



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:	19 January 2022
Centre ID:	OSV-0002399
Fieldwork ID:	MON-0027302

About the designated centre

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

As outlined in the statement of purpose, the centre provides respite care for a maximum of five adults or five children with an intellectual disability. The centre is a detached house with five bedrooms, two sitting rooms, a dining room, a kitchen, three bathrooms, a laundry room, two offices and a patio area. The centre is located in Co. Dublin close to a good range of local amenities. Residents are supported to attend school or day services during their respite break. Staffing in the centre is provided on a 24 hour basis by a clinical nurse manager, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 19 January 2022	09:15hrs to 16:00hrs	Michael Muldowney	Lead
Wednesday 19 January 2022	09:15hrs to 16:00hrs	Ciara McShane	Support

What residents told us and what inspectors observed

The designated centre is a large five bed roomed house with a large back garden, situated in a busy suburb of Dublin. The centre is conveniently close to a variety of local amenities and services. The premises was found to be bright, warm, clean, and tastefully decorated with modern flooring throughout. It was also spacious and easy for residents to navigate around. Since the last inspection of the centre in March 2021, the house had been painted, a new fire and burglar alarm system was installed, and the fire doors were fitted with self-closing devices. Each resident had their own bedroom which were adequately furnished and maintained. There was sufficient bathroom and shower facilities, as well as living space. Some areas of the premises such as the bathrooms, kitchen, and garden required attention and upkeep.

In the dining area, inspectors observed a variety of communication aids to support residents individual needs such as objects of reference and pictures. Accessible information on food menus, the staff rota, and residents' rights was displayed, and there was a colourful mural with photos of residents and staff members.

There was a dedicated room for the storage of personal protective equipment (PPE) and the person in charge informed inspectors that there was a sufficient supply of PPE. The laundry room was organised and neat, and inspectors observed appropriate cleaning arrangements.

There were no children residing in the centre during the inspection; however, inspectors observed a variety of toys and games for children to play with when they were in the centre.

Inspectors met with several members of staff and three residents during the inspection. Inspectors observed the interactions between staff and residents to be warm, engaging and respectful. Residents appeared relaxed and very familiar with the staff supporting them. Inspectors briefly spoke with two residents. The residents spoke positively about the centre, and told inspectors about their plans for the day and the activities they enjoy. One resident was choosing to have a lie in and breakfast in bed, and inspectors did not have the opportunity to speak with them. Later in the day, inspectors observed a staff member giving a resident a manicure which they reported to enjoy. In advance of the inspection, six questionnaires were completed by family members on the behalf of residents on the quality and safety of service provided in the designated centre. The questionnaires reported very positive feedback and satisfaction with the services, including the staff working in the centre. The questionnaires also reported on the activities that residents enjoyed while in the centre, such as going on day trips to the zoo and parks, cinema, karaoke, dancing, walks, and meals out.

As well as a written residents guide, there was a video for residents to watch giving an overview of the services provided in the centre. Inspectors found the atmosphere

in the centre to be warm, open, and homely. From what inspectors observed and were told, residents enjoyed the service, and overall the the service was found to be effective, high quality, and very much person-centred to the needs and preferences of the residents. However, some areas for improvement were identified.

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

The registered provider and the person in charge had implemented strong governance and management systems to support the delivery of an effective service. There was a clearly defined management structure identifying the lines of authority, accountability, and relevant roles and responsibilities. There were good oversight mechanisms such as audits and supervision arrangements to ensure residents were receiving care that was safe, appropriate, and in accordance with their assessed needs.

Inspectors found that there was a strong drive towards continuous quality improvement within the centre. The provider had conducted an annual review and six-monthly unannounced audits on the quality and safety of care and support in the centre. A sample of residents were consulted with as part of the annual review; inspectors found that the quality of the report could be enhanced by consulting with all residents. The person in charge also undertook audits, on areas such as medication and personal plans. A health and safety audit had taken place in January 2022, and an infection prevention and control audit was scheduled to take place in February 2022. Inspectors found that areas for improvement identified in audits were actioned and followed up on to ensure implementation.

The statement of purpose was up-to-date, included all of the required information, and was readily available in the centre. A minor amendment was made to the statement of purpose by the person in charge during the inspection to clarify the staffing complement. Inspectors reviewed a sample of the written policies and procedures maintained in the centre. The policies were found to be reviewed as required and at least every three years; and were available in hard and soft copies for staff to refer to.

