### Health Information and Quality Authority Regulation Directorate

**Compliance Monitoring Inspection report**  
**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Aisling House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000003</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Sea Bank, Arklow, Wicklow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>0402 33843</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@aislinghouse.ie">info@aislinghouse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Hussein &amp; Jeanette Ali Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Jeanette Ali</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann Wallace</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Leone Ewings</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>29</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
</tr>
</tbody>
</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 April 2017 10:00</td>
<td>11 April 2017 17:00</td>
</tr>
<tr>
<td>12 April 2017 09:00</td>
<td>12 April 2017 16:00</td>
</tr>
</tbody>
</table>

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

The inspection was carried out in response to the provider's application to renew the certificate of registration.

Inspectors were satisfied that the residents received a good quality service. There was a high level of compliance with the Health Act 2007 [Care and Welfare for residents in Designated Centres for Older People] Regulations 2013.

During the inspection inspectors met with residents and some of their relatives, observed practice within the centre and spoke with staff and the management team. They also reviewed a range of documentation including resident's records, medication records and the organisation's policies and procedures.

Inspectors found that residents received person centred care from a team of staff who had received appropriate training to ensure they were able to carry out their...
role safely and effectively. Staff were responsive to individual resident's needs and ensured that health and social care needs were met. Residents who spoke with the inspectors said that they were receiving a good service and that they felt safe in the centre.

Assessments of care needs were carried out prior to admission and care was seen to be delivered as prescribed in individual resident's care plans. Identified risks such as falls were managed effectively without limiting resident’s independence.

There was a range of activities taking place in the centre and residents were encouraged to move around the centre and take part in the groups and social experiences. Staff were knowledgeable about individual resident's preferences for social activity and these were respected at all times.

The premises were designed to offer comfortable accommodation in a home from home setting.

The management team worked well together to ensure that the quality of the service provided was maintained.

Three areas for improvement were identified in relation to; the storage of archived records, clear local policy and procedures for staff training and resident's finances and a comprehensive risk assessment of the centre's fire safety procedures in place between 24.00 hours and 08.00hours.
Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The statement of purpose set out the services and facilities in the designated centre and contained all the requirements of schedule 1 of the regulations. It had been updated and revised in November 2016.

Judgment:
Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were effective management arrangements in the centre and systems in place to monitor the quality and safety of the service.

The person in charge [PIC] works full time in her management role and is supported by a senior nurse who deputizes in her absence. The provider is also on site most days and
was present on both days of the inspection.

The centre had a defined management structure in place which was known to staff. However the role of one person participating in management [PPIM] had changed since the last inspection and this needed to be reflected in the current structure.

There was a comprehensive audit programme in place which included areas such as infection control, medication management, restraints, resident weights and moving and handling and pressure relief equipment. Monthly clinical governance meetings were held with the provider, the person in charge and the senior nurse. The person in charge met regularly with the housekeeping and the catering team. Staff and resident meetings were held three monthly or more often and minutes were kept and circulated to the relevant groups.

The annual review set out the centres planned improvements for 2017. Following feedback from the last inspection the centre had carried out a resident and family survey and feedback from the survey was included in the 2016 annual review document.

Judgment:  
Compliant

### Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The person in charge [PIC] had worked at the centre for eleven years and was appointed to the role of person in charge in October 2016. The person in charge was a registered nurse with the required experience in the area of nursing older persons. The person in charge worked full time in the centre in the role of PIC.

The person in charge was knowledgeable about the relevant legislation and the statutory responsibilities of the role. The person in charge demonstrated a good knowledge of the residents and their families. Residents, staff and families reported that the person in charge was available to them and was approachable if they had any issues that they needed to discuss. The person in charge was observed to be interacting with residents and staff throughout the inspection.

Judgment:  
Compliant
Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
During the inspection a range of documentation was reviewed relating to policies and procedures, staff files, care plans, medication records, the directory of residents and the centre's insurance documentation.

The inspectors found that the centre had safe and effective recruitment practices in place to recruit staff.

Information governance systems were in place to ensure security of current records and files however at the time of the inspection archived confidential records were not stored securely.

Documents read by the inspectors were well presented and written in a clear and accessible format. For example staff recruitment records, the statement of purpose, the resident's guide and the annual review.

The policies required in schedule 5 were available however the policies on Staff Training and Resident's Personal Finances needed to be further developed to reflect the current practices within the centre.

Staff who spoke with the inspectors knew where the policies and procedures were located and reported that they were informed if there were any changes to those policies and procedures that related to their work. Staff practices were observed to be in line with the centre’s policies.

Judgment:
Non Compliant - Moderate

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place
and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Measures were in place to safeguard and protect residents from abuse. There were systems in place to promote a positive approach to behaviours that challenge and the management of restrictive practices were in line with national policy.

There was a policy in place in the centre on the prevention, detection and response to abuse. The policy had been updated to reflect the national guidelines from the Health Service Executive for safeguarding vulnerable adults. Staff interviewed during the inspection stated that they received training in safeguarding and elder abuse. Staff training records confirmed this. Staff were knowledgeable about the reporting procedure in place and of the types of abuse and what to look for. Residents told the inspectors that they felt safe in the centre. This was confirmed in the resident/relative questionnaires that were returned during the inspection.

There was a policy in place regarding responding to and managing behaviours that are challenging [responsive behaviours]. The policy provided clear guidance to staff regarding the processes to follow for assessment and management of responsive behaviours. Resident care plans documented risk assessments and management plans for individual residents with responsive behaviours and staff were able to articulate the individual risks, needs and care plans for individual residents. Inspectors observed staff using appropriate skills and techniques when supporting residents who demonstrated responsive behaviours.

Risk assessments had been completed for residents who required equipment such as bed rails, floor and bed sensor mats. Resident's records showed that these restraints were reviewed regularly and that resident/family consent was obtained.

The inspectors were informed that the centre acted as a pension agent for three residents. This has been a long term on-going arrangement as the residents do not have personal bank accounts or they have no family members who are able to manage their finances. The arrangements in place to collect pensions for these residents required review to ensure that residents had access to and retained control over their finances and that appropriate records were maintained. It was noted that residents’ pensions were paid into a central account and not into an individual interest earning account in their own name. This was brought to the provider's attention during the inspection with regard to the Department of Social Protection guidelines. The provider representative stated that this would be reviewed as a matter of priority and she would positively
encourage any further residents to manage their own finances with the assistance of a person of their choosing. The action plan for this is discussed under outcome 5.

The inspectors found that the centre's practices relating to residents' fees and pocket monies were managed appropriately. Two staff members signed for transactions and the records checked by the inspector were in order.

**Judgment:**
Substantially Compliant

---

**Outcome 08: Health and Safety and Risk Management**
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were policies and procedures in place for risk management and health and safety within the centre. A comprehensive emergency plan was in place which specified the arrangements for the evacuation of residents and identified an external location for the temporary placement of residents. The centre-specific health and safety statement dated 2017 was seen by the inspector. Staff were observed to demonstrate a good awareness of health and safety policies and procedures in their work practices.

The fire safety policy was detailed and centre specific and included a clear evacuation procedure to be followed in the event of a fire. All fire exits were found to be unobstructed. Fire safety equipment including fire detection equipment, emergency lighting, fire doors and the fire alarm were checked and serviced at regular intervals and related records were found to be in order. Fire exit signage in the old front entrance of the building needed to be improved to ensure that residents, staff and visitors were guided to the nearest exit in the event of a fire. All staff had attended fire safety training and fire evacuation drills were carried out at regular intervals. Staff who spoke with the inspectors were clear about the procedure to follow in the event of a fire. The centre had not carried out an actual or simulated night time fire drill.

The risk management policy was reviewed and was seen to comply with Regulation 26 [1]. The centre's risk register had been recently updated. The risk register did not include the risk management procedures in place to deal with an emergency such as the outbreak of fire at night when staffing is reduced to one nurse and one health care assistant.

Clinical risk assessments were undertaken for residents, including falls risk assessment, assessments for skin integrity, resident dependency, continence, moving and handling.
and responsive behaviours. Clinical risk assessments were recorded in resident's care plans and were reviewed four monthly or more often if a resident's condition changed. Staff who spoke with the inspectors were able to articulate the risks relating to individual residents and the management plans that were in place to manage identified risks.

The inspectors were informed that there were three residents who smoked living at the centre. Records for these residents showed that risk assessments and risk management plans were in place for each resident who smoked.

