



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

Issued by the Chief Inspector

Name of designated centre:	Aisling House Services
Name of provider:	Health Service Executive
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	08 September 2021
Centre ID:	OSV-0002600
Fieldwork ID:	MON-0033569

About the designated centre

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

This designated centre is a 24 hour nurse led service which can accommodate a maximum of twenty one men and women over the age of 18 years who have an intellectual disability. The centre consists of five separate residential properties, all of which are in Co. Kildare. The properties are a short drive from each other and each property has living rooms, kitchens and sufficient bedrooms to accommodate the number of residents living there. Each house also has enough bathrooms and shower rooms to meet residents' needs. Residents are supported 24 hours a day seven days a week by a clinical nurse manager 3, a person in charge, a clinical nurse manager 1, staff nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Wednesday 8 September 2021	09:30hrs to 19:00hrs	Marie Byrne	Lead
Wednesday 8 September 2021	09:30hrs to 19:00hrs	Karena Butler	Support

What residents told us and what inspectors observed

Overall, the findings of this inspection were that residents appeared comfortable in their homes and that every effort was being made to keep them safe. However, the centre was under-resourced and this was found to be negatively impacting on residents' experience of care and support in the centre. For the most part, inspectors found that the provider was self-identifying areas for improvement in their audits and reviews. For example, they were recognising the impact of staffing vacancies, the need for staff to complete training and to have more frequent staff meetings, the need to complete regular audits in the centre, and the requirement to complete a number of works to some of the premises. Inspectors also found that improvements were required in relation to infection prevention and control, fire safety, residents' privacy and dignity, and the implementation of control measures in safeguarding plans. The inspectors acknowledge that the local management team were aware of the impact of the eight staff vacancies on continuity of care and support for residents, and on their access to activities. They had escalated their concerns to the provider and inspectors were informed that they had successfully recruited to fill a number of vacancies with job offers being made the day of this inspection.

There were nine residents living in the centre on the day of the inspection and the inspectors had the opportunity to meet and briefly engage with six residents across four premises, during the inspection. Three of the premises were on the same site and the other was in the same village a number of minutes away by car. The fifth premises was being used as an administration building. As this inspection was completed during the COVID-19 pandemic, the time spent with residents and staff was limited and done in line with public health advice.

During the inspection, the inspectors observed a lot of movement and noise in some of the house, and staff members were observed to be very busy supporting residents. For example, in addition to the staff based in the houses a number of staff were observed moving between the three adjoining houses to support residents to take their medicines or to cover staff breaks. A number of staff who spoke with inspectors were very knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy and living a good life. Some of them discussed the impact for residents of staff shortages, particularly during the summer months. One staff told inspectors that the centre was "running on agency", and that even at that, some days there were not enough staff.

While COVID-19 restrictions had impacted on residents' access to the activities in the local community, it was also evident through a review of documentation and discussions with staff, that staffing numbers and the availability of suitable transport and drivers was also having an impact. Staff spoke with inspectors about the different activities residents enjoyed in their local community and how much they enjoyed supporting them with these activities, but said that at times it was difficult to support them to complete these due to staffing numbers. Inspectors were

informed that some funding had recently been secured to source a suitable vehicle for the centre.

One staff described the impact of no regular staff on night duty for one resident. They said that the resident will choose not to sleep in their bed if there are no regular staff on night duty, but instead they would choose to sleep on an armchair in the living room. They described the importance of routine for this resident and of staff being familiar with their preferred routine. The management team gave assurances to the inspectors that priority was given to ensuring that regular staff were supporting this resident at night time as they also had a health condition which required them to keep their feet elevated.

While visiting their home, one resident told the inspectors that they liked living in the centre. In particular they said they like their bedroom. They described the staff were nice and supportive. They said that at times their housemate was noisy, but said that they could choose to go to another room during these times where they could no longer hear them. When inspectors visited their home they were just back from being out with a staff member and they talked about how much they enjoyed going for walks or a cycle in their local community.

