, their experience of volunteering, competitions they had won, trips and holidays they had taken in Ireland and abroad, and activities they liked to take part in on a regular basis. They spoke about some of their current goals and how staff were supporting them to achieve these. Residents' achievement folders contained pictures of them reaching their goals or the steps they were taking to achieve them. They also contained certificates from courses and training they had completed. These included training in areas such as IPC, fire safety awareness, hand hygiene and manual handling. These were in addition to specific training course they had

completed in line with their interest, or to support them to gain employment in their chosen field.

One resident told the inspector they were very happy and very proud of their achievements. Some of these achievements included administering their own medicines, cooking, and travelling independently on public transport to the places they wanted to go. Another resident told the inspector they were proud of their budget plan. They discussed their income and expenditure and how they planned their budget to ensure they could take part in activities they enjoyed regularly, while also ensuring their bills were paid.

Each of the residents who spoke with the inspector said that they were happy and felt safe in their home. They were complimentary towards the staff team and spoke about what they would do if they had any complaints or concerns. They each showed the inspector their bedroom. Their bedrooms contained their personal belongings and they had their pictures and favourite items on display. Two residents showed the inspector additional storage solutions they had sourced since the last inspection, and one resident showed them their newly refurbished ensuite bathroom.

In the questionnaires they filled out in advance of the inspection, residents indicated they had been living in the centre for between one and eight years. Feedback in the questionnaires was very positive with examples of what was written in questionnaires including, "I would like to say that I am very thankful to be in the nicest house", "I have the best house....and am so close to everything like public transport", and "it is a friendly home, nice house. The atmosphere is nice", and "I love my house". Residents listed things they liked to do in their questionnaires such as, playing board games, cooking, aqua aerobics, yoga, meditation, going to the cinema, swimming, karaoke, volunteering, going to concerts and musicals, bowling, horse-riding, going out for meals, and attending courses. Residents indicated in their questionnaires that they were happy with complaints process. For example, they included comments such as, "I got a response to my complaint and i was very happy", "they listened to me and I felt better", and "I got a letter from complaints officer and they told me they were dealing with it".

The five residents and five of their representatives' input was captured as part of the provider's latest annual review of care and support. In this report residents described their opportunities to attend concerts and other music events, to go on holidays and to take part in activities they enjoyed such as playing sports and spending time with their family and friends. Each resident indicated they felt happy and safe, and that they were satisfied with their access to activities they enjoyed. Residents' representatives indicated they were happy with care and support for their family members, and with their engagements with the staff team. They also indicated they would feel comfortable raising any concerns they may have with the staff team.

The inspector had an opportunity to speak on the phone with one residents' family member. They were very complimentary towards the care and support provided for their relative in the centre. They described staff as "kind" and "considerate" and

spoke about how supportive and well trained they were. They also said that staff took the time to listen to them and to make them feel welcome when they visited the centre. They spoke about their relatives talents and achievements and were complimentary towards the supports in place to encourage their relatives independence, and to support them to engage in activities they really enjoyed. They told the inspector that they would feel comfortable raising any concerns they may have with any member of the staff team.

A number of staff spoke with the inspector during the inspection about the activities that residents liked to take part in, and about their talents and skills. They spoke about residents' love of sports, and the arts. They described how talented some residents were in relation to cooking, acting, hairdressing, and arts and crafts. For example, one resident had took part in a cooking competition abroad and another resident had created an art mural that was on display in a local building.

Each member of staff team in the centre had completed four online modules of human-rights training. Two of these staff spoke with the inspector about the impact human-rights training had on their day-to-day practices. The first staff spoke about supporting residents to be independent, empowering them to develop their goals, and supporting them to communicate their wants and wishes. The other staff member spoke about how the training had helped them to refocus on how to best support residents to make choices and decisions in their daily lives. They spoke about dignity, respect, equality and positive risk taking. They also spoke about keyworking sessions and how important it was to them to ensure that residents were aware of the availability of independent advocacy services. They also spoke about supporting residents to develop their knowledge and skills in relation to self-care and protection.

From reviewing a sample of residents' keyworker meetings the following were discussed on a regular basis, residents' goals and achievements, their progression towards reaching their goals , incidents, risks, positive behaviour support, safeguarding, complaints, medicines management, healthcare and personal finances.

In summary, residents and their representatives indicated that they were happy with care and support in the centre. Residents described meaningful opportunities to engage in activities they enjoyed. They were busy, and had things to look forward to. They were supported to stay in touch with the important people in their lives and to make choices and decisions about their day-to-day lives.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall the findings of the inspection were that the provider and the local management team were implementing the provider's systems effectively to ensure they had good oversight in the centre. A number of improvements had been brought about since the last inspection including premises works which had a positive impact on infection prevention and control.

