



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

## Issued by the Chief Inspector

Name of designated centre:	Ashbury Nursing Home
Name of provider:	A N H Healthcare Limited
Address of centre:	1A Kill Lane, Kill O'The Grange, Blackrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	11 December 2023
Centre ID:	OSV-0000007
Fieldwork ID:	MON-0040960

## About the designated centre

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

Ashbury Private Nursing Home is located in Blackrock, Co Dublin. The nursing home is serviced by nearby restaurants, public houses, libraries and community centres. The nursing home comprises of the main house and an extension called the grange wing. The nursing home is registered to provide 97 bed spaces with 51 beds located in the main house and 46 beds available in the grange wing. There is a range of communal areas inside for residents to enjoy and two gardens for residents use.

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

Number of residents on the date of inspection:	94
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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
Monday 11 December 2023	08:00hrs to 19:15hrs	Margo O'Neill	Lead
Monday 11 December 2023	08:00hrs to 19:15hrs	Susan Cliffe	Support

## What residents told us and what inspectors observed

Residents reported that they felt safe and secure in Ashbury Private Nursing Home and that they were supported by staff to live a good life. Visitors who spoke with inspectors reported that they were satisfied with the care provided in the centre and that the centre was always warm. Inspectors observed that the staff showed a kind and caring attitude towards the residents they cared for.

Inspectors, who arrived unannounced to the nursing home at 0800hrs were met by nursing and care staff. Inspectors, observing that all staff were wearing either respirator or surgical face masks, queried the reason for the widespread usage of face masks in the context of a nursing home who had reported that all affected residents were out of isolation on the 6 December 2023. Staff, acknowledged that there were no residents who were COVID-19 positive on the day of the inspection, advised that they were unclear as to the rationale for the mask usage, attributing the practice to an instruction from management as a preventative measure.

Inspectors observed that staff members working side by side were using different types of mask and many staff members were wearing their masks incorrectly, below the chin or nose. Many staff members who spoke with inspectors were unclear as to the latest guidance on the use of masks or where to access such guidance. Staff were unable to provide inspectors with the current public health guidance from HPSC (Health Protection Surveillance Centre). Throughout the inspection inspectors also observed inadequate hand hygiene practices such as staff not performing hand hygiene after provision of resident care. Inspectors observed that there was an insufficient number of hand hygiene facilities such as clinical hand wash sinks available to staff.

Ashbury Private Nursing Home is registered for 97 beds and is divided into two units; an original period building known as the Main House and a newer building known as the Grange Wing. A link corridor joins the two units. In the main house there were 16 single bedrooms, 13 of which had en-suite facilities; ten twin bedrooms, three of which had en-suite facilities; one triple occupancy bedroom with en-suite facilities and three four-bedded bedrooms, one of which had en-suite facilities. In the Grange wing there was 28 single bedrooms, 20 of which had en-suite facilities and nine twin bedrooms four of which had en-suite facilities. Lifts and stairs were in place to facilitate movement between the floors and there were wall-mounted handrails in communal areas and corridors to support and facilitate residents' independence and mobility. Inspectors saw that the centre had been nicely decorated for Christmas with Christmas decorations.

Many residents had personalised their bedrooms and bed spaces with pictures and personal items such as photographs. There was adequate storage in each bedroom for clothing. Each resident had access to a lockable space to ensure safe storage of valuable items.

Reconfiguration work to privacy curtains had been undertaken in multi-occupancy bedrooms 310/311, 318/319, 320/321 and four bedded bedroom 322/323/324/325 with a view to improve residents' privacy and space available to carry out personal activities in private. This work was part of the centre's compliance plan following an inspection in December 2022 and to meet the centre's condition 4 of registration. However inspectors found that these four bedrooms, as well as two other four-bedded bedrooms did not support residents' right to privacy and dignity. Inspectors found that many of these bedrooms did not have sufficient space to allow residents to sit and spend time in their bedroom and the layout did not afford adequate space for residents to have a chair beside their bed to allow residents to sit to undertake activities in private. Curtain space around beds were observed to be confined and impacted staffs' ability to provide support to residents with additional mobility needs without encroaching on other residents' private space. One resident, observed sitting on the side of her bed for a long period of time, told inspectors that she was sitting there because there was no room for her to have a chair.

