



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Aisling House Nursing Home
Name of provider:	Hussein & Jeanette Ali Limited
Address of centre:	Sea Bank, Arklow, Wicklow
Type of inspection:	Unannounced
Date of inspection:	08 July 2024
Centre ID:	OSV-0000003
Fieldwork ID:	MON-0043582

About the designated centre

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

Aisling House Nursing home is a single-storey centre, which provides residential care for 50 people. It provides care for both male and female adults with general care needs within the low, medium, high and maximum dependency categories. A pre-admission assessment is completed in order to determine whether or not the service can meet the potential resident's needs. Twenty-four-hour nursing care is provided. There were 34 single bedrooms, 23 of which had en-suite facilities and eight twin bedrooms, five of which had en-suite facilities. Each bedroom was appropriately decorated and contained personal items such as family photographs, posters and pictures. Communal space included a day room, three sitting rooms and two dining rooms. There was a well maintained internal courtyard. Adequate parking was available at the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 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
Monday 8 July 2024	16:45hrs to 21:35hrs	Siobhan Bourke	Lead
Tuesday 9 July 2024	09:15hrs to 16:30hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one evening and one day, by an inspector of social services. The inspector met with many of the 44 residents living in the centre and spoke with eight residents in more detail, to seek their views regarding living in the centre. The inspector also met with four visitors. The inspector spent time observing residents' daily lives and care practices, in order to gain insight into the experience of those living there. The overall feedback from residents was that Aisling House Nursing Home was a nice place to live, where staff supported residents and always treated them with respect and kindness. The inspector observed that action was required to ensure residents' safety was promoted at all times, in particular in relation to nursing staffing levels at night. These findings will be outlined further in the report.

Aisling House Nursing home is a single storey building that is registered to accommodate 50 residents in 34 single rooms and eight twin rooms. The home has two units; Mountain View, with Mountain view containing the older part of the home and Seaview a more recent extension with 19 single ensuite rooms. The inspector saw that residents' bedrooms were maintained in a tidy fashion and were visibly clean. Pressure relieving specialist mattresses, falls injury prevention mats and other supportive equipment were seen in residents' bedrooms. Many residents' rooms were personalised with residents' memorabilia, family photographs and personal items. The inspector saw that the layout of some of the twin rooms did not support residents' privacy and dignity, as wardrobes were in the bed space of another resident and in one room, curtains did not ensure resident's privacy at all times. Residents in some of the twin rooms were required to share a chest of drawers. This is discussed further in the report.

There was adequate communal spaces and rooms for residents' use in the centre comprising a dining room, dayroom and two sitting rooms in the older part of the centre and a dining room and large sun room in the Seaview extension. One of the sitting rooms in Mountain view had the centre's pet birds living in a birdcage and was a homely room with furniture and paintings and comfortable seating. The smaller sitting room near the entrance had a large TV, but was sparsely furnished and decorated. The communal rooms in Seaview were furnished with lots of comfortable seating, tables and was a lovely restful space for residents, with great views of the Sea.

The residents had easy access to two outdoor courtyards, one of which had ramp access to a large well landscaped space at the back of the centre with a full sea view. Glass surroundings enabled the views to be enjoyed while sheltering the centre from the sea breeze. The courtyards were furnished with outdoor tables, parasols and seating, so that residents could sit outside and enjoy the scenery. The inspector saw a number of residents moving freely to these outdoor spaces during the inspection as they wished. A number of residents living in the centre accessed the outdoor smoking area in the centre. While there was a fire blanket, fire apron

and fire fighting equipment in close proximity to this area, the inspector saw that a call bell had yet to be installed.

The inspector observed the activity in the centre during the evening and early night time and saw that residents were assisted to bed in an unhurried and respectful manner by care staff. One resident who was out for the day returned to the centre late in the evening and was greeted warmly by staff on their return. A number of residents remained in one of the sitting rooms, until they wished to go to bed and were chatting and supervised by staff appropriately. Residents who enjoyed watching TV did so in their bedrooms. The inspector saw that the one nurse on duty for the night shift had many interruptions, while trying to complete their medications' round, as outlined further in the report.

