



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Ashley Lodge Nursing Home
Name of provider:	Ashley Lodge Nursing Home
Address of centre:	Tully East, Kildare, Kildare
Type of inspection:	Unannounced
Date of inspection:	17 October 2018
Centre ID:	OSV-0000009
Fieldwork ID:	MON-0024634

About the designated centre

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

Ashley Lodge is a single-storey purpose-built centre situated on the outskirts of a busy town. The centre can accommodate 55 residents, both male and female, for long-term and short-term stays. Care can be provided for adults over the age of 18 years but primarily for adults over the age of 65 years. A complete pre-admission assessment is completed in order to determine whether or not they can meet the potential resident's needs. Twenty-four-hour nursing care is provided.

Residents' accommodation comprises 41 single rooms, 35 of which have full en-suite facilities including a shower, toilet and wash hand basin. In addition, there are seven twin rooms, two of which have full en-suite facilities. Adequate screening was available in the twin rooms. Bedroom accommodation is laid out over three wings which meet at the large foyer at the front of the building.

There was adequate communal space. There was a large sitting room, a dining room and a sunroom. The inspector noted that the front foyer was popular with residents. All areas were well furnished and comfortable. Other rooms include a well-equipped laundry, hairdressing salon, a smoking room, library, kitchen and staff facilities and offices. Three fully equipped sluice rooms were also provided.

The following information outlines some additional data on this centre.

Current registration end date:	06/11/2018
Number of residents on the date of inspection:	48

How we inspect

To prepare for this inspection the inspector or 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
17 October 2018	10:00hrs to 17:30hrs	Sheila Doyle	Lead

Views of people who use the service

Residents were complimentary about the care they received and felt well supported and safe in the centre. Residents spoke positively about staff. Most residents said that they were happy living in the centre.

Residents said that staff were kind and helpful and said that they were supported to remain independent and in contact with the local community. Residents described staff as very kind, caring and responsive to their needs. Residents confirmed that they would have no hesitation in speaking to staff if they had a concern.

Residents said staff kept them informed and up to date about any changes to their health and social care needs. Residents outlined how they always had a choice of the type, quantity and times when food, snacks and drinks were made available.

Residents spoke about the changes that had come about in the activity programme. They felt the group sessions were less crowded and more enjoyable. Some residents commented on how much they enjoyed the outings.

Many residents commented on the new furniture in the front hall and said they liked to sit there and watch the comings and goings.

Capacity and capability

Overall, the centre was well managed with evidence of good governance arrangements in place. There were some improvements evident on this inspection. For example, the majority of actions from the previous inspection had been completed or were in the process of completion. There had been improved management communication systems put in place and there was ongoing improvements to the premises and grounds.

There was a clearly defined management structure. The centre had developed a plan to drive improvements through regular auditing and benchmarking against the regulations and standards. The person in charge was very responsive to the inspection process and engaged proactively and positively with any issues identified during the inspection process.

The premises were comfortable and homely and plans were in place for ongoing improvements. The garden and pond area had recently been landscaped and provided a relaxing and safe area for residents.

Care and support for residents were delivered by an appropriate number and skill mix of staff. There was evidence of safe recruitment practices and assurance was given by the management team that Garda Síochána (police) vetting was in place for all staff and volunteers.

Each resident had a contract for care in place which outlined the fees and charges in respect of their care and services.

There was a clear health and safety statement and risk register. However, the risk management policy still required review as it did not meet the requirements of the regulations and had been identified as a non-compliance at the previous inspection.

There was a comprehensive complaints process was in place should residents, relatives or visitors wish to raise any issues they might have, including an appeals process.

Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services.

Some improvement was required regarding the availability of staff at certain times and this is discussed under Regulation 18, Food and Nutrition.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty.

Judgment: Compliant

Regulation 16: Training and staff development

There was a range of ongoing training completed by staff that was relevant to the care and support needs of residents. This included dementia care, moving and handling practices, fire safety and safeguarding. Refresher training was available in a timely manner to ensure staff knowledge remained up to date.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was updated when needed and contained the information required by the regulations.

Judgment: Compliant

Regulation 21: Records

Overall, records were seen to be maintained and stored in line with best practice and legislative requirements. Residents' records viewed complied with Schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The inspector reviewed a sample of staff files and found that all were complete. A checking system had been introduced to monitor compliance with the regulations.

The inspector was satisfied that the records viewed were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Judgment: Compliant

Regulation 22: Insurance

Evidence was available that insurance was in place.

Judgment: Compliant

Regulation 23: Governance and management

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

The person in charge worked full time in her management role and is supported by two clinical nurse managers. The regional manager also attended the centre on a regular basis as did the registered provider representative.

The centre had a defined management structure in place which was known to staff. There was a comprehensive audit programme in place. Staff and resident meetings were held on a regular basis. Minutes were kept and circulated to the relevant groups.

The inspector noted ongoing improvements in the centre. Of particular note is the availability of a bus to bring residents on outings. Some residents spoken with confirmed how much they appreciated this. The registered provider representative spoke about further improvements planned for the centre. This included a complete refurbishment of the dining room followed by similar work to the larger day-room.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of care were in place and outlined the services to be provided and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated to reflect the changes in the organisational structure and personnel. It met the requirements of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

Documentation for volunteers relating to Garda Síochána (police) vetting and the setting out of roles and responsibilities was complete. In addition, a confidentiality clause was included.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the front foyer. Detailed logs were now being maintained electronically.

Judgment: Compliant

Quality and safety

There was evidence of increased oversight which resulted in improvements in the quality and safety of the care and support for residents. The inspector found that many of the non-compliances identified at previous inspections had now been addressed. Some non-compliances remained. The Office of the Chief Inspector will continue to monitor the centre to ensure that the focus on improvements is maintained.

The care planning process was now computerised and staff had received training for this. There was evidence of ongoing resident review and assessment using a range of recognised tools covering clinical issues such as the risk of pressure ulcers, risk of malnutrition and falls risk assessments. Each resident had a care plan developed based on this ongoing assessment. There was evidence that this was implemented, evaluated and reviewed reflecting residents' changing needs.

Residents were protected through the policies and procedures in place for medicines management. Residents were also protected from abuse and neglect with robust policies and training for all staff.

Although fire safety procedures, servicing records and training were up to date, improvement was required to ensure that all staff were aware of the fire evacuation procedures through practice at fire drills. Issues previously identified relating to gaps under the fire doors had been addressed. Because of changes within the building, the registered provider representative undertook to provide the Office of the Chief Inspector with written confirmation, signed by a competent person, confirming that the centre is in compliance with all fire safety regulations.

The premises were comfortable and homely. An ongoing refurbishment plan was in place. Some improvements were required to ensure that residents had access to a safe outdoor area. Improvements had occurred since the last inspection. For example, the pathways around the lake were cleared and the enclosed patio area had been improved.

Residents had access to a varied, nutritious diet and a choice of menu was offered at mealtimes. The inspector was satisfied that residents with special dietary requirements were provided with the appropriate diet. However, improvements were required to ensure that mealtimes were enjoyable social events. It was unclear if sufficient staff were available to assist residents as the inspector saw that some residents had their meal placed in front of them even though assistance was not available.

Regulation 17: Premises

While the premises were homely and comfortable, improvements were required to the external grounds to ensure that they are suitable for, and safe for use, by residents, and appropriately maintained. Plans were in place to address this as soon as other remedial work to outdoor plant and equipment was completed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector found that there were systems in place for ensuring that individual resident's' food and nutritional needs were assessed and that appropriate care plans were put into place. Residents were weighed monthly and any weight loss or gain was responded to appropriately. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services. The inspector found clear evidence that the recommendations made by dietetic and speech and language therapists were implemented promptly.

Residents were seen to receive modified diets in line with their current care plans.

However, the inspector noted that, on the day of inspection, adequate assistance was not available at tea-time.. Recently, the centre had established two sittings for meals, with residents who required additional assistance being accommodated at the first sitting. Some meals were left in front of residents while other residents sitting at the same tables had not been served.

The inspector also noted that there was very little communication between staff and residents during the meal which was a missed opportunity for positive interactions. The inspector noted that clothes protectors were put on some residents without explanation or consent. The regional manager and person in charge were made aware of this at the time of inspection, and efforts were underway to improve the experience for the residents. This was also discussed at the feedback meeting with members of the management team.

Where indicated residents fluid and dietary intake was recorded by care staff and these records were checked by the nurse in charge at the end of each shift.

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

Judgment: Not compliant

Regulation 26: Risk management

The risk management policy had recently been updated but some improvement was required. For example, it did not outline the measures and actions in place to control the risks specified in the regulations. This had also been identified as a non-compliance at the previous inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire safety register and associated records were maintained and precautions against the risk of fire were in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents to ensure that safe evacuation was possible if needed. All staff had attended training, and fire drills were carried out on a regular basis. It was noted however, that the fire evacuation drills involved evacuation of one room rather than a compartment. This was discussed with the management and arrangements were in place to address this before the end of inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Each resident was protected through the policies and procedures in place for medicines management. A new system had been introduced and regular audits were carried out. Staff spoken with confirmed that the pharmacist will be available to residents if required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

When needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

At the previous inspection, it was noted that some improvement was required

around the use of restrictive practices. When in use, detailed assessments were carried out which included details of less restrictive alternatives which had been tried. This was identified as an area for improvement at the last inspection. Care plans were in place and safety checks were completed when bedrails were in use.

Although usage remained high, ongoing efforts were made to reduce this. Additional equipment such as low low beds were in place.

Judgment: Compliant

Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was a policy in place on safeguarding vulnerable persons at risk of abuse. Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place. The inspector saw that refresher training was scheduled.

The registered provider representative acted as a pension agent for some residents. Because of the recent changes in the organisational structure, the inspector saw that arrangements regarding the new nominated agent were only recently finalised. These were managed centrally by the organisation. As yet, there was limited evidence of any transactions carried out. This will be reviewed again at the next inspection. A policy was in place to guide practice.

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

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ashley Lodge Nursing Home OSV-000009

Inspection ID: MON-0024634

Date of inspection: 17/10/2018

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> <p>S – Following completion of the remedial works an appropriate surface finish will be positioned. M – Progress will be monitored by the Regional Manager and the Maintenance Team. A – Pre-planning for final finish. R – Realistic. T – 30th January 2019.</p>	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>S – A full review of the dining experience has been conducted by the Regional Manager and the Person In Charge, which identified further training needs to enhance positive interactions during mealtimes. M – Regular audits by the Person In Charge to ensure consistent practice post training. A – Through onsite training and observation. R – Realistic. T – 30th November 2018</p>	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>S – A full review of the risk management policy has been conducted by the Group Operations and Compliance Manager and updated to reflect Regulation 26.</p> <p>M – Staff made aware of policy change.</p> <p>A – Through signing of a 'read and understood' document.</p> <p>R – Realistic.</p> <p>T – 30th November 2018.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>S – As advised by the inspector, further evacuation drills of compartments rather than rooms have taken place.</p> <p>M – Monitoring of attendance.</p> <p>A – Evacuation time.</p> <p>R – Realistic.</p> <p>T – 31st October 2018.</p>	

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 th January 2019
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Not Compliant	Yellow	30 th November 2018
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Substantially Compliant	Yellow	30 th November 2018

Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Substantially Compliant	Yellow	30 th November 2018
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	30 th November 2018
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Substantially Compliant	Yellow	30 th November 2018
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Substantially Compliant	Yellow	30 th November 2018

Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31 st October 2018
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