There was a pleasant smell of cooking in two of the houses visited, and residents were observed taking part in the preparation of their lunch. This included picking the ingredients and prepping vegetables. Warm and kind interactions were observed between residents and staff and staff were observed to be very familiar with residents' communication preferences.

In line with their changing needs, one resident had just moved into one of the houses which had been previously used as an isolation house for residents during the pandemic. They appeared content in their new home and were very welcoming when inspectors visited. Inspectors observed kind, warm and caring interactions between them and the staff on duty. As they had just moved in, it was evident that efforts had been made to ensure the downstairs of the house was homely and that the residents' personal belongings and photos were on display. Their bedroom had been decorated in line with their wishes, and contained storage for their personal items. They also had an ensuite with a shower. The upstairs of this building was mostly being used for storage and inspectors were informed that this resident did not have any interest in using the upstairs space, and that if this changed the required works would be completed.

One of the inspectors visited the other house that was a few minutes away from the three adjoining houses. This house was found to be warm clean, comfortable and homely. Both residents appeared comfortable in their home and to choose to spend their time in their preferred spaces. Each resident had their own bedrooms and there were a number of additional communal spaces for them to use. For example, they each had access to their own sitting room which contained their favourite furniture and items.

As previously mentioned a number of works were required to the premises in the designated centre. This majority of these works related to the three adjoining

premises. These works included, plastering, painting, the replacement of floor coverings and pieces of furniture, and the addition of window coverings. Inspectors found that the some spaces in the houses and in a number of out buildings were not being properly utilised, as they were being used for storage. This was particularly evident in one of the houses where four residents lived. Their access to communal spaces was limited as the dining room and living room space was small.

Weekly residents meetings were being held to discuss residents' rights, choices, complaints, activities, safeguarding, advocacy and COVID-19. There were communication boards in the houses which contained the complaints process, pictures of the complaints officer, an information on accessing advocacy services. There was easy-to-read information and social stories available in the centre in relation to hospital visits, vaccinations, and COVID-19.

Residents and their representatives views of the quality and safety of care and support in the centre were being captured as part of the providers annual and six monthly reviews in the centre. Overall the feedback captured in these reviews was positive in relation to the residents' quality of care, and resident safety. For example, one resident reflected positively on their move from one house to another in the centre. They commented on how much quieter the environment was in their new home. However, in the latest six monthly review the provider recognised that residents' access to activities had been impacted by staffing levels during the pandemic. The review recognised staff's efforts to ensure residents were engaging in meaningful activities, but also recognised the challenges due to the lack of drivers and the use of agency staff. One residents' representative highlighted the need for improved communication with them in relation to their relatives care and support.

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 this inspection were that the centre was under-resourced and that this was impacting on continuity of care and support for residents and on their access to community based activities. Staff were found to be knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy, safe and spending their time engaging in meaningful activities. However, at times they were working short staffed and not in a position to support residents to engage in community based activities of their choice, or to fully implement control measures in open safeguarding plans. This will be discussed further later in the report.

The inspectors acknowledge that the provider and local management team were recognising the impact of the eight whole time equivalent (WTE) staff vacancies on the lived experience of residents. They were in the process of filling staff vacancies,

sourcing additional transport, and completing works to a number of premises in order to improve residents' overall experience of care and support in the centre.

This inspection was completed following the provider's application to vary two conditions of the registration of this centre. Following the inspection, the provider withdrew their application. They planned to submit a further application to vary, once they completed dependency needs assessments for residents in the centre and once the staff vacancies were filled. Training had been sourced and was scheduled a few weeks after the inspection for a number of managers in the organisation on how to complete residents' dependency needs assessments and on how to then identify the appropriate resource requirements to meet residents' care and support needs.

Overall inspectors found that there were systems in place to monitor the quality of care and support for residents in the centre. A new person in charge had commenced in the centre in late 2020 and they were found to have the qualifications, skills and experience to fulfill the role. They were present in each of the houses regularly, and found to be knowledgeable in relation to residents' care and support needs. In addition a new clinical nurse manager 3 had been identified as a person participating in the management of the designated centre (PPIM) in late 2020, and a new director of nursing had recently commenced in their post. They each told inspectors about the required areas for improvement and detailed how they planned to bring about these improvements.