The person in charge had commenced in post in April 2022 and they were found to have the necessary qualifications, skills and experience to fulfill the role. They were very knowledgeable in relation to residents' care and support needs as they had worked in the centre for a number of years prior to taking up the person in charge position. They were self-identifying areas for improvement and had a clear focus on quality improvement. They spoke about the steps they and the team were taking to ensure that residents' rights were respected. They also spoke how important it was to them and the team to ensure that residents were living a good life.

There were effective systems in place for the day-to-day management of the centre. Regular audits were being completed and the actions from these were leading to improvements in relation to residents' care and support and their homes. The required actions were documented, tracked, and signed off when completed. The provider's systems to monitor the quality of care and support for residents included six-monthly and an annual review. The actions from these reviews were being completed in a timely fashion.

The staff team were working with each resident to develop and maintain their independence. They were also supporting them to identify and record their likes, dislikes and preferences, and to set goals for things they would like to experience, or things they would like to do more regularly. Residents described staff in their questionnaires as, "the best staff...they always help", "staff are funny and kind", "staff are warm and there to talk to", and "we have great staff in Alberg. I am happy with all the help they give to me".

There were planned and actual rosters and they were well maintained. There were 2.5 whole time equivalent vacancies at the time of the inspection but through discussions with residents and staff and a review of a sample of rosters these were not found to be impacting on continuity of care and support for residents. Regular staff were completing additional hours and a small number of regular relief staff were available to cover the remaining shifts. The provider was in the process of recruiting to fill the vacancies.

Staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. From a review of a sample of staff files, they were found to contain the required information. Staff were in receipt of regular formal supervision. A number of staff told the inspector they were well supported in their role, and aware of who to escalate any concerns they may have in relation to residents' care and support. Staff meetings were occurring monthly and agenda items included a review of accidents and incidents, safeguarding, complaints, residents' plans, their goals and their achievements. There was good attendance at these meetings and evidence of shared learning amongst the team.

Regulation 14: Persons in charge

The person in charge was full-time and had the qualifications, skills and experience to fulfill the role. They had systems in place to ensure the effective governance, operational management and administration of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were 2.5 whole time equivalent staff vacancies in the centre at the time of the inspection. The provider was in the process of recruiting to fill this. In the interim, regular staff were completing additional hours to cover planned and unplanned leave, and regular relief staff were available to cover the remaining shifts. Therefore, the vacancies were not found to be impacting on continuity of care and support for residents at the time of the inspection.

Planned and actual rosters were in place, and they were well maintained.

A sample of staff files were reviewed and found to contain the information required by the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and some had completed a number of trainings in line with residents' assessed needs. For example, they had completed training in areas such as autism and acquired brain injury.

Staff were in receipt of regular formal staff supervision in line with the organisation's policies and procedures. Staff who spoke with the inspector said they were well supported in their role. Staff meetings were occurring regularly and agenda items varied and were resident focused.

Each staff in the centre had completed human rights training and two staff described the positive impact of this training to the inspector, particularly relating to how they supported residents to be independent and to make choices and decisions in their day-to-day lives. This is captured in the "What residents told us and what

inspectors observed" section of this report.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in place and it contained the required information for the five residents living in the centre at the time of the inspection.

Judgment: Compliant

Regulation 22: Insurance

The centre was insured against accidents or injury to residents and for risks such as loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures and staff had specific roles and responsibilities in the centre. There was a clear focus on quality improvement in this centre.

The centre was managed by a person in charge who was familiar with residents' care and support needs and their responsibilities in relation to the regulations. The provider and person in charge had systems in place to ensure oversight and monitoring of care and support for residents such as, an annual review, six-monthly reviews, and regular audits in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a contract of care which detailed the supports and services provided, and the fees to be charged. The provider had an admissions policy which was detailed in nature. The admissions procedures were also detailed in the

statement of purpose for the centre.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose contained the required information and had been updated in line with the timeframe identified in the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
A record was maintained of all incidents occurring in the centre and the Chief Inspector of Social Services was notified of the occurrence of incidents in line with the requirement of the regulations.
Judgment: Compliant
Regulation 4: Written policies and procedures
The policies required in Schedule 5 of the regulations were available in the centre and had been reviewed within the required timeframe.
Judgment: Compliant
Quality and safety
<p>From what the inspector read, observed, and was told, it was evident that residents were in receipt of a good quality and safe service. They were being supported by a staff team who they were familiar with and were engaging in activities of their choice in their home or local community. Work was ongoing with residents to ensure they were developing and reaching their goals, and engaging in activities or work they enjoyed. Residents were being supported to be independent and to be aware of their rights.</p> <p>Residents were actively supported and encouraged to connect with their family and</p>

friends. The provider had a visitors policy in place and visiting arrangements were detailed in the statement of purpose and residents guide which were found to be available in the centre. Residents and their representatives were complimentary towards visiting arrangements in the centre in the questionnaires, in discussions with the inspector, and in the provider's annual review.

