



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

Issued by the Chief Inspector

Name of designated centre:	Ashford House Nursing Home
Name of provider:	Byrne and Morrin Limited
Address of centre:	6 Tivoli Terrace East, Dun Laoghaire, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	25 March 2021
Centre ID:	OSV-0005466
Fieldwork ID:	MON-0031799

About the designated centre

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

The centre can now accommodate 78 residents, male and female, over the age of 18 years. The centre caters for individuals with a range of dependencies from low dependency to maximum dependency and provides long-term residential and nursing care, convalescent care and respite services. The new premises is purpose built over three levels. Accommodation consists of single and twin bedrooms, all of which have accessible en-suite facilities. Each floor has a communal lounge and dining room. There is a large reception area, activities room, a sensory (quiet) room, library, reminiscence room and hairdressing salon in the centre. There is a passenger lift between floors. Lounge areas on the upper floors have access to balconies which overlook the garden area. Access to this enclosed garden is available on the lower ground floor.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	75
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 March 2021	09:00hrs to 17:00hrs	Fiona Cawley	Lead
Thursday 25 March 2021	09:00hrs to 17:00hrs	Naomi Lyng	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. There were 75 residents accommodated in the centre on the day of the inspection and 3 vacancies.

On the day of the inspection the inspectors observed a very friendly, relaxed and calm atmosphere in the centre. Residents were supported to enjoy a good quality of life by staff who were kind and caring. The overall feedback from the residents was that they were very well cared for by the staff. Residents told the inspectors they had plenty of choice in their daily life.

Inspectors met with a large number of residents and spoke in more detail with eleven residents who told them they were content and happy in the centre. One resident said she was very happy, she loved the food and did not want to go home. Another resident took great pride in showing the inspectors his bedroom which was decorated to his personal choice and he said he was very happy with his life in the centre. A number of residents were observed enjoying activities and socialising in the various communal areas throughout the day. Others were observed in their bedrooms reading or listening to music. Residents told the inspectors they were satisfied with life in the centre.

The centre was situated in a beautiful period house in a residential area of Dun Laoghaire. The building had recently undergone refurbishment with the addition of a modern extension. The centre consisted of accommodation for 78 residents which comprised of single and double occupancy bedrooms along with a number of communal areas across three levels. All bedrooms were ensuite. There was a passenger lift between all floors for ease of access. Harbour suite accommodated twenty residents, Waterfall twenty-eight residents and Lighthouse suite thirty residents.

The premises was laid out to meet the needs of the residents and to encourage and aid independence. Many residents were observed moving freely around the centre interacting with each other and staff. The corridors were wide, bright and airy and building was warm and well ventilated throughout. There were grab rails on all corridors to assist residents to mobilise independently. There were a variety of sofas and chairs also placed along the corridors that residents were observed to use throughout the day.

Overall, the centre was clean and well maintained. Throughout the centre the décor was tasteful and finished to a very high standard. The management and staff took great pride in the centre and had made great efforts to provide an environment that was relaxed and homely. Communal areas were comfortably styled and arranged to promote social distancing whilst retaining a friendly, social atmosphere. These areas included a reminiscence room which was decorated with 1960's style furnishings and artefacts and a lovely relaxing sensory room. Bedrooms were decorated beautifully

with many residents personalising their rooms with pictures, books and furniture.

The décor on each floor had a theme pertaining to the title of that particular floor, for instance Harbour Suite had pictures of harbour scenes, Lighthouse Suite had pictures of lighthouse scenes and Waterfall suite had pictures of waterfalls. There were interesting reminiscence boards in various locations in the centre which were created with the residents' input depicting various areas of interest to the residents such as sporting events, theatre, movies and movies stars.

There was also screens on some corridors with a variety of pictures of recent events held in the centre such as Mother's Day and St Patrick's Day. Other walls had lovely wall art created as part of a past intergenerational project with a children's charitable organisation. These all added positively to the homely, person centred atmosphere in the centre.

The single and twin occupancy rooms had sufficient space for residents to live comfortably including adequate space to store personal belongings. Each resident had access to a television in all bedrooms. The residents in the twin rooms were provided with personal headphones to enable them to watch television undisturbed. Residents told the inspectors they were happy with their bedrooms. Call bells were available throughout the centre.

Residents had safe access to a beautiful landscaped outdoor space with a variety of seating areas and it was accessible to all the residents. This area was designed to with input from a specialist in dementia design. The upper communal areas of the centre had balconies that overlooked the garden area and provided a pleasant outdoor space for residents who lived on these floors. Prior to the COVID-19 pandemic the garden was used for group activities such as a 'Mens Shed' group and outdoor gardening activities. Recently, the centre had hosted a concert in the garden for the residents who viewed it from the lounge areas.