Inspectors were informed that due to staffing vacancies the person in charge and PPIM were regularly working in the houses supporting residents, completing medication rounds, and covering staff breaks. Inspectors found that prior to a number of staff retirements in 2021, staff meetings, staff supervision, staff training and audits were being completed regularly in the centre. However, in line with the staffing vacancies in the months preceding this inspection, these were no longer happening as planned.

From speaking with the local management team, members of the staff team, and a review of a sample of staff rotas in the centre, it was evident that the staffing numbers and skill mix was not appropriate to meet the number and needs of residents living in the centre. There had been a number of staff retirements in 2021 and the provider had a rolling recruitment drive ongoing at the time of the inspection. They had just interviewed to fill a number of staff nurse and care staff positions and job offers were being made the day of the inspection. The impact of the eight staff vacancies particularly over the summer months when staff were also on planned leave has been discussed earlier in this report. There was an over-reliance on agency staff and while it was evident that that provider was attempting to have the same agency staff regularly working in the centre, this was not always proving possible and on some occasions they were unable to secure agency staff to fill shifts and they were going uncovered.

For the most part staff had access to training and refresher training in line with the organisation's policies and procedures and in line with resident's assessed needs. However, a number of staff required refresher training's and these will be detailed

later in the report. There were policies and procedures in place in relation to formal staff supervision and this had been occurring frequently prior to a number of staff retirements in the centre. However, in line with resource issues it had not been occurring frequently in 2021 and neither had staff meetings.

Residents were protected by the admissions policies, procedures and practices in the centre. Residents had contracts of care in place which contained all of the required information. Inspectors found that the provider was considering residents' needs and preferences and where applicable supporting them to obtain a waiver in relation to their fees in order to ensure they had enough money available to them to buy their preferred items.

There were complaints policies and procedures in place in the centre and they were available in an easy-to-read format in the centre. The complaints process was regularly discussed at residents' meetings and the complaints officer's picture was on display in the houses. From the sample reviewed the provider was recording and following up on complaints in line with their policies and procedures.

Regulation 14: Persons in charge

There was a full time person in charge in post who had the qualifications, skills and experience to fulfill the role. They had systems in place to monitor the quality of care and support in the centre and were found to be knowledgeable in relation to residents' care and support needs.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skill mix were not found to be meeting the number and needs of residents in the centre. There were eight WTE vacancies in the centre at the time of the inspection. This included five staff nurse and 3 care staff vacancies. There was an over-reliance on agency staff, who were at times making up to 50% of staff on duty on a given day in the centre. From reviewing a sample of staff rotas in the centre, over a four week period in July 2021, 1764 hours were covered by agency staff. In addition to this over-reliance on agency staff each day in July 2021, the centre was operating below the optimum staffing quota. On some of these days the inspectors were shown evidence that the provider had attempted to secure agency staff.

A number of staff had retired in 2021 and the provider had a rolling recruitment drive in place. Inspectors were informed during the inspection that following interviews for nursing and care staff in the weeks before the inspection, they had successfully recruited a number of nurses and care staff and that job offers were

being made the day of the inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

For the most part staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. However, a number of staff required refresher training in areas such as fire safety, safeguarding, manual handling, and managing behaviour that is challenging.

Prior to a number of retirements in the centre, staff were having regular formal supervision in line with the organisation's policy. However, supervision was not found to be completed in line with the organisation's policy in 2021. Inspectors were shown a schedule in place to ensure each staff had formal supervision at least once in 2021.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had ensured the designated centre was insured against accidents or injuries to residents and other risks such as loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

Overall, inspectors found that there were systems in place to monitor the quality of care and support for residents in the centre and that the provider was self-identifying areas for improvement in line with the findings of this inspection. However, a number of actions from the annual and six monthly reviews remained outstanding and were found to be impacting on the quality of care and support for residents in the centre. For example, 13 of the 24 actions in the the providers latest six monthly review had not been completed. Some of these actions related to staffing numbers and skill mix, the premises, staff training and supervision. The inspectors acknowledge some of these actions were not due for completion until the end of October 2021.

