



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

Issued by the Chief Inspector

Name of designated centre:	Aisling House
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	07 February 2024
Centre ID:	OSV-0008618
Fieldwork ID:	MON-0041719

About the designated centre

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

Aisling House is a terraced bungalow dwelling in a large Co Louth town. It can meet the needs of three residents, and residents will receive support and care on a twenty-four-hour basis. The property offers two sitting rooms, a dining room, a kitchen, an accessible bathroom, and three bedrooms, one of which is an ensuite utility/laundry room. To the rear is an enclosed garden with a large wooden gazebo structure, which can be availed of throughout all weathers/seasons.

Aisling House has a very central location and is within walking distance of the main shopping centre, and all other amenities are nearby.

Retail outlets, restaurants, cinemas, hotels, clubs and leisure pursuits are available if residents wish to engage.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 7 February 2024	09:00hrs to 15:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was a short-noticed announced inspection to monitor compliance with regulations and standards and review the quality and safety of care delivered to residents.

This was the first inspection of this service since it was registered and residents moved into their new home in 2023. The inspection findings were very positive. The provider and the staff team supporting the residents ensured that, the service was person-centred, focused on supporting the residents and helping them engage in and achieve the things they wanted to do. The residents were involved in the organisation and running of their home through natural conversations with staff and weekly house meetings. The resident's home was clean, free from clutter and well-presented with a homely atmosphere.

Upon arrival, the inspector was greeted by a resident and the person in charge. The resident was anxious about the inspector's visit and wanted to speak to them, the inspector explained their role and why they were visiting the centre and the resident appeared happy with the explanation. They chatted with the inspector about their day service, spoke about Valentine's Day, and wanted to make plans to go out. With the support of the person in charge, the resident spoke of some of the trips they had made and about concerts and musical events they had attended. The resident showed the inspector around their home and the inspector saw that their bedroom had been decorated to their preferred taste.

The second resident met with the inspector later in the morning. The resident showed the inspector around their home and room, which was also decorated to their taste. Visual aids and activity planners were displayed in the resident's room to support them with their daily routines. The resident was getting ready to go shopping and to go for lunch with staff and did so after their interactions with the inspector.

One of the residents was attending a day service programme on a part-time basis, in contrast, the other resident was engaged in a personalised programme to ensure the resident had a consistent schedule to support them in positive outcomes. A review of daily notes and support plans identified that the residents were active in their local community. Both residents liked to visit a large shopping centre within walking distance of their home and were also engaged in groups in their community, such as women's shed and arch clubs.

The residents appeared happy in their home and interacting with the staff team. One of the residents spoke to the inspector about liking their home and being pleased with the move to this house as it was a bungalow.

The following 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 the quality and safety of the service being delivered.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements. The review found that these effectively ensured the service provided to each resident was safe, appropriate to their needs and was consistent and effectively monitored.

The inspector reviewed the provider's arrangements regarding the person in charge role, staffing and staff training and development. The review of these areas found them to comply with the regulations. There was a consistent staff team who had well-established relationships with the residents. A review of a sample of rosters indicated that there were sufficient staff on duty each day to meet the needs of the residents.

The person in charge also ensured that the staff team had access to and had completed training programmes to support them in caring for the residents. The staff team had completed training focused on a human rights-based approach, and one of the staff spoke of the positive impact the training had had. The staff member spoke of pausing and considering the implications for residents before making decisions. They felt that this approach was helping them when supporting the residents.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and maintained to a high standard.

Regulation 14: Persons in charge

The provider had ensured that the person in charge had the relevant experience and qualifications to fulfil the role. They were a qualified healthcare professional with additional qualifications in management. The person in charge had systems that ensured effective oversight of the service provided to the residents. For example, staff members sent daily updates to the person in charge and the clinical nurse manager to ensure they were kept abreast of developments in the service.

The person in charge also demonstrated that they had a well-established relationship with both residents and were knowledgeable of their needs and supports to enhance the service provided to them.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained planned and actual rosters, and the inspector reviewed the current staff roster and previous rosters and found that the provider had ensured that safe staffing levels were maintained. The review also identified that the skill mix of staff was appropriate to the needs of the residents. The staff team comprised senior staff nurses, social care workers, and healthcare assistants.

The review of rosters also identified a consistent staff team working with the residents, and staff members spoken to on the day of the inspection had been supporting the residents for an extended period. The staff members also demonstrated that they had detailed knowledge regarding support for the residents and were observed interacting with them caring and respectfully throughout the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had developed a staff training matrix that captured the staff members' completed training. Following the matrix review, the inspector was assured that the staff team had access to appropriate training, including refresher training, as part of a continuous professional development programme.

For example, staff members had completed numerous training programmes, which included:

- childrens first training
- safeguarding of vulnerable adults
- basic life support
- training in the management of behaviour that is challenging, including de-escalation and intervention techniques
- fire safety
- infection prevention and control
- safe administration of medication
- human rights-based approach

The inspector was provided with information demonstrating that staff members received supervision. The review of a sample of these showed that the supervision was focused on performance management and ensuring that the best possible service was provided to the residents.

Judgment: Compliant

Regulation 23: Governance and management

A review of the provider's governance and management arrangements found them appropriate. It ensured that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. A clearly defined management structure was led by the person in charge, who was supported in their duties by a clinical nurse manager and the staff team.

A schedule of audits in place ensured that the care and support provided to residents were maintained at a high level. For example, the services management team completed a number of audits in January. These included:

- Fire register audits
- Hygiene audits
- Audits of residents' finances
- Individual personal plan audits.

A quality improvement plan had been developed that captured issues or areas the provided needed to address. The appraisal of this showed that the service management team were responding to actions in a prompt manner. There were two outstanding actions, but there were plans to address them.

There was a further audit tool called the monthly statistic report. The person in charge updated information under headings which included:

- Adverse incidents
- Risk management
- Restrictive practices
- Safeguarding incidents
- Rights restrictions
- Complaints
- Staffing matters

When completed, the statistic report was made available for review by members of the provider's senior management and multidisciplinary team. This was another method to review the service provided to the residents.

The person in charge received supervision from a member of the provider's senior management on a monthly basis, and the person in charge stated that they had daily contact with senior management. This contact further enhanced the oversight of the service.

The provider also had a person in charge meeting regularly where information was shared with those in charge, who then shared it with their staff teams. This practice promoted effective information sharing. The inspector also reviewed a sample of

staff meeting minutes and found that information sharing was again the focus of the meetings and ensuring that all staff members were providing consistent support and care to the residents.

Judgment: Compliant

Quality and safety

The inspector found that the residents were receiving a service tailored to their needs and supporting them in a manner that promoted and respected their rights. As discussed earlier, the residents were engaged in activities they wanted to do.

The provider had ensured that comprehensive assessments of the residents' health and social care needs had been completed. The review of information showed that the residents' needs were being met and that care and support plans had been developed to guide staff members in supporting residents to achieve positive outcomes.

Residents had access to allied healthcare professionals, including behaviour support. Behaviour support plans had been created, and the review found them to be thorough and focused on understanding and reducing adverse incidents for residents.

The provider had systems in place to safeguard the residents, and there were examples of safeguarding policies and procedures being followed if required. The provider had ensured appropriate arrangements to safeguard residents from financial abuse. Systems were also in place to identify and respond to risk and keep residents safe.

The inspector also reviewed the provider's arrangements regarding medication management, food and nutrition, communication and general welfare and development. The review of these areas found them to comply with the regulations and will be discussed in more detail later in the report.

Overall, the inspection found that the residents were receiving a good standard of care that promoted and respected the residents views and wishes.

Regulation 10: Communication

The inspector was assured through observations and the review of information that residents were communicated to in a manner that met their needs and wishes.

The residents had contrasting communication styles, with one resident using verbal

communication to express their views and the other using some words and using visual aids and communication tiles to communicate their views.

Communication passports had been developed for both residents. These documents captured their' communication strengths and areas where they required support. The document also captured how they expressed their emotions, which was critical in supporting them to express their needs. The passports also provided the reader with information on how the residents would express their consent to engage in a task or event and also how they would decline to engage.

One resident had visual aids located in their room to help them manage their day and inform them which staff would be working with them. A programme was also developed using visual aids and a communication device to support a resident with managing routines that could cause them stress and anxiety. Staff reported that these interventions were working well.

Judgment: Compliant

Regulation 11: Visits

A review of daily notes identified that residents were receiving visitors as per their wishes. A resident, with the support of staff, had recently arranged for their house to be blessed. Family members of the residents had visited for the ceremony. On the inspection day, one of the residents was also arranging for a friend to visit their home.

Judgment: Compliant

Regulation 12: Personal possessions

Financial passports had been created for the residents. They contained information on residents understanding of their finances and also information on items or activities they like to spend their money on. Financial will and preference checklists were also completed for the residents.

As mentioned earlier audits of residents finances had been completed. Daily and nightly checks were also completed to ensure that residents were safeguarded from potential safeguarding concerns.

Judgment: Compliant

Regulation 13: General welfare and development

Throughout the inspection, there was clear evidence that the residents received adequate care and support. The residents were doing the things they wanted to do. For example, residents attended the Special Olympics, went swimming, attended art classes, and participated in the local "women's shed"; one resident also attended day service part-time. Both residents liked shopping for clothes, which was part of one resident's weekly schedule.

Both residents liked to attend musical and theatrical events. There was evidence of shows being booked for residents to attend and plans being made for residents to go for food beforehand. As mentioned earlier, one of the residents wanted their new home to be blessed. They were supported to arrange this and were happy with the outcome.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents were choosing the types of food they had each day. The review of records identified that the residents had a varied diet and that their nutritional needs were met.

Some residents needed support with eating and drinking, and a care plan, along with a risk assessment, had been developed to guide staff on how to support the resident best. The resident had also received input from a speech and language therapist.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk assessments were conducted for each resident. The assessments were linked to the residents' care and behaviour support plans and guided the reader on the steps to take to ensure the resident's safety.

Systems were in place to identify risk and also respond to adverse incidents. The person in charge explained the process of reviewing incidents by them and by senior management if required. Incidents were also reviewed at team meetings, and learning was identified to reduce the likelihood of re occurrence and the level of risk.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider and person in charge had ensured that appropriate medication management practices were in place. Staff members who required it had completed medication management and administration training. The review of medication records showed they were well maintained, with clear guidance for staff to follow when administering.

Medication management plans were created for the residents, giving the reader information on how they preferred to take their medication. The inspector also found that there were safe practices regarding the ordering, storage and disposal of medication.

Judgment: Compliant

Regulation 6: Health care

Health care assessments had been completed for the residents. Care plans had been created following the assessments that identified areas where the residents required support; for some residents, promoting a healthier lifestyle had been linked to their goals.

There was evidence of residents attending healthcare appointments and accessing allied healthcare professionals when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

As mentioned earlier, the residents had access to allied healthcare professionals. The 'residents' mental health and behavioural needs were under close review. Both residents had behaviour support plans. These plans were updated in recent months and reflected the residents' needs.

The plans were detailed and person-centred; they gave information regarding the person's strengths, how to communicate with them, listed possible antecedents and how to support residents during periods of escalation.

The plans focused on understanding residents' behaviours of concern to support the

residents and reduce the reoccurrence of the behaviours.

Judgment: Compliant

Regulation 8: Protection

The review of information identified that the provider had systems in place to respond to safeguarding concerns. The person in charge had initiated an investigation into incidents when required and had sent the necessary notifications per the regulations. Staff members had received appropriate training in the area, and a staff member spoke to the inspector about the steps they would take if a safeguarding concern were identified.

Judgment: Compliant

Regulation 9: Residents' rights

There were numerous examples of residents' rights being promoted and upheld by those supporting them. As mentioned earlier, the residents were engaging in the things they wanted to do. Residents were cared for respectfully by those supporting them and were supported to be active community members.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant