



Office of the Chief Inspector

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

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 October 2019
Centre ID:	OSV-0002600
Fieldwork ID:	MON-0022482

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 twenty one men and women over the age of 18 years who have an intellectual disability. The centre consists of five separate residential properties. Four of these properties are detached houses which are located beside each other in an urban location close to a large town in Co. Kildare. Each of the four houses have two reception rooms, a kitchen and four bedrooms. Each house has a bathroom, shower room and three toilets. All houses have a separate utility area out the back of the house. The fifth premises is a detached bungalow located a few kilometers away in a more rural location with six bedrooms, two reception rooms, a kitchen, entrance hall, one wheelchair accessible bathroom, two shower rooms, four toilets and a utility room. There were 17 residents accommodated across all locations on the date of inspection. The person in charge (CMNIII nurse) post is full-time. The centre employs a part-time psychiatrist, one CMNII nurse, two CNMI nurses, nineteen staff nurses and twenty five health care assistants. There is a waking night staff in each of the four houses in one location including a nurse. In the other location there is one waking care staff and one nurse available for residents during the night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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 - 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
01 October 2019	11:00hrs to 19:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The inspector met and spoke with nine of the residents throughout the day.

The inspector reviewed a number of Health Information and Quality Authority questionnaires which had been completed by residents and their families. Furthermore, the inspector reviewed feedback from the centres 'parents and friends association' which had been collated on a regular basis by the person in charge. Where appropriate, residents' views were relayed through staff advocating on their behalf. On the day of inspection the person in charge advised the inspector that one resident was in hospital.

Overall, residents reported very positive experiences living in the centre. Residents advised they felt safe in the centre. A number of residents complimented the facilities, the food, and the overall care and support provided by the service.

Residents and their families were complimentary of the staff, who they felt were kind, caring, attentive and respectful. The inspector also observed friendly and warm interactions between staff and residents throughout the day.

In one of the houses residents excitedly spoke with the inspector about overnight holidays they either had been on or were going on in the next month.

The inspector observed a residents' meeting taking place in one house and it was clear to see that all residents were being supported by their staff to engage fully and to be heard and listened to regardless of their form of communication.

Two residents showed the inspector their newly decorated bedroom which they had been consulted about and seemed very proud and happy to show it off. Overall, there was very positive feedback from families and residents regarding the houses and in particular regarding residents' own personal spaces such as their bedrooms. However, some residents and their families noted that there could be better use made of the outside garden spaces. Furthermore, in relation to one of the houses and the room where family could visit with their family members, it was noted that the arrangements in place were not ideal.

Residents and families advised that they felt comfortable speaking to staff about issues and making suggestions or complaints. Where a complaint was made families felt that it was responded to appropriately and followed up in a timely manner. Families also noted on the questionnaires that they felt their family members privacy, dignity and opinion was always respected.

The inspector observed that residents' needs were very well known to staff and management. The residents appeared very comfortable in their home and relaxed in the company of staff. The inspector observed that staff were kind and respectful

towards residents through positive, mindful and caring interactions.

Capacity and capability

Overall, the provider had effective governance and management systems in place within the designated centre to monitor the safe delivery of care and support to residents. The inspector found that the care and support provided to the residents was person-centred and promoted an inclusive environment where overall, each of the resident's needs and wishes were taken into account. The inspector observed that staff were familiar with the residents' needs and endeavoured to ensure that they were met in practice.

The inspector found that many of the improvements required since the last inspection had been completed and had led to positive outcomes in residents' lives. A number of improvements were still outstanding however, many of these were a work in progress and due to be completed by the end of 2019. On the day of inspection the inspector raised a small number of queries regarding the fire management arrangements in place in the centre however, the person in charge was unable to provide documentation that fully addressed the queries and provided assurances. Further information on this matter can be found in the quality and safety section of the report.

Overall the local governance was found to operate to a good standard in this centre. Management and auditing systems were in place. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service was good. Provider audits and unannounced visits were also taking place and ensured that overall, service delivery was safe and that a good quality service was provided to residents.

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. For the most part the person in charge ensured that incidents were notified in the required format and with the specified timeframes however, on the day of inspection the inspector found that improvements were required to ensure all quarterly notifications were submitted.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to.

The inspector reviewed the centre's actual and planned roster and saw that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre. There was a continuity of staffing so that attachments were not disrupted; many of the staff working in the centre had

worked in it since it had opened. The inspector observed kind, caring and jovial interactions between staff and residents throughout the day with residents appearing relaxed in the company of management and staff.

The inspector found evidence that staff had received mandatory training. Staff who spoke with the inspector demonstrated good understanding of the resident's needs and were knowledgeable of the procedures which related to the general welfare and protection of residents. Supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability.

Registration Regulation 5: Application for registration or renewal of registration

Overall, the application for renewal of registration was submitted within the required timeframe and contained all the necessary information and at time of writing this report was compliant. However, the application form and some of the required information had to be returned to provider a number of times due to the submission of incorrect forms or errors on the required information.

Judgment: Compliant

Regulation 14: Persons in charge

There was evidence to demonstrate that the person charge was competent, with appropriate qualifications, skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that on the day of inspection there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. All Schedule 2 requirements were adhered to.

Staff who spoke with the inspector demonstrated good understanding of the residents' needs and endeavoured to ensure that they were met in practice.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately trained to meet the care and support needs of residents. Regular refresher training and effective staff supervision and performance management meetings were also provided.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. Unannounced six monthly reviews and annual reviews were being carried out in line with regulation.

However, some improvements were required to governance systems to ensure that the arrangements in place for fire management systems was effective at all times and that assurances were in place and available on request.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents' admissions were in line with the statement of purpose. There were written contracts for the provision of service and agreed and signed by the residents or where appropriate their family.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Overall, it accurately described the service provided in the designated centre and was reviewed at regular intervals.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that for the most part there was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. However, the inspector found that one of the quarterly reports relating to restrictive procedures in the centre was not submitted in quarter two.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Schedule 5 written policies and procedures were adopted and implemented, made available to staff and reviewed when required.

Judgment: Compliant

Quality and safety

The inspector found that residents well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The centre was well run and provided a pleasant environment for the residents. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. Care and support provided to residents was of good quality. Since the last inspection there had been a lot of improvements in the centre which resulted in positive outcomes for residents however, on the day of inspection further improvements were required and in particular to the areas of fire precautions and positive behaviour support.

The inspector looked at a sample of personal plans and found that overall, residents had up to date plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, and where appropriate, allied health professionals and family members.

The residents' plans reflected the residents' continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspector found that there had been improvements made to residents' personal plans which ensured that the plans were available in a format which was accessible to the residents.

There were plans in place to support a number of residents to move to accommodation that better met their needs. Robust transition plans were in place and staff had supported many of the residents to visit their new home including visiting the local amenities in the surrounding area. The transitions took into consideration the likes and familiar routines of residents that were currently in place and great efforts were being made to replicated these in both their new home and new community.

Residents were involved in the running of the house through meaningful household roles and tasks and by expressing themselves through personalised living spaces. On the day of inspection the inspector observed a house meeting between staff and residents where residents were consulted with and listened to. Furthermore, the inspector saw that many of the residents bedrooms had received a make-over with newly painted walls and colourful soft furnishings all of which the resident was either consulted about or picked out themselves.

Residents were supported to part-take in activities they liked in an enjoyable but safe way through innovative and creative considerations in place. On the previous inspection the inspector was shown a make-shift clothes shop which had been set up by staff in one of the annex buildings to support a resident's understanding of shopping and lessen their anxieties around this experience. The inspector saw photographic evidence of how the resident had now commenced shopping in local supermarkets and was appearing relaxed and happy during the experience.

The inspector saw that residents were supported to choose goals that encouraged their independence and personal development. One resident advised the inspector of a literacy class they regularly attended while another resident advised the inspector about an overnight holiday they had planned to go on within the coming month.

The inspector found that the design and layout of the premises did not always ensure that all residents could enjoy living in an accessible, safe, comfortable and homely environment. However, since the last inspection a number of improvements regarding decorative and structural repairs had been addressed; for example new kitchens were installed in two houses, many of the rooms in the houses were freshly painted including residents bedrooms. However, further improvements were required to ensure all decorative and structural repairs were complete.

Consultation with residents and their families, including comprehensive transition

plans, had commenced for residents who were living in houses where accessibility was becoming an issue. On the day of inspection the inspector was advised that there had been a delay in the building works of the new premises the residents were transitioning to however, all was complete now and an application to register the houses was being submitted to the office of the Chief Inspector within the week.

There were arrangements in place for families to visit their family members living in this centre. In one of the houses the visitor room was separate to the main house. The person in charge advised the inspector that arrangements could be made for families to visit a resident in the main house if they so wished however, advanced notice was required. The inspector was also advised that the visitor arrangements were due to be reviewed after the upcoming transitions of residents to and from the house was complete.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals. However, in relation to restrictive practices the inspector found that improvements were required to the centres reviewing procedure to ensure that at all times the least restrictive practice was in place.

Staff facilitated a supportive environment which enabled residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. The residents were protected by practices that promoted their safety; residents' intimate care plans ensured that the residents' dignity, safety and welfare was guaranteed.

The inspector found that all staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for making residents aware of the procedure to follow. On the day of inspection a small number of queries regarding fire containment and fire exits arose however, the person in charge was unable to provide documentation to provide assurances regarding the queries; at the end of the inspection the person in charge followed up with verbal assurances from the organisation's fire expert and post inspection a written report by the fire expert was submitted.