Inspectors found that in line with staff shortages audits and staff meetings were not happening regularly in the centre in 2021. Prior to this there were regular staff

meetings and audits in areas such as health and safety, food safety, restrictive practices, maintenance, food safety, medication, supervision, and residents' personal plans. Inspectors acknowledge that the resource issues had been escalated by the local management team to the provider and that they were in the process of recruiting to fill staff vacancies in the centre.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Residents were protected by the admissions policies, procedures and practices in the centre. Residents had a contract of care which detailed areas such as care and support, services, and fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in the houses which contained the required information, and which was being regularly reviewed.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified in relation to the required incidents required by the regulations. The provider had recognised a restrictive practice in relation to locking a door and were planning to submit this as part of the next quarterly notifications to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were protected by the policies, procedure and practices relating to complaints in the centre. The procedures were on display in the centre in an easy-to-read format with pictures of the local complaints officer. Complaints were logged

and followed up on, and the complaints log was reviewed and updated monthly.

Judgment: Compliant

Quality and safety

The provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. From what the inspectors observed residents appeared happy and content in their homes. However, as previously mentioned the centre was under-resourced and staffing numbers needed to increase in order to ensure that residents' were in receipt of continuity of care and support, in order to fully implement residents' safeguarding plans, and to ensure they were regularly engaging in meaningful activities. Improvements were also required in relation to three of the four premises in the centre. These areas will be detailed later in the report.

The inspectors found that each of the premises was clean during this unannounced inspection. There were cleaning schedules in place to ensure that each area of the centre was regularly cleaned, including regular touch point cleaning. However, inspectors found that there were gaps in documentation in relation to touch point cleaning and toilet cleaning. The provider had developed or updated existing policies, procedures and guidelines to guide staff in relation to infection prevention and control during the pandemic but the COVID-19 contingency plan required review to ensure it was guiding staff in relation to their roles and responsibilities. Inspectors also found that improvements were required in relation to the labelling and storage of mops and buckets, and in relation to the availability of colour coded chopping boards in one of the areas. For the most part, there was alcohol gel and handwashing facilities available in the houses; however, alcohol gel was not available in two of the houses until you walked through the house and into the kitchen located at the back of the houses.

Overall, residents were protected by the risk management policies, procedures and practices in the centre. The organisation's risk management policy contained the required information and there were systems in place to identify, assess and manage risk. Incidents were recorded and incident trending was completed regularly. General and individual risk assessments were developed and reviewed as required. The provider had plans to further improve the oversight of risk in the centre by developing an overarching risk register which would be linked to incident trending.

Fire equipment was available in the centre and there was evidence that it was being regularly serviced. The evacuation procedures were on display and the majority of staff were in receipt of fire safety awareness training with one staff due refresher training at the time of the inspection. There was emergency lighting throughout the centre; however, inspectors found that a number of these were not working in a

number of houses. In addition, a fire door was not fully closing and the side gates to three of the premises were found to be locked during the inspection, and this will be further discussed later in this report. Fire drills were occurring regularly and residents had risk assessments and personal emergency evacuation plans in place; however, one residents' personal emergency evacuation plan required review to ensure it was clearly guiding staff in relation to supports they may require in the event of an emergency as their risk assessment differed from their personal emergency evacuation plan.

Residents who required them had support plans relating to their positive behaviour support needs. These were being reviewed and updated regularly by the appropriate health and social care professionals. Support plans were found to be detailed and to contain sufficient detail to guide staff practice in relation to proactive and reactive strategies to support residents. There were a number of restrictive practices in place and these were being reviewed regularly to ensure the least restrictive practices were used for the shortest duration.

There were policies and procedures in place in relation to safeguarding in the centre. Allegations and suspicions of abuse were investigated and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required. However, at times due to staffing shortages in the centre staff could not fully implement control measures detailed in residents' safeguarding plans. For example, one of the controls outlined in an open safeguarding plan in the centre was that there would be three staff on duty in the house during the day. From speaking with staff and reviewing rosters it was evident that on occasions there were not three staff on duty. Residents had intimate care plans in place which detailed their preferences and any supports they may require.

