



Health
Information
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Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	Announced
Date of inspection:	29 August 2022
Centre ID:	OSV-0002600
Fieldwork ID:	MON-0028797

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 ten men and women over the age of 18 years who have an intellectual disability. The centre consists of four separate residential properties, all of which are in a town 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 person in charge, clinical nurse managers, 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 (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
Monday 29 August 2022	09:00hrs to 17:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

Overall, the findings of this inspection were that residents appeared happy and content in their homes, and in the presence of staff in the centre. A number of improvements had been made in the centre since the last inspection in September 2021. These improvements had resulted in residents' homes appearing more homely and comfortable, in improved fire safety systems, in increased oversight and monitoring of care and support in the centre, in residents' privacy and dignity in their home, and the number and skill mix of staff available to support residents. Areas where further improvements were required had been identified by the provider including the need to fill the remaining staff vacancies, complete outstanding works in the premises, to get a number of new vehicles for the centre, and to ensure timely access to medical and allied health professionals.

Aisling House provides residential services to a maximum of ten residents with an intellectual disability in a town in Co. Kildare. Three of the houses are beside each other in the same housing estate and the other house is on its own grounds a short distance away. There were nine residents living in the centre at the time of the inspection and the inspector of social services had the opportunity to meet and briefly engage with seven of them during the inspection.

In line with some residents communication needs and preferences, they could not communicate their views on the service verbally to the inspector. Therefore, the inspector carried out observations of the premises and of residents' routine, spoke with staff and reviewed documentation. For those residents who spoke with the inspector, they indicated they were mostly happy with care and support in the centre. They indicated that the staff were very good and that the food was good most of the time.

On the morning of the inspection, the inspector completed a walk through of three of the houses with the person in charge, and after lunch they visited the fourth premises. In the afternoon the inspector revisited three of the houses, and reviewed fire safety and infection prevention and control systems and practices.

In each of the houses visited residents were observed engaging in activities of their choice such as watching television, listening to music, spending time with staff, spending time in their gardens, and to go for bus drives with staff. They were observed to move freely around their homes and gardens and to spend time in their preferred areas.

Each of the houses had a number of works completed since the last inspection including painting and repairs. Residents had been involved in picking colours and personalising areas of their homes. In addition to the internal works in the premises, works had been completed to the garden areas of the houses, and more works were planned. A new shed was installed in one of the gardens for a resident to engage in one of their preferred activities, and the shed also had a covered seating areas

where one resident was observed having a drink and relaxing during the inspection. In the other houses painting was completed in areas such as gazebos and benches, and new garden furniture had been purchased. There was a raised area in one of the gardens where a resident was involved in sewing and tending to the plants.

A number of outdoor areas in the garden of three of the houses which had previously mostly been used for storage had been re purposed to include relaxation and activity areas for residents. For example, one contained a massage table, multisensory and beauty equipment and another contained a pool table, a dart board and other games and equipment.

New floors were due to be installed in a number of areas a few days after the inspection and new blinds and curtains were on order and due to be delivered a few weeks after the inspection. Bathroom refurbishments were also planned in a number of areas, kitchen cabinets were due to be replaced, and a path were due to be installed.

The inspector found that there was a homely and relaxed atmosphere in each of the four houses that made up the designated centre. Residents were observed to spend time alone, or to spend time in the company of their housemates and staff. Three residents were having breakfast when the inspector first visited their home. There was a relaxed and calm atmosphere in the dining room and staff were observed to support residents in a kind and sensitive manner. In another area, a resident was observed to go to the kitchen to prepare their breakfast. Staff were observed to encourage their independence but to be there in the background to support them if required.

From speaking with residents and staff and from reviewing residents' personal plans it was evident that residents' opportunities to engage in activities they enjoyed in their local community were increasing now that staffing numbers in the centre were increasing. Some residents were attending day services and other were supported by the activities coordinator and the staff team to engage in activities their preferred activities.

