



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

Issued by the Chief Inspector

Name of designated centre:	Aisling House Services
Name of provider:	Health Service Executive
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	01 September 2025
Centre ID:	OSV-0002600
Fieldwork ID:	MON-0039002

About the designated centre

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

This designated centre is a 24 hour nurse-led service which can accommodate a maximum of ten adults with intellectual disabilities and support needs in relation to their mental health and/or autism. The centre consists of four properties. Three properties are located next door to each other, and the fourth is a short drive away. Residents are supported 24 hours a day seven days a week by a person in charge, clinical nurse managers, staff nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Monday 1 September 2025	10:30hrs to 16:30hrs	Karen Leen	Lead
Monday 1 September 2025	10:30hrs to 16:30hrs	Brendan Kelly	Support

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform a decision in relation to renewing the registration of the designated centre.

This designated centre comprises three two storey houses beside one another in a housing estate, and a fourth bungalow close by in a neighbouring estate in Co. Kildare. The centre can provide care and support for up to ten residents. There were seven residents living in the centre at the time of the inspection. The inspectors of social services had the opportunity to visit all four houses and meet with six residents during the course of the inspection.

The inspection was facilitated by the person in charge for the duration of the inspection. In addition, the inspectors had the opportunity to meet with nine support staff, the clinical nurse managers grade 1 and 2, the assistant director of nursing and the director of nursing. Inspectors used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, inspectors found that the provider was proactive in identifying changing needs for residents and supporting an environment that enhanced access to both their home and their local community. However, some improvements were required in relation to supporting residents with a consistent staff team and some required changes to both the centre and residents' transport to further enhance accessibility for a number of residents.

On arrival to the first house, inspectors were greeted by a member of support staff. Inspectors were introduced to one resident who was enjoying a cup of tea while making a shopping list with staff. The resident and staff member told the inspector that they were putting together a shopping list for the morning so that they could return and do some baking in the afternoon. The resident offered to show the inspectors around their home and requested that the inspectors first visit their bedroom in the house. The resident showed the inspectors a large poster which illustrated important events, goals, people and places in their life. The resident showed the inspectors objects on their board which they liked to have with them at all times. The inspectors saw evidence of the items throughout the residents bedroom and their home. They told the inspectors that they loved their home and were observed interacting with a staff member in a relaxed and supported manner.

On arrival to the second house, inspectors were greeted by one resident who was helping staff to make a small snack. The resident was smiling and remained with staff while they introduced the inspectors to peer members. One resident was relaxing in their sitting room with music playing. Staff stated that the resident had an upcoming birthday and that the activities coordinator had made some preparation plans for later in the afternoon. The inspectors met with the activities

coordinator during the course of the inspection and they discussed a number of activities that residents in the centre enjoyed.

The inspectors met with another resident who was being supported by staff in their home. The resident was relaxing in the back garden on a large bench with staff sitting next to them. The garden was equipped with garden furniture and a large gazebo area fitted with a number of lights and garden ornaments. The resident greeted the inspectors and with the support of staff requested to show the inspectors their home. When asked by one inspector if they liked living in their home, the resident responded "yes it's good". Inspectors observed warm and familiar interactions between residents and staff within all of the houses in the centre. Inspectors found that staff had a clear understanding of residents assessed needs and through various documentation identified a number occasions where staff had advocated on behalf of residents expressed wishes resulting in a positive outcome for residents and their lived experience in their home and community.

The inspectors visited the final house in the afternoon when residents had returned from a morning trip. The inspectors meet with both residents who had finished their lunch and were completing some activities in their home. One resident was relaxing with staff and playing different music videos on their electronic device. Staff members introduced the resident to the inspectors, the resident spoke to the inspectors about their plans for the afternoon including a walk in the local park. When the resident had finished their conversation with the inspectors they returned to listening to music. One staff member informed the resident that the inspectors thought they had a lovely home, with resident responding "you are right".

Residents had a variety of communication support needs and used speech, vocalisations, gestures, facial expressions and body language to communicate. Throughout the inspection, staff were observed to be very familiar with residents' communication styles and preferences. In addition to meeting with residents, the inspectors received seven resident questionnaires which had been sent out to the centre prior to the inspection taking place. The questionnaires seek resident feedback on aspects of the service such as the staff, the premises, their ability to make choices and decisions, and meals. All residents were supported by a member of the staff team to complete the questionnaire. Feedback received by residents through the questionnaires and through the course of the inspection were positive. One resident stated *"I like to go out everyday"*. Another resident commented that *"staff are helpful but I like to be independent, I also like to help staff and others"* and *" I enjoy spending alone time in my bedroom, I have Sky TV and a DVD player"*. One questionnaire completed by residents highlighted *"I am happy in my home but the improvement is always possible"*. One resident had support of their family to complete the questionnaire, through the support of family the resident identified that *"more home cooking may be nicer than processed food"*. Another family praised the support given to their loved one by the staff team in the designated centre.

Residents availed of a number of activities both in the designated centre and the local community. Residents had clearly documented communication plans and easy read planners which demonstrated meaningful activities which residents liked to

take part in. Residents enjoyed a number of activities outside of their home including walks by the local canal, canal boat trips, meals out, swimming, visiting friends, reflexology, theatre and visiting local petting farms.

Overall, inspectors found that the person in charge and support staff were striving to ensure that residents were able to pursue active lives both in their home and their local community. The provider was aiming to ensure that the home was accessible to residents needs and were changing and adapting the centre in ways to further promote an environment where residents could remain supported as they age.

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

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspectors found that there were effective leadership systems in place which were ensuring that residents were in receipt of good quality and safe care. However, improvements were required in relation to Regulation 15: staffing, Regulation 17: premises and Regulation 9 residents' rights.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for additional services, the inspectors found that governance arrangements facilitated the person in charge to have adequate time and resources in order to fulfill their professional responsibilities.

From a review of the rosters, inspectors found that the centre was reliant on a high number of agency staff in order to support residents in their homes. The inspectors acknowledge that the provider had completed a number of recruitment campaigns, which had been unsuccessful for a number of reasons. For example, offers had been made to candidates who had declined post interview and job offer. The provider had attempted to implement regular relief and agency where possible. However, due to high volume of unplanned leave in the centre this was not always possible.

Overall, the inspectors found that the provider was creating a home for residents which was adapting with their individual needs and was supporting each individual

resident to live in their home which promoted a safe and quality environment. The inspectors found that the person in charge and staff team were advocating on behalf of residents to further enhance community, health and social engagement.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received by the Chief Inspector of Social Services and reviewed in advance of the inspection and found to contain all information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The inspectors reviewed the Schedule 2 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations. During the inspection, the inspectors reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required.

The inspectors found that the person in charge had knowledge of the assessed needs of each resident in the centre and had advocated on behalf of residents to ensure that they had access to a number of supports both internal provider supports and supports from external stakeholders.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, inspectors met with the person in charge who confirmed there were no nurse vacancies, however, the centre was currently operating on ten health care assistant grade vacancies in the centre. Inspectors then reviewed rosters for the month of August 2025. Inspectors found that across all four houses that make up the designated centre, 182 agency shifts were used through the month of August. In addition 35 different agency staff were used across the designated centre. Inspectors found that due to the high level of agency use continuity of care and support for the residents was compromised.

Upon further review of the rosters for August 2025, it was found that there were in total 13 days across two of the houses that make up the designated centre staffed exclusively with agency staff for both day and night duties.

The provider had a system in place for when agency staff were utilised in the houses within the designated centre. A member of the management team was then available in the designated centre as an additional support measure. The inspectors had the opportunity to speak to nine staff members during the course of the inspection, eight of the staff on duty were permanent staff members. Of the staff spoken to, they informed the inspectors that agency staff utilised in the centre are shadowed by a familiar staff when they commence shift and receive an induction to the support needs of each resident. Inspectors reviewed a number of induction forms for agency and relief staff from May to August 2025 and found that staff had completed the relevant induction and highlighted key areas of support for each resident.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. The inspectors reviewed six staff files on the day of the inspection and found them to be accurate and in order

Judgment: Not compliant

Regulation 16: Training and staff development

Inspectors reviewed the 2025 training matrix for the designated centre and also reviewed a sample of supervision records maintained by the person in charge in the centre.

The person in charge maintained a comprehensive training matrix that recorded mandatory, site specific, in-person and online training. Inspectors reviewed training records for permanent staff in the mandatory training areas of fire training, safeguarding, manual handling and positive behaviour support. All permanent staff were found to have completed the required trainings in these areas in line with provider requirements. Furthermore, the provider had ensured that all agency staff working in the centre had completed mandatory training.

Inspectors reviewed five months of supervision records in the centre. Staff were in receipt of both formal and informal supervision. The contents of the supervision meetings was found to contain discussions that were role specific with staff development in mind and also had a focus on resident supports. A supervision schedule was also in place for the remainder of 2025.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to ensure that a safe, high quality service was being provided to residents in the centre. There were clearly defined management systems in the designated centre. The staff team reported to a person in charge. The person in charge had oversight of another centre and was employed in a supernumerary position. This afforded them sufficient time to fulfill their regulatory requirements. Furthermore, the person in charge was supported by a deputy manager and two clinical nurse managers grade one. The person in charge demonstrated a comprehensive understanding of the residents' needs and had implemented a number of systems to support high quality service. The person in charge was further supported in their role by an assistant director of nursing and director of nursing.

The provider had in place a series of comprehensive audits including six monthly unannounced visits and an annual review of the quality and safety of care. These were completed in consultation with residents and their representatives and reflected their views on the service. The inspectors reviewed the most recent six monthly audits from January and July 2025 and found that they were comprehensive and identified areas of improvement. Furthermore, actions identified from previous audits were reviewed and if not completed a clear rationale was identified with time lines in place for completion.

Staff meetings were occurring monthly in the designated centre for all staff, these meetings were chaired by the person in charge. The inspectors reviewed meetings held in the centre from January 2025 to August 2025 and found that the content discussed was resident focused and included a review of safeguarding, residents assessed needs, family supports, community supports, changing needs, focused training needs analysis and health and safety. Furthermore, the person in charge conducted a number of additional meetings outside of the staff meeting forum. These meetings included quarterly staff nurse meetings, safeguarding reviews and quality and risk overview.

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 of the regulations.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

A copy of the statement of purpose was readily available to the inspectors on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors reviewed a record of incidents that occurred in the centre over the last year and found that the person in charge had notified the Chief Inspector of Social Services of adverse events as required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had effected a complaints policy which had been reviewed and updated in the past three years, as required by the regulation. An easy-to-read version of the complaints procedure was located inside the front door of the centre. An accessible version of the complaints policy was also available to the residents.

Inspectors reviewed the complaints log. There was one open complaint on the day of inspection and inspectors found that this was being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider policy.

The inspectors found that the person in charge and support staff were assisting residents to make complaints and were supporting residents to avail of support from external advocates when required in order to further enhance the support measures in place for residents.

Judgment: Compliant

Quality and safety

The inspectors found that residents' wellbeing and welfare was maintained by a good standard of care and support. Residents had a good quality of life, and the residents spoken with told the inspectors that they were happy living in the centre and with the services provided to them. The inspectors observed a homely and relaxed environment and staff working in the centre engaged with the residents in a very kind, respectful and warm manner. However, some improvements were required to aspects of the service, under regulations 17: premises and regulation 9: residents' rights to improve accessibility for residents in their home and community.

Residents were supported to make decisions about their care and support and were involved in the running of the centre. The provider had implemented effective systems and arrangements to ensure that the centre operated in line with a human rights-based approach to care and support. Residents had active lives, and were supported to participate in activities in accordance with their interests and needs, however, inspectors found that improvements were required in relation to the accessibility of transport available to residents to further enhance community involvement.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention of and appropriate response to abuse, and the provider's social work department was available to oversee safeguarding plans. Safeguarding concerns were appropriately reported. Inspectors had the opportunity to speak to nine staff members during the course of the inspection and found them to be knowledgeable of the provider's safeguarding policy and the procedures and supports in place for residents to maintain their safety at all times.

Regulation 17: Premises

The inspectors completed a walk through of all four premises that make up the designated centre. Inspectors found that all houses were decorated in line with residents individual tastes and preferences. Each of the houses had access to large gardens to the rear of the properties. Inspectors found that the gardens were decorated in a welcoming and inviting manner for family and friends to visit.

Residents had their own bedroom, all of which were decorated to their individual style and preference. The provider had identified changing needs for residents in the centre and had completed a number of works in the premises to ensure that residents where required, had access to a downstairs bedroom. Each residents' bedroom was decorated in line with their own individual tastes. For example, residents had pictures of important life events, televisions, tablets and docking devices for easy access and charging of communication and entertainment electronic devices.

However, inspectors found that not all areas of the houses were easily accessible for residents. During a walk through of two of the houses in the centre, inspectors found that two doors leading to the back garden had a narrow step to exit the flat

area of the garden. The short diameter of the step meant that when residents took a step out to the garden, their foot did not cover the full length of the step leading to a resident dipping forward and requiring staff support to exit the house. The inspectors found that there were no hand rails available to residents to avail of, in order to assist them with exiting the house. Inspectors found that hand rails had been put in place for one of the houses but not in the other houses.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

A comprehensive risk register was available for the centre which detailed service level risks and individual risks specific to residents. The person in charge had completed a risk register for each of the houses that make up the designated centre. The inspectors reviewed risk registers for three of the houses and found that the person in charge was trending identified risks in the centre on a quarterly basis.

The person in charge had completed a range of risk assessments with appropriate control measures, that were specific to residents' individual health, safety and personal support needs. There were also centre-related risk assessments completed with appropriate control measures in place.

The person in charge was completing trending of accidents and incidents in the centre on a quarterly basis. The trending of the accidents and incidents was shared at staff team meetings and the inspectors found that the findings were also used to further enhance risk assessments in place for residents and shared learning for support staff.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors reviewed fire-fighting and containment equipment, fire registers, staff training, Personal Emergency Evacuation Plans and recorded fire drills for each house that made up the designated centre. Inspectors found that each house had in place fire-fighting and fire containment measures as required by the regulation. The registered provider had serviced all equipment in 2025 in line with regulatory requirements.

All four houses had an up-to-date fire register for 2025 that included evidence of regular fire drills.

Inspectors found that all residents had in place personal emergency evacuation plans that outlined to staff the individual requirements for each resident to support safe and timely evacuations.

Inspectors also reviewed the training matrix maintained by the person in charge, inspectors found that all permanent staff, relief and agency in the designated centre were in compliance with mandatory fire training requirements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Care plans were reviewed for one resident in each of the four houses that make up the designated centre. Care plans were found to contain a comprehensive assessment of need that was also supported with an accompanying care and support plan that provided clear guidance for staff. Care and support plans were found to be individualised to the assessed needs of the residents and also subject to regular review from the relevant member of the multi-disciplinary team and person in charge.

Social goals were in place for 2025 in all resident care plans reviewed. Social goals reviewed were person centred and tailored to suit the individual preferences of residents and included goals such as going on holiday, attending live shows and increased family visiting. Inspectors found that goals were being regularly reviewed by resident keyworkers with residents involved at all stages of goal identification and development.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area.

The inspectors reviewed positive behaviour support plans for three residents which detailed supports available. Residents had access to additional support plans such as stress management plans which were designed to identify environmental, physical or emotional factors that could lead to anxiety or upset for residents in their home.

The plans in place were found to be detailed and developed by an appropriately qualified person and had been reviewed within the past year.

Staff had up-to-date knowledge and skills to guide responses to behaviour that is challenging and to support residents to manage their behaviour. The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

Furthermore, inspectors found that the provider had tailored the environment to support residents to participate in activities which at times, particularly in the community could lead to distress. For example, the provider had designed a shop in one back garden of the centre, this allowed residents who required a relaxed and quiet environment to choose from items of clothing and to take time deciding on items. The inspectors found that the items were regularly restocked and available for residents whenever they chose. This shop did not take away from social outings and activities for residents, it offered an alternative to a loud environment such as shopping centres for residents that would like to avail of the service.

Judgment: Compliant

Regulation 8: Protection

Staff spoken with were informed of their safeguarding roles and responsibilities. All staff were up-to-date with relevant safeguarding training. The inspectors had the opportunity to speak with nine staff during the course of the inspection and found that staff were knowledgeable of the measures they are required to take to protect residents and to report incidents of concern. Furthermore, inspectors reviewed minutes of staff meetings from January to August 2025 and found that safeguarding was a regular agenda item. Inspectors found that the person in charge and staff team were reviewing safeguarding concerns such as identification of bruising, or unexplained marks and identifying environmental causes where possible and implementing the relevant control measures.

The inspectors found that the person in charge and the provider were proactively identifying changing needs in residents' assessed needs and were promoting an environment where residents could age in place with the appropriate supports. For example, the provider had identified changing needs for two residents in the centre and had changed the layout of the centre in order to enable residents to avail of a downstairs bedroom. This change had reduced the capacity of two of the houses in the centre, with both staff and residents informing the inspectors that it had led to a more relaxed environment. Furthermore, inspectors found that the change had decreased the risk of falls in the centre.

The provider had in place, policies to safeguard residents, including for example an intimate care policy and safeguarding standard operating procedure. These were all up-to-date.

Staff were informed of safeguarding policies and of the active safeguarding plans in the centre. They were informed of their safeguarding roles and responsibilities and were up-to-date with safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Through speaking with and observing residents and staff, and reviewing evidence related to care plans and personal objectives, the inspectors found good examples of how the rights and choices of residents were being protected and respected. Staff demonstrated a good knowledge of residents' preferences in their routine, activities, and social choices. As previously discussed the inspectors found that the provider was taking a proactive response to identified changing needs of residents and were taking responsive steps to ensure that residents could actively participate in the running of their home.

The inspectors found that improvements were required in relation to the assigned transport for the centre in order to ensure greater accessibility for each resident. The provider had access to two vehicles, however, inspectors found that for a number of residents in the centre the vehicle was not suitable to their assessed mobility needs. For example, a number of residents required the use of a wheelchair when attending social activities. Inspectors found that wheelchairs would be required to be placed in the back of the vehicle. This arrangement meant that residents would have limited seating space in transport. Inspectors observed that additional manual handling techniques would have to be utilised by staff in order to assist residents to be safely seated in the vehicle. Limited space available in both vehicles also lead to a requirement of residents to sit close together, which in order to reduce anxiety for some residents led to residents not being able to travel together. Furthermore, neither of the vehicles had access to a wheelchair ramp which would greatly improve accessibility for residents and reduce the manual handling risks associated with the current centre vehicles.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and 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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Aisling House Services OSV-0002600

Inspection ID: MON-0039002

Date of inspection: 01/09/2025

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the Statement of Purpose and the size and layout of the Designated Centre</p> <p>Regulation 15(1):</p> <ul style="list-style-type: none">• The Service Provider and PIC are actively engaged in rolling campaigns to recruit both Staff Nurses. Pre- registration Registered Nurses in Intellectual Disability were interviewed and a number of successful applicant are currently undergoing the recruitment process.• The most recent recruitment drive for staff nurses included all disciplines of nurses (General/ Psychiatry and Intellectual Disability), interviews for this campaign are happening middle of October.• There is also ongoing recruitment drive for Health Case Assistants for Aisling House Designated Center as part of Southside Intellectual Disability Services rolling campaign.• <p>Regulation 15(3)</p> <p>The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.</p> <ul style="list-style-type: none">• In the interim pending further recruitment, The PIC and Service Provider endeavor to source regular/familiar agency staff to work in Aisling House to fill outstanding vacancies. Agency staff receive detailed induction prior to commencement of shift and have access to support from Clinical Nurse Managers.• Service Level Agreements are in place which ensures that agency staff adheres to compulsory training requirements. Agency Staff are also invited to attend training specific to the Designated Centre. (i.e Studio 3, Autism Awareness, goal setting, Incident Report/ Report Writing Training)	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents. Regulation 17(5):</p> <ul style="list-style-type: none"> • The Registered provider and the PIC have engaged with HSE estates to ensure that the works required to correct the narrow/ short diameter steps to exit the flat area of the garden in two houses are completed in a timely manner. HSE Estates are currently engaging with contractors to get quotes and tender for the works accordingly. • In the interim, the Registered Provider and the PIC ensures there is adequate staffing and that residents are adequately supervised when accessing the two back doors and a risk assessment has been completed for the risks posed by the narrow steps. • The Registered provider and PIC are in the process of procuring grab rails for two houses similar to one recommended for one house in the same area. The PIC attempted to engage with the OT who recommended the grab rail in one house however, they are currently on extended leave, and therefore, a new referral was completed. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.</p> <p>Regulation 09(2)(b):</p> <ul style="list-style-type: none"> • The PPIM has submitted a Business Case to the Registered Provider for the requesting a more appropriate service vehicle that would meet the assessed mobility needs of the service users with consideration to the space required for transporting wheelchairs and the accessibility for the service users in entering and exiting the vehicle. • The Registered Provider and PIC have engaged a wheelchair accessibility and conversion specialist to assess the possibility of adapting the current vehicles. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Yellow	28/02/2026
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Yellow	28/02/2026
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre	Substantially Compliant	Yellow	28/02/2026

	are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	28/02/2026