Residents' meetings were occurring regularly and there was information available for residents in relation to their rights, complaints, safeguarding and about how to access the support of advocacy services. Inspectors observed kind and caring interactions between residents and staff throughout the inspection. However, improvements were required in relation to the windows in a number of the premises to ensure residents' privacy and dignity were maintained. For example, there were a number of bathroom windows, where the window covering didn't fully cover the window. In addition, as previously mentioned, at times some residents' access to activities were limited due to staffing numbers in the centre.

Regulation 17: Premises

Inspectors visited four premises in the centre over the course of the inspection and found that while efforts were being made to ensure that residents' homes were comfortable, there were areas where works and repairs were required and these were found to be resulting in some areas not appearing homely or comfortable. For example there were some pieces of furniture which was worn and damaged, there were areas where plastering and painting was required, there was staining to a

number of floor coverings, a garden wall at the front of one of the houses was damaged, works were required to a number of showers, a number of curtain poles were damaged and window dressings were missing, and in line with findings of the last inspection, there were two toilets in one of the houses with no toilets seats.

Inspectors acknowledge that one of the premises was well maintained and decorated, that painting was planned in a the remaining houses, and that flooring specialists were on-site on the day of the inspection to review required works. Inspectors also found that each resident had their own bedroom which was decorated in line with their preferences, contained their personal items such as photos and pictures, and which had ample storage for their personal items.

Judgment: Not compliant

Regulation 20: Information for residents

There was a residents guide available for residents and their representatives which contained the required information.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by the policies procedures and practices relating to risk management and emergency planning in the centre. There were general and individual risk assessments in place and they were reviewed and updated regularly.

There were systems in place to record and learn from incidents in the centre and plans were in place to show how this learning was contributing to a risk register in the centre.

There were systems in place to ensure the vehicles in the centre were roadworthy, regularly serviced, insured and equipped.

Judgment: Compliant

Regulation 27: Protection against infection

For the most part residents were protected by the infection prevention and control policies and procedures in the centre. However, the COVID-19 contingency plan required update to ensure it contained sufficient detail to guide staff on what to do

if there were a suspected or confirmed case of COVID-19 in the centre. There were adequate supplies of personal protective equipment (PPE), and systems in place for stock control. Staff had completed a number of infection prevention and control related trainings since the start of the pandemic.

Inspectors found that alcohol gel was not available at the entrances to a number of houses. Inspectors were informed that this was in line with residents' assessed needs and preferences; however a clear rationale or risk assessment was not presented to inspectors during the inspection. Inspectors acknowledge there were systems in place to ensure visitors went to a central point in an administration building to have their temperature checked, complete declaration forms and partake in handwashing before going to residents' home, and that there was alcohol gel and handwashing facilities available in other areas of the houses.

Inspectors also found that there were gaps in cleaning documentation in the centre in relation to touch point cleaning and toilet cleaning; however, all areas were found to be clean during this unannounced inspection. There were mop buckets in use in two of the houses which were not clearly labelled and which contained pooled water, and a number of mops were not colour coded, labelled or stored correctly. In addition, there were a number of pieces of furniture which were damaged which was affecting their ability to be effectively cleaned. For example, there was a kitchen table in one of the areas where the varnish was chipped and peeling.

One of the houses which had been vacant for a period had recently reopened to accommodate a resident in line with their changing needs. There had been systems in place to flush the water systems while it was not in use but there were no colour coded chopping boards available in this area at the time of the inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

There was fire equipment provided and evidence that it was serviced as required. There were adequate means of escape and emergency lighting in place. However, a number of emergency lights were not found to be fully working on the day of the inspection, and three external side gates which were on the escape route were found to be locked. Inspectors were informed that each staff member had a key to these gates, however there was no system in place to ensure they could be opened in the event of an emergency should staff not have this key on their person. In addition, inspectors found a fire door that was not fully closing, and at one of the assembly points the ground was uneven which could present as a fall risk for some residents.