Infection control guidelines were followed. The inspector observed staff washing their hands regularly and staff were seen to wear personal protective clothing such as gloves and aprons. The centre was clean and the housekeeping team maintained records of cleaning schedules completed on each day.

**Judgment:**
Non Compliant - Moderate

---

**Outcome 09: Medication Management**

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were appropriate management systems in place for medication management. The medication policy gave clear guidance to nursing staff on areas such as ordering, monitoring, documentation and the administration of medications and the management of medication errors. There were well established systems in place for the disposal of un-used and out of date medications.

Samples of resident’s medication records were reviewed. They provided clear information on the medication prescribed and administered to individual residents. The records showed that the medications were administered within the prescribed timeframes. Drugs being crushed were signed by the GP as suitable for crushing. Resident’s medication was reviewed every four months by their general practitioner or more often if their condition changed.

Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of medication stock and found the balance to be correct. Storage was seen to be secure.
Regular audits had been carried out and found good practice in the centre. Nursing Staff had access to medication training and updates. There was a process for assessing whether a resident was able to manage their own medications which included a risk assessment.

**Judgment:**
Compliant

---

**Outcome 11: Health and Social Care Needs**

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Each resident had an assessment of their needs, care plans that described how their needs were to be met and their needs were reviewed on a regular basis.

Inspectors reviewed a selection of resident's records and spoke with staff that developed and used them. Prior to admission an assessment was carried out to ensure that the resident’s needs could be met in the centre. When residents were admitted a more detailed assessment was completed by nursing staff and a care plan was developed. Risk assessments were completed in key areas such as falls risk, nutritional risks, pressure sore risk, responsive behaviours and moving and handling risks. Clear risk management plans were in place which supported resident autonomy and promoted self care abilities and independence. Care plans and risk assessments were agreed with the resident and their family. Care plans were seen to provide clear information to staff providing care and support to residents.

Inspectors found that residents had good access to relevant medical and allied health and social care professionals. General Practitioners [GP] visited the centre regularly and residents could keep their own GP if they wished to do so. Out of hours GP services were available for residents. A range of allied health care services attended the centre when required. These included; physiotherapy, dietician, speech and language therapy, community mental health services and specialist nursing services such as palliative care and tissue viability. Inspectors saw examples where recommendations had been implemented for example with seating arrangements, special diets and mobility aids. Inspectors found that there were clear records of staff reviewing and updating resident's
records as their needs changed. This was done at least four monthly or more frequently if a residents condition changed. Residents and their families were involved in the reviews if they chose to attend.

There were clear records of residents being supported to attend relevant medical and other health care appointments. Arrangements were made with families or staff in the centre to ensure that residents were able to attend appointments.

Inspectors found that where residents were temporarily absent from the centre relevant information was sent with them in relation to their medication and assessments of their needs. On the residents return to the centre from hospital there was a clear summary of their needs and any changes to medication.

**Judgment:**
Compliant

---

**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The layout and design of the centre met the needs of the residents and was appropriate for its intended purpose.

The centre was a single story building which has been extended on both sides around an enclosed central courtyard. There were 15 single bedrooms and eight double bedrooms some with en-suite facilities. The centre was not purpose built as a nursing home, being converted from a domestic bungalow. The centre was well adapted for use as a nursing home with bedrooms, communal areas and bathrooms easily accessible for residents including those with reduced mobility or using wheelchairs.

Some bedrooms had en-suite facilities whilst the remaining rooms all had wash hand basins and were in close proximity to an assisted toilet or bathroom. There were adequate shower facilities for the number of residents living in the centre. Shower rooms were fitted out with wheelchair accessible wet room facilities, grab rails and low level sanitary ware.

Bedrooms were clean and comfortable. Double occupancy rooms had screening curtains in place to respect resident’s privacy and dignity. Bedrooms all had portable call bell
systems. Each resident had their own wardrobe, chest of drawers and lockable storage space. Several bedrooms had been personalized with photographs, artifacts and in some rooms small items of furniture from the resident's own home. Residents took pride in their bedrooms and were keen to show the inspectors around their rooms.

The communal areas were light and spacious and were well used by the residents during the inspection which gave the centre a real sense of community. There was a large sitting room to the rear of the building with double patio doors which looked out onto the courtyard area and provided access to this outside space. In addition there was a smaller quiet lounge area to the front of the building which provided quiet comfortable seating for those residents who preferred a calm space. Residents in this area told the inspectors that they enjoyed chatting amongst themselves and playing card games or watching sport on TV.

Visitors were made welcome in the communal areas except at meal times. Visitors could also meet with residents in the visitors room or in the quiet seating area off the dining room if they wished to meet in a more private setting.

The courtyard garden contained raised flower beds, garden chairs and tables and seating benches. The courtyard overlooked the sea. Residents and relatives told the inspectors that the courtyard was well used during the summer months.

There was a small area in the courtyard designated as a smoking area which was available for residents who wished to smoke under the supervision of care staff.

There was a range of assistive equipment available for residents in the centre including; wheelchairs, specialist mattresses and hoists. The inspectors reviewed the service records for the equipment and found that they had been serviced within the last year. Management were reviewing the equipment storage facilities available in the centre to ensure that these were adequate to meet the ongoing needs of residents.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) from the previous inspection were satisfactorily implemented.

Findings:
Residents were provided with food and drink at times and in quantities adequate to meet their needs.
The inspectors found that there were systems in place for ensuring that individual resident’s food and nutritional needs were assessed and that appropriate care plans were put into place. Residents were weighed monthly and any weight loss or gain was responded to appropriately. Where nutritional risks were identified referrals had been made to dietetic and/or speech and language services. The inspectors found clear evidence that when recommendations were made by dietetic and speech and language therapists these were implemented promptly and the relevant care and catering staff were made aware of the changes. Residents were seen to receive modified diets in line with their current care plans. Where indicated residents fluid and dietary intake was recorded by care staff and these records were checked by the nurse in charge at the end of each shift.

All meals and snacks were prepared on site. The kitchen was clean and tidy. Food was seen to be appropriately stored and safely prepared, cooked and served.

Inspectors observed that residents had a choice at each meal time. Menus were provided in written and pictorial form. Residents could take their meals in the dining room or in their bedrooms or lounge area. The tables in the dining room were set with individual place settings and condiments. Meals were nicely presented including the textured diets. Staff were observed to offer discreet support and encouragement to those residents who needed help at meal times. These needs were documented in individual resident’s care plans.

Residents were asked at each meal time which option they preferred. Inspectors observed that one resident had requested something that was not on the menu and this was facilitated. Staff spoken with informed the inspectors that snacks and drinks were available at all times in the kitchen. Residents and relatives were able to request drinks at any time and staff were observed to respond to these requests promptly.

Resident meetings showed that meal times were discussed regularly and any suggestions were communicated to the catering team. Menus had been reviewed as a result of feedback from residents. Residents spoken with during the inspection told the inspectors that they enjoyed their meals at the centre. This was supported in the feedback from resident/relative questionnaires that were returned to the inspectors as part of the inspection process.

**Judgment:**
Compliant

**Outcome 16: Residents' Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.*

**Theme:**
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that there was a person centred approach to the residents in the centre that respected their privacy and dignity. Staff were observed to show genuine empathy and respect in their dealings and communications with individual residents. Staff were seen to give an explanation to residents before they offered support and assistance. Residents and relatives spoken with during the inspection were positive about the caring nature of staff in the centre.

Throughout the inspection residents were seen to be making choices about how their day to day life was spent at the centre. For example when to get up, what to choose at meal times, where to spend time in the centre and whether to get involved in the activities taking place throughout the day. Residents made good use of the communal areas but could spend time in the quiet areas if they choose to do so. Residents stated that they could use the visitors' room to meet privately with their friends and family when they wished.

There were televisions, radios and newspaper available for residents to access. Residents were observed to be discussing local news and issues with staff and visitors. Residents had access to a telephone to make private calls. During the inspection two residents went out for the part of the day with their families.

There was a range of activities and support available in the centre from late morning onwards that provided residents with social interaction and meaningful occupation. Groups and 1:1 sessions were provided and the inspectors observed staff supporting residents to make their way to the activities they wanted to attend. Residents could decline to attend activities and this was respected by staff and recorded in the residents records. The inspector observed a member of staff offering an alternative 1:1 activity when a resident declined the group activity. The activities taking place in the centre during the inspection included, PAT dog visit, mass service, SONAS sessions, quiz session and news and conversation sessions. Residents and families who spoke with the inspectors stated that they were satisfied with the activities provided at the centre. This reflected the feedback from the resident/relative questionnaires that were collected during the inspection.

Where residents had communication needs these were identified in their assessment and care plans. Staff spoken with during the inspection were familiar with the most effective way to engage with individual residents.

 Residents meetings were held in the centre and records showed that topics such as menus, the laundry service and activities were discussed. Where issues were raised feedback was provided to the residents on the outcome of their request.
There was independent advocacy available in the centre. Details were provided in the residents guide and on the residents notice board. The provider informed the inspectors that the local advocate would be chairing the residents meetings in the future. This was an objective from the centre’s improvement plan for 2017.

The centre had systems in place to support residents to vote in elections if they chose to do so.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors reviewed the staffing levels and found that there were sufficient staff with the required skills to meet the needs of the residents who were in the designated centre.

The inspector reviewed the staff rosters and the systems that were in place to review staffing levels within the centre. On the days of the inspection the staff rota correlated with the number of staff on duty. The person in charge informed the inspectors that the centre had completed a successful recruitment drive for nursing and care staff since the last inspection. The person in charge was now supernumerary to carry out her management role. The centre had recruited an experienced senior staff nurse who was available in the centre five days a week and who supported the person in charge and deputized in her absence.

The staff rosters reflected the number of whole time equivalent nursing and care staff as detailed in the statement of purpose. The inspectors were assured that the centre had the appropriate staff numbers and skill mix to meet the residents needs.

The centre had a training plan in place and records were available to confirm that staff had received training in elder abuse, fire safety, managing responsive behaviours, moving and handling and infection control. A number of staff had also received training in medication management, swallowing difficulties and dementia care.
The provider and the person in charge were responsible for the recruitment of staff. There were policies and procedures in place relating to the selection and recruitment of new staff. A sample of staff files were reviewed by the inspector and were found to contain the required documents including Garda vetting, references and qualifications. Records showed that nursing staff had up to date registration with the relevant professional body.

Staff informed the inspectors that they were well supported in their roles with clear lines of accountability and job descriptions in place. Records of induction were available for recently employed staff.

Staff meetings were held in the centre and records showed that they were well attended by staff from a range of departments.

The person in charge informed the inspectors that a staff appraisal system was being implemented within the centre. Staff supervision systems were in place and staff interviewed during the inspection reported that the person in charge and the senior staff nurse were out and about in the centre throughout the day and that they were approachable if staff or residents had any concerns. The inspectors were assured that staff in the centre were supervised appropriately.

**Judgment:**
Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Aisling House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000003</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11/04/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>10/05/2017</td>
</tr>
</tbody>
</table>

**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The Staff Training Policy and the Policy relating to Resident’s Finances did not reflect the current practices within the centre.

**1. Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The policies on staff training and resident finances have been updated to include matters set out in Schedule 5.

**Proposed Timescale:** 10/05/2017  
**Theme:** Governance, Leadership and Management

The **Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The documents relating to the management of residents' pensions did not meet the guidelines from the Department of Social Protection.

2. **Action Required:**  
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:  
Where Resident Pensions are collected by the Registered Provider there is a new log book for each resident and a record is kept of all sums received and all transactions made in relation to the payment. The log book is signed by the Registered Provider and the Resident and or their appointed signatory, these will be kept in the designated centre.

**Proposed Timescale:** 10/05/2017  
**Theme:** Governance, Leadership and Management

The **Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Archived confidential records were not stored securely.

3. **Action Required:**  
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

Please state the actions you have taken or are planning to take:  
New filing cabinets have been ordered and are due to arrive on 15/05/2017.

Proposed Timescale: 17/05/2017

**Outcome 08: Health and Safety and Risk Management**

**Theme:**  
Safe care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre had not carried out a simulated emergency evacuation of the centre to reflect the staffing situation in the centre between 24.00hours and 08.00hours when two staff on duty. The same was not included in the centre's risk register.

4. Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
The risk register has been updated to include an emergency evacuation of the centre between 24.00 hours and 08.00hours.
There have been three simulated evacuations carried out. There will be a simulated evacuation carried out every month in the centre.
All night staff will have twice yearly fire training carried out.

Proposed Timescale: