



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:	Ashford House Nursing Home Limited
Address of centre:	6 Tivoli Terrace East, Dun Laoghaire, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	11 July 2023
Centre ID:	OSV-0005466
Fieldwork ID:	MON-0040826

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:	76
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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
Tuesday 11 July 2023	10:00hrs to 18:45hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

This was an unannounced one day inspection to monitor compliance with the regulations and to inform decision making for an application to vary the registration. The inspector was met by the person in charge, who facilitated the inspection. This inspection included a focused review of fire precautions and premises.

Following an introductory meeting, the person in charge accompanied the inspector on a walk around of the centre.

Ashford House Nursing Home is within a three storey building, with the designed centre spread over the three levels. The centre is purpose built with a mixture of single and twin bedrooms. On arrival the inspector was brought to a spacious and bright entrance foyer which accommodated seating for both residents and visitors to meet. Each floor has a communal, lounge and dining room. Residents have access to a large enclosed garden on the Lower ground floor known as the Harbour Suite. On the upper floors, residents have access to balconies which overlook the garden area, these are known as the Waterfall Suite and the Lighthouse Suite. Each floor had numerous fire compartments with the largest compartment accommodating nine residents on the Lighthouse suite level.

The inspector reviewed the area subject to the application to vary the registration. This included turning what was currently in use as a single occupancy room into a double room and increasing the overall occupancy of the designated centre from 78 to 79 residents.

From a fire precautions perspective, this area was furnished to a satisfactory standard and was found to be compliant with the requirements of Regulation 28, Fire Precautions. There were some actions required to meet the requirements of regulation 17, premises and this is discussed further under the quality and safety section of this report.

The inspector walked around the remaining areas of the designated centre. Each corridor within the centre was decorated with a different theme and photographs of residents involved in various activities were on display. One corridor was decorated with record vinyls and sheet music. Residents were seen watching television in the lounge areas and having their hair done in the hairdresser's room.

In the Lighthouse Suite level, the inspector noted a fire door was propped open which interfered with the closing mechanism. Furthermore, emergency directional signage (running man sign) were lacking in some areas. This is discussed further in the quality and safety section of the report.

The inspector noted some corridor handrails had tape fitted to the ends. The person in charge clarified that this was applied as a safety precaution until handrail end

caps were fitted.

The inspector observed escape routes and exits to be clear and free of obstruction in most areas. Staff demonstrated their management and knowledge of potential fire risks when a table was temporarily placed in front of a fire exit. The staff member identified this risk immediately and removed the obstruction on the day of the inspection.

Most external routes were kept clear and provided escape away from the building, however, two external fire exits required a review. This is discussed further in the quality and safety section of the report.

The fire alarm panel is located in the front reception area with a repeater panel located on the Harbour Suite level. The inspector noted it to be free from faults and was accompanied with fire evacuation floor plans that indicated compartments and fire exit routes. Evacuation equipment required to evacuate residents in the event of an emergency were fitted throughout the centre and in the protected staircases to facilitate vertical evacuation from the upper levels.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection carried out over one day by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to inform decision making for an application to vary the registration.

The registered provider is Ashford House Nursing Home Limited. The person in charge was supported by a team of assistant director of nursing (ADON) clinical nurse manager (CNM), Senior nurses, nurses, healthcare assistants, house manager, housekeeping, maintenance and laundry staff. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. There were 76 residents living in the centre on the day of inspection.

The day-to-day governance systems within the centre were robust and effective systems underpinned a high standard of maintenance of fire safety systems. The centre has a good history of compliance with the regulations. However, Improvements were required in the review of external fire exits from two external areas, minor maintenance to some fire doors and the provision of emergency directional signage on one level.

The oversight of fire safety management and systems to identify fire safety risks were effective to ensure the safety of residents living in the centre. The provider had been proactive in undertaking a fire safety risk assessment and a fire door survey, which were nearing completion.

There was a fire safety management plan and emergency fire action plan in place. These were found to be comprehensive and informed robust fire safety management in the centre.

Some improvements that the provider needs to make in relation to fire safety and premises in the centre are set out in the next section of this report and are reflected in the opening section.

Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. Management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. There were effective governance and management systems supported a high standard of maintenance of effective fire safety systems.

Judgment: Compliant

Quality and safety

Fire safety systems and the fire safety aspects of the physical premises were maintained to a high standard. The standard of fire safety systems was very good and there was a strong fire safety culture embedded in the centre. However improvements were required for the following:

- While fire drills were being carried out, a simulated evacuation drill of the largest compartment based on the lowest staffing levels was not available on the day to demonstrate that residents could be safely evacuated. Subsequent to the inspection, the provider submitted a satisfactory fire drill that provided the required assurances.
- The suitability of external fire exits required a review
- The provision of emergency directional signage to some escape routes required a review.