The premises was designed and laid out to meet the number and needs of residents living in the centre. As previously mentioned a number of works had been completed in the centre since the last inspection. These will be detailed further under Regulation 17. Each resident had their own bedroom and they had access to a number of communal spaces such as the kitchen which had a large dining table, two sitting rooms, and a games room upstairs with a pool table.

Residents were supported to shop for food and snacks if wished to. They were also cooking and baking when they wanted to. The fridge and presses were stocked with lots of different food items, including fruit and vegetable. There were systems in place to log dates of opening on food products. There were color coded chopping boards for food preparation and facilities to cook and bake.

Residents, staff and visitors were protected by the policies, procedures and practices relating to infection prevention and control (IPC) in the centre. The provider had developed procedures and contingency plans in relation to emergencies, and outbreaks of infection. Their IPC policy was detailed in nature, and clearly guiding staff practice. The last inspection of this centre was completed to assess the providers the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services, Health Information and Quality Authority 2018 (HIQA). A number of areas where improvements were required were identified during this inspection. The provider had taken the required actions to bring about these improvements.

Residents who wished to had appropriate control of their medicines and from speaking with two residents who were administering their own medicines they were aware that staff were there if they required any support. Their assessments were clear in relation to the level of support they required, if any. Overall, the inspector found that there were safe and effective systems in place in relation to medicines management.

Regulation 11: Visits

Residents were meeting with, and spending time with their families regularly. Some residents were visiting their family homes every weekend or every second weekend. One resident was attending training and matches every week and their family also met them there. Residents were also going on holidays with their family, with the support of staff if required. In their questionnaire, each of the five residents indicated they were happy with the arrangements for visiting in the centre, with one

resident stating that staff were "so nice" to their visitors.

There were a number of spaces in the house for residents to meet their visitors in private if they wished to. The provider had a visiting policy and the arrangements for visits were detailed in the statement of purpose and residents' guide both of which were available in the centre. These documents clearly outlined the occasions when visits would not be facilitated. For example, when they posed a risk to residents, or if the resident requested the visiting restriction.

Judgment: Compliant

Regulation 17: Premises

As previously mentioned, a number of works had been completed to the premises since the last inspection. Some of the works that had been completed included:

- Painting in a number of internal areas;
- New flooring in a number of areas;
- Painting of the kitchen presses;
- New counter tops and splash back in the kitchen;
- Damaged furniture was replaced;
- White goods had been replaced;
- Two ensuite bathrooms were refurbished;
- New cabinets were in place in the main bathroom, and,
- New carpet was fitted on the stairs and landing.

Overall, the centre was designed and laid out to meet the number and needs of residents living in the centre. It was clean, warm, and well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to buy, prepare and cook their meals if they wished to. There were suitable facilities to store food hygienically and adequate quantities of food and drinks available in the centre. Residents referred to weekly menu planning and being satisfied with the amount of choices offered in relation to food and mealtimes in the questionnaires they completed in advance of the inspection. The also included comments such as, "I am happy with the food and we get to choose our menu each week", "I sometimes cook myself and then sometimes I have meals cooked by staff", and I have "the choice to cook the way I want to cook".

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide which had been recently reviewed and it contained the information required by the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to outbreaks of infection.

There were cleaning schedules in place to ensure that each area of the house was regularly cleaned. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of personal protective equipment (PPE) available in the centre.

Staff had completed a number of additional infection prevention and control related trainings.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by the policies, procedures and practices relating to medicines management in the centre. Two residents were administering their own medicines following appropriate assessments. Another resident was on a pathway to administer their own medicines.

There was suitable storage for medicines and systems to ensure stock control. Audits were being completed regularly to ensure safe medicines management practices.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection staff were observed to knock on residents' doors before entering their, and each interaction between residents and staff was observed to be caring and respectful. Staff spoke about residents' favourite things to do, and took every opportunity to tell the inspector about residents talents and skills. Each staff spoke about the importance of encouraging residents' independence and about their role in supporting residents to be aware of their rights.

Rights was a regular agenda item at keyworker meetings. Each resident had a rights booklet which was available in an easy-to-read format, if required. Advocacy was a regular agenda items at keyworker meetings and there was information available in the centre on the availability of independent advocacy services.

A number of residents spoke with the inspector about how important their independence was to them. They also spoke about how important making choices and decisions about how they lived their lives was to them. Residents included commentary around their choices and decisions in the questionnaires they completed in advance of the inspection. For example, "I am always given a choice and options around what I want to do", "I am happy with everything on choices", "freedom to do hobbies...freedom to watch TV. Freedom to go outside and work out", and "I am over the moon with all my wants and wishes happening every day".

Some residents spoke about restrictive practices in their home and about how they were involved in the review of these. They said they knew they were in place to keep them safe.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	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 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Compliant