There was a clear and planned approach for the admission of residents to the centre. There was a written policy on admissions which was reviewed and revised in November 2019. Admissions were determined on an established criteria and written agreements were prepared on the provision of services to residents. Inspectors reviewed two written 'respite agreements' and found that they detailed the support, care and welfare services provided in the centre, as well as the fees to be paid by residents. One agreement did not clearly specify the full name of the resident;

however, this was resolved by the person in charge during the inspection.

The provider had established and implemented systems to address and resolve complaints made by residents or their representatives. There was an up to date written policy on the complaints procedures, and an identified complaints officer. Inspectors observed accessible information on complaints and advocacy services displayed in the centre and reflected in the residents guide. Complaints were also discussed at residents meetings to support residents' understanding of the relevant procedures. There was also records of compliments received from family members in relation to the care their loved ones received while in the centre.

The person in charge worked in the centre full-time and was appropriately qualified and experienced. The person in charge demonstrated a clear understanding and vision of the service to be provided, and had implemented effective oversight and management systems, to support a high quality and safe service, such as auditing schedules and supervision arrangements. Staff team meetings were regular; inspectors reviewed a sample of the meeting minutes and found them to be comprehensive. Meeting minutes were signed by staff members to indicate that they had read them.

The person in charge maintained a planned and actual rota of staff working in the centre. There was a consistent staff team, primarily made up of nurses, providing good continuity of care to residents. On the day of inspection, there were three nurses and one student nurse working in the centre. Inspectors observed staff members to engage with the residents in a very courteous and respectful manner, and it was clear that residents and staff knew each other very well. There were three staff vacancies; however, two of the vacancies had been filled and the new staff members were due to commence working in the centre in the coming weeks. There was plans to recruit for the third vacancy. There were established systems in place to support and supervise staff in their roles. The person in charge provided formal supervision to staff and maintained records of the supervision sessions. The person in charge also provided informal supervision to staff on a day to day basis. In the absence of the person in charge, staff reported to a nurse manager or senior nurse. Inspectors spoke with a staff member who advised that they were happy with the level of supervision and support they received.

Staff were required to complete a suite of training to support them in their role of delivering quality and safe care. The person in charge maintained a log of staff training. Inspectors reviewed the staff training log and found that some staff members required some training; however, these gaps did not result in a high risk and the person in charge had scheduled some of the training.

Regulation 14: Persons in charge

The person in charge was full-time and possessed the required qualifications, skills and expertise to effectively manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. However, there were three staff vacancies on the day of inspection. Inspectors found that these vacancies were managed well by the person in charge to reduce any potential impact on residents. Two of the vacancies had been successfully recruited for and these staff members were due to commence working in the centre in the coming weeks. There were plans to recruit for the third vacancy.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff were appropriately supervised and supported.

Staff also had access to appropriate training, including refresher training, as part of their continuous professional development. The person in charge maintained a log of the staff training, and on the day of inspection, deficits were found in food safety, first aid, and clamping training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had resourced the centre to ensure the effective delivery of care and support in accordance with the statement of purpose. There was a clearly defined management structure in place with identified lines of authority, accountability, roles and responsibilities.

There were management systems in place to ensure that the service provided to residents was safe, appropriate to residents' needs, consistent and effectively monitored, such as undertaking annual reviews, six-monthly unannounced audits of safety and quality of care, and a suite of other audits. Areas for improvement identified from audits were actioned and monitored.

There were arrangements in place to support, develop and performance manage staff such as regular team meetings, provision of training, supervision, and written

policies and procedures. The team meetings were comprehensive and included agenda items such as health and safety, COVID-19 and infection prevention, risk, staffing, and training.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had prepared admission policies and procedures taking into account the need to protect residents from abuse by peers. The admission of residents was determined on the basis of an established and transparent criteria.

A review of a sample of written agreements of care found them to include the fees to be paid, and details on the services and care provided in the centre.

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. The statement of purpose was reviewed and revised as required, and a copy was available to residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place. The procedure was reflected in a written policy which outlined the stages to be followed for managing complaints. There was an identified complaints officer with associated responsibilities. There was accessible information available to residents on complaints. On the day of inspection, there were no open complaints; however, records of previous complaints indicated that they had been managed appropriately.

Judgment: Compliant

Regulation 4: Written policies and procedures

Inspectors reviewed a sample of the written policies and procedures prepared by the registered provider on the matters set out in Schedule 5, including the policies on admissions, personal intimate care, restrictive practices, visitors, nutrition, medication management, and risk management and emergency planning. The policies were readily available to staff and had been reviewed and updated at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

Inspectors found that residents were receiving a high standard of care and support, and the centre delivered a person-centred and quality service. However, some areas for improvement were required to ensure that the centre was meeting full compliance under a number of quality and safety regulations.

The centre was found to be bright, warm, clean, and tastefully decorated throughout. Each resident had their own bedroom which were adequately furnished and maintained. There were sufficient bathroom and shower facilities; however, some bathrooms required attention from an infection prevention perspective. The kitchen whilst in working order, required a refurbishment. The living room was bright and clean, and looked out onto the back garden. There was also a smaller sitting room which inspectors found to be appropriately furnished. The laundry room was organised and neat. The outdoor space comprised two garden areas. One area was a well maintained and inviting area for residents to use. The second space required upkeep and renovation to be a pleasant space. The person in charge informed inspectors that there were plans to renovate the garden area and to replace the kitchen. Externally, the front gutters required cleaning. There were adequate arrangements in place to ensure that equipment used by residents was regularly serviced.

The centre had a dedicated vehicle for the transportation of residents, that was taxed, insured and regularly serviced. There was a cleaning checklist and cleaning supplies in the vehicle. Inspectors visually inspected the vehicle and found it to be clean and tidy; however, some of the seat fabric was torn. Staff working in the centre had launched a fund raising campaign in the previous year and were successful in raising enough money to purchase a new vehicle for the centre; the new vehicle was due to arrive in the coming weeks.

There were good arrangements and systems in place to protect residents from the risk of infection. However, parts of the premises required upkeep and attention to resolve issues presenting infection risks, and the practice of drying clothes in the bathroom required reconsideration. Although the premises was generally clean, a review of staff cleaning records found minor gaps in the checks.

Inspectors observed staff members wearing appropriate personal protective

equipment (PPE) and adhering to standard precautions, and there was sufficient hand washing and sanitising facilities in the centre. Training in infection prevention and control, and up to date public health guidance and COVID-19 information was available to staff.

There were written policies and procedures to support the implementation of appropriate infection prevention and control measures and practices. The person in charge had completed a COVID-19 self assessment tool, and developed a respite COVID-19 contingency plan. A suite of COVID-19 risk assessments had been completed. COVID-19 symptom checks took place for staff and residents, and staff liaised with residents in advance of their respite stay to verify their COVID-19 status. There was also cleaning procedures to ensure that the environment was clean. There were appropriate measures for the use and disposal of sharps.

The registered provider had prepared a written risk management policy and had put systems in place for the assessment, management and ongoing review of risk. There were systems for responding to emergencies. Incidents were been recorded and reviewed to identify learning.

There were systems and procedures in place to prevent and manage the risk of fire in the centre. There was fire detection, fighting, and containment equipment; the equipment was checked and serviced on a regular basis. In addition, there was daily and monthly checks of the equipment and fire measures. During the inspection, inspectors observed the fire doors to close automatically and without hindrance. Most exit doors were key operated and had keys in the locks, as well as break glass units with keys beside them. There was a written fire evacuation plan; and individual evacuation plans had been prepared for residents. To support residents in understanding the fire evacuation procedures, a video was developed showing the specific evacuation procedures. Fire safety was also a regular topic at residents' meetings. Fire drills were conducted to demonstrate that residents could be evacuated in line with the evacuation plans. The recording of fire drills could be enhanced by ensuring that the time of drills and the names of the residents who participated in the drills was clearer. Staff had completed fire safety training.

Inspectors reviewed a sample of residents' assessments of needs and corresponding plans. Some assessments and plans were maintained in either soft or hard copies, or in some cases both forms. This practice required oversight by the person in charge to ensure that staff were referring to the most relevant and current documents. Plans were in accessible format where appropriate, and were reviewed on a regular basis. Some plans such as intimate care plans required further detail.

Residents' health care needs were mainly met outside of the centre; however, the provider had ensured access to some allied health care professional services such as occupational therapy. In the centre, residents were supported by nurses, ensuring that nursing care needs could be met.

There were effective policies and procedures on the safe administration, prescribing, storage, transportation, and audit of medication. Residents had their own individual medication administration sheet and prescriptions; these were reviewed in advance

of admission by a medical professional. The medication administration sheets, and residents individual medication storage boxes, had photos of each resident attached. Staff had access to written information on medications to refer to if need be. Inspectors spoke to a staff member about the medication practices in the centre. The staff member was very knowledgeable on residents' prescribed medications and the rationales for use. The staff member also explained to inspectors the medication storage and disposal arrangements. The person in charge had completed medication risk assessments to identify potential risks and any associated control measures.

The person in charge informed inspectors that there were no open safeguarding concerns. However, there were effective systems and procedures in place to protect residents (adults and children) from the risk of abuse. Written policies and procedures outlined the relevant roles and responsibilities and organisational structures to safeguard residents. Staff had completed training in the protection of residents from abuse, to enable them to recognise the signs of abuse and to respond appropriately if a safeguarding concern arose.

There was information on advocacy services available to residents. The completed resident questionnaires indicated that residents felt safe and were happy with how their dignity was protected. Consideration of the compatibility of residents using the respite service at the same time was vital in protecting residents from the risk of abuse by peers. The consideration of compatibility also enriched the overall experience and enjoyment of the service for some residents as they were able to avail of the service at the same time as other residents whom they considered friends.

The service delivered was in line with a human rights based approach. Residents were able to make decisions and choices based on their own individual will and preferences. On the day of the inspection, two residents told inspectors of their plans for the day and then attended their day service, another resident chose to relax in bed for the morning and then have breakfast in bed. Residents participated in house meetings where they were consulted with and informed about matters relating to the running of the centre. To improve their satisfaction of the service, resident were also provided with easy to read feedback forms after their stay.

Residents were provided with an easy to read 'respite guide' that provided information on the centre. A 'welcome' video had also been produced to show residents what it was like to avail of the service. Inspectors observed the menu plan and staffing rota to be in picture form, to make them easier for residents to understand. There was Internet access, televisions, radios, and tablets to use during their stay. Inspectors observed a variety of communication aids and supports to support residents' individual communication needs. However, information on communication in personal plans and associated documentation required enhancement to ensure residents were supported with their preferred means of communication.

Staff completed training in positive behavior support. Where required, behaviour support plans were developed. Environmental restrictions were in place for some residents when they used the service. The restrictions were based on a risk

assessment of a behaviour of concern. Inspectors found that the restrictions were implemented with the consent of the resident's representatives and were approved by the providers oversight group. In addition, inspectors found that the restrictions were deemed to be least restrictive option possible at that time.

The front door could not be opened without entering a code into the key pad. The person in charge informed inspectors that education and assessments will be completed with residents around use of the key pad as it could present as a restrictive practice.

Regulation 10: Communication

There was Internet access, televisions, radios, and tablets for residents to use during their stay. Inspectors observed a variety of communication aids and supports in place to support residents' individual communication needs. Aids and supports included objects of reference and pictures. Inspectors observed the menu plan and staffing rota to be in picture form, to make them easier for residents to understand.

Information on communication in personal plans and associated documentation required enhancement to ensure residents were supported with their preferred means of communication. Residents had individual 'transfer information booklets', designed to provide other services, where necessary, with relevant resident information. Inspectors found the booklets to be comprehensive in most areas; however, detail on the communication needs of residents was insufficient to adequately inform the reader. In addition, some communication plans and guidelines required review and update.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider had ensured the premises were designed and laid out to meet the number and needs of residents. There were no children using the service during the inspection; however, there were toys and recreational activities available for them. The premises was generally clean, spacious, kept in a good state of repair, and nicely decorated. However, areas of the premise required attention:

- The gutters at the front of the house required cleaning.
- The cabinet doors in the kitchen were damaged.
- The back garden area required renovation to be a more appropriate space for residents, particularly children, to use.

The registered provider had arrangements for the servicing of equipment used by residents. Inspectors reviewed the servicing records of a sample of equipment such

as electric beds and hoists, and found them to have been regularly serviced.
Judgment: Substantially compliant
Regulation 20: Information for residents
Residents were provided with an easy to read 'respite guide' that provided information on the services provided within the centre. A 'welcome' video had also been produced to show residents what it was like to avail of the service.
Judgment: Compliant
Regulation 26: Risk management procedures
<p>Inspectors found that risks presenting in the centre were appropriately identified, assessed and managed, to reduce the likelihood of an adverse event occurring. There was a risk management policy to guide the process. Risk assessments were completed by the person in charge and staff team for general risks and for more specific and individual risks. A risk register was maintained and was reviewed regularly. Procedures and guidelines were also in place for the management of emergencies to guide staff in responding appropriately to different emergency scenarios. Incidents such as medication errors were reviewed to identify learning in order to reduce the likelihood of similar incidents occurring.</p> <p>The vehicle used in the centre was roadworthy, regularly serviced, insured, and appropriately equipped.</p>
Judgment: Compliant
Regulation 27: Protection against infection
The registered provider had implemented good systems and procedures to protect residents against infections including COVID-19. There was an adequate supply of personal protective equipment (PPE), that was appropriately organised and stored in a dedicated space. Written policies and procedures on the infection prevention and control arrangements had been prepared and were readily available. To ensure staff had adequate knowledge on implementing appropriate infection standards, they had completed infection prevention and control training, and had access to up to date public health guidance and information on COVID-19. The person in charge had completed a COVID-19 self assessment tool to review the effectiveness of their

systems and arrangements, as well as demonstrating commitment to quality improvement. The respite contingency plan, to be followed in the event of a confirmed or suspected case of COVID-19, was brief; however, it was sufficient in outlining the necessary information. The person in charge had completed a suite of risk assessments to assess and manage potential COVID-19 risks. To prevent transmission, COVID-19 symptom checks took place for staff and residents, and staff liaised with residents in advance of their respite stay to verify their COVID-19 status. Residents bedrooms were comprehensively cleaned after use, and before other residents used them. To prevent the risk of infection transmission from contact with sharps, a risk assessment had been completed and there were appropriate measures implemented such as disposal arrangements.

Some improvements were required to support the effectiveness of the infection prevention and control procedures:

- Generally, the house was clean. However, there was minor gaps in some cleaning tick lists indicating that cleaning schedules had not been adhered to.
- Aspects of the bathrooms and the kitchen presented infection hazards and were not conducive in preventing the transmission of infections. For example, in the bathrooms there was rust, damaged flooring, and a dirty fan; and in the kitchen some of the press doors were chipped and could not be cleaned properly.
- Inspectors observed a clothes horse in a bathroom. A staff member spoken with explained they often dried clothes in the bathroom, however this posed as a risk of infection transmission.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems and precautions were in place.

There was fire detection, fighting, and containment equipment such as fire alarms, emergency lights, extinguishers, and fire doors with self closing devices; the equipment was regularly serviced. A fire extinguisher in the vehicle was found to require servicing and the person in charge arranged for this to happen by the end of the inspection. Staff were completing daily fire checks and the person in charge was completing a monthly check to ensure that the equipment and measures were working. There was a written fire evacuation plan to be followed in the event of a fire; and inspectors also reviewed a sample of resident's individual evacuation plans which guided staff on the supports required by residents during an evacuation.

To support residents in understanding the fire evacuation procedures, a video was developed for them to watch showing the specific evacuation procedures to be

followed, and fire safety was a regular topic discussed at residents' meetings.

Fire drills were conducted in the centre. A 'night time' drill had taken place with the maximum amount of residents in the centre and the least amount of staff rostered on duty to demonstrate that residents could be evacuated in this scenario.

Staff had also completed up to date relevant fire safety training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices for the ordering, receipt, prescribing, storage, disposal and administration of medicines.

The person in charge had completed medication risk assessments to identify potential risks and any associated control measures. All residents had their own individual medication administration sheet and prescriptions; these were reviewed in advance of admission by a medical professional. The medication administration sheets, and residents individual medication storage boxes, had photos of each resident attached as a control to ensure medications were administered to the correct residents. All medication brought by residents to the centre was checked on admission, and a medication audit was completed weekly.

Staff were knowledgeable on residents' prescribed medications and the rationales for use, and on the general medication procedures including the procedures for disposal of medications. Staff had access to written information on medications to refer to if need be.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of each resident was carried out, and that corresponding plans were prepared. Plans were reviewed regularly and were in accessible format where required.

Some of the personal plans such as the intimate care plans required further detail to clearly specify the supports that residents required and what tasks they could complete independently.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had provided appropriate health care for each resident. The person in charge had ensured that residents had relevant health care plans and access to nursing support and input while in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had completed training in positive behaviour support in order to appropriately respond to behaviours of concerns.

The use of environmental restrictive practices were deemed to be the least restrictive option, and were applied with consent and approval from the provider's oversight group. The person in charge was reviewing the use of actual and potential restrictions to ensure the environment promoted a human rights based approach to care.

Judgment: Compliant

Regulation 8: Protection

There were no open safeguarding concerns on the day of the inspection. However, the registered provider had ensured that there were effective systems and procedures in place to protect residents (adults and children) from the risk of abuse. Written policies and procedures outlined the relevant roles and responsibilities and organisational structures to safeguard residents. Staff had completed training in the protection of residents from abuse, to enable them to recognise the signs of abuse and to respond appropriately if a safeguarding concern arose.

There was information on advocacy services available to residents. The completed resident questionnaires indicated that residents felt safe and were happy with how their dignity was protected. Consideration of the compatibility of residents using the respite service at the same time was vital in protecting residents from the risk of abuse by peers. Regular meetings took place between the person in charge and social work department to determine which residents were compatible. This system reduced the likelihood of peer to peer abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the designated centre was operated in line with a human rights based approach where residents rights were promoted and upheld. Residents were able to make decisions and choices based on their own individual will and preferences, for example residents were involved in meal planning and in choosing what activities they wanted to do. The registered provider had ensured that the privacy of dignity of residents was respected. Residents participated in house meetings where they were consulted with and informed about matters relating to the running of the centre. To improve their satisfaction of the service, residents were also provided with easy to read feedback forms after their stay.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ailesbury Respite OSV-0002399

Inspection ID: MON-0027302

Date of inspection: 19/01/2022

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The two fulltime staff have commenced working in the centre. One staff commenced 1st February 2022 and the second staff commenced on the 8th February 2022. Recruitment is ongoing in relation to the part time vacancy but the PIC is managing the staffing to ensure residents are supported by consistent and appropriately skilled staff.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: In person training has now recommenced. The PIC has coordinated the scheduling of all outstanding training with the staff training and development department. Food safety has been completed by all staff 10/02/2022. The following training has been scheduled as follows ; First aid: 07/03/2022 (5 staff) and 31/03/2022 (3 staff) and 4/5/2022 (2 staff) Clamping : 9/04/2022 (all staff)	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: The PIC will ensure all residents communication passports and support plans are reviewed and updated to ensure they are comprehensive and provide sufficient detail to effectively support the resident. These will all be complete by 31/05/2022	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The PIC and Registered Provider have followed up on the areas that required attention <ul style="list-style-type: none"> • The gutters were cleaned on the 21st January 2022 and will be maintained on a regular 	

<p>basis</p> <ul style="list-style-type: none"> • Funding has been agreed and a contractor arranged to replace the kitchen cabinets, counters and floors. This work is scheduled for 4th April 2022. • The garden will be upgraded to ensure it is an inviting and appropriate outdoor space and that it is accessible to all residents particularly the children. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC has reminded all staff to ensure they fully complete all checklists and that the clothes horse is not to be stored or used in the bathroom. The PIC and Registered Provider in conjunction with the Organisations Technical Services department have agreed a schedule of works for completion to include bathroom upgrade, replacement kitchen, replacement flooring. A thorough cleaning has been completed and an IPC audit has been scheduled with the IPC specialist nurse and will be completed by 31st May 2022.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The PIC will ensure that all residents support plans are reviewed and updated and are sufficiently detailed to effectively support each individual. This is ongoing and will be completed by 31st May 2022.</p>	

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	31/05/2022
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.	Substantially Compliant	Yellow	30/06/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	30/04/2022

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/05/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/05/2022
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required	Substantially Compliant	Yellow	31/05/2022

	to maximise the resident's personal development in accordance with his or her wishes.			
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