In the Lighthouse Suite, improvements were required in regard to emergency directional signage (running man sign). For example, signage was lacking to indicate the route of escape at a door into the reception area and along a corridor leading to

a front fire exit, which were indicated on the evacuation plans as a route to escape.

In some areas, the inspector noted fire smoke seals were partially missing or had become detached from the fire door and a corridor fire door did not close fully when released. That said, the inspector observed a high standard of maintenance to ensure fire doors in the centre were effective to perform their function of containing fire and smoke. The provider was proactive in arranging an independent fire safety risk assessment and a fire door survey for the designated centre.

From a review of fire training records, the inspector noted that some staff were due refresher fire safety training. At the time of the inspection, the provider already had fire safety training sessions planned for staff members during July 2023 which were aimed at ensuring that all staff had completed fire safety training.

Staff spoken with demonstrated a good knowledge of the evacuation procedure in place and had trained for progressive horizontal evacuation, and vertical evacuation. Staff were able to demonstrate to the inspector the location of the largest compartment in the centre and where the fire assembly point was located.

The inspector noted a review of two external escape routes were required. For example, an external fire exit door from a protected staircase, opened partially across an external path, which partially obstructed the direction of escape. Furthermore, from this external route and an external route from an enclosed garden, a set of steps had to be navigated to reach a locked fire exit gate. Evacuating residents up a set of steps with mixed dependency needs would not be suitable.

In addition to this, security arrangements and means of escape from both gates required a review. While there was a break glass unit that contained a key to unlock each gate, all staff did not carry a copy of this key on their person. The area beyond these two gates was overgrown and would not be suitable as a means of escape in the event of an external evacuation.

The person in charge stated that these exit routes were not used and an alternative external route to the front fire assembly point was available. Nevertheless, this required a review by the providers' competent person in order to provide an adequate external means of escape during an external evacuation and this should be incorporated into the fire evacuation procedures.

While fire evacuation drills were taking place almost on a monthly basis, a simulated evacuation drill of the largest compartment based on the lowest staffing levels was not available on the day. The largest compartment accommodated nine residents. Subsequently to this inspection, an evacuation drill for this compartment was submitted for review to the inspector and provided the required assurances to demonstrate that residents could be safely evacuated.

Evacuation floor plans on display required updating. For example, some cross corridor fire doors were missing from the floor plans. As the fire evacuation procedure was progressive horizontal evacuation, this would form part of the procedure to be followed by staff in the event of a fire in this centre, and, therefore,

could cause confusion and loss of valuable time in the event of a fire emergency. In addition to this, an external storage building used as a dry goods store was not included on the registered floor plans. Furthermore, the layout of some bedrooms did not correlate with the layout of bedrooms indicated on the registered floor plans.

The layout of the centre was fit for purpose to meet the needs of resident in most areas and there was adequate storage arrangements throughout the centre. Notwithstanding this, the inspector reviewed the area subject to the application to vary the registration. This included turning what was currently in use as a single occupancy room into a double room. The layout of this bedroom required improvement to meet the needs of the residents and to not priorities one residents access to light over another. For example, in this twin bedroom, only one resident had access to natural light when the resident closest to the window had their privacy curtain closed. Furthermore, the residents chair was located outside their privacy curtain beside a shared access to a wardrobe, which impacted on the residents privacy. This layout was replicated a number of existing twin rooms in the centre.

The personal emergency evacuation plans (PEEPS) were in place for all residents and were kept under review. The inspector reviewed the fire safety register and noted that it was well organised and comprehensive. The in-house periodic fire safety checks were being completed and logged in the register as required.

The premises was very clean, fixtures and fittings were found to be in good order and suitable for their intended purpose. However, a number of handrails required end capping's to be fitted in order to complete the handrails. The person in charge gave assurances that the end capping pieces had been ordered.

Regulation 17: Premises

The registered provider having regard to the need of the residents had mostly provided premises which conformed to the matters set out in Schedule 6, however improvements was required. For example,

- In twin bedroom 70, which was subject to the application to vary the registration, the inspector observed one bed was placed against a side of the room where the only window was located, access to natural light from this window was only afforded to one resident when the resident closest to the window had their privacy curtain closed. This required a review so as not to priorities one residents access to light over another. This issue would also be applicable to a number of existing twin bedrooms.
- The residents chair was located outside their privacy curtain beside a shared access to a wardrobe, which impacted on their privacy.
- Capping end pieces were missing from the ends of handrails in some corridors.

Judgment: Substantially compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had taken adequate precautions to ensure that residents were protected from the risk of fire. Notwithstanding this, improvements were required to comply fully with of the requirements of some regulations.