Inspectors observed that several areas of flooring had been replaced and that there was a programme of painting ongoing in the centre. A small number of areas were identified as requiring attention to address wear and tear. For example, in the main house flooring in the sitting room and in bedroom 110/111 was observed to be marked and damaged.

Inspectors observed residents and staff interactions throughout the inspection which were seen to be respectful, unhurried and friendly. Residents praised the staff with one resident reporting that staff gave 'their all' and that they enjoyed the 'laughter and company'. Care staff appeared to know residents well. Call bells were seen to be answered within acceptable time limits and residents who spoke with inspectors reported they did not have to wait too long for help and support from staff.

An activities programme was provided seven days a week and this included flower arranging, exercise classes and arts and crafts. Information regarding the schedule as well as other events such as choral performances and live music were displayed on notice boards with pictures and brightly coloured notices in the hallways and communal areas to inform residents of upcoming events. Outings had resumed and residents reported their satisfaction with a recent trip to a local hotel for afternoon tea. However not all residents' recreational or occupational needs were being met; one resident who said they enjoyed gardening and visiting gardening centres stated that this was something that was not available to them. Inspectors noted that the resident had no expectation that this activity would be provided and was not aware that regular resident meetings occurred where this could be raised as a request.

Residents were observed to eat their meals in dining areas, sitting rooms or in their bedrooms. The mealtime experience was overall an enjoyable and relaxing experience where most residents were seen to be seated to engage in conversation with fellow residents and with staff. Discreet assistance was provided by staff for residents who required additional support during meals. Staff were observed offering choice of food and drinks and additional portions of food. However a small number of residents who sat in sitting rooms to have their meals, were seated on low sofa seats with tables that could not be positioned low enough to allow

residents to sit comfortably and see their food. One resident who was sat in a sitting room said that they would prefer to sit in the dining room but that they had 'to sit in here today', but were content to sit and watch television while having their food.

Residents who spoke with inspectors were satisfied with and enjoyed the food provided to them. On the day of inspection residents had a choice of lamb stew or roast chicken for their main meal with vegetable soup to start and fresh profiteroles for dessert. Food was presented nicely and smelt appetising. Residents were very satisfied with the choice, quality and taste of the food. Written menus were available to residents in the dining areas.

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 the quality and safety of the service being delivered.

## Capacity and capability

An established management structure was in place for Ashbury Private Nursing Home, however inspectors found that lines of authority and accountability were not clear on the day of inspection with respect to the oversight of clinical care. Inspectors found that oversight systems required strengthening to ensure effective supervision and monitoring of all aspects of the service at all times.

During the inspection inspectors followed up the centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and on outstanding actions from previous inspections. Over several previous inspections issues regarding Regulation 17, Premises and Regulation 9, Residents' rights have been identified and detailed to the registered provider. During this inspection, inspectors found that actions taken by the registered provider to address these issues were inadequate and had failed to ensure compliance with Condition 4 of the centre's registration. This is detailed under Regulation 23, Governance and Management, the Quality and safety section of the report and under Regulation 9, Residents' rights and Regulation 17, Premises.

Inspectors found that additional training and supervision of staff was required to ensure safe delivery of care in line with evidence-based nursing and infection prevention and control practices. Oversight systems for the monitoring of infection prevention and control practices were found to be inadequate. This required significant action and as such an urgent action plan was issued to the provider. Furthermore, oversight systems for the monitoring of restrictive practices and management of pressure injuries also required review. This is detailed further under Regulation 16, Training and staff development and Regulation 23, Governance and Management.

Management had compiled an annual review of the quality and safety of the service during 2022. Actions and quality improvement plans and recommendations were

detailed to address the identified areas for quality improvement for 2023. The report referenced feedback from resident council and advocacy meetings.

There was a current and valid contract of insurance against injury to residents living Ashbury Private Nursing Home in place.

### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to remove registration condition 4 was received by the Chief Inspector of Social Services.

Judgment: Compliant

### Regulation 16: Training and staff development

Inspectors found that all staff were not appropriately supervised.

- There were instances of inadequate clinical supervision identified. For example; one resident with a significant pressure injury had not received the required repositioning as per the resident's care plan and repositioning schedule. Staff who were designated to provide enhanced supervision and support to the resident were unaware that the resident had a pressure injury and that a repositioning schedule was in place. Inspectors observed the resident on several occasions throughout the inspection and noted the resident did not receive the required repositioning nor did available documentation evidence repositioning. Inspectors reviewed the resident's assessments and progress notes and identified that the condition was deteriorating. This was discussed with the management team who undertook to review the resident's care.
- Inconsistent cleaning practices and use of cleaning products were observed and detailed to inspectors during the inspection by household staff. This required review and action to ensure appropriate infection prevention and control practices were being carried out in the centre.
- Inspectors observed inappropriate use of facemasks with staff who were working side by side using different types of masks with no clear rationale as to their chosen mask and staff were observed wearing masks below their chin or below their nose rendering the mask ineffective.
- Inspectors observed poor hand hygiene practices.

Furthermore, relevant guidance such as current HPSC public health guidance was not available on the day of inspection.

Judgment: Not compliant

## Regulation 22: Insurance

A contract of insurance in place that protected residents against injury and against other risks.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had failed to make sufficient resources available to ensure the effective delivery of care. Inspectors were informed that some residents could not access the available bathroom facilities owing to their mobility restrictions and lack of available equipment. Staff explained that the only option available to these residents was a bed bath. Furthermore there was a lack of appropriate dining room furniture to allow all residents to have their meals in a dignified manner.

Lines of authority and accountability were not clear on the day of inspection with respect to the oversight of clinical care and infection prevention and control practices. This is detailed under Regulation 16, Training and staff development.

Management systems required action to ensure effective oversight of the quality and safety of service delivered to residents.

- Staff supervision required review and action. Inspectors found instances of inadequate care provision and inappropriate infection and prevention practices which had not been identified by management. This is detailed under Regulation 16, Training and staff development and Regulation 27, Infection Control.
- The oversight of restrictive practices required strengthening. Inspectors found that there continued to be a high level of restrictive practice use in the centre. This is detailed under Regulation 7, Managing behaviour that is challenging.
- Issues under Regulation 17, Premises and Regulation 9, Residents' rights had been identified and detailed to the registered provider over several previous inspections. Inspectors, during this inspection, found that actions taken by the registered provider to address these issues were inadequate and had failed to ensure compliance with Condition 4 of the centre's registration which stated "By no later than the 15 June 2023 twin bedrooms 310/311, 318/319, 320/321 and quadruple bedroom 322/323/324/325 in the designated centre will be renovated and reconfigured or the number of residents accommodated in them will be reduced to achieve compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

People) Regulations 2013". Further detail is provided under Regulation 17, Premises and Regulation 9, Residents' rights.

- Management systems have failed to identify risks associated with inappropriate infection prevention and control practices, and consequently an urgent action plan was issued the day after inspection. The registered provider's response to the urgent compliance plan did not provide satisfactory assurances.

Judgment: Not compliant

## Quality and safety

Inspectors were not assured that the systems in place to provide oversight of the quality and safety aspects of the service ensured that all residents living in the Ashbury Private Nursing Home were protected by safe practices which promoted a good quality of life. Management systems in place had failed to ensure that effective and evidence-based infection prevention and control measures were in place and that there was adequate supervision of staff to ensure that appropriate infection prevention and control practices were utilised. As a result of this inspectors requested an urgent compliance plan during the inspection regarding infection prevention and control measures. Further action was also required by the provider to come into compliance with the regulations, particularly in relation to managing behaviour that is challenging, residents' rights, and premises.

A completed application to remove condition 4 of the registration had been received by the Chief Inspector prior to the inspection and was under review. Condition 4 states " By no later than the 15 June 2023 twin bedrooms 310/311, 318/319, 320/321 and quadruple bedroom 322/323/324/325 in the designated centre will be renovated and reconfigured or the number of residents accommodated in them will be reduced to achieve compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013". Despite efforts made to date by the registered provider, it was found on this inspection that the compliance plans and action taken did not ensure that residents privacy and dignity needs were met or that they had sufficient private space available to undertake the activities of daily living in private. The limited private space available to residents and aligned privacy and dignity concerns have been identified over previous inspections in multi-occupancy bedrooms. Inspectors identified that twin bedrooms 310/311, 318/319, 320/321 and quadruple bedrooms 322/323/324/325, 204/205/206/207 and 304/305/306/307 required further action. Inspectors identified also that there were some outstanding maintenance issues identified on the last inspections that required addressing. Further detail is provided under

Regulation 17, Premises and Regulation 9, Residents' rights.

Residents were supported to make choices about their daily routines, however, the centre had a high use of restrictive devices in use. Further action was required to ensure that the service was operating in line with the national policy 'Towards a Restraint Free Environment in Nursing Homes' and the centre's own policy on the use of restrictive practice. This is detailed under Regulation 7, Managing behaviour that is challenging.

The registered provider had made arrangements to safeguard residents from abuse. Training records indicated that the majority of staff had completed safeguarding training and staff who spoke with inspectors regarding safeguarding scenarios were clear about their role in protecting residents from abuse and the steps they would take to report concerns, allegations or suspicions of abuse. A safeguarding policy and procedure was available for staff with clear detail on the roles and responsibilities of staff and appropriate steps for staff to take should a concern, allegation or suspicion of abuse arise. Safeguarding concerns were investigated by management, however inspectors identified that there were no safeguarding care plans in place for residents involved in a number of recent incidents. This is detailed under Regulation 8, Protection.

The registered provider acted as a pension-agent for one resident at the time of inspection; systems were in place for the management of this.

A resident guide in respect to the centre had been prepared to inform residents regarding the services and facilities provided in the centre. Not all details required under the regulation were clearly detailed in the booklet. See Regulation 20, Information for residents for further detail.

The 'National transfer document' was integrated on the centre's electronic record system. Inspectors were informed that this document was provided to receiving facilities to provide a comprehensive handover of information when residents were transferred or discharged from the centre. Discharge letters were maintained in residents' records and up-to-date medicines prescriptions were sought on residents' return to the centre.

## Regulation 11: Visits

Visitors were seen coming and going to the centre throughout the day of inspection and visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in their bedrooms or available communal spaces.

Judgment: Compliant

## Regulation 12: Personal possessions

Laundering of residents' clothing and linen was provided by an external contractor. Clothes were labelled to ensure they were safely returned from the external laundry. There were lockable storage spaces available in residents' bedrooms and residents had adequate space in their bedrooms to store their clothes.

Judgment: Compliant

## Regulation 17: Premises

The registered provider did not ensure that premises were appropriate to the number and needs of the residents living in the centre and in accordance with the statement of purpose. Inspectors identified that twin bedrooms 310/311, 318/319, 320/321 and quadruple bedrooms 322/323/324/325, 204/205/206/207 and 304/305/306/307 required further action. These bedrooms had not been adequately reconfigured to provide adequate personal space for residents to undertake their personal activities while respecting and supporting their right to privacy and dignity and did not support the needs of the number of residents that were accommodated in them. Inspectors found the following:

- Most bedrooms did not contain sufficient numbers of chairs for the number of occupants in the bedroom and there was insufficient space beside beds within privacy curtains for chairs to be placed for residents' use. In one twin bedroom there were two chairs available however the configuration of the room required that these chairs were placed in a position so that the television was not visible.
- There was limited private space within privacy curtains. In one bedroom that one bedspace provided 4.34 sqm of private space to one resident and 5.06sqm to the other resident. This meant that space to place a chair or storage within privacy curtains was limited.
- In one twin bedroom only one locker could fit between the beds due to the limited space available. The use of assistive moving and handling equipment in this room would result in encroachment into both residents' personal space, requiring one resident to leave the room should the other require support.
- Inspectors found that another registered twin occupancy bedroom was not configured for double occupancy, it contained a single bed, a chair and a small fridge. While this was a lovely single room as configured on the day of the inspection this room did not have sufficient space to accommodate two residents.
- One four-bedded bedroom was set up with three beds at the time of inspection. Although one bed had been removed, no effort had been made to reconfigure the room to optimise the space for use by the three residents who were living in the room. As a result inspectors observed that space

available within privacy curtains was insufficient for each resident to have a chair beside their bed and behind their privacy screen. In addition inspectors saw that a high support chair required by one resident did not fit within their privacy curtains due to the insufficient space available and that this chair was observed to block other resident's access to their wardrobe space.

The registered provider had failed to provide a premises which conformed to the matters set out in Schedule 6. Inspectors identified that residents who could not sit up right to have their personal hygiene and cleanliness needs met could not receive a shower or bath in the centre. The centre did not contain a bath and staff confirmed to inspectors that there was no accessible bathroom or that assistive equipment required to support residents' hygiene could not be accommodated due to either inaccessible corridors or lack of sufficient space in the bathroom.

Management informed inspectors that there was an ongoing programme of maintenance in the centre that included painting and repair of fixtures and painting of some areas was underway on the day of the inspection. Inspectors identified that there remained a small number of areas that required repair however, to address wear and tear. For example, in the main house flooring in the sitting room and in bedroom 110/111 was observed to be marked and damaged and cabinetry around wash hand basins in bedroom 304/305/306/307 and the sink located outside lounge 2 were observed to be damaged. Inspectors observed cracked laminate on side lockers and a broken drawer in bedroom 204/205/206/207. In room 112/114/115 a radiator was corroded. This wear and tear did not support effective cleaning and disinfection in these areas.

Inspectors identified that the system in place to ensure that electrical appliances were in good working order required review.

Judgment: Not compliant

### Regulation 20: Information for residents

The residents' information booklet provided to inspectors did not detail the complaints process fully. Details for timelines for the investigation and conclusion of complaints and for review processes were not provided. Details regarding access to advocacy for support with complaints were not included.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

A review of a sample of residents' records showed that residents who had been

temporarily transferred from Ashbury Private Nursing Home had been transferred with all relevant information about the resident provided to and obtained from the receiving hospital on their return.

Judgment: Compliant

## Regulation 27: Infection control

Oversight of infection prevention and control practices was insufficient to ensure practices were in line with the National Standards and significant action and focus was now required to ensure appropriate infection control measures were in place to protect the residents from the risk of infection. On the day of inspection inspectors observed the following:

- There was inappropriate use of disinfection and cleaning products used throughout the centre. Inspectors observed and household staff detailed inconsistent approaches to the use of cleaning products and procedures to inspectors. Inspectors observed inappropriate use of disinfection and detergent products during the course of the inspection. Household staff detailed poor understanding of the differences between the products that were available and when and how to use them.
- There was inappropriate use of personal protective equipment (PPE) by staff. Inspectors observed on arrival at the centre that staff were wearing respiratory face masks. When asked as to why, inspectors were informed that staff had been directed by management to wear masks as a preventative measure to reduce the risk of infection despite there being no public health advice or guidance to do so. Inspectors also observed that PPE such as aprons were not changed when moving between rooms or residents and face masks were observed to be worn by some staff under their noses or chins. Hand hygiene was not consistently completed by staff after supporting residents.
- Up-to-date relevant HPSC guidance was not available in the designated centre when inspectors arrived.
- Details of the disinfection mechanism used in bedpan washers throughout the centre was not verified to inspectors during the inspection, further clarification and assurances that bedpan washers are operating effectively was required.
- Management systems in place for the oversight of infection prevention and control in the centre failed to identify issues raised by inspectors.

Inspectors requested an urgent compliance plan following the inspection for the urgent review of the governance and oversight of infection control in the designated centre and a review of the supervision of cleaning practices and of the current cleaning practices and products utilised. Assurances regarding the household staff knowledge on appropriate cleaning practices and procedures and review of bedpan washer cleaning and disinfection processes in the centre were also sought. The

registered provider's response did not provide satisfactory assurances.

The environment was not always managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- A shared bathroom had been changed to an equipment cleaning room following the inspection in December 2022. Inspectors saw that a toilet had been removed and a small steel shelf had been put in place. The shower area in this room was used to clean equipment. One of the centre's sluice rooms had been fitted out with a shower tray and hose for cleaning equipment. There was no sink available to soak items of equipment in either room and the use of the shower hose posed a risk of infection and cross-contamination.
- Packets of alcohol wipes were inappropriately used throughout the centre for the cleaning of equipment and some surfaces. Staff were observed using wipes from open containers where the wipes were dry to touch. These practices could result in surfaces and equipment not being cleaned appropriately and possible damage to surfaces with prolonged use. Management and staff displayed poor understanding of the differences between cleaning and disinfection.
- Hand hygiene facilities were limited in number throughout the centre and did not comply with recommended standards to support effective hand hygiene.
- Some fittings and fixtures throughout the centre were observed to be damaged and worn and could not support effective cleaning.

Judgment: Not compliant

## Regulation 7: Managing behaviour that is challenging

Inspectors found that insufficient action had been taken by the provider to reduce the use of restrictive practices in Ashbury Private Nursing Home. The centre had a high use of bedrails with 37% of residents having two bedrails in place. Bedrail risk assessments were completed and reviewed four monthly, however, inspectors found that not all residents had a trial of alternatives to bedrails before implementing or on review. This led to the high usage of bedrails, despite alternatives such as low profile beds, fall reduction mats and sensor mats being available. This was not in line with the national policy 'Towards a Restraint Free Environment in Nursing Homes' or the centre's local policy which stated that 'an extensive range of alternative measures should be trialled, for a reasonable period of time and proved unsuccessful'.

Ashbury Private Nursing Home did not have a restraint register. Restraint was recorded on a monthly Quality Monitoring and Data sheet. No documentation was available for inspectors to demonstrate that there was a decrease in the use of

restrictive practices in the centre. At the time of inspection, the most up-to-date information provided was a Quality Monitoring and Data sheet for October 2023. This was found to be incomplete, in that it did not detail all restrictive practices used in the centre and was not reflective of the changes in the service for residents who had left or been admitted to the service since that time. Improvements were required in the governance, management and monitoring of restrictive practices.

Judgment: Not compliant

### Regulation 8: Protection

Inspectors found that safeguarding care plans were not available for all residents who required them. Inspectors were informed that staff were informed verbally of the steps to take to ensure residents were supported and safeguarded however there was no written guidance and direction for staff providing support to these residents. Furthermore this was not in line with the centre's own policy on safeguarding.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Inspectors found that the layout and available space for residents to carry out their personal activities in private in six multi-occupancy bedrooms did not support residents' right to privacy and dignity. Curtain space around beds were found to be confined providing limited space for residents to carry out personal activities or rest in privacy. In these bedrooms, inspectors observed that space available for performing transfers with large items of equipment was inadequate and required that other residents' personal spaces would be entered. Although attempts had been made to address this issue through reconfiguration of curtain spaces, the layout remained the same and space limited. One twin bedroom was observed to lack sufficient privacy curtains to ensure residents' privacy at all times when drawn. Inspectors observed too, that in some of these bedrooms that residents' movement was impeded. For example, one resident who was mobilising with a mobility aid was observed to catch their aid on the other items of furniture due to the limited space between furniture in the room. These bedrooms did not support residents' right to privacy and dignity and did not support residents' right to freedom of movement around their environment.

Inspectors observed that there was an over-reliance on bed-baths and the deliver of care at bedside when providing residents with support to maintain personal cleanliness. Throughout the morning walk around of the premises, inspectors observed that communal bathrooms were freely accessible and available for

inspectors to view. In many multi-occupancy bedrooms, inspectors detected strong odours of bodily fluids on entering or when in close proximity to the bedrooms. Inspectors were informed too by staff that there was no bathroom or showering facility accessible within the centre that could accommodate a shower trolley for residents who could not sit up right for a shower. This required action to ensure that limitations in respect of premises did not adversely impact residents' rights to receive appropriate and dignified care in line with their assessed needs.

Inspectors identified there was inappropriate storage of items in residents' rooms which impacted on residents' right to privacy and dignity. This issue had been highlighted to management on a previous inspection, however inspectors observed in the same two bedrooms that there were items such as bed wedges, bedding and attachments for electrical items were stored there, that did not belong to the residents occupying the rooms.

Inspectors observed that some residents who sat in the sitting rooms to have their meals were sitting on low seats with their meals placed on a table that could not be lowered to a level where the resident could see what they were eating and did not have to reach up to access their food. This resulted in residents not always being able to eat a meal comfortably due to the furniture available.

Judgment: Not 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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Ashbury Nursing Home OSV-0000007

Inspection ID: MON-0040960

Date of inspection: 11/12/2023

## 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• A staff meeting (nursing and Nurse managers) took place for 26th January to reinforce policies and practices in respect of               <ul style="list-style-type: none"> <li>o The completion of repositioning records</li> <li>o The presence and location of latest HPSC guidance</li> <li>o The correct wearing of facemasks</li> <li>o Hand hygiene – 'five moments'</li> </ul> </li> <li>• Additional environmental hygiene, hand hygiene and PPE audits will be included in our schedule of audits to ensure ongoing oversight and monitoring – completed each week and discussed at IPC meetings every 4th Friday, in tandem with Clinical Governance meetings</li> <li>• Any additional staff training that may be required based on audit findings will be arranged.</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Additional audits will be included in our audit schedule and findings will be analysed and reviewed as part of our weekly governance and management meetings. – commenced January 10th and ongoing weekly.</li> </ul>	

- A restrictive practices self-assessment has been completed in preparation for a thematic inspection. A comprehensive restrictive register is updated monthly and will be maintained and reviewed on a monthly basis, A working group dedicated to reviewing and developing additional administrative records that may be required as part of this methodology has been established. We will continue to monitor the usage of assistive equipment that has the potential to be used as a restraint and ensure individualized risk assessments and care plans are in place for each resident and that where appropriate less restrictive measures have been considered and/or trialed – complete and ongoing. A trialed reduction in restrictive practice has commenced, with a view to reducing bedrails by 5 residents per quarter as appropriate.
- The multioccupancy rooms have been reconfigured in line with the compliance plan response previously submitted – complete. We have reduced bed capacity in rooms where it was insisted that residents dignity was compromised, and reconfigured the space in each room to ensure that each resident’s space is maximized. We are applying for a reregistration for 91 beds, a reduction of 6 beds. We will continue to apply the admission criteria and assign rooms in accordance with residents’ dependency and profile and their room will be recorded in their contract of care.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.

- All bedrooms have one chair for each resident in place – COMPLETE
- The bedroom which has been used as a single, originally registered as a double, is one of the bedrooms as mentioned above where we have reconfigured above to a registered single ensuite. - COMPLETE
- The use of resident assistive equipment and the profile of residents in multi-occupancy rooms will continue to be reviewed in line with our admissions criteria and resident engagement. All existing residents in multi-occupancy rooms will be consulted on their lived experience and their individual wishes in respect of their bedroom accommodation. As mentioned, since 31st January, all previous 4 bedded rooms, have been reduced to 3 beds, and 3 doubles have been reduced to singles, reducing overall occupancy to reregister 91 registered beds.- COMPLETE
- A consultation will take place with residents and their families, through March and April, specifically with those residents who do not at present undertake a bath or shower, but who receive a bed bath and hair wash while resting in their bed, due to their physicality

and to promote their safety and comfort (both psychologically and physically). We undertake at all times to facilitate resident choice, and as such we will seek the views and wishes of the residents and their representatives. Once we have received the feedback from the residents and their representatives, we will implement the changes based on their wishes. We undertake to have these reviews and the required implementations by 30 / 06 / 2024.