Overall, the inspector found that residents were involved in the day-to-day running of their home, making choices in relation to how they spend their time, and supported and encouraged to be independent. They were keeping in touch with, being visited by, and visiting their family and friends regularly. One resident was a member of a resident advocacy group and regularly attending meetings. Another resident referred to the weekly residents' meetings in their questionnaire and how they discussed menu planning, activities and social outings at these meetings.

An annual and six monthly reviews of care and support for residents in the centre had been completed by the provider and the views of residents and their representatives were captured in these. Feedback in these reviews was positive in relation to staff supports, residents' access to activities, and in relation to residents' general wellbeing.

In addition to meeting nine residents, seven questionnaires were returned to the inspector which were either completed by residents, by staff on behalf of a resident,

or by residents' representatives in advance of the inspection. Questionnaires indicated that residents had been living in the centre, or availing of services run by the provider for between two and 30 years. The feedback in these questionnaires included a number of areas where residents and their representatives were satisfied with aspects of care and support in the centre, and they also identified some areas where they would like to see change or improvements.

The questionnaires included lists of activities residents liked to take part in such as, bus drives, spending time in the garden, going on holidays, going to restaurants, going shopping, watching sports on television, swimming, going to the cinema, cycling, shopping for art supplies, listening to music, and having their nails and make up done. They also included things residents enjoyed doing around their homes such as, watering the plants and flowers, and cleaning up in the front and back gardens.

Some of the things residents and their representatives indicated that they liked in the centre included, "I like that my family are made very welcome in my home", "I like having my pool table...and spending time in the chill out room", "I like staff", and "staff brought me for a 3 night holiday in June. I really enjoyed myself and plan to do it again", "I am happy with everything", and "I am very happy". In some questionnaires the houses were described as homely, and indicated how appreciative residents' representative were for staff's kindness towards residents.

Areas where questionnaires identified the need for change or improvements included, the need for, more garden furniture, better access to healthcare professionals, access to suitable transport, and different options for breakfast. One resident indicated they 'would like my bedroom locked for security", and some residents indicated they would like to go bowling and to the cinema more often, and that they would like to go on holidays.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that the improvements made in the centre since the last inspection had resulted in improved outcomes for residents in relation to their care and support, and in relation to their homes. There was evidence of better oversight and monitoring resulting in management systems proving more effective in ensuring that residents were in receipt of a better quality and safe service.

This announced inspection was completed following an application by the registered provider to renew the registration of the designated centre. In addition, the Chief

Inspector had received two pieces of unsolicited information in the weeks before the inspection. The Chief Inspector had requested assurances from the provider following receipt of this information, and the provider assurance report submitted by the provider was followed up on during this inspection. The inspector found that in line with the provider's response to the Chief Inspector, the provider was self identifying areas for improvement in relation to staffing, and residents' individualised assessments and personal plans. For example, they had identified that they needed to decrease their reliance on agency staff in order to ensure continuity of care and support for residents. They also identified a need to establish clear pathways for ensuring that residents were accessing medical and allied health professionals in a timely manner.

There were systems to ensure that staff were recruited and trained to ensure they were aware of and competent to, carry out their roles and responsibilities in supporting residents in the centre. The provider had held a number of recruitment drives and a significant amount of interviews had been scheduled and held, however; a number of staff vacancies remained.

Questionnaires completed in advance of the inspection, were very complimentary towards the staff team. Staff were described as encouraging, helpful, welcoming, professional, kind and supportive. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. Staff took every opportunity to talk with the inspector about residents' strengths and talents. They spoke about how important it was to them to ensure that residents lived in comfortable homes where they were happy, safe and engaging in activities they enjoyed.

A new person in charge had commenced in the centre since the last inspection and they were found to be familiar with residents' care and support needs and motivated to ensure they were happy and felt safe living in the centre. They were available to residents and staff both in person or on the phone during the week, and there was an on call manager available in their absence. They were supported in their role by a number of clinical nurse managers, and a director of nursing.

