



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Aisling House Nursing Home
Name of provider:	Hussein & Jeanette Ali Limited
Address of centre:	Sea Bank, Arklow, Wicklow
Type of inspection:	Unannounced
Date of inspection:	11 March 2025
Centre ID:	OSV-0000003
Fieldwork ID:	MON-0046255

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 11 March 2025	08:30hrs to 16:00hrs	Yvonne O'Loughlin	Lead
Tuesday 11 March 2025	08:30hrs to 16:00hrs	Aoife Byrne	Support

What residents told us and what inspectors observed

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. There were some residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs appeared comfortable and content.

The inspectors spoke with 11 residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. On observation of care interventions, staff were seen to anticipate residents' needs in a timely and sensitive manner. Residents told the inspectors that the staff looked after them very well. Residents spoken with were also happy with the standard of environmental hygiene.

Aisling House Nursing Home is a single storey centre registered to accommodate 50 residents. On the day of the inspection there were 43 residents living in the centre. The designated centre provides 34 single-occupancy bedrooms and eight twin-occupancy bedrooms. The centre is divided into two units: Mountain View, which comprises the older section of the building and Sea View, a newer extension featuring 19 single-occupancy ensuite bedrooms. One of the twin rooms that was vacant on the day of the inspection needed review to ensure there was enough space around the bed area for personal care when the curtains are closed.

The dining rooms were bright, spacious, clean and nicely decorated in particular the dining room in Sea View unit which had a view of the sea. Residents were clearly enjoying their meal times and many were seen laughing and talking with staff. A number of residents told the inspectors that the food was 'good quality' and that they had access to choices at mealtimes. This was evidenced by the menus with clear pictures of what food choices were available. The inspectors observed that mealtime was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. The inspectors observed staff offering encouragement and assistance to residents. Residents' independence was promoted with easy access to condiments on each dining room table. A variety of drinks were being offered to residents with their lunch.

Residents were supported to enjoy a good quality of life in the centre. An activities schedule was on display and in the afternoon residents were observed to enjoy music. Residents who spoke with the inspectors said they 'enjoyed the activities' available to them. One of the residents asked did we see their "bird cage" and another resident said that they loved the views of the sea.

The centre had no designated treatment room or housekeeping room. However, the provider had work flows in place to minimise the risk of infection to staff and residents. There was a laundry on site for the cleaning of linen and residents

clothing was outsourced to an external provider. A sluice room was available for the reprocessing of bedpans and urinals, this room was organised, clean and tidy.

The kitchen was large enough to cater for the residents needs, some of the fixtures and fittings needed repair, this is discussed later in the report.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the areas of staff training and quality and safety and these findings are set out under the relevant regulations within this report. This unannounced inspection focused on the infection prevention and control related aspects of the regulations.

Hussein and Jeanette Ali is the registered provider for Aisling House Nursing Home. The local management team consists of the person in charge and three directors who are actively involved in the centre and each were aware of their role and responsibilities. There were clear management systems in place with regular meetings held to oversee and discuss the day to day operation of the centre. This inspection identified it was a well-run centre with a culture which promoted person-centred care.

The inspectors followed up on the provider's progress with completion of the infection prevention and control related actions detailed in the compliance plan from the last inspection and found that the provider was endeavouring to strengthen oversight and improve existing facilities.

The director of nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship (AMS). The provider had also nominated a senior nurse to the role of IPC link nurse who had recently completed the national IPC course.

Observations on the day of the inspection found that the the staffing and skill mix on the day was appropriate to meet the care needs of the residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support. There was one housekeeper on duty per day from 8am-5pm. Cleaning records confirmed that areas and rooms were cleaned each day and the environment appeared visibly clean. The housekeeping trolley was well maintained and clean with a lockable section for chemicals.

Staff working in the centre had recently managed an outbreak of *Influenza A* which had effected 16 residents. Records and interviews with senior staff showed that an outbreak review had been completed with actions identified and lessons learned. A review of notifications found that outbreaks were generally managed, controlled and reported in a timely and effective manner. Staff spoken with were knowledgeable about the signs and symptoms of a respiratory virus and knew how and when to report any concerns regarding a resident.

An annual review was in place for 2024 and IPC was included as an ongoing quality improvement.

IPC audits were completed on a regular basis, which included hand hygiene, environmental hygiene and standard precautions. The scores were high which reflected what the inspectors found on the day. However, the audits did not identify some of the findings of this inspection which are set out under Regulation 27: Infection control.

Staff were supported in accessing education and training updates through a blended approach, combining online and in-person. Further IPC training was planned to commence by the IPC link practitioner. However, a gap in knowledge was identified regarding the correct procedures for cleaning residents' equipment and managing used linen. This is discussed further under Regulation 16: Training and staff development.

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of the residents living in the centre. There were sufficient staff resources to maintain the cleanliness of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Further training was required in relation to standard infection prevention and control precautions. For example, staff practices did not ensure the effective decontamination of residents' equipment after use and the safe handling of soiled linen. These findings are discussed further under Regulation 27: Infection control.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c). However, further action was required to be fully compliant. This was evidenced by the following:

- The inspectors were not fully assured that the management of water safety was managed appropriately in the centre. For example, the water had not been tested to ensure *Legionella* bacteria was not present in the water samples and no records were available of the water temperature.
- Some of the products used for cleaning the centre had no safety data sheets to ensure staff had appropriate information on the handling, storage and emergency measures in case of an accident.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Quality and safety

Residents were receiving a high standard of care in an environment which supported and encouraged them to enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences.

Staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise any risk to residents, visitors and their co-workers. These included; the appropriate use of personal protective equipment and the safe handling of waste. However, improvements were required in the cleaning of

residents equipment and the safe handling of soiled linen. Findings in this regard are presented under Regulation 27: Infection control.

The inspectors viewed a sample of residents electronic nursing records and paper based care plans. There was evidence that residents were assessed prior to admission, to ensure the centre could meet residents' needs. Based on a sample of five care plans reviewed, plans were sufficiently detailed to guide staff in the care of the residents.

The provider had installed new hand wash sinks on each corridor for staff to use. These sinks complied with the recommended specifications for clinical hand wash basins and they were clean and in good repair. However, there was insufficient hand sanitisers for staff to use at the point of care for each resident.

Antimicrobial stewardship initiatives carried out by staff in the centre were reviewed by the inspectors and provided ongoing assurance regarding the quality of antibiotic use within the centre. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. In addition the use of dipstick urinalysis was no longer routinely used to assess for evidence of urinary tract infection in adults without clinical signs and symptoms of infection. This initiative minimised unnecessary antibiotic prescribing.

There was no restriction on visiting. Visitors had the option to visit in a room that was nicely decorated with a view of the sea and a garden.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restrictions on visiting.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- Some of the doors and window sills in the older section of the centre needed refurbishment and repainting to facilitate cleaning.
- The kitchen had fixtures and fittings that needed replacing or repair to enable cleaning;
 - The fridge was cracked at the base.
 - The dry goods store cupboard had porous shelving

- The tiled skirting board had cracked tiles

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that there was effective communication within and between services when residents were transferred to or from hospital to minimise risk and to share necessary information. The transfer document and the pre assessment document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example;

- The handling of linen was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by:
 - Red soluble bags were not routinely used to hold contaminated linen before placing into the washing machine. Staff reported they manually clean soiled linen before placing it in the washing machine if visibly stained. The inspectors observed contaminated linen placed directly into the laundry bag without the use of protective soluble bags.
- Hand sanitisers were not available for all residents at the point of care, this increased the risk of infection spread.
- Urinals used to empty catheters were not routinely cleaned after use in the bedpan washer, this increased the risk of a catheter associated infection.
- The sluice room did not have a clinical waste bin, this was a repeat finding from an inspection in 2023. However, this was addressed by the end of the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were on a computerised system with some paper based records as the centre was in the process of changing from paper to digital.

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of the residents.

Judgment: Compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to a tissue viability specialist and dieticians as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines if they so wished. The inspectors observed kind and courteous interactions between residents and staff on the day of inspection.

Staff were found to support residents to make choices about their daily routines and care and support and to uphold the rights of residents.

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aisling House Nursing Home OSV-0000003

Inspection ID: MON-0046255

Date of inspection: 11/03/2025

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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>A number of staff attended an "Effective Cleaning and Decontamination Skills for the Nursing Home Sector" course delivered on-site by an external training provider in May 2023. We plan to host this course again in the near future to reinforce best practices and ensure wider staff participation.</p> <p>In addition, all staff will receive refresher training on standard infection prevention and control precautions, with specific emphasis on the effective decontamination of residents' equipment and the safe handling of soiled linen. This will be delivered by our Infection Control Lead and made mandatory for all healthcare and housekeeping staff.</p> <p>We are also identifying additional external training opportunities and relevant webinars to support continued professional development in this area.</p> <p>Staff practices will be monitored through supervision and regular checks conducted by the Director of Nursing to ensure effective implementation. Further support, including individual coaching, will be provided as needed.</p> <p>All training will be recorded and reviewed through our training matrix to ensure ongoing compliance.</p>	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

We are taking the following actions to strengthen our governance and management systems and ensure full compliance with Regulation 23.

Water Safety Management

A Legionella risk assessment was sourced and completed.

Water sampling and testing for Legionella will be carried out, and results will be documented and reviewed in line with National Guidelines for the Control of Legionellosis in Ireland, 2009.

A system is being implemented to monitor and record water temperatures at appropriate outlets on a routine basis and will be implemented on completion.

Chemical Safety Compliance

A full review of all cleaning products currently in use has been undertaken.

Safety Data Sheets (SDS) for all products have been requested and are being compiled into a central, easily accessible file for staff reference.

Staff will be reminded of the importance of consulting SDSs and will receive refresher training on the safe use, storage, and handling of cleaning agents, including emergency procedures in case of an incident.

The Director of Nursing and Facilities Manager will oversee these measures to ensure they are implemented effectively and routinely monitored going forward.

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

We are currently addressing the maintenance issues identified during the inspection to ensure the premises fully meet the requirements of Schedule 6 and Regulation 17.

Including but not limited to:

A maintenance schedule has been initiated to refurbish and repaint doors and window sills in the older section of the centre to ensure surfaces are intact, cleanable, and in good repair. Works have commenced and are expected to be completed 01 May 2025.

In the kitchen area:

The cracked fridge base is scheduled for replacement.

The dry goods store cupboard shelving will be replaced with non-porous, wipeable shelving to meet hygiene standards.

The cracked tiles on the skirting board will be repaired or replaced to ensure surfaces are smooth and cleanable.

In addition, as discussed during the inspection, Aisling House has been scoping a full kitchen remodel and upgrade over the previous months. This project is now progressing, and we intend to complete the works by 01 August 2025, which will further enhance the

functionality, safety, and hygiene standards of the kitchen area.

All remedial works are being overseen by the Operations Manager in coordination with the Director of Nursing to ensure compliance is achieved and maintained.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

We are taking the following actions to ensure compliance with Regulation 27 and the National Standards for Infection Prevention and Control in Community Services (2018):

Handling of Contaminated Linen:

All staff have been reminded of the requirement to use red soluble bags when handling contaminated linen.

A sufficient stock of red soluble bags is now maintained and accessible in relevant areas. The practice of manually cleaning soiled linen before machine washing has been discontinued.

Refresher training on proper linen handling procedures has been incorporated into staff infection control training. We are also identifying additional external training opportunities and relevant webinars to support continued professional development in this area.

Hand Sanitiser Availability:

We are currently reviewing all resident care areas to ensure alcohol-based hand sanitisers are available at the point of care.

Additional dispensers are being installed where gaps were identified, with completion expected in the coming weeks.

Cleaning of Urinals and Catheter Equipment:

Staff have been instructed to place urinals used for emptying catheter bags in the bedpan washer after each use.

Compliance will be monitored through supervision and spot checks by senior staff.

Sluice Room Waste Management:

The clinical waste bin that was missing in the sluice room was installed before the end of the inspection, as noted.

This area will be included in routine environmental audits to ensure ongoing compliance.

These actions are being overseen by the Director of Nursing and the Infection Control Lead. Compliance will be monitored through regular audits and on-the-floor supervision.

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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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/05/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/08/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	01/05/2025
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	01/05/2025

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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