Day-to-day arrangements in place in the centre needed improvement to provide adequate precautions against the risk of fire. For example,

- A fire door was found to be obstructed, which interfered with the door closer. This would allow for the ease of smoke and fire to spread in the event of a fire from this area. This was addressed on the day by the person in charge.

The provider needed to improve the means of escape for residents and emergency lighting in the event of an emergency in the centre. For example there was a lack of emergency exit signage in an internal corridor to indicate the route to access a fire exit. In the event of an emergency, a lack of signage could cause confusion and could delay an evacuation.

To ensure adequate external means of escape, the provider was required to review the following:

- Due to the presence of rising steps, the security procedures in place to unlock fire exit gates, areas that were overgrown, a fire exit door that partially blocked the path of an external escape route from a protected staircase, and escape from an enclosed garden required a review. This could cause confusion and delay in the event of a external fire evacuation. A review is required to ensure that these routes are suitable evacuation routes to facilitate escape in the event of an external evacuation.

The provider needs to improve the maintenance of the building fabric. For example, there were minor adjustments and maintenance required to some fire doors to ensure adequate containment of fire and smoke in the event of a fire emergency. The provider was in progress of completing a fire door survey for the entire centre.

Arrangements for staff to attend fire training required improvement by the provider. From a review of fire training records the inspector noted that some staff were due refresher fire safety training. The provider already had fire safety training sessions planned for staff members during July 2023.

Arrangements for evacuating all persons in the designated centre and safe placement of residents in the event of a fire emergency in the centre required improvement by the provider. For example, While fire evacuation drills were taking place almost on a monthly basis, a simulated evacuation drill of the largest

compartment based on the lowest staffing levels was not available on the day. Subsequently to this inspection, an evacuation drill for this compartment was submitted for review to the inspector and provided the required assurances to demonstrate that residents could be safely evacuated.

The displayed procedures to be followed in the event of a fire required a review. For example, some cross corridor fire doors were missing from the floor plans and the layout of some bedrooms did not correlate with the layout of bedrooms indicated on the registered floor plans. Furthermore, an external storage building used as a dry goods store was not included on the registered floor plans. This could cause confusion and loss of valuable time in the event of a fire emergency.

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 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 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Ashford House Nursing Home OSV-0005466

Inspection ID: MON-0040826

Date of inspection: 11/07/2023

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 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 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:

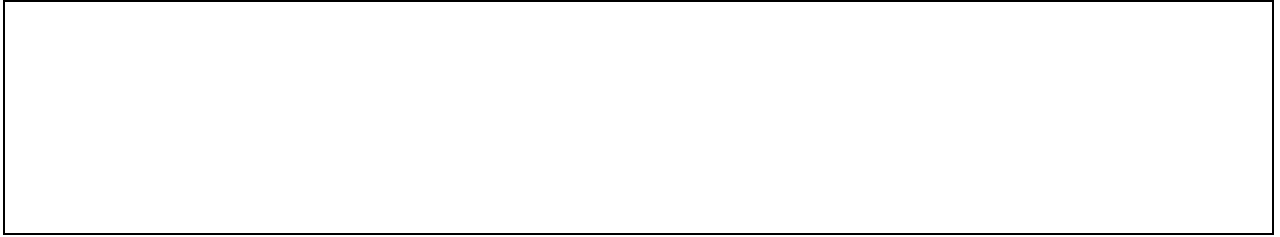
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A fire safety consultant has been appointed to review the identified areas including external escape routes, emergency directional signage, evacuation floor plans and displayed procedures. All suggested amendments arising from this review will be implemented to ensure that a precise and prompt response is taken in the event of a fire emergency (November 30th, 2023). • The fire door survey is complete, and contractors have been requested to replace fire smoke seals (November 30th, 2023). • The corridor fire door is now fixed and functioning appropriately (Complete). • End capping pieces for handrails which were ordered at the time of inspection, arrived soon after inspection and are now fitted (Complete). • The application for the twin room has been withdrawn and the room remains a single room (Complete). • We will revise the floor plans to include the external dry goods store and ensure corridor fire doors and room layouts are accurate (November 30th, 2023). 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Staff retrained the importance of not manually propping any fire door open and regular audits to continue to avoid this issue happening again. (Ongoing). • A fire safety consultant has been appointed to review the identified areas including external escape routes, emergency directional signage, evacuation floor plans and displayed procedures. All suggested amendments arising from this review will be implemented to ensure that a precise and prompt response is taken in the event of a fire emergency (November 30th, 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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/11/2023
Regulation	The registered	Substantially	Yellow	30/11/2023

28(1)(c)(i)	provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Compliant		
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(3)	The person in charge shall	Substantially Compliant	Yellow	30/11/2023

	ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.			
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