Plans were in progress to purchase a number of new vehicles for the centre. Donations had been received and the remaining funding secured. There had been a delay in sourcing vehicles which was beyond the providers control due to the lack of availability of the preferred model of transport, but they were exploring the options for alternative vehicles at the time of the inspection. Questionnaires completed prior to the inspection identified the positive impact this would have for residents in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew

the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a suitably-skilled, qualified, and experienced person in charge. They were also identified as person in charge of another designated centre and were found to be fully engaged in the governance, operational management and administration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider was aware that staff vacancies needed to be filled in order to ensure there were the right number of staff employed in the centre to meet residents' needs. While improvements were noted in relation to the whole time equivalent numbers and continuity of care, 4 whole-time equivalent (WTE) vacancies remained, as did the over-reliance on agency staff to fill shifts in the centre. There had been a number of staff retire and the provider had transferred some staff from other areas in the organisation. At the time of the last inspection there were eight WTE vacancies and up to 50% of the required shifts were covered by agency staff, and from a sample of rosters reviewed for 2022 up to 33% of shifts were now being covered by agency staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The majority of staff had completed mandatory training in line with the organisation's policy. However, a small number of staff required refresher training in areas such as fire safety, managing behaviour that is challenging, safeguarding, manual handling, CPR and first aid, standard precautions, and medicines management. There was a training plan available and on display for staff to alert them of the available training dates.

In line with the changes to the management structure, the retirement of a number of staff, the transfer of staff to the centre and the recruitment of new staff, some supervisions had not been completed in line with the timeframes outlined in the

provider's policy. There was a schedule in place to ensure that each staff had regular formal supervision to ensure they were supported and aware of their roles and responsibilities, moving forward.

Judgment: Substantially compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place against the risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the centre was well run and there were clearly-defined management structures. Staff had specific roles and responsibilities and staff who spoke with the inspector were aware of these and motivated to ensure that residents felt happy and safe in the centre.

The provider's audits, annual and six monthly reviews were self-identifying areas for improvement and there were actions identified to bring about these improvements in a timely manner.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and was available for residents and their representatives in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of incidents occurring in the centre and the Chief Inspector was notified of the required incidents as set out in Regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaints policies and procedure in place which were available for residents in an easy-to-read format. There was a nominated complaints officer and systems to log and show follow ups on complaints made. From reviewing a sample of complaints in the centre, they were being followed up on in line with the provider's policy. Residents and their representatives commented on their experience of the complaints process in the centre in their questionnaires. They stated they were satisfied with the process and the outcomes of their complaints. They were complimentary towards the responses, explanation and updates they received.

From reviewing a sample of complaints, it was evident that complainants were kept up to date in relation to actions and follow ups completed as a result of the complaint, and alerted to the availability of external review of their complaints, should they not be satisfied that their complaint was fully resolved. There was evidence that there was a culture of continuous improvement in the centre where complaints were used to plan, deliver and review services.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences. The provider had further plans to increase residents' opportunities to engage in activities in their local community, once the vacant staff positions were filled. They also had plans to make further improvements to residents' homes and gardens.

As described earlier in the report a number of improvements had been made in the centre which had resulted in residents' homes appearing more homely and comfortable. Residents had access to adequate space and storage for their personal items. There were sufficient numbers of baths, showers and toilets, and refurbishments were planned in some of these after the inspection. Funding had been secured, and they were on the provider's priority works list.

Residents' assessments and plans were found to be person-centred, and to contain

sufficient detail to guide staff in relation to any supports they may require. Their healthcare needs were assessed and care plans were developed and reviewed as required. Some improvements were required in relation to ensuring there were clear pathways to ensure that residents could access the support of medical and allied health professionals. The inspector was informed that the provider was aware of this and in the process of putting actions in place to rectify this.

Residents who required it had access to the support of a clinical nurse specialist in behaviour. They had positive behaviour support plans and stress management plans in place. There was a rights and restrictive practice policy in place and restrictive practices were recorded and reviewed on a regular basis to ensure the least restrictive practices were used for the shortest duration.

Allegations and suspicions of abuse were screened and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required. Staff had completed safeguarding training and those who spoke with the inspector were aware of the control measures in open safeguarding plans in the centre.

Each of the houses were found to be clean during the inspection. The inspector observed staff adhering to standard precautions throughout the inspection. Staff had completed a number of infection prevention and control related trainings and were found to be aware of their roles and responsibilities. There were systems in place to ensure that visitors were not showing any signs of infection. There were stock of PPE available and hand sanitiser and hand-washing facilities were available in each of the houses. The provider had identified an infection prevention and control champion in the centre who had completed additional infection prevention and control related trainings. They were completing regular infection prevention and control related audits, identifying areas for improvement and developing action plans to bring about the required improvements.

Residents and staff were protected by the fire safety precautions in place in the centre. There was firefighting equipment including a fire detection and alarm system, emergency lighting and fire extinguishers. Fire exits were unobstructed on the day of the inspection and the fire evacuation plan was on display in a prominent area. There were systems in place to ensure servicing and maintenance of equipment was completed as required.

Residents were supported to take part in the day-to-day running of their home and to be aware of their rights through residents' meetings and discussions with staff and their keyworkers. They had access to information on how to access advocacy services. There was information available in an easy-to-read format on the centre in relation to infection prevention and control, and social stories developed for residents in areas such as fire safety.

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose and there was adequate private and communal accommodation. For the most part, the premises were accessible; however, plans were in place to improve accessibility to the garden and shed in one of the premises. These works were on the provider's refurbishment plan .

The provider had completed a number of works to the premises since the last inspection and more works were planned including the refurbishment of bathrooms, the replacement of flooring, the refurbishment of a kitchen, and the installation of blinds and curtains in a number of houses.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide was available in the centre and contained the required information.

Judgment: Compliant

Regulation 27: Protection against infection

Residents and staff were protected by the infection prevention and control policy, procedures and practices in the centre. Staff had completed a number of infection prevention and control related trainings. The physical environment was clean and there were cleaning schedules in place to ensure that each area of the houses were regularly cleaned. The provider had implemented a flat mop systems since the last inspection and there were suitable arrangements for laundry and waste management in the centre. Contingency plans and risk assessments were developed in relation to risks relating to infection and COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

There was suitable fire equipment in place and systems to ensure it was serviced as required. There were adequate means of escape including sufficient emergency lighting which was being regularly serviced. There was a procedure for the safe evacuation of residents and staff, which was prominently displayed.

Each resident had a personal emergency evacuation plan (PEEP) which was clear in

relation to any supports they may require. Fire drills were occurring regularly in the centre and being completed at different times, and when the minimum number of staff and maximum number of residents were present. Staff had completed fire safety awareness training, and dates identified for refresher training for those who required it.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need completed which identified their health, personal and social care needs. These assessments were used to inform the development of care plans which were contained in their personal plans. Residents' personal plans reflected their assessed needs and outlined any support they may require to maximise their personal development and independence.

Judgment: Compliant

Regulation 6: Health care

For the most part, residents were provided with appropriate healthcare, having regard to their personal plan. They were supported to access a General Practitioner (GP) of their choice and medical treatment recommended and agreed by residents was facilitated. The provider was recognising residents' changing needs and making every effort to support them to access healthcare professionals in line with their assessed needs and their wishes. However, the inspector was informed about, and reviewed documentary evidence that there had been difficulties accessing the support of a psychiatrist, speech and language therapists and psychology services in the months before the inspection. The management team were aware of this and the inspector was informed the difficulties accessing services had been escalated to the provider.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported to access the support of a clinical nurse specialist in line with their assessed needs. They had support plans in place which were being regularly reviewed and updated. Staff had completed training and more training was planned. Bespoke, area specific training had recently been provided to support

residents in line with their changing needs.

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

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the safeguarding policies, procedures and practices in the centre. Allegations and suspicions of abuse were reported and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required. Staff had completed training to ensure they were aware of their roles and responsibilities and safeguarding was regularly discussed at residents' meetings.

Judgment: Compliant

Regulation 9: Residents' rights

Residents could freely access information in relation to their rights, safeguarding, and accessing advocacy services in each of the houses. These topics were also regularly discussed at residents' meetings. Other areas regularly discussed at residents' meetings included, menu planning, fire safety, complaints, activities, health and safety, and finances.

Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a need-to-know basis.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aisling House Services OSV-0002600

Inspection ID: MON-0028797

Date of inspection: 29/08/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>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.</p> <ul style="list-style-type: none"> • A review of the rosters is currently been under taken to ensure that there is an appropriate and safe skill mix and allocation to each area for effective delivery of care and support which will be reflective of the needs of each individual. • The Registered Provider will ensure that every effort is made to fill vacant whole time nursing posts through continuous recruitment campaigns both local and at national level. • HR are conducting a roll over campaign recruitment campaign for Nursing and Health Care Assistants, interviews took place • 1 S/N commenced a full time post on 15/9/22 • 1 S/N from international campaign to commence on 21/11/22 has accepted job offer • 1 S/N from international campaign is due to commence in the service in a full time capacity in 12 December 2022 and has accepted the job offer. • Regular familiar Agency Staff Nurses and Health Care Assistance being utilized to fill current vacancies as an interim measure. • Approval sought to replace posts that have remained vacant for previous years <p>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.</p> <ul style="list-style-type: none"> • A review of the rosters is currently been under taken to ensure that there is an appropriate and safe skill mix and allocation to each area for effective delivery of care and support which will be reflective of the needs of each individual. 	

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>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.</p> <ul style="list-style-type: none"> • The Person In Charge will ensure that all staff undergo and participate in specific training with 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. Planned scheduled training for a staff that requires refresher training took place on 19/9/22, 20/9/22 & 21/9/22 in Studio 3 & Manual Handling. Fire Training took place on 26/9/22 & 28/9/22 • A scheduled training is planned for each quarter and will be made available for each staff <p>Regulation 16(1) (b) The person in charge shall ensure that staff are appropriately supervised.</p> <ul style="list-style-type: none"> • The Person in Charge will ensure all staff receives Performance Feedback as per policy. • The Person in Charge will ensure oversight of this documentation. • Additional training which will ensure senior staff can assist PIC with Performance Management reviews 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Regulation 17(1)(b)he 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.</p> <ul style="list-style-type: none"> • The Registered Provider will ensure that the plan that is in place to improve accessibility to the garden and shed in one of the premises is carried out by end of year 2022. These works are on the provider's refurbishment plan . • The Registered Provider had completed a number of works to the premises since the last inspection on 29/9/22. All areas identified in Aisling House Service that required replacement of flooring throughout the service has been completed. • The installation of new blinds and curtains in a number of houses is to take place on 27th & 28th Oct 2022. • The Registered Provider has included the refurbishment of a kitchen in one house to the service refurbishment plan and quotes have been sought for costing. 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Regulation 06(2)(d)</p> <p>The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.</p> <ul style="list-style-type: none"> • Referrals will continue to be made to the relevant t catchment area in Community Healthcare Area 7 (CHO 7) • Referrals will continue to be sent to Mental Health Service in CHO 7 for mental health reviews for the residents who are prescribed psychotropic medication. Registered Provider has escalated the issue to Head of Mental Health Service in CHO 7. Discussions are ongoing to resolve the situation. • Approval given to recruit head of disciplines in the area of OT, SLT and Physiotherapy in order to build MDT capacity within Disabilities community and residential Services. 	

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.	Substantially Compliant	Yellow	28/02/2023
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.	Substantially Compliant	Yellow	28/02/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	31/12/2022

	as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2022
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.	Substantially Compliant	Yellow	31/01/2023
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	31/03/2023