The inspector observed meal times on the evening of the first day and the lunch time meal on the second day. Tables in both dining rooms were decorated with table cloths, flowers and had appropriate condiments for residents' use. The menu choices for residents were displayed on the notice board in one of the dining rooms and it was evident residents had a choice of main course at each mealtime. Meals appeared appetising and wholesome and residents spoke positively about the choices and quality of food available to them in the centre. Residents who required assistance were provided with it in an unhurried manner, however during the evening meal on the first day of inspection, the inspector saw two staff standing, while assisting residents, which would not be supportive of a person-centred dining experience. This was brought to the attention of the person in charge and was not evident on the second day. While many of the residents ate in the two dining rooms, 12 residents were seen to have their meals in the Mountain view day room and in one of the sitting rooms, in the chairs where they spent their day. Their meal was served on a table or bed table put in front of their chair. This did not allow the residents' choice or the option for motion or a normal dining experience at a table sat with other residents.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. It was evident that staff knew the residents well and were familiar with each residents' daily routine and preferences. A resident told the inspector that " staff couldn't do enough for you" and another that staff were " great" to them. Those residents who could not communicate their needs appeared comfortable and content. Residents appeared nicely dressed in line with their own preferences and style. During the second day, the inspector saw that the hairdresser was in the centre and many of the residents were availing of their services. Residents told the inspector that they could receive visitors in their bedrooms where appropriate, in the centre's communal areas or outside areas. The inspector saw a number of visitors coming and going during the inspection and were welcomed warmly by staff and management in the centre. Residents were supported to go on days out or weekends with their relatives.

The inspector saw that there was a schedule of activities available for residents living in the centre. A number of residents told the inspector that they enjoyed the music sessions held in the centre and singing along with these. The activity co-ordinator position was vacant at the time of inspection and the inspector saw that

care staff were assigned to activities during this time. Residents appeared to enjoy reading the newspapers with care staff and in the afternoon, a lively session of ball games seemed to be enjoyed by many of the residents. The inspector saw many of the residents appeared to enjoy each others company and were chatting together and watching TV. Residents views on the running of the centre were sought through surveys and residents' meetings. Feedback in surveys reviewed, was generally positive. Minutes of residents meetings reviewed indicated that food, activities and residents preferences were discussed and actioned. However, there was a gap of five months since the previous meeting was held in the centre. The provider agreed to ensure these meetings were held more frequently.

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

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the finding of the previous inspection in November 2023. Overall, the inspector found that governance and management arrangements required by regulation to ensure the service provided was a quality and safe service were in place. The provider had been responsive to the regulatory findings of the previous inspection and had actioned many of the findings to improve compliance. However, further action was required to ensure compliance, as outlined under the relevant regulations.

The inspector found that there was a clearly defined management structure with identified lines of responsibility and accountability. Hussein and Jeanette Ali Limited is the registered provider for Aisling House Nursing Home. The registered provider company has three directors, two of whom are actively involved in the operational management of the centre and were on site both days of the inspection. The centre had a full time person in charge who met the requirements of the regulations and was supported in their role by two senior staff nurses, nursing, care staff, housekeeping and catering staff and maintenance staff.

The activities co-ordinator position was vacant in the centre at the time of the inspection, but the management team assured the inspector that the interview process was underway. Care staff were assigned to facilitate activities in their absence. Recruitment was underway to fill two care staff vacancies in the centre. From a review of rosters and speaking with staff and management, it was evident that the nursing staff complement had increased since the previous inspection with eight nursing positions filled in the centre. A third care assistant had been recently assigned to the night shift. However, the inspector was not assured that the skill mix at night in the centre was adequate to meet the assessed needs of the residents

living in the centre as outlined under Regulation 15; staffing.

Staff were provided with both face-to-face training and competency based training through an online platform appropriate to their role. There was good oversight of the uptake of mandatory training by the management team and staff who spoke with inspectors were knowledgeable regarding safeguarding, infection control practices, fire safety and medication management.

There were effective lines of communication between staff and management in the centre. Regular management meetings were held between the management team in the centre to ensure key aspects of service delivery such as recruitment, training, premises, fire safety, infection control and complaints were monitored and actioned. There were also regular clinical governance meetings where key risks to residents such as falls, infections, wounds, responsive behaviour were reviewed. The person in charge held regular meetings to communicate with staff working in the centre.

There were management systems in place to monitor the quality and safety of the service provided to residents. The provider had been responsive to the findings of the previous inspection and sought external expertise in infection control who conducted an assessment of the centre's infection control practices in the centre in April 2024. The provider developed a time-bound action plan and was progressing with the implementation of this at the time of inspection. An outbreak report was in progress at the time of inspection to ensure any learnings from the recent outbreak of COVID-19 were identified and therefore could be implemented. The provider had purchased an electronic care record system and was implementing this system at the time of inspection. It was anticipated that the system would also assist with monitoring clinical outcomes for residents. The person in charge also undertook regular audits of aspects of practice, such as incidence of falls, care plans, invasive medical devices, environmental hygiene and medication management. Call bells were audited to ensure they were in working order, however, response times were not audited as outlined under Regulation 23 governance and management.

An annual review of the quality and safety of care provided to residents was prepared for 2023 and was available in the centre for review.

The inspector reviewed a sample of staff files and found that they met the requirements of Schedule 2 of the regulations.

The registered provider maintained a record of complaints received in the centre. It was evident that the provider had investigated complaints as they arose and taken any required action to reduce reoccurrence. The complaints procedure was displayed in the centre and met the requirements of the regulation.

From a review of the incident log maintained, incidents such as falls requiring medical treatments were notified to the Chief Inspector in line with legislation. Notifications relating to outbreaks of infection had been notified as required. While some notifications of allegations or suspected incidents of psychological abuse had been reported, a small number of these had not as outlined under Regulation 31; Notification of incidents.

Regulation 15: Staffing

The inspector was not assured that the skill mix of staff at night time, was appropriate having regard to the assessed needs of the residents, given the size and layout of the centre. Twelve residents were assessed as maximum dependency and seven residents were assessed as high dependency who would need a higher level of nursing care.

- Records demonstrated that there was only one registered nurse rostered for duty between 8pm and 8am every night.
- The nurse was responsible for the supervision a team of three health care assistants, as well as the provision of nursing care for up to 44 residents at time of inspection.
- The inspector observed that the nurse on the night shift had several interruptions from both residents, telephone calls and from care staff while administering the night time medications, which both delayed medication administration and was a risk to safe medication administration and could lead to errors.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector found that the person in charge ensured that staff had training appropriate to their role. There was a schedule of both face-to-face and online training in place to support staff with their roles. The provider had scheduled face-to-face safeguarding training as well as online training for the coming weeks to further enhance staff knowledge in this area. The inspector reviewed training records and the training matrix and saw that staff working in the centre were up-to-date with their mandatory training.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to the inspector, and all records were well-maintained and securely stored. A sample of staff files were reviewed and found to contain all of the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

It was evident that the provider had been responsive to the findings of the previous inspection. However, the inspector found that management systems required action to ensure;

- more comprehensive monitoring and auditing of infection control practices to include all standard precautions.
- while call bell audits were undertaken to ensure they were in working order, the audit did not include response times to provide assurance that they were being responded to by staff in a timely manner.
- oversight of skill mix of staff at night time with regard to nursing staffing levels.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had a written contract of care that included the services provided and fees to be charged, including fees for additional services. Contracts also included the room to be occupied. The contracts were seen to meet the requirements of legislation.

Judgment: Compliant

Regulation 31: Notification of incidents

While the majority of incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, a small number of incidents of suspected psychological abuse of residents were not notified, even though they were addressed and actioned by the management team.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints' officer. Complaints were seen to be recorded and included the outcome and whether the complainant was satisfied with the outcome.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the residents received good quality care and support from the staff. There was a person-centred approach to care, and residents' well-being and independence were promoted. Residents spoke positively about the care and support they received from staff and told the inspector that their rights were respected and they felt safe. While the provider had taken significant action to address premises, fire precautions and infection control issues identified on the previous inspection, further action was required to comply with the regulations as outlined further in this report.

The provider was in the process of implementing an electronic healthcare record system, but at the time of inspection, paper based records were mainly in use. From a review of a sample of care plans, it was evident to the inspector that residents had a comprehensive assessment of their health and social care needs prior to admission, to ensure the centre could provide the appropriate level of care and support. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which reflected their assessed needs. The inspector found that care plans were sufficiently detailed to direct care for staff.

A review of residents' records found that residents had timely access to a general practitioner (GP) as requested or required. A general practitioner was onsite, reviewing residents, during the morning of the second day of inspection. The recommendations of health and social care professionals was observed to be implemented.

Residents who experienced responsive behaviours had appropriate assessments completed, and person-centred care plans were developed that detailed the supports and intervention to be implemented by staff to support a consistent approach to the care of residents. Care plans included details of non-pharmacological interventions to support the resident to manage responsive behaviours. Interactions between staff and residents was observed to be person-centred and non-restrictive. The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the level of restrictive practices in the centre.

In general, the premises met the collective and individual needs of residents, in line

with the statement of purpose. The provider had expanded the garden at the back of the centre with ramp access to a large patio and garden area. While the layout of some of the twin rooms had been reconfigured since the previous inspection, some still required to be reorganised, so that residents storage space was in their own bed space. Privacy curtains in one of the twin rooms also required review, as they did not ensure residents' privacy and dignity were promoted. These and other findings are outlined under Regulation; 17 Premises.

The inspector saw that the residents' bedrooms and communal rooms were visibly clean and residents who spoke with inspectors reported that their rooms were cleaned on a daily basis. Resident's equipment appeared visibly clean. There was adequate resources in place to ensure rooms were deep cleaned regularly. Cleaning processes were in line with guidelines, whereby a flat mop system was in use and mop head were changed between each room and each bathroom. The provider informed the inspector that a nurse was enrolled on a link nurse infection control course for September to enhance staff knowledge and practices in the centre. The inspector identified a number of issues that required action in relation to infection control as outlined under Regulation 27; Infection control.

Risk management systems were underpinned by the centre's risk management policy which detailed the systems to monitor and respond to risks which may impact on the safety and welfare of residents. A risk register was maintained and regularly reviewed and included potential risks to residents' safety. The emergency plan was updated by the provider on the day of inspection to reflect that a generator was available in the centre in the event of a power cut.

The provider had systems in place to monitor fire safety precautions and procedures within the centre. The inspector saw records available, indicated that quarterly testing of the fire alarm and emergency lighting was in place. Fire-fighting equipment was serviced annually. Staff were provided with training each year and regular simulations of evacuation of compartments were held in the centre. Daily weekly and monthly checks of emergency exits, fire alarm and the centre's doors was in place and recorded. The inspector noted that the call bell had yet to be installed in the smoking area and records of annual certification of servicing of fire alarm and emergency lighting was not available to review. These findings are outlined under Regulation 28; Fire precautions.

Residents had access to an independent advocacy service. The inspector observed that residents had access to local and national newspapers, radios and internet. The location of TVs in some of the shared rooms did not ensure that both residents could view the television if they wished. Residents' meetings were held in the centre, which provided residents with opportunities to consult with management and staff on how the centre was run. Minutes of the most recent meetings showed that activities, food choices and residents feedback on the services provided were discussed at the meeting. The inspector noted that the most recent meeting was held in February 2024 while the centre's statement of purpose indicated that the frequency as two monthly. The management team agreed to ensure they were held more frequently. These findings are outlined under Regulation 9; Residents Rights.

Regulation 10: Communication difficulties

From a review of a sample of care plans, it was evident that residents who experienced communication difficulties were supported by the care team with their communication needs.

Judgment: Compliant

Regulation 11: Visits

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre. Visitors who spoke with the inspector were complimentary of the care provided to their relatives and confirmed that there were no restrictions in place to visiting.

Judgment: Compliant

Regulation 12: Personal possessions

Residents in some twin rooms shared a chest of drawers which did not promote residents' dignity and autonomy and did not allow them easy access and adequate space for their personal possessions as required by the regulations.

Judgment: Substantially compliant

Regulation 17: Premises

- While the layout of some of the twin rooms had been reviewed since the previous inspection, a number had not, with wardrobes remaining located in another resident's bed space area. This meant that residents could not easily access their personal storage space without entering the other residents area of the room.
- Privacy curtains in one of the twin rooms did not ensure the privacy and dignity of a resident living in the bed space near the room door, as it did not encircle the bedspace area.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The dining experience required review to ensure all residents were facilitated to have a sociable dining experience. While a number of resident enjoyed their meals in the two dining rooms, a large group of residents remained in the day room with their meals served from tables beside their chairs. This did not support a sociable dining experience for these residents.

The inspector observed two staff standing while assisting residents during the supper mealtime which does not support residents dining experience.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of two residents' records, who had been transferred to hospital and returned to the centre, showed evidence that all relevant information about the resident had been provided to and obtained from the receiving hospital.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. The provider had a plan in place to respond to major incidents in the centre likely to cause disruption to essential services at the centre. This plan was updated on the day of inspection to reflect that the centre had a generator on site. The centre's risk register was maintained and reviewed regularly by the management team.

Judgment: Compliant

Regulation 27: Infection control

While it was evident that the registered provider had actioned many of the findings of the previous inspection, the following required action to ensure procedures were

consistent with the National Standards for infection prevention and control in community services (2018).

- Hand hygiene signage was not in place over a clinical hand wash sink in the centre.
- While there were alcohol-based hand rub units on the corridors in the centre, there was not enough of these available to ensure staff had access to these at point of care.
- There were no gloves available in the sluice room for staff use
- While sharps containers were available and the temporary lock was engaged, there were no integrated sharps trays in the centre to ensure safe practice for nursing staff.
- A specialist chair was inappropriately stored in a communal bathroom.
- Bedframes and bedrails in some of the rooms were worn and therefore could not be effectively cleaned.
- The provider had purchased clinical hand wash sinks and was progressing with their installation at the time of inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

- Certification to demonstrate annual inspection of the fire alarm and emergency lighting was not available to review on the day of inspection.
- A call bell for the smoking area had yet to be installed since the previous inspection to ensure residents could call for help in the event of an emergency.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were processes in place for checking stock balance on controlled medication at each shift change. There were regular checks in place to ensure that medication stored in a medication fridge was kept at the correct temperature. Medication administration records were in line with best practice and medicines were observed to be administered as prescribed. Interruptions to medication administration rounds are outlined under Regulation 15 staffing.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The provider was in the early stages of implementing an electronic care plan system and further training was planned with this regard. At the time of inspection, records remained mainly paper-based. From a review of a sample of care plans, it was evident that validated assessment tools were in use to inform care plans. Care plans reviewed were updated as required and contained sufficient detail to direct care.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents' health care needs were well met, and they had access to appropriate medical and allied health and social care professionals. Residents were reviewed regularly by local GPs who attended the centre once a week and more frequently if required. Access to allied health was evidenced by regular reviews by the physiotherapist, dietitian, speech and language and chiropody as required. Residents who required review by community mental health and palliative care services were provided with this in the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The principles of a restraint-free environment were promoted by the person in charge and staff at the centre and the inspector saw evidence of alternatives to bedrails in use for residents at risk of falls. Staff were up-to-date with regard to training on responsive behaviour. From a review of care plans, and the observations of the inspector, it was evident that residents who presented with responsive behaviour were responded to in respectful way by staff.

Judgment: Compliant

Regulation 8: Protection

The provider ensured that there was an up-to-date safeguarding policy in place in the centre. Staff were provided with training in safeguarding vulnerable persons. There were robust arrangements in place to safeguard residents and to protect them from the risk of abuse in the centre. Residents who spoke with

inspectors reported feeling safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The frequency of residents' meetings required action, to ensure residents are consulted about and participate in the organisation of the designated centre, as the inspector saw that the most recent residents' meeting was held in the centre in February 2024.

The positioning of TVs in some of the twin rooms required review as in some rooms, the TV could not be viewed by the second resident.

