

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ashley Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000009
<b>Centre address:</b>	Tully East, Kildare, Kildare.
<b>Telephone number:</b>	045 521 300
<b>Email address:</b>	ashleylodgenursinghome@yahoo.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Ashley Lodge Nursing Home Limited
<b>Provider Nominee:</b>	Daniel Mulvihill
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	52
<b>Number of vacancies on the date of inspection:</b>	3

## About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

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

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 05 September 2016 10:00 To: 05 September 2016 18:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Non Compliant - Major
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

The purpose of this inspection was to follow up on unsolicited information received by the Health Information and Quality Authority (HIQA). From an examination of documentation, communication with staff and observation of practices the inspector found evidence to substantiate some of the allegations highlighted in the unsolicited information.

The inspector was not satisfied that management systems were in place to ensure that the service provided is consistently safe, appropriate to residents' needs, consistently and effectively monitored or that sufficient resources were available to ensure the effective delivery of care in accordance with the statement of purpose.

The inspector found that infection control procedures were in place were inadequate and the hygiene standards in some areas were found to be unacceptable. The inspector also noted that staff had not attended training on infection control.

Complaints were not consistently managed in line with the policy. While the person in charge took some action following the receipt of complaints, there was no documented evidence of a formal investigation into the complaints received. In addition improvement plans were not evident to address issues identified or to support learning.

Wound care and incontinence management were also reviewed and from the documentation reviewed the inspector saw that appropriate clinical assessments and treatment plans were in place while accepting that the infection control issues already highlighted may impact on these clinical outcomes.

These are discussed further in the report and included in the Action Plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was not satisfied that management systems were in place to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Several complaints had recently been received by the centre in relation to infection control issues and an unacceptable level of cleanliness. Despite this a hygiene audit had not been carried out to ascertain the existing level. Therefore no plan was in place to effectively monitor this aspect of care.

Some of the furniture was worn and some floor covering required replacement or repair. The inspector was not satisfied that sufficient resources were available to ensure the effective delivery of care in accordance with the statement of purpose.

**Judgment:**

Non Compliant - Moderate

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a sample of residents' contracts of care and noted that contracts were signed and dated by the resident or their representative within one month of admission. The contract set out the services to be provided. Details of any additional services that may incur an additional charge were included.

**Judgment:**

Compliant

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

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that infection control procedures in place were inadequate. The inspector also found that although complaints had been made about poor hygiene standards, an audit had not been completed by the person in charge to ascertain the extent of the problem and to put appropriate improvement plans in place to address the issues.

The inspector visited a currently unoccupied room and found that the cleanliness did not meet the standards for the prevention and control of healthcare associated infections published by the HIQA.

On checking the bumpers on the bed it was noted that some areas were not sufficiently clean. Brown stains were evident. In addition, the inspector noted that the surface of the bed table was very worn and several areas were porous which did not allow sufficient cleaning. The floor covering was also marked. The inspector showed these areas to the person in charge and asked that a plan be put in place to address them.

HIQA received information that soiled incontinence wear was placed in an open waste basket in the bedroom. This was confirmed by the person in charge and staff had dealt with the issues at the time. However the inspector was concerned that somewhat similar incidents including the soiling of packaging which was then left in the room and the use of wipes were also reported four times within a narrow time frame. There was no evidence of learning from these incidents or plans put in place to prevent reoccurrence.

The inspector noted that staff had not attended training on infection control. The person in charge stated that she was in the process of organising this.

**Judgment:**  
Non Compliant - Major

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

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

**Theme:**  
Effective care and support

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

**Findings:**  
Wound care and the management of incontinence management were reviewed on this inspection.

The person in charge told the inspector that the complaint received relating to a resident's bed being saturated with urine had been addressed. The inspector found that in response to complaints received, the person in charge had introduced a new system relating to incontinence care and the management of waste. The inspector saw that all staff had received training in this procedure. Staff spoken with confirmed this and were able to tell the inspector about the new procedure. Staff had also received training on the use of incontinence products in 2015.

The inspector reviewed the procedures in place for wound management. It would appear from the documents reviewed that appropriate care plans were in place which included detailed assessments and treatment plans. There was also evidence of review by tissue viability nurses. There was evidence that appropriate nutritional supplements were prescribed and administered.

**Judgment:**  
Compliant

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily

implemented.

**Findings:**

There was a complaints procedure in place and the inspector noted that the receipt of the complaints had been acknowledged by the person in charge. However the management of complaints was not consistently in line with the policy. The inspector read the complaints records and found that although some action had been taken there was no documented evidence of a formal investigation into the complaints received. In addition it was not evident that complaints were used to inform service improvements. There was no evidence that improvement plans were put in place to address issues identified and ensure that improvements were sustained.

In addition it was noted that the nominated person to ensure that all complaints were appropriately responded to, had not identified that the policy had not been used to guide practice.

**Judgment:**

Non Compliant - Major

***Outcome 18: Suitable Staffing***

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

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The inspector reviewed some aspects of this outcome as it related to information received by HIQA

The inspector was not satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents for the size and layout of the centre. In addition there was limited evidence that all staff were supervised on an appropriate basis as required by the Regulations. The inspector also noted that staff did not have access to appropriate training.

The inspector was aware that some residents had infections. However the inspector found that staff had not attended training on infection control procedures.

The inspector also found that arrangements for the supervision of staff were inadequate. The complaints log showed that the same staff were identified in similar issues which were regularly highlighted in complaints.

The inspector reviewed staff numbers and skill mix. Although there appeared to be sufficient staff on duty, there was documentary evidence that residents did not receive timely assistance when this was requested and warranted. One resident had to wait for 40 minutes for his needs to be attended to. This was discussed in detail with the person in charge.

**Judgment:**  
Non Compliant - Moderate

### Closing the Visit

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

#### **Acknowledgements**

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

#### ***Report Compiled by:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Ashley Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000009
<b>Date of inspection:</b>	05/09/2016
<b>Date of response:</b>	22/09/2016

### Requirements

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

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

### Outcome 02: Governance and Management

**Theme:**  
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some of the furniture was worn and some floor covering required replacement or repair.

**1. Action Required:**

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

purpose.

**Please state the actions you have taken or are planning to take:**

All rooms have been inspected during the first cleaning/hygiene audit and any items of furniture found in need of repair or replacement have been brought to the notice of the Operations manager and our maintenance department.

Three overbed tables have been identified as requiring replacement. This has been completed.

The floor covering in question has been cleaned, polished and buffed to a high standard. A floor layer has been retained to carry out any repairs/ replacement.

**Proposed Timescale: 31/10/2016**

**Theme:**

Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

No plan was in place to effectively monitor infection control and hygiene standards.

**2. Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**

The Registered Service Provider and the Person in Charge meet monthly to review all areas of care delivery. It is planned to meet and review all systems in the areas of Infection Control and Hygiene auditing on a 2-week basis. The First Hygiene Audit is completed and will be forwarded to HIQA by the 28th September 2016 as requested. In addition, the following dates are set to deliver Infection Control training to all staff on Saturday 1st October and Tuesday the 4th October 2016. This training is being delivered by an Infection Control Specialist Nurse. It is also planned to carry out cleaning audits every two weeks as discussed with the Inspector.

**Proposed Timescale: 31/10/2016**

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

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Cleanliness was not sufficient to meet the standards for the prevention and control of healthcare associated infections published by HIQA.

**3. Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**

In Service training had been delivered by the person in charge prior to the Inspection to address concerns from complaints in relation to incontinence management. During our review it became evident that one member of staff failed to reach the required standard of the nursing home despite appropriate in-service training and was subsequently dismissed. The recent hygiene audit has highlighted areas for improvement. Nine further Sani bins were purchased ensuring the availability of adequate resources on each wing in the management of infection control and hygiene.

A steam cleaner has been purchased for deep cleaning rooms when a resident is discharged or transferred to hospital. It is planned to generate a deep cleaning room rotation calendar to ensure every room is deep cleaned regularly.

Hygiene and Infection control audits will be consistently monitored at Management level meetings and results shared at staff meetings.

**Proposed Timescale:** 01/12/2016

**Outcome 13: Complaints procedures****Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

While some action had been taken there was no documented evidence of a formal investigation into the complaints received.

**4. Action Required:**

Under Regulation 34(1)(d) you are required to: Investigate all complaints promptly.

**Please state the actions you have taken or are planning to take:**

The complaints log has been reviewed. Staff training has been delivered and the staff involved in each complaint to date have completed their investigation reports which are now attached to each complaint outcomes. A meeting will be arranged with the complainant to achieve full satisfaction. Minutes will be taken and filed in the complaints log.

Following the complainant's satisfaction learning outcome will be implemented in line with best practice.

It is planned to review results at the next Management Meeting.

The management of all complaints will be discussed at all staff meetings.

**Proposed Timescale:** 30/10/2016

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

It was not evident that complaints were used to inform service improvements. There was no evidence that improvement plans were put in place to address issues identified and ensure that improvements were sustained.

**5. Action Required:**

Under Regulation 34(1)(h) you are required to: Put in place any measures required for improvement in response to a complaint.

**Please state the actions you have taken or are planning to take:**

Since the Inspection the person in Charge has put in place an additional mid afternoon updated handover. All staff on duty are given an opportunity to share their opinions on resident's overall condition and update colleagues on the morning's outcomes. This ensures any new staff coming on duty at 2pm has a comprehensive up to date handover.

The Person in Charge is present at all handovers when on duty.

A change in delivery of care for all residents who require direct Nursing care had been made prior to the Inspection. This resulted in those residents being identified at each handover ensuring the health care assistants allocated to each wing are fully aware which nurse including the Person in Charge will be delivering care alongside them for that day and this information is displayed at the top of each corridor for relatives who wish to request any update.

(Proposed Timescale was left blank)

**Proposed Timescale:** 22/09/2016

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The nominated person to ensure that all complaints were appropriately responded to, had not identified that the policy had not been used to guide practice.

**6. Action Required:**

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

**Please state the actions you have taken or are planning to take:**

A meeting will be arranged with the Registered Provider and the Person in Charge to discuss the Complaints Policy with regard to Regulation 34(3)

(The registered Provider is on Annual Leave) The policy will be reviewed and clear lines of responsibility, timeframes and audit will be confirmed. The policy will be updated and training will be delivered to all staff.

**Proposed Timescale:** 30/10/2016

### **Outcome 18: Suitable Staffing**

**Theme:**  
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was undisputed evidence that a resident waited 40 minutes for his needs to be attended to.

**7. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**

A new arrangement for the evening handover has been put in place to address availability of staff at all times.

Health Care Assistants reporting for duty at 20.00hrs will meet the HCA's from day duty on arrival. They will then take over any duties that are being dealt with to provide a seamless care delivery while the Night Nurses take the handover.

The Night Nurses will hand over any relevant information to the HCA's after the report. A review of skill mix and staff delegation is being carried out.

**Proposed Timescale:** 30/10/2016

**Theme:**  
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff had not received training in infection control.

**8. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**

Infection Control training has been arranged for all staff on Saturday 1st October and Tuesday the 4th October 2016. This training is being delivered by an Infection Control Specialist Nurse. It is also planned to carry out cleaning audits every two weeks as discussed with the Inspector.

**Proposed Timescale: 30/10/2016**

**Theme:**  
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Sufficient supervision was not in place.

**9. Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**

One registered nurse including the PIC is allocated to each wing daily. This arrangement allows for direct supervision and improved communication between teams particularly for those residents requiring specific nursing care. This information is clearly displayed at the top of each corridor for relatives who wish to enquire about any aspect of care.

Since the Inspection the person in Charge has put in place an additional mid-afternoon updated handover. All staff on duty are given an opportunity to share their opinions on resident's overall condition and update colleagues on the morning's outcomes. This ensures any new staff coming on duty at 2pm have a comprehensive up to date handover.

The Person in Charge is present at all handovers when on duty.

Proposed Timescale: 30/10/2016 ongoing

**Proposed Timescale: 30/10/2016**