We feel it important to note that in a subsequent inspection carried out on the 18th January, 2024, by two different inspectors, there were no issues identified or any perceived infringements noted on Premises with regard to bathing facilities, nor in any previous inspection prior to same.

- All electrical appliances have been PAT tested – completed DECEMBER 12TH 2023

Regulation 20: Information for residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 20: Information for residents:

- The residents' guide has been updated – COMPLETE

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- A staff meeting (nursing and Nurse managers) took place for 26th January to reinforce policies and practices in respect of
  - o The completion of repositioning records
  - o The presence and location of latest HPSC guidance
  - o The correct wearing of facemasks
  - o Hand hygiene – 'five moments'
- Additional environmental hygiene, hand hygiene and PPE audits will be included in our schedule of audits to ensure ongoing oversight and monitoring – completed each week and discussed at IPC meetings every 4th Friday, in tandem with Clinical Governance meetings, COMMENCED JANUARY 10TH 2024 and ongoing weekly
- Any additional staff training that may be required based on audit findings will be arranged.

- Housekeeping staff have received refresher updates on the correct cleaning chemicals and processes to be used in the various clinical contexts i.e. normal practices and enhanced cleaning required within an outbreak – COMPLETE 20th & 21st December 2023.
- Bedpan washers had been serviced and maintained in line with the annual service contract, which had been the case on the day of the inspection – COMPLETE
- The one wash hand basin identified has been fixed - COMPLETE
- Clinical hand wash sinks have been installed, on January 31st 2024 - COMPLETE.

Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> <li>• A restrictive practices self-assessment has been completed in preparation for a thematic inspection. A working group dedicated to reviewing and developing additional administrative records that may be required as part of this methodology has been established. We will continue to monitor the usage of assistive equipment that has the potential to be used as a restraint and ensure individualized risk assessments and care plans are in place for each resident and that where appropriate less restrictive measures have been considered and/or trialed – complete and ongoing. A reduction has commenced which will be evident in the next quarterly return.</li> </ul>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• Dedicated safeguarding care plans are now in place for those residents that require them and staff have been informed to ensure creation of a safeguarding plan if the preliminary screening form dictates one is required – COMPLETE.</li> </ul>	
Regulation 9: Residents' rights	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.</p>	

- The use of resident assistive equipment and the profile of residents in multi-occupancy rooms will continue to be reviewed in line with our admissions criteria and resident engagement. All existing residents in multi-occupancy rooms will be consulted on their lived experience and their individual wishes in respect of their bedroom accommodation – complete by Residents council minutes February 8th 2024 and ongoing.
- A consultation will take place with residents and their families, through March and April 2024, specifically with those residents who do not at present undertake a bath or shower, but who receive a bed bath and hair wash while resting in their bed, due to their physicality and to promote their safety and comfort (both psychologically and physically). We undertake at all times to facilitate resident choice, and as such we will seek the views and wishes of the residents and their representatives. Once we have received the feedback from the residents and their representatives, we will implement the changes based on their wishes. We undertake to have these reviews and the required implementations by 30 / 06 / 2024.  
We feel it important to note that in a subsequent inspection carried out on the 18th January, 2024, by two different inspectors, there were no issues identified or any perceived infringements noted on residents rights nor in any previous inspection prior to same.
- Storage of other items in two bedrooms has been discontinued and alternative arrangements have been made – COMPLETE

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	26/01/2024
Regulation 16(2)(c)	The person in charge shall ensure that copies of relevant guidance published from time to time by Government or statutory agencies in relation to designated centres for older people are available to staff.	Not Compliant	Orange	12/12/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation	Not Compliant	Orange	31/01/2024

	3.			
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.	Not Compliant	Orange	30/06/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	12/12/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/01/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	10/01/2024
Regulation 23(c)	The registered	Not Compliant	Orange	10/01/2024

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Red	18/12/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	10/01/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	11/12/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably	Not Compliant	Orange	31/01/2024

	practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/06/2024