



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

## Issued by the Chief Inspector

Name of designated centre:	Aisling House Services
Name of provider:	Health Service Executive
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	27 June 2023
Centre ID:	OSV-0002600
Fieldwork ID:	MON-0038950

## About the designated centre

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

This designated centre is a 24 hour nurse led service which can accommodate a maximum of ten men and women over the age of 18 years who have an intellectual disability. The centre consists of four separate residential properties, all of which are in a town in Co. Kildare. The properties are a short drive from each other and each property has living rooms, kitchens and sufficient bedrooms to accommodate the number of residents living there. Each house also has enough bathrooms and shower rooms to meet residents' needs. Residents are supported 24 hours a day seven days a week by a person in charge, clinical nurse managers, staff nurses and health care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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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 (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 27 June 2023	11:00hrs to 15:30hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

This inspection was unannounced and completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services, Health Information and Quality Authority 2018 (HIQA). Overall, the inspector of social services found that the provider had effective systems for the oversight of infection prevention and control (IPC) practices in the centre. Areas of good practice were identified such as the quality of IPC audits and follow ups; however, some slight improvements were required to ensure that they were in full compliance with Regulation 27. These areas for improvement related to the staff training, premises, and some documentation in the centre. These areas will be discussed later in the report. The inspector acknowledges that the provider was self-identifying the majority of these areas for improvement in their audits and reviews.

The designated centre comprises of a three bungalows beside each other in a housing estate, and a bungalow close-by in a town in Co. Kildare. The centre can provide care and support for up to ten residents. There were eight residents living in the centre at the time of the inspection. One resident had successfully transitioned from the centre early in 2023 in line with their wishes and preferences. The inspector of social services had an opportunity to briefly meet and engage with the four residents who were home during the inspection.

Warm, kind and caring interactions were observed between residents and staff throughout the inspection. In one of the houses a resident was helping staff to clean the dining room prior to their lunch. They appeared relaxed, happy and very comfortable in the presence of staff. In another house a resident was sitting in the dining room chatting to staff. They appeared comfortable with staff and in their environment. In another house two residents were just getting ready to go out for a drive with staff They were already on the bus when the inspector arrived. The inspector greeted them in the car and had a quick chat. They both appeared happy to be going for a drive. Staff were observed to be very familiar with residents communication preferences and to pick up on, and respond appropriately to their cues.

On arrival to each of the houses, the inspector was directed by staff to an area of the house where hand sanitiser, and the visitors book was. There was a warm and welcoming atmosphere in each of the houses visited. A deep clean was being completed by an external company in one of the houses and the four residents living there had gone out-and-about with staff for the day. The other three houses were found to be clean during this unannounced inspection.

Overall, the inspector found that improvements that has been made to the premises in the centre had contributed to the houses appearing more homely and comfortable, and in the ability to clean and disinfect areas of the house. For example, a number bathrooms had been refurbished, floor coverings had been

replaced in a number of areas, painting of a number of areas had been completed, and a number of damaged pieces of furniture had been repaired, replaced, or re-covered. As part of these works and replacements it was clear that IPC had been considered. For example, some furniture was re-covered in a material that could be easily cleaned.

Residents and their representatives views were being captured by the provider as part the six monthly and annual review of care and support in the centre. In the latest six monthly review three residents' views were captured. The review indicated they were each happy with care and support in the centre. Two residents' representatives views were captured and they were complimentary towards care and support provided by staff in the centre.

Some examples of feedback from residents' representatives in the provider's annual review included, "very happy,... is very happy in Aisling house and is keeping well and long may it last", "the care is excellent, and ... enjoys the smaller numbers in the home", "staff have done over and above in the care of my ... and as a family we are indebted to them all", and "thank you to all the staff, we always are made feel welcome".

Difficulties accessing the support of allied health/medical supports were highlighted in a number of the providers' reviews. A number of meetings had occurred, and at the most recent meeting actions were developed and work had commenced to source these supports. A number of assessments and interventions were occurring, or planned after the inspection.

In summary, residents appeared happy and comfortable in their homes. They were busy doing things they enjoyed, and had things to look forward to such as upcoming holidays. A number of improvements had been made in their homes since the last inspection. For the most part, residents, staff and visitors were protected by the infection prevention and control policies, procedures and practices in the centre. However, a number of improvements were required to ensure that there was full compliance with Regulation 27. These will be detailed later in the report.

The next two sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control. This will be done under Capacity and Capability and Quality and Safety, and will then include and overall judgment on compliance under Regulation 27, Protection against infection.

## Capacity and capability

While there was evidence of many good practices relating to infection prevention and control in the centre, there were a small number of areas where improvements were required. As previously mentioned these areas related to the staff training,

premises, and some documentation in the centre.

Overall, the inspector found that the provider was self-identifying areas where improvements were required and implementing a number systems and controls to keep residents, staff, and visitors safe from the risk of infection. The six monthly reviews, annual review, and meetings in the centre all referred to IPC and how to keep residents, everyone safe from infection. There was a site specific contingency plan which was being reviewed and updated as required.

The provider had identified a member of staff with enhanced responsibilities in relation to IPC and they had been completing audits in the centre for 12 months prior to this inspection. They had completed IPC link practitioner training. From reviewing a sample of these audits it was evident that they were both identifying and following up on areas for improvement in relation to IPC. For example, the audits had identified that works were required to the laundry rooms in three of the houses, funding had been requested and approved, and the works were due to be completed after the inspection. Another member of staff in the centre had just completed the IPC link practitioner training and was in the process of being inducted to their new role at the time of the inspection. Plans were in place for the two IPC link nurses to share the responsibility of supporting residents and staff in relation to IPC, and share the monthly IPC audits.

There were a number of IPC related risk assessments to support the implementation of measures to mitigate the risk of infection in the centre. A risk assessment had just been developed to guide staff in relation to the circumstances where additional control measures such as PPE and additional cleaning may be required. In addition, for residents who had certain health conditions or behaviours which made them vulnerable to infection, risk assessments and protocols were in place. However, self isolation plans were required to guide staff on how to support residents in one of the houses should there be an outbreak of infection.

There were policies, procedures and guidelines available to staff on IPC. They had access to the most up-to-date public health and IPC guidance. Staff had completed a number of IPC related training courses. A small number of staff required IPC related-trainings. These will be detailed under Regulation 27.

Through discussions with staff and a review of a sample of rosters, there were sufficient numbers of staff on duty to support residents and meet the infection control needs of the centre daily. There were deputising and on-call arrangements in place to ensure that support was available for residents and staff at all times. Staff who spoke with the inspector were knowledgeable in relation to their roles and responsibilities and knew who to go to if they had any concerns in relation to IPC.

## Quality and safety

For the most part, the provider had measures in place to ensure that the residents,

staff, and visitors were kept safe from infection. Residents were being kept up-to-date in relation to IPC measures in place, and the impact of these on their day-to-day lives. However, some improvements were required to the premises, and documentation in the centre.

As previously mentioned a number of improvements had been made in the centre which had a positive impact on IPC in the centre. In addition to the premises works, new medication fridges had been sourced and a clinical storage room had been made available. More works were planned to investigate the cause of black mould in one laundry room and to treat it, three laundry rooms were due to be refurbished to ensure surfaces could be cleaned effectively, and kitchen doors were due to be replaced in one of the houses. Maintenance requests were recorded but there was an absence of evidence to show the timeframe for the completion of works, or to show when the works were completed.

Residents had protocols, guidelines, and care plans in place. However, as previously mentioned some documentation relating to isolating in the event of an infection were required for four residents in one of the houses. Residents were being provided with information on IPC, there were posters on display and folders with IPC related information in an easy-to-read format. In addition IPC was being discussed at residents' meetings. For example, in the most recent residents meeting in one of the houses the upcoming deep clean of their home by an external company had been discussed.

There were systems and equipment in place to ensure that residents' observations were recorded should they show any signs of infection. The contact details of medical and allied health professionals were available in residents' plans. There was a detailed contingency plan in place should there be an outbreak of infection in the centre.

There had been a small number of residents and staff who had contracted COVID-19 since the last inspection, but the control measures in place had proven successful as there was minimal transmission of infection. The provider had sought public health advice at the time and they were satisfied with the control measures in place. However, the provider had not developed an outbreak report to identify and share learning across the staff team.

Throughout the inspection staff were observed to adhere to standard precautions and they had completed a number of IPC related trainings. There were stocks of PPE available and systems for stock control. The houses were found to be very clean during this announced inspection. Overall, there were suitable arrangements in place for cleaning and disinfecting the premises, and for waste management. There were dedicated areas for waste, and a system in place for the storage and collection of clinical waste. The provider was in the process of upgrading laundry facilities. As part of these refurbishments storage was being installed as there was currently open-shelving in these areas.

There were colour-coded chopping boards in the kitchen of each of the houses. There were different coloured cloths and mops for different cleaning tasks around



the houses. There were posters on display to guide staff on the colour of cloths and mops to use for specific areas. There were cleaning schedules to ensure that equipment and each area of the houses were cleaned regularly. Staff who spoke with the inspector were aware of their roles and responsibilities in relation to cleaning and disinfecting.

## Regulation 27: Protection against infection

Overall the inspector found that the provider was generally meeting the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), but some actions were required for them to be fully compliant.

The inspector identified a number of areas of good practice; however, some improvements were required to ensure that residents, staff and visitors were fully protected from the risks associated with infections. These included the following:

- A small number of staff required IPC-related training such as hand hygiene. While some staff had completed additional IPC related trainings these were not being tracked or captured on the training matrix in the centre.
- Isolation plans were required for residents living in one of the houses.
- Some repairs/refurbishments were required to ensure that some surfaces could be effectively cleaned. For example, the kitchen doors required repair or replacement as the surfaces were damaged and this was affecting the ability to clean and disinfect them. Three laundry rooms were due to be refurbished due to broken and damaged surfaces, one bathroom door was due for replacement as it was damaged and warped, the mould beside a dryer in one of the houses was due to be investigated and treated, and plastering and painting was required and planned in one of the houses.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Aisling House Services OSV-0002600

Inspection ID: MON-0038950

Date of inspection: 27/06/2023

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>IPC-related training such as hand hygiene. While some staff had completed additional IPC related trainings these were not being tracked or captured on the training matrix in the centre.</p> <ol style="list-style-type: none"> <li>1. Hand Hygiene training is currently being completed by IPC link Nurses, IPC link nurses would complete hand hygiene training with outstanding staff by 30/09/2023</li> <li>2. Standard Precaution Training is being sourced through IPC team, it is envisaged that the training would be completed by the 30/09/2023.</li> </ol> <p>Isolation plans were required for residents living in one of the houses.</p> <ol style="list-style-type: none"> <li>1. Isolation plan completed on 07/07/2023 for residents living in one house in Aisling house service.</li> </ol> <p>Some repairs/refurbishments were required to ensure that some surfaces could be effectively cleaned. For example, the kitchen doors required repair or replacement as the surfaces were damaged and this was affecting the ability to clean and disinfect them.</p> <ol style="list-style-type: none"> <li>2. Kitchen refurbishment in one house will be completed by the end of Quarter 4 2023 by 31/12/23.</li> </ol> <p>Three laundry rooms were due to be refurbished due to broken and damaged surfaces</p> <ol style="list-style-type: none"> <li>3. Works for three laundry rooms have gone to tender, works are to be completed by end of Q3 by 30/09/23.</li> </ol> <p>One bathroom door was due for replacement as it was damaged and warped</p> <ol style="list-style-type: none"> <li>4. maintenance manager currently sourcing a replacement door, it is estimated that this will be completed by the 30/08/2023.</li> </ol> <p>The mould beside a dryer in one of the houses was due to be investigated and treated</p>	

5. Lack of ventilation in laundry room identified as cause of mould. Air vent to be put into the laundry room in one house, work to be completed by end of quarter 3 by 30/09/2023.

plastering and painting was required and planned in one of the houses

6. Maintenance manager sourcing a contractor for plastering and painting works required due to wear and tear in one of the houses. Work to be completed by end of Quarter 4 by 31st/12/2023.

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/12/2023