Fire drills were occurring regularly and had been recently been completed both day and night. For the most part learning from drills was leading to the review and update of residents' personal emergency evacuation plans. However, for one

resident who had chosen not to evacuate the centre during seven of the last eight fire drills in the centre, inspectors found that their personal emergency evacuation plan was not sufficiently detailed to guide staff in relation to steps to take to support this resident to safely evacuate the centre in the event of an emergency. For example a number of staff who knew the resident detailed the steps they would take to support them; however, these were not detailed in the evacuation plan, and the residents' risk assessment differed from their emergency evacuation plan.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Residents were provided with emotional, behavioural and therapeutic support to promote a positive approach to behaviour. For those who required support they had access to the support of the relevant health and social care professionals. They had positive behaviour support plans in place which were clearly guiding staff in relation to any supports they may require.

There were a number of restrictive practices in place and they were recorded and reviewed regularly to ensure the least restrictive measures were in place for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

For the most part residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Staff had completed training and those who spoke with inspectors were aware of their roles and responsibilities. Allegations and suspicions of abuse were documented and reported, and safeguarding plans were developed and reviewed as required.

However, inspectors found that due to staffing levels at times, control measures in one safeguarding plan could not be fully implemented. For example, in line with a trend of allegations of abuse in one of the areas a control measure was that there would be three staff on duty daily; however, from speaking with staff, a review of the most recent allegation, and a review of rosters there were times that implementing this control measure were not possible.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' meetings were occurring regularly in the centre and from reviewing records it was evident that every effort was being made to ensure that residents were consulted and participating in the day-to-day running of the centre.

While it was evident that efforts were being made to ensure that residents were engaging in activities in line with their interests both at home and in their local community, their opportunities were limited at times due to staffing numbers and transport issues in the centre.

As previously mentioned, residents' privacy and dignity was not being maintained at all times due the window covering not fully covering the window in a number of areas.

Judgment: Not 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Aisling House Services OSV-0002600

Inspection ID: MON-0033569

Date of inspection: 08/09/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.</p> <p>In response to the area of staffing Regulation 15 (1)</p> <ul style="list-style-type: none"> • The registered provider shall ensure that there is an appropriate skill mix by re-evaluating the allocation of staff in each area which will be reflected in the Statement of Purpose. • There is a continuous recruitment campaign for nurses through the HSE National Recruitment Services for nurses. • Local recruitment campaign was held for nurses and care assistants with a good response only persons who were deemed competent at interview will be offered a full time position. There will be continuous campaigns until all vacancies are filled, until then regular agency staff will be used to ensure continuity. <p>The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.</p> <p>In response to the area of staffing Regulation 15(2)</p> <ul style="list-style-type: none"> • The registered provider shall ensure that every effort is made to fill vacant whole time nursing posts through continuous recruitment campaigns local and at national level. • HR are conducting a recruitment campaign for international nurses to supplement local and national recruitment drives. <p>The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.</p> <p>In response to the area of staffing Regulation 15(3)</p> <ul style="list-style-type: none"> • The registered provider shall ensure that vacant posts are filled with full time staff from the recent and will continue with recruitment drives until all Whole Time Equivalent posts 	

are filled.

- The staff are in turn rostered to individual areas within the center so as to provide continuity of care.

The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.

In response to the area of staffing Regulation 15(4)

- The person in charge will ensure that a planned rota is kept and maintained by reflecting any changes which will show what staff are on duty during day and night hours.

Regulation 16: Training and staff development

Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

In response to the area of training and staffing development 16(1)(a)

- The person in charge shall ensure that all staff undergo and participate in specific training within specified timeframes as specified in local policies. The person in charge will concentrate all efforts to increase frequency of opportunities for staff to attend training.

The person in charge shall ensure that staff are appropriately supervised.

In response to the area of training and staff development Regulation 16(1)(b)

- A schedule of training is planned for each quarter and will be made available for each staff.
- Performance Management will commenced in place of staff supervision and will be provided in accordance with local policy which has been recently reviewed.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The registered provider shall ensure that the designated centre is resourced to ensure

the effective delivery of care and support in accordance with the statement of purpose.

In response to the area of Governance & Management Regulation 23(1)(a)

- The Registered Provider shall ensure that action plans from six monthly, annual report and other audits are reviewed within realistic timeframes. All efforts will be made to have resources available so quality of care and support for residents is not compromised.

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

In response to the area of Governance & Management Regulation 23(1)(c)

- The registered provider shall ensure that actions identified through audit will have SMART timelines for review and the appropriate persons shall be assigned to ensure actions if required are escalated in order to have favourable outcomes.
- Transition plans will be developed for residents moving into the centre which will inform compatibility assessments with residents already living in the centre.
- Recent local, national and international recruitment campaigns aim to improve staff numbers and ability to engage in training as outlined in local policy.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.

The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.

In response to the area of admissions and contract for the provision of services
Regulation 17(1)(b) and 17(1)(c)

- The registered provider shall ensure the premises of the center is clean and suitably decorated with Painting the center by compiling a list of priorities
- Replacement of floor coverings are needed a contractor has been requested to visit center in order to advise re suitable floor covering for areas.
- New furniture and soft furnishings have been ordered for 2 areas
- A priority list has been sent to maintenance department for urgent review
- Large more costly works has been included on minor capitol list 2021 -2022

Regulation 27: Protection against

Not Compliant

infection	
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.</p> <p>In response to the area of admissions and contract for the provision of services Regulation 27</p> <ul style="list-style-type: none"> • The registered provider has reviewed guidance on Covid 19 Contingency Plan and set out clear guidelines on what to do in case of a suspected confirmed case of Covid 19. • Fixed Hand sanitiser dispensers will be easily accessed at entrances to houses • Clear touch point cleaning schedules have been devised and the nurse in charge signs the check list at the end of each day. • Flat mop system is now in use with clear guidance on how to use effectively and in line with IPC guidelines. All mops and buckets have been removed. • Extensive list of furniture that needs replacing has been identified and will be replaced. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The registered provider shall provide adequate means of escape, including emergency lighting.</p> <p>In response to the area Fire safety for the provision of services Regulation 28(2)(c)</p> <ul style="list-style-type: none"> • Emergency lighting checked by fire contractor and found to be working on the 6/9/2021 these were checked and signed as in working order. Upon review post inspection cover over emergency lighting was reattached incorrectly therefore not allowing the display of the indicator light. This is now rectified. • Emergency lighting present in bedrooms the indicator light has been dimmed/covered so it does not disturb the residents sleep. <p>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations</p> <p>In response to the area of Fire safety for the provision of services Regulation 28(3)(d)</p> <ul style="list-style-type: none"> • All residents Personal Emergency Evacuation Plan (PEEPS) have been updated and all relevant information is contained Risk assessments has also been updated to compliment individual resident's PEEPS. <p>Side gates of houses have had key boxes fitted so staff can open gates in case of emergency</p>	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The registered provider shall protect residents from all forms of abuse. In response to the area of protection Regulation 8 (2)</p> <ul style="list-style-type: none"> • The registered provider shall ensure that control measure in place are fully implemented by ensuring adequate number of staff are present. • Ongoing recruitment campaign which includes local, national and international recruitment of nurses and care assistants. • Requests from nursing agencies outside the HSE framework have been approached regarding supply of nursing staff and care assistants 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information. In response to the area of protection Regulation 9(3)</p> <ul style="list-style-type: none"> • Ongoing and constant efforts to recruit staff so activities of residents choosing can be arranged. There will be continued work to ensure residents are offered opportunities to engage in their community. • All windows have been occluded to ensure privacy and dignity is maintained. 	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Red	31/10/2021
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Not Compliant	Red	31/10/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in	Substantially Compliant	Yellow	31/12/2021

	circumstances where staff are employed on a less than full-time basis.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	01/10/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/12/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	01/12/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and	Not Compliant	Orange	01/12/2021

	suitably decorated.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/11/2021
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	01/02/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/11/2021
Regulation 28(2)(c)	The registered provider shall	Substantially Compliant	Yellow	10/09/2021

	provide adequate means of escape, including emergency lighting.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Red	30/09/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Red	09/09/2021