Regulation 13: General welfare and development

The inspector found that residents were assisted to exercise their right to experience a full range of relationships, including friendships and community links, as well as personal relationships. Many of the residents in the different houses within the centre were supported to meet up with each other to support, develop and/or

maintain relationships.

Judgment: Compliant

Regulation 17: Premises

The inspector found that much of the improvements required from the previous inspection relating to the decorative and structural repair of the centre had either been completed, was currently underway or planned to be completed by end of the year.

Notwithstanding the above, the following works remained outstanding; repair works of kitchens in two of the houses which were impacting on infection control measures, uneven and water damaged flooring in the hall of one house and the planned refit of upstairs shower facilities in four of the houses (to ensure that that privacy and dignity of residents was met at all times).

Furthermore, the layout of two of the houses were not always suitable for the residents living in them; residents were increasing finding it difficult to use the stairs independently. However, the provider had sourced new ground floor accommodation for these residents with planned transitions to be completed by end of 2019.

Judgment: Substantially compliant

Regulation 20: Information for residents

A guide for residents was made available to residents and included all information specified under Regulation 20 in a clear and accessible format. The inspector noted that the residents guide had been recently reviewed and updated by the registered provider.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, the registered provider ensured the delivery of safe care whilst balancing the right of residents to take appropriate risk and fulfilling the centre's requirement to be responsive to risk. Furthermore, the risk management policy in place included all the required information as per the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that there had been a noted improvement by the provider to protect residents against infection however, some matters were still outstanding; mould in shower tray in one house which required a new seal, no toilet seat covers on three of the toilets in one house and no toilet seat cover in a bathroom in the annex building of another house. One bathroom in another annex building was found to have inadequate hand-washing supplies and peeling and chipped covering on a number of kitchen units in two of the houses.

Judgment: Substantially compliant

Regulation 28: Fire precautions

On the day of inspection a number of queries arose regarding some of the fire safety measures within the centre however, the person in charge was unable to provide documentation to provide assurances regarding the queries; at the end of the inspection the person in charge followed up with verbal assurances from the organisation's fire expert and post inspection a written report was submitted.

At the time of writing this report further clarification was required in relation to the written report and in particular regarding recommendations that had been included in the report.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents were provided with a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes. The inspector found that there had been improvements made to residents personal plans since the last inspection; for example, plans now included an accessible format where appropriate.

However, the inspector found that arrangements in place to meet the assessed needs of five residents were not always being met and that this was primarily due to the residents current living environment. The provider had acknowledged this and for the most part transition plans were in place to support residents move to more

suitable accommodation by end of 2019.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and there were clear plans in place for staff to support residents manage their behaviour.

The inspector saw that there had been a slight decrease in the use of restrictive practices in the centre since the last inspection. However, in relation to restrictive practices currently in place the documentation did not clearly demonstrate that the procedures in place were the least restrictive; for example there was no evidence to demonstrate that alternatives to the restrictive practices had been considered.

Furthermore, on the day of inspection the inspector found restrictive practices in place which had not been identified or logged as such and had not being notified as required. For example, upstairs' store rooms were locked in two of the houses and dining room external doors were locked in three of the houses.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge had ensured that all staff received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	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	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Aisling House Services OSV-0002600

Inspection ID: MON-0022482

Date of inspection: 02/10/2019

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Improvements put in place includes a review by the HSE Fire Officer whose recommendations were accepted as follows:</p> <p>A/ Monitoring of the fire doors All fire Doors will be audited 6-monthly when completed for the Fire register book by the PIC for all areas.</p> <p>B/ Cooker Annex Sorrento The cooker has been disabled and removed from annex 1 Sorrento.</p> <p>C/ Risk assessments Annex Sorrento and Aisling House Risk assessments completed in relation to two annex in Sorrento and for the four houses at Newtown Grove. These risk assessments will be reviewed and escalated to the Social Care Quality & Risk Forum where necessary.</p> <p>D/ Pre incident Fire risk assessments Additional to this Risk assessment have been carried out by Kildare County Council Fire Services on all houses and fire management protocols put in place.</p> <p>Improvements yet to be completed:</p> <p>1 Fire Doors Two fire doors to be put in place at laundry in annex 2 and kitchen annex 1 in Sorrento by 2/12/19.</p> <p>2 Thumb locks Thumb locks have been ordered from Masterfire x 10 and will be fitted to the two doors at the back of each house at Newtown Grove. This will be completed by 18/11/19.</p> <p>3 Fire Retardant strips</p>	

New fire retardant strips will be applied to 5 bedroom doors in houses 1 & 2 Newtown Grove by 18/11/19.

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

1 Notification of all Incidents

A reminder has been set on desktop of PIC and PPIM to ensure all notifiable incidents and restrictive practices in use are reported in a timely manner for three day and three-monthly notifications. The Provider Representative will ensure that this requirement achieves a specific focus across all Designated Centres within SSID

2 Reporting all restrictions

A number of restrictions noted by the Inspector as locked store room doors and exit doors at back of houses have been removed; store room doors are no longer locked and thumb locks have been ordered for exit doors at the rear of the houses (to be installed by the 18/11/2019).

Regulation 17: Premises

Substantially Compliant

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

1 Kitchens - Aisling House

Repair/upgrade works of kitchens Houses 3 & 5 Newtown Grove will be completed under Minor Capitol in second Quarter of 2020 and by 30/6/2020.

2 Upstairs Showers - Aisling House

Repair works of upstairs showers Houses 1 & 2 Newtown Grove will be completed by 2/12/2019.

Houses 3 & 5 Newtown Grove will be replaced under Minor Capitol in second Quarter of 2020 and by 30/6/2020.

3 Flooring Sorrento

Uneven and water damaged flooring in the hallway in Sorrento will be replaced under minor capital by Quarter 2 and completed by 29/6/2020.

4 Registration and transition to new houses

Application for registration for Solas Services has been submitted to the Health

Information and Quality Authority. On receipt of appropriate registration the residents shall be facilitated to move to their new homes in line with their agreed transition plans. This will be completed on a phased basis to ensure they settle in well to their new homes. This has commenced and it is envisaged that all residents will have relocated the first quarter of 2020 and by 25/1/2020

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

1 Mould ensuite shower Sorrento
Mould has been removed and area deep cleaned around residents en-suites shower. New Seal to be applied by maintenance by 2/11/2019.

2 Toilet seat covers Sorrento
Dobbs have been commissioned to assess the toilets in place and advise/recommend solutions in relation to toilet seat covers for three toilets in Sorrento. Covers will be replaced immediately on advices received - by 30/11/2019

3 Toilet seat Annex - Sorrento
Toilet seat has been put in place in annex.

4 Bathroom and hand washing Annex Sorrento
Bathroom in annex not in use. Hand washing facilities are in place in annex.

5 Kitchens - Aisling House
Repair works of kitchens Houses 3 & 5 will be completed under Minor Capital in second Quarter of 2020 and by 30/6/2020.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Clarifications were provided to the Inspectorate on 18/10/19 and included the following improvements.

Review by the HSE Fire Officer with recommendations completed

1 Monitoring all Fire Doors

Monitoring of the fire doors will be audited 6 monthly when completed for the Fire register book by the PIC for all areas.

2 Cooker Sorrento annex

The cooker has been disabled and removed from annex 1.

3 Pre incident Fire risk assessments

Additionally, risk assessments have been carried out by Kildare County Council Fire Services on all houses and are in place.

4 Risk assessments Sorrento and Aisling House

Risk assessments completed in relation to two annex in Sorrento and for the four houses at Newtown Grove.

To be completed:

1 Two Fire Doors

Two fire doors to be put in place at laundry in annex 2 and kitchen annex 1 by 2/12/19.

2 Thumb locks

Thumb locks have been ordered from Masterfire x 10 and will be fitted to the two doors at the back of the houses. This will be completed by 18/11/19

3 Fire Retardant strips Aisling House

New fire retardant strips will be applied to 5 bedroom doors in houses 1 & 2 Newtown Grove by 18/11/19.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

1 Registration and movement to new home

Application for registration has been submitted to HIQA for Solas Services. Once approval has been received resident identified shall be facilitated to move to his new homes in line with his transition plans. This will be completed on a phased basis to ensure he settle in well to his new home. This has commenced and it is envisaged that he will have relocated successfully by the first quarter of 2020 and by 25/1/2020.

2 Lives of other residents Sorrento

This will enhance the quality of life of the other four residents and ensure their needs are better met.

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Reductive in Restrictive practices</p> <p>In order to ensure that any restriction/s put in place is the least restrictive possible the procedure in place for recording, monitoring and auditing them has been reconfigured. Recording sheets are now more user friendly, and are discussed at team meetings in a solution focused manner. This captures staff's ideas on how restrictions can be reduced and eliminated. These changes will improve work practices; make better use of resources, particularly at times when residents are being supported with personal care. This will be monitored and actioned by the PIC on a monthly basis and brought to the attention of the management team.</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 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	30/06/2020
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	18/11/2019
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	30/11/2019

	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.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	02/12/2019
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	02/10/2019
Regulation 05(2)	The registered provider shall ensure, insofar as	Substantially Compliant	Yellow	25/01/2020

	is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant		25/01/2020
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	02/10/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based	Substantially Compliant	Yellow	02/10/2019

	practice.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	02/10/2019
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	02/10/2019