



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

Issued by the Chief Inspector

Name of designated centre:	Ailesbury Respite
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Announced
Date of inspection:	21 January 2025
Centre ID:	OSV-0002399
Fieldwork ID:	MON-0037400

About the designated centre

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

Ailesbury Respite is operated by St Michael's House. The centre provides respite to adult service users (residents) who have complex needs and varying levels of disability. The centre comprises a large two-storey house in south Dublin. It is close to many local amenities and services.

Ailesbury Respite accommodates a maximum of five residents over the age of 18 years. The centre aims to provide a respite break in a safe, warm, fun, friendly and supported environment where adults are given the opportunity to make choices and integrate with the local community. The centre is managed by a full-time person in charge, and the staff skill-mix comprises nurses, social care workers, and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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
Tuesday 21 January 2025	09:25hrs to 16:00hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the centre's registration. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

Overall, the inspector found that the centre was operating at a good level of compliance with the regulations, and that the centre provided a high quality service. However, improvements were required under regulations 12, 16, 20 and 28 to meet full compliance.

The centre provided a residential respite service to adults with intellectual disabilities. The centre could accommodate a maximum of five residents. Residents usually stayed for three to four nights at a time. However, longer stays may be accommodated at special request.

The centre comprised a large two-storey house in a neighbourhood in south Dublin. It was very close to local amenities and services, including shopping centres, cafés, parks, and public transport. There was also a vehicle available in the centre for resident to use.

The inspector carried out an observational walk around of the house with the person in charge. The house was comfortable, clean, tidy, homely, and well maintained. The bedrooms contained storage for residents' possessions, and specialised equipment (if needed) including electric beds and ceiling hoists. The communal spaces included a large sitting room, a kitchen, a dining room, a utility room, bathrooms, and a large back garden with seating furniture. The house was bright and nicely decorated with photos of residents. There was also easy-to-read information displayed in the living area on the upcoming HIQA inspection, safeguarding, complaints, advocacy, and the staff rota. The inspector also observed communication aids such as pictures of different activities and foods to help residents express their wishes.

Some minor maintenance was required to the premises, and had been reported to the provider's maintenance department.

The inspector observed some good fire safety systems such as fire detection and fighting equipment. However, the oversight of the systems required improvement. For example, the inspector observed that the exit doors were key operated; however, the break glass unit beside one door was broken and did not contain a key to open the door. This posed a risk of a delayed evacuation in the event of a fire. Fire safety is discussed further in the quality and safety section of the report.

The inspector met five residents during the inspection. Some of the residents left to

attend the provider's day services, while others preferred to spend time in the centre and go on outings with staff.

In advance of the inspection, four residents had completed surveys (with help from their families and staff) on what it was like to stay in the centre. Overall, their feedback was positive, and indicated that they felt safe, had choice and control while in the centre, and liked the staff team. Their comments included: 'lovely rooms', 'staff ensure I am with people I get along with', and 'the staff are kind and treat me with respect'.

One resident choose to speak with the inspector, and the inspector reviewed their survey with them. The resident told the inspector that they liked the centre, and found it to be warm and comfortable. They said they could choose how they spent their time in centre, for example, their meals, what time they got up at in the morning, and the social activities they did. They said that staff are kind, 'always there to help' and 'don't tell you what to do', and that residents can 'tell staff where they want to go'. They had no complaints, but knew about their right to complain, and said that they could raise any concerns with the person in charge or staff team. They felt safe in the centre, enjoyed the food, and got on well with the other residents. While in the centre, they liked to relax, eat out, and go for 'drives'. They managed their own money, and said that they could safely stored their possessions in their bedroom. They told the inspector about the fire evacuation procedure and knew where the assembly point was.

Overall, the inspector found that the provider had established good arrangements to consult with residents. Residents attended house meetings at the start of their stays and decided how they wanted to spend their time there. At the meetings they also discussed important topics such as fire safety and the provider's complaints procedure.

The inspector did not have the opportunity to meet any residents' representatives. However, the recent annual review had consulted with them, and the inspector read feedback forms from four family members. Their feedback was positive regarding the service provided in the centre.

The inspector observed staff engaging with residents in a kind, familiar and warm manner. Residents appeared very relaxed with staff, and there was a homely atmosphere in the centre. The inspector spoke with the person in charge, and various staff members during the inspection including nurses, a student nurse, and a Director of Service.

The person in charge told the inspector that the centre aimed to be homely, fun, and provide a safe, enjoyable and meaningful break for residents where they could choose how they spent their time. They were satisfied that the centre met the residents' individual needs and that the resources such as staffing were sufficient. They said that the staff knew the residents' needs well and provided high quality and safe care. Residents' health care needs were managed by their families.

The person in charge had no concerns, but felt comfortable raising any potential concerns with the senior management team. They said that residents were

consulted with on admission and throughout their stay. The person in charge showed the inspector residents' communication plans and aids such as pictures that were used to help residents make choices. They said that incompatibility risks were discussed as part of respite allocations meetings which were attended by the person in charge, a social worker and the respite liaison nurse. At the meetings, residents' needs and preferences were considered to ensure that known risks were mitigated and residents had an enjoyable stay.

A nurse told the inspector that residents received the 'best' quality and person-centred service in the centre. They said that residents' preferences were respected, and safeguarding concerns were managed by ensuring that residents were compatible. They had no concerns, and were satisfied with the support they received from the management team. They had completed fire safety training, and explained the fire evacuation procedure to the inspector.

Overall, the inspector found the centre was well resourced and managed to ensure that it operated in line with its statement of purpose. The centre was homely and warm, and provided a fun and enjoyable service for residents. Feedback from residents and their representatives was positive, and indicated that they were happy with the service. However, some improvements were required, and are discussed in the next sections of the report.

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

Capacity and capability

This announced inspection was carried out as part of the provider's application to renew the registration of the centre. The application included an up-to-date and complete statement of purpose and contract of insurance.

Overall, the inspector found that there were effective management systems in place to ensure that the service provided to residents in the centre was appropriate to their needs and consistent with the statement of purpose. The provider had also ensured that the centre was well resourced. For example, there was a vehicle available for residents to access community services and the staffing arrangements were adequate.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. They had ensured that incidents occurring in the centre, were notified to the Chief Inspector of Social Services in the manner outlined under regulation 31. The person in charge reported to a Director of Service, and there were effective arrangements for them to communicate.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, as well as several audits had been carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

The provider had implemented an effective complaints procedure for residents. The procedure had been prepared in an easy-to-read format to help residents understand it. Previous complaints were addressed to the complainants' satisfaction.

The staff skill-mix consisted of nurses, director support workers, and a social care worker. The person in charge was satisfied that the skill-mix was appropriate to the assessed needs of the current residents. There was one vacancy in the complement; however, it was managed well to reduce any impact on residents. The person in charge maintained planned and actual staff rotas which showed the names of staff and the hours they worked in the centre.

Staff were required to complete training as part of their professional development. The inspector viewed the recent training audit with the person in charge. Most staff required communication training, and the absence of this training posed a risk to the quality of care provided to residents.

There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed the August and October 2024 and January 2025 staff team meeting minutes which reflected discussions on residents' updates, incidents, risk assessments, safeguarding, health and safety, staffing and training, fire safety, restrictive practices, and infection prevention and control.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules. For example, the statement of purpose and a contract of insurance.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was based in the centre. They were found to be suitably skilled and experienced for the role, and possessed relevant qualifications in nursing and management.

They commenced in their role in June 2024, and prior to that had worked in the centre as a nurse. The person in charge was ensuring that the centre's objectives were met and that residents received a good quality service.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix comprised a clinical nurse manager, nurses, direct support workers, and a social care worker. The person in charge was satisfied that the skill-mix and complement was appropriate to the current needs of the residents. There was one nurse vacancy. However, it was managed well to reduce any impact on residents. For example, the person in charge endeavoured to book regular relief and agency staff to fill vacant shifts, and there was always a permanent member of staff on duty.

The person in charge maintained planned and actual staff rotas. The inspector viewed the November and December 2024, and January 2025 rotas and found that they clearly showed the names of the staff and the hours they worked.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, emergency first aid, manual handling, supporting residents with modified diets, infection prevention and control (IPC), positive behaviour support, and fire safety.

The inspector reviewed the recent training audit report with the person in charge. Some staff required refresher training which was being scheduled by the person in charge. The need for staff to complete communication training had been identified in the provider's 2023 annual review; however, only two staff had received communication training. This posed a risk to how effectively residents were communicated with in the centre. Following the inspection, the person in charge informed the inspector that they had added the staff in the centre to the provider's waiting list for communication training.

<p>The person in charge ensured that staff were supported and supervised in their roles. The person in charge was based in the centre to provide informal supervision, and formal supervision was scheduled to take place every three months as per the provider's policy. Staff spoken with told the inspector that they were satisfied with the support they received, and felt 'listened to' by the management team.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 22: Insurance</p>
<p>The provider had effected a contract of insurance against injury to residents and other risks in the centre including damage to property.</p>
<p>Judgment: Compliant</p>
<p>Regulation 23: Governance and management</p>
<p>The centre was well resourced to meet its objectives, for example, the staffing levels were appropriate and the premises was well maintained.</p> <p>There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and based in the centre. They reported to a Director of Service. There were good arrangements for the management team to communicate, including informal communications and sharing of monthly governance reports. The inspector viewed the recent reports, and found that they were broad in scope, which helped to inform the management team on the running of the centre. The reports included information on risk, audits, staffing, incidents, complaints, fire safety, residents' plans, and incidents. The person in charge also attended 'cluster meetings' with other managers for shared learning purposes.</p> <p>Overall, the provider had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews (which had consulted with residents and their representatives) and six-monthly reports were carried out, along with several audits in the areas of safeguarding, medicine management, and infection prevention and control (IPC). The audits identified actions for improvement where required, which were monitored to ensure progression. However, as discussed under regulation 28, the oversight of the fire safety systems required improvement.</p> <p>There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns.</p>

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It was last reviewed in January 2025, and was available in the centre to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector.

The inspector reviewed incidents that had occurred in the centre in the previous 12 months, such as allegations of abuse, serious injuries, minor injuries, and the use of restrictive practices. The incidents had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure for residents, which was underpinned by a written policy. The policy outlined the processes for managing complaints, the relevant persons' roles and responsibilities, and information for residents on accessing advocacy services. The procedure had been prepared in an easy-to-read format which was readily available in the centre. It could also be accessed by scanning a QR (quick response) code to make it accessible to residents who used smart devices. Residents spoken with told the inspector that they had no complaints, but knew that they could make a complaint if they wished to.

The most recent complaint was dated April 2024. While associated actions had been recorded, it was not clear if the complaint had been closed to the satisfaction of the complainant. However, the person in charge contacted the complainant during the inspection who confirmed that they were happy for the complaint to be closed.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. Residents received a good quality of service that was in line with the centre's objectives. Residents spoken with told the inspector that they enjoyed coming to the centre, and the residents' and their representatives' written feedback on the centre was positive. However, improvements were required under regulations 12, 20 and 28 to meet full compliance with the regulations.

The inspector observed a homely environment, and staff engaged with residents in a kind and warm manner. Residents' rights were promoted in the centre, and they were encouraged to make choices about how they spent their time there. They were consulted with throughout their stays and during resident meetings. Residents were supported to engage in activities of their choosing, including community outings and in-house activities.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse, and the provider's social work department carried out safeguarding plan audits. The inspector found that previous safeguarding concerns had been managed and reported appropriately.

The residents' guide contained the information specified under regulation 20. However, an inaccuracy regarding the profile of residents required correction.

There were written policies on how to support residents to manage their finances and arrangements were in place for them to store and access their possessions while in the centre. However, the associated practices required better oversight to ensure that they were consistent. For example, the inspector found that some receipts for residents' purchases were not available which conflicted with the finance policies.

The premises comprised a large two-storey house located in a busy Dublin suburb. The house was close to many amenities and services. The house comprised individual residents' bedrooms, and communal spaces including a sitting room, a utility room, two sitting rooms, bathrooms, and a nice garden for residents to use. The house was very clean, warm, bright, homely, comfortable, and nicely decorated.

The kitchen was well-equipped for residents to store, prepare and food, if they wished to, and there was a good selection of food and drinks. Some residents required support with their meals, and up-to-date care plans were available to guide staff practice.

The inspector also observed good fire safety arrangements. However, improvements were required to the oversight of the arrangements. There was fire fighting and detection equipment throughout the house, and staff had received fire safety training. Individual evacuation plans had also been prepared to guide staff on the support required by residents to evacuate the centre. However, one door did not close fully when released, one break-glass box was broken and empty, two fire evacuation plans for the centre required cohesion, and a build up of lint in the tumble dryer posed a fire hazard. These matters were addressed by the person in charge during the inspection.

Regulation 11: Visits

Residents could freely receive visitors in the centre and in accordance with their wishes.

The premises provided suitable communal facilities and private space for residents to spend time with their visitors. The centre's visitor policy was on display in the hallway, and the residents' guide stated that residents' family and friends were very welcome to visit residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to manage their finances (if required) and there were facilities for them to store their possessions that they brought into the centre. However, some improvements were required to the oversight and implementation of the support arrangements.

The provider had prepared a policy on the arrangements for supporting residents to manage their finance and personal possessions. The person in charge had also prepared a local policy on money management. The inspector found that the policies required a review from the provider to ensure that they clearly set out the associated procedures relevant to the centre considering the type of service it provided and the varying needs of residents.

The inspector reviewed four residents' money supports plans. There was no assessment or plan in place for one resident, and therefore it was not clear what support they needed in this area. The other three plans were up to date.

Some residents required support from staff to store and manage their money. Records were maintained of the money brought in, spent, and returned to them when they left the centre. However, some purchases made by residents did not have corresponding receipts to verify the spending. For example, there was no

receipt for one resident's meal out in December 2024. This was not in line in with the local policy.

Residents could store their possessions in their bedrooms which contained lockers and wardrobes. There were laundry facilities in the utility room for them to launder their clothes. Staff completed clothing inventory lists for some residents when they came into the centre. However, the records required improvement. For example, on some occasions the lists were not checked when residents left the centre. This impinged on the purpose of the lists which were to ensure that residents' with the same possessions that they came into the centre with.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The registered provider had ensured that residents had sufficient access to facilities for recreation, and opportunities to participate in activities in line with their interests, capacities and wishes while they were in the respite service.

The centre was close to many services and amenities, and there was a vehicle for residents to use. Most residents attended the provider's day services during the week. However, some preferred to spend time in the centre or to go on outings with staff from the centre.

Residents planned their activities when they came to the centre but could change their mind if they wanted to. They enjoyed social activities such as bowling, going to the cinema, shopping, walking, going to the pub, as well as relaxing in the centre. Residents spoken with told the inspector that they decided how they spent their time in the centre, and that staff facilitated their choices.

Judgment: Compliant

Regulation 17: Premises

The centre comprised a large two-storey house. The premises were found to be appropriate to the needs of the residents using the respite services in the centre.

The house was clean, bright, comfortable and nicely furnished. The house was homely, and nice photos of residents were displayed in the communal areas. Residents had their own bedrooms, and there was ample communal living space, including a kitchen, a dining room, two sitting rooms with televisions, and a large back garden with nice plants and seating furniture for residents to use. Residents could also use the centre's Internet and smart devices to stream entertainment.

Since the previous inspection of the centre in August 2023, parts of the premises had been renovated including new flooring and painting throughout. Some minor upkeep was still required; however, it had been reported to the provider's maintenance department, and on the day of the inspection, they were in the centre carrying out works. Residents spoken with told the inspector that they were happy with the premises, that the bedrooms were comfortable and that they had enough space for their possessions.

The provider had ensured that specialised mobility equipment, such as electric beds and ceiling hoists, was available to residents as required. There were also arrangements to ensure that the equipment was kept in good working order, such as regular checks and scheduled servicing.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals, as they wished.

The inspector observed a good selection and variety of food and drinks, including fresh food, in the kitchen for residents to choose from, and its hygienic storage. The kitchen was clean, and well equipped with cooking appliances and equipment. There were also pictures and visual aids on the kitchen presses to help residents find what they were looking for.

Residents planned their main meals when they came into the centre but could change their minds if they wanted to. Residents spoken with told the inspector that they enjoyed the food in the centre, could choose their meals, and also liked to eat out. The inspector also observed one resident going into the kitchen and picking a snack of their choice without restriction.

Some residents required modified diets. The inspector reviewed seven residents' care plans which had been prepared by the provider's speech and language therapy service. The plans were up-to-date and readily available in the centre to guide staff in preparing residents' meals. Staff had also received training in supporting residents with modified diets.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. It contained information on the services and facilities

provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre. It was written in an easy-to-read format using pictures to make it more accessible to residents.

The inspector found during the inspection that information in the guide was inaccurate; the guide incorrectly stated that adults and children could be accommodated in the centre. Following the inspection, a revised guide was submitted; however, the inaccuracy had not been rectified.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre. However, the inspector found that improvements were required to come into full compliance and to ensure that the precautions were being implemented and effectively monitored.

There was fire detection and fighting equipment (including fire extinguishers and a fire blanket), and emergency lights, and it was regularly serviced to ensure it was maintained in good working order. The fire panel was addressable and easily found in the front hall. The inspector released a sample of the fire doors, including all of the bedroom doors, the kitchen, utility and sitting room doors. One bedroom fire door did not close fully. The inspector brought this to the attention of the person in charge and they contacted the provider's maintenance department to fix the door.

The exit doors were key operated, and the person in charge said that this was due to the risk of residents leaving the centre unattended. However, they said that the risk required review and that some doors could be fitted with easy-to-open devices to support a prompt evacuation of the centre instead of locks requiring keys. The inspector observed that the break-glass box beside one exit door was broken and did not contain the key to open the door. Staff told the inspector that a resident broke the box the previous weekend. There were arrangements for reviewing the fire precautions, such as daily checks of the escape routes. However, this issue had not been reported, and the absence of the key posed a risk of an impeded exit during an inspection. During the inspection, the person in charge reported the matter to the provider's fire safety officer and put a key into the unit.

The inspector reviewed seven residents' individual fire evacuation plans. They were up to date and provided guidance to staff on the support that the residents required to evacuate. However, the inspector found that the two general evacuation plans for the centre required cohesion. The person in charge started this action during the inspection and planned to put the revised plan in a prominent place once finalised for staff to easily access.

Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the plans. Staff had completed fire safety training, and fire

safety was also discussed with residents at their house meetings to remind them of the precautions.

The inspector observed a build up of lint in the tumble dryer filter. The inspector brought this matter to the attention of the person in charge, and staff cleaned the filter.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse, which were underpinned by a written policy. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to refer to. Residents spoken with and residents' surveys reported that they felt safe in the centre.

The inspector reviewed the records of three safeguarding incidents reported in the previous 12 months, and found that they had been appropriately reported and managed in line with the provider's policy to ensure residents' safety. The provider's social work department had also carried out an audit in January 2025 to ensure that incidents had been managed appropriately.

The person in charge had ensured that intimate care plans had been prepared to guide staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspector reviewed seven residents' intimate care plans and found that they were up to date and readily available to staff to guide their practice. Privacy was discussed at residents' meetings, and signs on bathroom doors reminded residents and staff to knock before entering.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider and staff team had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. The inspector observed residents being treated with the utmost respect and dignity during the inspection. For example, staff engaged with them in a kind and respectful manner, residents had free access to the facilities, and staff facilitated residents' requests.

The inspector found that residents had control of how they spent their time in the centre and were consulted with throughout their stays. They attended house

meetings at the start of their stays to plan their meals and activities, but could also change their minds if they wished to. The inspector reviewed the meeting minutes from October 2024 to January 2025, and found that a wide range of topics were discussed, such as meal planning, social activities, complaints, fire safety, the residents' guide, and the statement of purpose.

Residents were encouraged to express their preferences, and aids were in place to help them make choices, such as pictures of different activities to choose from. There was also easy-to-read information on important topics such as advocacy, the Assisted Decision-Making (Capacity) Act 2015, and complaints to help them understand these matters.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ailesbury Respite OSV-0002399

Inspection ID: MON-0037400

Date of inspection: 22/01/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Person in charge (PIC) has contacted the training and development department. 3 staff are booked on the next communication training session for 13th March.</p> <p>These staff will share their learning from this training with the staff team at the next staff meeting.</p> <p>Remaining staff are waitlisted for the next available training date.</p> <p>Staff continue to support service users with alternative forms of communication according to their support plans.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Local money management policy has been reviewed and updated to ensure the service user's choice in managing their own money is documented.</p> <p>PIC will work with staff to ensure that all residents have an updated money management assessment and support plan in place.</p> <p>Service user money management and possessions policy will be discussed at the next</p>	

staff meeting and the requirement to have receipts verifying all expenditure will be highlighted to staff.

Ailesbury staff and a group of service users will complete a review of the clothes and possessions procedure and checklist and will update all to ensure it is more user friendly and comprehensive.

Once completed this will be in-cooperated into the organisational policy and procedures for service user monies and possessions. This policy is currently under review by the organisation.

Regulation 20: Information for residents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:

Residents guide has been updated and sent to inspector.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire door in Bedroom 1 has been fixed and now fully closes when activated.

Break glass box and has replaced and exit key placed inside it.

PIC will discuss with staff the importance and requirement of completing daily fire precaution checks correctly and ensuring any issues are reported and addressed immediately.

Staff evacuation plan has been updated and placed in a prominent place for staff to easily access.

Lint compartment in tumble drier will be checked by staff before each use. Reminder notice is posted on the wall above the dryer and it is also included on daily checklists.

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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(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/06/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2025
Regulation 20(1)	The registered provider shall prepare a guide in respect of the designated centre	Substantially Compliant	Yellow	05/02/2025

	and ensure that a copy is provided to each resident.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	24/01/2025
Regulation 28(2)(b)(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	24/01/2025
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	06/02/2025
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	24/01/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	24/01/2025
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as	Substantially Compliant	Yellow	06/02/2025

	appropriate in the designated centre.			
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