

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Aisling House
Centre ID:	OSV-0002600
Centre county:	Kildare
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Martina Greene (Gannon)
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
27 September 2016 10:00	27 September 2016 18:30
28 September 2016 09:00	28 September 2016 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This announced inspection was the second inspection of this designated centre which is part of the Health Service Executive (HSE) Southside Intellectual Disability Services (hereafter called the provider). This inspection was of a designated centre that consisted of five separate residential properties. Four of these properties were located beside each other in an urban location operated by this provider. The fifth premises were located a few kilometres away in a more rural location.

This inspection was carried out to monitor compliance and sustained improvement in accordance 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 associated National Standards for Residential Services for Children and Adults with Disabilities.

How we gathered our evidence

As part of the inspection, the inspector met with a number of residents who resided in this centre. Some residents who communicated verbally spoke to the inspector and some residents communicated on their own terms with the inspector. Residents who were communicated with and were observed by the inspector offered some positive insights into what it was like to live in the centre.

The inspector spoke with and observed the practice of the provider nominee, person in charge, persons participating in management, nursing staff and health care assistants. The inspector reviewed documentation such as policies, protocols and procedures, residents personal plans and care plans, incident and accident reports, safeguarding notifications, safeguarding plans, behavioural support plans, resident finances and supporting documentation, staff files, training schedules and meeting minutes.

Description of the service

The provider had a statement of purpose in place that outlined the service that they provided.

There were 20 residents accommodated across the five locations on the date of inspection. The centre had capacity to provide care for 22 residents at the time of inspection so there were two vacancies which were only to be used by the provider in the case of emergency admissions within the service. This was outlined in the centres statement of purpose. The inspector met and spoke with most of the residents as part of this inspection.

The centre had a knowledgeable staff team working in this designated centre and there was a sufficient number of staff observed to meet resident's needs.

According to the centres statement of purpose, the centre provided residential services to individuals with varying support requirements in relation to their abilities and individual needs that are identified in their health and wellness plan and their person centred plan. The service has nursing, health care assistants, medical, psychiatric, psychological and behavioural supports in the provision of care for the residents.

Overall judgment of our findings

Overall, the inspector found that this centre provided a good standard of care to the residents who lived in this service. Governance and management arrangements in place demonstrated good levels of professional competence. While improvements were required in a number of areas, many of the issues found by the inspector were already known to the provider and there were actions in the process of being

addressed. For example, transition plans for residents and addressing premises issues.

The provider was found to be compliant with the majority of the regulations and standards. However some improvements were required in the area of residents' contracts for the provision of services, social care planning and provision, safeguarding residents from behaviours of concern and the performance management of staff.

All findings are discussed in further detail within the inspection report and accompanying action plan.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that residents were consulted with on an individual and collective basis in the centre. Residents were found to have access to advocacy services and information about their rights. Each resident's privacy and dignity was found to be respected, including receiving visitors in private.

The inspector found that each resident was enabled to exercise choice and control over his/her life in accordance with individual preferences, abilities and needs.

The complaints of each resident, their family, advocate or representative, were listened to and acted upon and the inspector found there was an effective complaints procedure.

Each resident had their own bedroom and personal space within the designated centre to enjoy privacy. The inspector found that consultation and residents rights were well promoted and staff in this designated centre demonstrated good knowledge of the residents they were supporting.

Residents were found to have choice in various aspects of their lives such as the activities they participated in, their friendships, links to family, their food and meals and their community involvement. Overall, there was found to be a positive culture amongst staff working to support residents' individual needs.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that residents were able to communicate at all times. Effective and supportive interventions were provided to residents if required to ensure their communication needs were met. As many of the residents' in this centre communicated non verbally it was integral that staff were knowledgeable regarding resident's body language and behavioural cues. The inspector found that all staff observed communicated in a kind and supportive manner with residents on this inspection and staff knew the resident's needs very well.

There were residents with varying communication support needs. For example, some residents communicated verbally and clearly articulated to the inspector how they communicated within the designated centre. These residents spoke of how accessible staff and the person in charge were and that they knew who to go to if they needed support or were worried.

Other residents had communication assessments and communication passports in place and the inspector found detailed information in personal plans regarding resident's communication needs. The inspector found that these plans were reviewed and updated appropriately. Staff demonstrated good knowledge of residents communication support needs and showed the inspector specific communication aids regarding some residents. For example, visual aids, pictorial menus and non verbal cues.

Residents were communicated with by staff with dignity and respect and were observed doing so continually over the course of this inspection.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to develop and maintain their personal relationships and links with the wider community.

Families were encouraged to get involved in the lives of residents. Families were invited to attend meetings and be actively involved in the care planning and consultation process of care to residents where appropriate.

The inspector found family communication/contact records in place and clear records maintained around family involvement.

The inspector observed pictures of residents' family members in the designated centre. Some residents enjoyed regular family visits that were welcome and facilitated by the provider. The provider and person in charge were meeting a family on the first day of this inspection.

Residents were observed to have good elements of community integration present in their lives. For example, residents shopped locally, went for walks, visited coffee shops, social outings and dancing. Personal plans highlighted that some residents enjoyed a good level of community involvement in this designated centre. Family feedback questionnaires reviewed were complimentary of the service received by their loved ones.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found admissions policies and procedures were in place and discussed this area with the person in charge and provider in detail. The inspector found that the process of admission and discharge was based on clear and transparent criteria.

However at the time of inspection a minority of residents' contracts for the provisions of services had not yet been signed. In addition, the inspector found that the fees charged

to residents were not fully accurate when correlating financial statements with service charges. The inspector was informed changes were in process at the time of inspection as this area had recently been subject to a provider review. Charges to residents need to be aligned with the terms outlined in their contracts.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that staff on duty knew residents well and were supporting residents in accordance with their needs, wishes' and abilities.

Personal plans were found to be comprehensive and multi-disciplinary and staff demonstrated that they were familiar with resident's personal plans. Plans were accessible for residents and some aspects of social care plans were kept in resident's bedrooms. Care planning was in place whereby there was a care need identified and assessed and these were found to be reviewed and up to date.

Resident's activities had increased in this service and it was clear the provider had put energy into improving this aspect of service provision particularly in the six months prior to this inspection. External expertise had been sourced to offer new ideas to support residents to make positive and integrated links to their community. Some residents attended community groups and enjoyed partaking in walking, going to the shops and pubs and one resident highlighted to the inspector they liked to go dancing.

Over the course of inspection it was observed that residents were going on outings, visiting the shops and going for coffee. Residents partook in art and reflexology on a regular basis in the centre. Some residents with more complex support needs required additional supports to ensure their social care needs were being met. For example some of these residents were more reliant upon family to experience social outings. While this is a positive natural support network, further efforts were required to develop

appropriate social care programme for residents that can be supported by staff also.

The inspector found that for some residents there was also further work required in the area of social care planning and community integration. For example, the standard of some residents social care goal setting was very basic and did not include the specific detail of who was going to support residents to achieve certain targets within set timeframes. In reviewing previous goals set and achieved with residents in 2014 and 2015 goal setting was found to be both vague and basic. For example some residents' goals were found to be very healthcare related as opposed to being based on social development. In addition whereby goals were not achieved new goals were not clearly set in all personal plans reviewed.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the location, design and layout of parts of this centre were meeting resident's needs but required further improvements regarding some parts of the premises.

Part of the centre consisted of a row of five detached houses whereby 15 residents lived across four houses and one house was used as an office space by the provider and administration support. These houses while built a number of years ago were decorated and comfortable for the residents living there. Each resident had their own bedroom that were found to be personalised and had sufficient space and storage for personal belongings. There were an appropriate number of bathrooms and toilet facilities in place.

Another part of the centre was located in a rural setting on a substantive country site. This premises was designed and decorated to a high standard.

An ergonomic assessment (26 August 2016) commissioned by the provider found limitations with parts of the premises in terms of some resident's specific mobility needs. For example, the 180 degree turn midway on the stairs that was an apparent feature in

four of the five properties inspected was assessed as a 'substantial risk for services users and staff'. However staff were observed supporting residents very well on the stairs.

The inspector found some premises issues over the course of inspection that required improvement. For example, residents residing on the ground floor had en-suite shower rooms that also had doors that opened onto a main corridor. These doors were not locked and did not have a facility to be locked which needed to be addressed. In addition, the inspector found a number of toilets in this centre that did not have any toilet seats fixed to them. The inspector found in one location there were overflow/leakage issues with the effluent treatment system that required the garden to be fenced off as inaccessible. The provider showed correspondence that this matter was being worked on at the time of inspection.

Overall while some parts of premise were homely and meeting the residents needs, plans were discussed and reviewed with the provider regarding the transition of some residents to more suitable accommodation based on changing needs, mobility limitations and the age of the premises. This discussion and planning was also reflective of the 2011 HSE Report (Time to Move On from Congregated Settings).

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that risks were well identified, assessed, managed and reviewed in the designated centre. This practice was guided by the organisational policy on risk management, and a local risk register was also found to be in place. The inspector found clinical, behavioural and environmental risks were well managed and documented in the centre. For example, risk assessments were carried out and reviewed in relation to the risk of resident's falls, choking, behavioural incidents, residents who smoked and staff and resident injury.

The inspector observed controls in place to alleviate identified risks prevalent in the designated centre, with individual risk assessments and plans evident in residents' personal plans that were reviewed and updated accordingly to reflect any changes.

The inspector found that there was a:

- Health and Safety Policy
- Safety Statement 2016
- Risk Management Policy 2014
- Health and Safety Checklists
- Health and Safety Report 2015
- Emergency Planning and Safe Evacuation Plan
- Fire Register.

The inspector found that the person in charge had good systems in place to identify, assess and manage risks within the designated centre.

The inspector reviewed the accidents and incidents logs for the designated centre, and found a clear system of recording, review and action in place to address any risks as a result of an incident.

There was a clear system for reporting health and safety incidents, safeguarding matters and medication management incidents/errors. Both the person in charge and staff were familiar with this system in terms of the process of reporting within the organisation.

While there were risks in the centre the inspector found that these risks were being managed. This will be discussed in more detail regarding resident safeguarding and protection under Outcome 8.

The inspector found that the fire detection and alarm systems, fire fighting equipment and emergency lighting systems were routinely checked and serviced by a qualified professional. Records in relation to these routine checks were well maintained.

There was clear evidence of a number of fire evacuation drills carried out at different times and staff and residents knew the procedure in the event of an evacuation. Personal evacuation plans were documented on each residents' files. All staff had been provided with up to date/scheduled training in fire safety and were aware of the appropriate procedures.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that most of the residents living in the centre were appropriately safeguarded and protected from harm in the designated centre. However it was apparent from a comprehensive review of incidents occurring in the centre, that there were peer to peer incidents occurring that had a negative impact on some residents. In addition, in reviewing resident's finance the inspector found that while policies and processes were in place, more stringent control measures were required to ensure the local operational implementation and review of same.

The inspector found up to date policies in place on safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. These policies reflected most recent national guidelines and staff were familiar with reporting procedures. Staff highlighted these procedures to the inspector and staff were familiar with the different types of abuse residents were vulnerable to and the mechanisms in place to report and support residents where and when required.

Behavioural support plans clearly highlighted resident's needs and included appropriate guidance for staff regarding the provision of low arousal environments and proactive and reactive approaches to supporting residents with complex needs.

The inspector reviewed instances of peer to peer altercations and found that a safeguarding plan was in place and alternative accommodation was being sought by the provider for certain residents at the time of inspection. It was accepted by the provider that no number of peer to peer safeguarding incidents was acceptable and the inspector found that this area was being managed well by the provider given the complex behaviours concerned.

The inspector reviewed practices in relation to the protection of the resident's finances and found a system in place in the designated centre to safeguard residents' monies. The inspector checked resident's finances (whereby managed by the provider) and found the majority of financial balances to be correct and correlated with records. However in some instances staff had removed monies without signing the monies out which was not in line with best practice or organisational policy. The inspector reviewed all instances and found no evidence of impropriety regarding finances with the issues identified related mainly to staff short term recording of transactions.

Appropriate training had been completed by staff in the areas of protecting vulnerable adults and managing complex behaviours which ensured staff were equipped from a training perspective in line with regulatory requirements. Throughout the inspection, the inspector noted that staff interacted with residents in a kind, caring, respectful and patient manner.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found a record of all accidents, incidents and near misses was maintained and updated in this designated centre. The person in charge and provider were aware of their responsibilities regarding notifiable events and had notified the Chief Inspector in cases whereby this was required. The notifications reviewed on this inspection all had evidence of appropriate follow up and action by the provider.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were provided with opportunities to pursue activities in line with their needs and wishes. Over the course of inspection residents were observed coming and going to different activities. Four residents informed the inspector that they were happy with their activities and stated they enjoyed going on outings, trips into town, out for coffees and shopping in particular. There was a sense of activity in the centre on the inspection dates. Some residents attended day programmes and told the inspector that they enjoyed same. Other residents were activated from the designated centre and did not attend specific day services programmes or vocational training. The inspector found further planning was required for these residents as outlined under Outcome 5.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the residents in this centre were supported to achieve best possible health.

Resident's health care needs were met through timely access to health services and appropriate treatment and therapies. Residents were observed being facilitated to go to appointments on the inspection dates.

Nursing staff were present in this centre at all times and the inspector found that detailed health care plans were developed for residents requiring specific supports. For example, epilepsy care planning, skin integrity care planning, modified dietary plans and weight management plans were in place and were of a very good standard. Health assessments were in place for each resident and included clear monitoring of residents physical and mental well being.

Staff were well aware of residents individual needs and residents were supported in terms of access to appropriate allied health professionals including G.P, nursing, specialist intervention, dentist, speech and language therapist, occupational therapist and mental health services.

Residents spoken to informed the inspector they felt well supported to lead healthy lives. The inspector observed healthy home cooked meals being prepared in the centre and found residents were supported to enjoy their meals and given appropriate choice in line with dietary support needs and individual preference. Residents told the inspector they were happy with the food they received in their homes.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that each resident was protected by the designated centres' policies and procedures for medicines management. Staff demonstrated good knowledge of the medicines policies and protocols and had good systems in place to monitor medication practices. All medicines were managed and administered by qualified nursing staff in this designated centre.

For example the inspector found:

- There was a clear policy for medicines management.
- There were clear and effective procedures for prescribing and administration of medicines.
- The documentation reviewed by the inspector was clear and accurate in terms of the prescription and administration of medicines within the designated centre.
- The procedures regarding medicines safekeeping ensured medications were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- Medications were administered only for those whom were prescribed for same.
- Administration records were signed by nursing staff correctly and those reviewed correlated with the requirements of the residents' prescription.
- There were PRN (as required) guidelines for medications requiring same.
- Medicines procedures for the management of controlled medications were in line with best practices.
- There was clear information regarding all medication so as staff and residents had information in terms of what the medication was for and the possible side effects of medicines.
- Residents' were assessed and encouraged to manage their own medications whereby they had capacity to do so.
- Residents' were found to all have their own local community pharmacist available.
- There were regular reviews and audits of medication and a system for managing medication errors was in place.

Overall the inspector found that the person in charge and nursing staff were professionally knowledgeable and competent regarding the safe medicines management practices within the designated centre.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose in place that accurately described the service that was provided in this designated centre. The provider and person in charge were aware of the necessity to ensure that this document remained updated and at all times reflected the service provided. The statement of purpose was found to meet the requirements of the regulations and was available in the centre for residents and families to review.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall the inspector found that the quality of care and experience of the residents was monitored and developed on an ongoing basis in this designated centre. The inspector found that effective management systems were in place that supported and promoted the delivery of safe, quality care services. There was a clearly defined management

structure that identified the lines of authority and accountability within the designated centre and the organisation. Some improvements were required in the area of supervision and performance management of staff.

The inspector found the centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge had over 30 year's relevant experience in a variety of roles/locations and had considerable experience in the management of residential services for people with intellectual disabilities.

The person in charge had multiple appropriate qualifications in nursing and health service management up to Masters degree level and demonstrated a very good understanding of the Regulations and Standards. The person in charge highlighted a number of audits carried out in the designated centre in areas such as care planning, healthcare assessments, health and safety, complaints, restrictive practices and records and documentation.

The inspector found the newly appointed provider nominee held the position of Director of Nursing and demonstrated high levels of managerial competence which was supported by extensive operational, clinical and strategic management experience. The provider nominee had completed a number of academic qualifications in nursing and possessed a postgraduate Masters degree in health service management. The provider nominee was very familiar with the operational governance of the centre and had strong systems of oversight in place.

The provider had conducted unannounced visits, quality audits and action plans. For example, work was seen in areas of improving the premises, implementing care planning, risk management, medicines management and infection control. These audits included detailed analysis of regulatory requirements and a percentile rating of work completed and work outstanding. An annual review was also available on inspection. The quality of management and auditing was found to be of a very good standard in this designated centre.

The inspector found that the person in charge had very clear and comprehensive oversight over the level of care provided to residents and was very accessible to residents and staff. The residents informed the inspector they would go to the person in charge with any problems they had. The person in charge highlighted various checking systems in place with residents and families to ensure she was fully aware of the care provided in the designated centre. The provider had regular contact with families and was very much an operational manager who was 'hands on' within the designated centre.

The inspector found there were clear lines of authority whereby the person in charge was supported by the Director of Nursing (Provider Nominee) whom was also present at inspection. The inspector found that staff had support structures in place and found clear and accurate rosters, staff training schedules were in place and well maintained. However there was not a formal supervisory or performance management system in place for staff. This needs to be addressed as this is a requirement of the Regulations.

Judgment:
Substantially Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there were deputising arrangements whereby the clinical nurse managers would oversee and manage the designated centre in the absence of the person in charge. The provider was also located in close proximity of the centre and demonstrated a very 'hands on' management approach.

The inspector found the person in charge was absent for 28 days or more and HIQA were notified appropriately of same by the provider. The person in charge interviewed on the date of inspection was found to be fit and was aware of their regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The inspector found that this was evidenced through good outcomes for residents living in this centre. Resident's

homes were reasonably well maintained, funded, staffed and transport was available to residents as required. The inspector found that the provider had clear plans in place regarding resident transitions and improvements to parts of the premises and also cited that there were no specific financial difficulties prevalent in the designated centre at the time of inspection.

Judgment:
Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services to residents. Residents received continuity of care by core staff team who were found to know residents very well. Staff were found to have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff were found to be supervised in their day to day practice, and were recruited, selected and vetted in accordance with best recruitment practice.

The inspector found that:

- Schedule 2 requirements were met regarding the person in charge and staff in a review of staff personnel files.
- Staff were continually provided with training and refresher training in mandatory areas such as first aid/first responder, fire safety, safe manual handling practices, safeguarding vulnerable adults, managing behaviours that challenge and infection control/hand hygiene.
- Additional centre specific training was scheduled/provided as required.
- Staff meetings were held regularly to ensure consistent care and shared learning. Minutes were reviewed as part of this inspection.
- There was an actual and planned roster that reflected the whole time equivalent and staff on duty on the inspection dates.
- Staff spoken to were competent and professional in their knowledge of their role and regulatory requirements.

Overall the inspector found that the staffing, staff training, development and recruitment processes and policies met the requirements of the Regulations and Standards.

Judgment:
Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the records listed in Schedule 6 of the regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The inspector found that the designated centre was adequately insured against injury to residents. The inspector found that the provider had compiled and implemented all of the written operational policies as required by Schedule 5 of the regulations.

The inspector found that the staff and person in charge were providing information to residents through accessible means and the residents informed the inspector they were satisfied with this. The inspector found that resident's information, personal plans and files were maintained to an appropriate standard and personal information was kept secure and safe.

Accessible information was available to residents and the inspector found a residents guide in place. The inspector found good arrangements in place regarding the governance, management and auditing of records and documentation in the designated centre.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Aisling House
Centre ID:	OSV-0002600
Date of Inspection:	27 September 2016
Date of response:	01 November 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some residents did not have a signed contract in place at the time of inspection.

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:

- The Registered Provider will ensure that all residents have an up to date signed contract of care, signed by individual resident or family member.
- Residents will be supported to sign their own contract of care, where it is established that a resident does not have the capacity to sign the contract of care in their own right, the Registered Provider will arrange for a relative/representative/advocate to sign the contract on their behalf.
- The written contract will outline the support care and welfare of the resident in the designated centre.
- The contract of care will outline details of the services to be provided and the fees to be charged.
- In the event of any changes to the contract arrangements, residents, family members and advocates will be informed.

Proposed Timescale: 02/12/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Fees outlined in contracts for the provision of services were not accurate when reviewed with fees charged.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:

- The Registered Provider will implement the revised fees from the agreed date and ensure that any arrears owed to residents are reimbursed.
- The arrears owed to residents have been calculated and the Registered Provider will arrange for residents to be reimbursed accordingly.

Proposed Timescale: 02/12/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The standard of social care goal setting required improvement and goals set with residents need to be clearly aligned with needs, wishes and preferences. Social care objectives and the provision of same did not clearly define recommendations arising out of each personal plan and state who was responsible to support the achievement of

objectives and by what timeframe.

3. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:

- The PIC will audit the person centred plans and ensure that the recommendations identified in each personal plan will be implemented by a named key-worker, stating the rationale, objectives and the time scale for achieving same.
- The Registered Provider has arranged a programme of training in person centred planning to assist staff with social care planning for residents to commence in November, 2016.
- The Registered Provider has recruited a new staff member with a defined role to support community integration activities for residents commencing 20/11/2016

Proposed Timescale: 20/01/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The effluent treatment system was not in a state of good working order at the time of inspection. Toilet seats and locks of bathroom doors need to be provided throughout the designated centre.

4. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:

- The Registered Provider is working with the HSE Engineering Department to ensure that the issues in relation to the percolation system are addressed.
- The HSE have engaged an Engineering company to carry out extensive investigations of the site, this review is nearing completion and recommendations will be actioned as part of the overall plan to increase the occupancy on the site with a second property. (Action 6).
- The Registered Provider has arranged for the maintenance department to provide appropriate toilet seats and bathrooms doors locks where needed throughout the designated centre.

Proposed Timescale: 31/07/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An ergonomic assessment cited numerous accessibility and safety issues with the use of the stairs in four locations in this designated centres.

5. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:

- Two identified properties have been surveyed by HSE Engineering Department and deemed suitable-sale completion likely year end 2016.
- The Registered Provider/Person in Charge will arrange multi-disciplinary assessments to assess individual resident's accessibility and environmental requirements to ensure that the new homes will provide for the residents' assessed needs and expressed wishes.
- The Registered provider/Person in Charge will be actively involved in the project plan for the refurbishment of the purchased properties to ensure that the renovations are appropriate to meet the assessed needs of the residents.
- There will be multi-disciplinary involvement in developing individual transition plans with residents and families.
- The Registered Provider/Person in Charge will monitor the ongoing safety and accessibility issues in the designated centre through quality and safety walkabouts, addressing any hazards identified and escalating risks which cannot be managed locally.
- The Registered Provider will continue to pro-actively source alternative new ground floor accommodation to address identified accessibility and safety issues for all residents.

Proposed Timescale: 03/12/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some improvements were required regarding the planned transition of residents with identified risk behaviours. In addition, more robust local implementation of financial safeguarding needs to be implemented.

6. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:

- In addition to new ground floor properties identified for purchase by year end, the Registered Provider has sourced funding for the conversion of a second building on the grounds of the designated centre into a two bed apartment which will accommodate residents with identified risk behaviours.
- Planning permission will be lodged for this site by end of November, 2016 to include upgrade of the effluent system with the expectation that works will commence on site in March 2017, assuming planning permission is approved.
- The Registered Provider has engaged the involvement of the psychology and behavioural team to work with frontline staff to identify the ongoing support needs of the residents with identified risk behaviours and to support their transition into new accommodation. The Person in Charge will ensure that family members are fully informed and involved in the transition planning.
- The Registered Provider reviewed the local operational procedures for managing resident's money and has put a revised written protocol in place which has been communicated via staff notice boards and staff meetings. Adherence to this protocol will be audited by the PIC on a weekly basis.

Proposed Timescale: 01/10/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were not arrangements in place to performance manage members of the workforce operating in this designated centre.

7. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:

- The Registered Provider will develop a service policy in accordance with the HSE Performance Achievement Policy.
- The Registered Provider will commence a system of performance management for all grades of staff working in the designated centre.
- A system of professional supervision commenced in the designated centre in October 2015, with further training provided in 2016, a total of 15 frontline staff will be receiving supervision by December, 2016.

Proposed Timescale: 01/05/2017