Judgment: Substantially 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Aisling House Nursing Home OSV-0000003

Inspection ID: MON-0043582

Date of inspection: 09/07/2024

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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: Whilst the night time staffing levels were appropriate, the skill mix at night time was revised and actioned immediately, in line with the high level feedback given at the time of inspection and the contents of this report. There are now two Staff Nurses and two Healthcare Assistants during night time hours. This issue will be continuously monitored to ensure compliance with the Regulation.</p> <p>Medication Rounds Completion Reports, specifically Interruption reports are regularly monitored to ensure the safe and effective administering of medication. These and all related reports are subsequently audited by our Medication Systems provider.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Expanding on the learnings from our commissioned Infection Prevention and Control Audit carried out by a suitably qualified independent third party provider in April 2024, the monitoring and auditing of Infection Control practices to include all standard precautions will be discussed during the next Management Team meeting along with a discussion on a timeline for such improvements.</p> <p>A discussion with the Call Bell System provider and maintenance company is scheduled to discuss key performance indicators such as response times and how to effectively log, report and action improvements.</p>	

Skill mix at night time in regard to Nursing Staffing Levels was addressed under the Provider Response under Regulation 15.

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The Management Team are aware of the requirement of the timely Notification of Incidents as set out in Schedule 4 of the Regulations and this item will be added to the Monthly Management Team agenda to serve as a further reminder.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

A targeted audit of all twin rooms will commence to assist in identifying areas of improvement to ensure the promotion of Resident's dignity and autonomy as required by the regulations.

Regulation 17: Premises

Substantially Compliant

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

Twin rooms were reviewed since the last inspection with a number of layout changes actioned. This was done in consultation with the Residents of the room and their wishes.

To address any shortfall in the previous review, a new targeted audit of all twin rooms will commence to include but not limited to privacy curtains. These will be audited and monitored to ensure the privacy and dignity of the Resident.

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>All Residents are encouraged to utilise the Dining Rooms during mealtimes to participate in a sociable dining experience. However the location of mealtimes remains the Residents choice and their wishes are always respected. This item will be addressed at the next Residents meeting.</p> <p>Staff are encouraged to engage with Residents whilst assisting during mealtimes in a manner that supports the dining experience. This item will be discussed at the next Staff meeting.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>An Infection Prevention and Control Audit carried out by a suitably qualified independent third party took place in April 2024 to assist the centre in it's compliance under Regulation 27.</p> <p>Despite achieving an overall score of 88.70%, we reviewed the findings that required attention and formulated an Action Plan to address these findings.</p> <p>The findings from this latest Inspection Report will be added to the initial Infection Prevention and Control Action Plan to address items such as but not limited to:</p> <p>Hand Hygiene signage will be reviewed in line with the findings of this report.</p> <p>Availability and location of alcohol-based hand rub units.</p> <p>Provision and distribution of Gloves in key areas.</p> <p>Provision and distribution of integrated Sharps Trays in the centre.</p> <p>The storage of equipment such as specialist chairs.</p> <p>Maintenance and validation of Equipment such as bedframes and bedrails (which is carried out Bi-Annually by a third party; this will be discussed with them).</p> <p>The progression of the installation of appropriate Clinical Hand Washing sinks (which was discussed at length during the Infection Prevention and Control Audit in April 2024).</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Certification, namely the Annex D1 and Annex C6 was sought from the company which services and maintains our Fire Detection & Alarm System and Emergency Light System.</p> <p>A review of the current call bell system took place with items on the agenda to include the installation of an external Call Bell situated in the smoking area.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The frequency of Resident's meetings will be added to the Monthly Management Team Meetings as an agenda item for review, to ensure these take place in line with the Statement of Purpose.</p> <p>The position of TVs in twin rooms will be added as to the targeted audit of twin rooms.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/08/2024
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	01/08/2024

Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/08/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by	Substantially Compliant	Yellow	30/09/2024

	staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	14/08/2024
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	07/08/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	07/08/2024
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/08/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and	Substantially Compliant	Yellow	31/08/2024

	participate in the organisation of the designated centre concerned.			
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