There was good signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Residents who spoke with the inspectors were aware of the need for hand hygiene and social distancing to keep themselves safe. There was visual information on the COVID-19 vaccine available which clearly explained what it is, what to expect and the consent process. The provider produced a weekly COVID-19 newsletter for the residents with a variety of news items including upcoming celebrations, return of visiting, birthdays and updates in COVID-19. The inspectors saw photos of staff providing information and education to the residents in relation to the pandemic.

The centre employed four Activity Co-ordinators which ensured that there were scheduled activities for the residents seven days a week. The inspectors observed an activities schedule displayed on the wall offering a range of activities such as online bingo, virtual choir and arts and crafts. On the day of the inspection, the inspectors observed staff engaging in kind and positive interactions with the residents. Communal areas were supervised at all times and call bells were observed

to be attended to in a timely manner. Staff were seen to be reading and chatting with residents in the sitting rooms and in individual bedrooms. One staff member was supporting a small group activity doing reminiscence therapy. Staff were also seen accompanying residents outdoors in the garden area. Other residents were seen looking through photo albums and listening to music. Staff who spoke with inspectors were knowledgeable about the residents and their needs. Residents choosing to remain in their bedrooms were checked every thirty minutes.

Residents had unlimited access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. There were arrangements in place to support residents to maintain contact with their loved ones. Visiting was facilitated in line with current guidance (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). There were identified areas in the centre to receive visitors along with window visits. One resident reported she was having a visit from her daughter on the day of inspection, that she had not seen her in a long time and was very excited.

Residents had a choice where to have their meals throughout the day. On the day of the inspection the lunchtime period was observed by the inspectors. Food was freshly prepared in the centre's own kitchen and served hot in the dining rooms or wherever the residents chose to take their meals. The inspectors saw that the meals served were well presented and there was a good choice of nutritious meals available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. The atmosphere was calm and relaxing and residents were complimentary about the food in the centre. A choice of refreshments was available to the residents throughout the day. Staff members and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful.

There was one resident in isolation following return from hospital which was in line with the current guidance (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities). All recommended measures were in place and staff were observed donning and doffing personal protective equipment appropriately and correctly when caring for this resident.

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspectors found that the governance and management of the centre was well organised and resourced. The management team were committed to ongoing quality improvement for the benefit of the residents who lived in the centre.

This was an unannounced risk inspection to assess the designated centre's preparedness for a COVID-19 outbreak. Information gathered by the inspectors on the one day inspection will also be used to make a recommendation on the provider's application to renew registration of the centre.

Byrne and Morrin Ltd are the registered provider of Ashford House Nursing Home, of which there are four company directors including the registered provider representative (RPR). The centre has a strong history of compliance with the regulations, and there were no outstanding non-compliances from the previous thematic dementia inspection.

The management structure in the centre consisted of the RPR, an estates manager, operations manager, house manager, person in charge (PIC), assistant director of nursing (ADON) and was supported by a full complement of staff including clinical nurse managers, nursing and care staff, activity coordinators, housekeeping staff, catering staff, maintenance, administrative staff and a hairdresser. The ADON role was vacant at the time of inspection and inspectors were assured that recruitment was ongoing, with interviews scheduled in the coming weeks. There were deputising arrangements in place for all key roles.

The centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. Inspectors observed that extra staff had been worked into the roster to prevent crossover of staff across different units and to ensure staff levels were robust in the event of a COVID-19 outbreak.

There was a strong emphasis on staff training and development in the centre, including daily in-house staff training sessions. These included COVID-19 training in relation to dementia and advance care plans, dementia and COVID-19 testing, managing isolation in COVID-19, infection prevention and control (IPC) and grieving in exceptional times. Inspectors observed that printed copies of all training sessions were available for staff.

Records of staff meetings showed good evidence of consultation with all staff, and staff feedback was actively sought for the adoption and implementation of improvements within the centre. This included risks identified in the centre, reviews of audit findings and initiation of quality improvement projects.

There was good evidence of effective collection of information within the centre through a variety of audits and resident feedback surveys. Inspectors observed that

this information was used to ensure a sustainable and continuous quality improvement programme in the centre.

Regulation 14: Persons in charge

The person in charge had recently been promoted into the role, having worked in the centre since 2008 as a staff nurse, clinical nurse manager and more recently as Assistant Director of Nursing. Inspectors found that he had the required management and nursing older persons experience, and had completed an appropriate management qualification. He was also currently completing postgraduate training in infection prevention and control (IPC), and was the identified IPC lead in the centre. Staff spoken with on inspection reported that the person in charge was supportive, and residents were familiar with the person in charge and his role within the centre.

Judgment: Compliant

Regulation 15: Staffing

There was an appropriate number and skill mix of staff to meet the needs of residents and having regard to the size and layout of the centre. Inspectors were informed that two new staff nurses were recently recruited and would be joining the team in the coming weeks. There was a supernumerary clinical nurse manager onsite daily, and a minimum of three staff nurses working during the day, and two staff nurses rostered on night duty.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors observed evidence that all staff had completed appropriate mandatory training, and there was a schedule of formal training sessions available for 2021 to ensure all staff had updated training. Where inspectors observed gaps in the training matrix, they were assured that this was mitigated through in-house and online staff training completed by staff as a temporary measure. Inspectors

observed the education tools utilised during these training sessions, and these were found to be comprehensive and detailed.

New staff were found to be supported to undergo necessary online training prior to commencement of their role, including COVID-19, hand hygiene and serial testing. There was a programme of supervision and clinical oversight ongoing in the centre, and the operations manager was observed to have completed a night shift on the week of inspection to provide same for night-duty staff.

Judgment: Compliant

Regulation 22: Insurance

The designated centre had a current certificate of insurance which provided cover against injury to residents, staff and visitors. It also provided insurance against other risks including loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of high quality care and support to residents. There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

There was a robust quality assurance programme in place that effectively monitored the quality and safety of the service. Feedback from audits and surveys was used to identify areas for improvement and the findings were communicated to the relevant staff so that any changes could be implemented in a timely manner.

There was an annual review prepared in consultation with residents for 2020 and this was widely available in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. There was a suggestion box available for residents and their families, and the complaints procedure was displayed prominently in the reception area.

There were good records maintained with evidence that all complaints, formal and informal, were investigated in a timely manner and there was evidence that complainants were satisfied with the outcome, and actions were undertaken in the centre to prevent reoccurrence of issues.

Judgment: Compliant

Quality and safety

Overall the inspectors found the care and support provided to the residents of this centre to be of a very good standard. Care was person-centred, and residents' rights and choices were upheld and their independence was promoted. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. Staff were respectful and courteous with the residents. Residents were observed to be happy and content on the day of the inspection.

There were opportunities for residents to consult with management and staff on how the centre was run and resident feedback was acted upon. The centre had a residents association which met regularly and included family input. Residents and relatives were able to access these meetings via Zoom. A wide a wide range of topics were discussed including Infection Prevention and Control, fire drills and complaints procedure. The centre also developed a food committee with the residents. Topics for discussion included healthy nutrition and menus.

Resident satisfaction surveys were carried out every six months. The management developed quality improvement action plans from the information provided by these surveys. Results from the most recent survey were seen by the inspectors and showed high levels of satisfaction amongst the residents.

Residents had access to an independent advocacy service and advocacy was discussed at every residents meeting.

The inspectors found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There were staff available to support residents in their recreation of choice. There was

evidence that staff were very familiar with the residents and their preferences. Appropriate social distancing was in place in the communal areas without detracting from overall the person-centred approach of the centre. Residents who spoke with the inspectors understood the reasons for those precautions.

The centre had a comprehensive COVID-19 contingency plan in place which included the latest guidance from Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities).

Regulation 11: Visits

Visiting had recently been reopened in line with national public health guidance, and inspectors observed that the reception area had been decorated with colourful balloons to welcome back visitors into the centre. There was a visiting room available and residents were also supported to receive their visitors in their own bedroom if preferred. Inspectors observed a visit taking place on the day of inspection. Staff supported residents and their visitors to follow the appropriate precautions including the use of personal protective equipment (PPE).

Judgment: Compliant

Regulation 17: Premises

The building was suitable for the number and needs of the residents and supported the care and provision of services in line with the statement of purpose. The premises conformed to the requirements of Schedule 6 of the regulations.

The centre was recently extended and refurbished was in a good state of repair externally and internally.

There was sufficient storage for equipment in the centre. However, on the day of the inspection the inspectors found that improvements were required due to storage of commodes in the sluice rooms which made it difficult to access the sluice and sink. This was addressed by the person in charge on the day of the inspection.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the required elements as set out in Regulation 26 (1). An up to date safety statement was also available.

There was a risk register maintained which identified risks in the centre including COVID-19 and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

There was an up to date emergency plan which included a comprehensive COVID - 19 contingency plan with controls identified in line with public health guidance. There was an identified isolation area in the centre and protocols for active monitoring of staff and residents for early signs and symptoms of the COVID-19 virus.

Judgment: Compliant

Regulation 27: Infection control

Overall the centre was clean, well presented and well maintained. Generally, there was good oversight of Infection Prevention and Control (IPC) practices in the centre with a high emphasis on the prevention of infection in particular COVID-19 virus. Housekeeping staff who spoke with the inspectors were knowledgeable about the cleaning process required in the centre. Cleaning schedules were in place for the environmental and equipment. However, the inspectors observed a small number of commodes and shower trays that required further attention on the day of the inspection. This was addressed immediately by the House Manager.

There was a comprehensive IPC policy in place which included a very detailed contingency plan to clearly guide staff in the event of a COVID-19 outbreak including arrangements for isolation and resident placement. This plan also provided guidance to staff regarding care planning including end of life, communication, implementation of safe systems of working, staffing levels and staff support and wellbeing. The centre had not experienced a COVID-19 outbreak, and inspectors were assured that the centre was compliant with the guidelines. The person in charge was the identified infection control lead for the centre.

Staff received training in all aspects of infection prevention and control including hand hygiene, donning and doffing personal protective equipment. There was up to

date national guidance available to all staff. Staff were observed to adhere to social distancing advice on the day of the inspection including in staff rest areas.

The provider held regular IPC staff meetings which included updates from Health Service Executive, Health Protection Surveillance Centre and Dept of Health and also discussed and reviewed the centre's COVID-19 contingency plan. COVID-19 and IPC were discussed every day with staff and residents and there were regular educational updates provided. As a result, staff were aware of their responsibility to keep residents safe through good infection prevention and control policies.

Residents and staff had accessed the COVID-19 vaccination programme with 100% uptake for residents and 89% uptake for staff.

Hand hygiene facilities were provided throughout the centre. Alcohol based hand gel was readily available in all areas and at point of care.

Maintenance records for equipment including the bedpan washer were up to date.

The provider informed inspectors that Legionella analysis was carried out in January 2021 and same was not detected.

Judgment: Compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Regular fire evacuation drills were undertaken including night time drills. Personal evacuation plans were in place for each resident and updated on a regular basis. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of resident care plans on the day of the inspection. Each resident had a detailed care plan in place which was developed following a comprehensive assessment of their needs. Residents were assessed prior to admission to the centre to ensure the service could meet their needs. Following

admission a range of validated assessment tools were used to develop individual plans. These plans were person centred and contained the required information to guide care delivery to ensure the residents' current needs and preferences were met. Care plans were reviewed and updated every four months or as changes occurred. Consultation with the residents and family, where appropriate, was documented regularly. The daily nursing records were comprehensive and demonstrated good monitoring of the residents needs and their response to any interventions such as falls management, antibiotic therapy and behaviour management.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that residents received high standards of evidence based nursing care.

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required. Residents also had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and palliative care.

Residents were monitored closely for signs and symptoms of COVID-19 and had their temperatures recorded which was in line with guidance from Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities).

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors reviewed four care plan for residents with responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Detailed, person centred plans were in place which described the behaviours, potential triggers for such behaviours and identified strategies to guide staff to help these residents feel less distressed. Regular review by psychiatry of old

was in place to support management plans.

There were a number of residents who required the use of bedrails. Resident records contained evidence of multidisciplinary discussions and appropriate risk assessments being carried out prior to use. Alternative options that were considered were documented. A record of all bed rails in use was maintained and risk assessments were reviewed on a regular basis to ensure usage remained appropriate.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the provider had taken all reasonable measures to protect residents from abuse. There was an updated policy on the prevention, detection and response to allegations of abuse in the centre. Staff had access to and were provided with training in safeguarding vulnerable adults. Staff were knowledgeable about what constituted abuse and were clear about their responsibility to report any concerns. Residents who spoke with the inspectors said they felt safe in the centre. Garda vetting was in place for all staff employed in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that the residents' privacy and dignity was respected. Residents told the inspectors they were well looked after and that they had a choice about how they spent their day.

The provider ensured there were opportunities for recreation for the residents which took account of their abilities and preferences.

Residents had opportunities to participate in meetings where they were able to share their views of the centre.

The centre had access to an advocacy service and this was publicized throughout the building.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 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	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant