



# 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 Limited
Address of centre:	Tully East, Kildare, Kildare
Type of inspection:	Announced
Date of inspection:	24 and 25 April 2018
Centre ID:	OSV-0000009
Fieldwork ID:	MON-0020950

## 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:	47

## 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
24 April 2018	10:00hrs to 17:30hrs	Sheila Doyle	Lead
25 April 2018	10:00hrs to 14:30hrs	Sheila Doyle	Lead

## Views of people who use the service

The inspector reviewed resident questionnaires returned to HIQA as part of this registration renewal. The inspector also met with residents during the inspection. Residents said they felt safe and well cared for.

Several residents said the range of activities on offer had improved and they were happy with the activities offered. Some residents said they would like more outside activities and would like to be able to access both the patio area and the external grounds.

The majority of residents reported satisfaction with the food and said choices were offered at meal times.

Residents said that they knew how to make a complaint and felt it would be addressed. Residents said they were consulted with on a daily basis, and were aware that plans were in place to have more regular residents' meetings.

Residents said they were happy with their rooms. Some residents expressed concern over laundry going missing, and the person in charge undertook to address this.

## Capacity and capability

The registered provider and person in charge worked to ensure that residents received a high standard of care through the processes and systems they had in place.

The inspector found that a more robust governance structure was now in place. The centre had developed a plan to drive improvements and address the non-compliances, many of which had been identified repeatedly at previous inspections. The inspector found that many of the actions from the previous inspections had been addressed.

There was a clearly defined management structure. The inspector met with the person in charge who had been in post since January 2018. During the inspection, she demonstrated sufficient knowledge and leadership. Appropriate deputising arrangements were in place. This governance and management change had resulted in a positive impact on the care and support for residents; which is outlined under the quality and safety section of the report.

Auditing and quality improvement initiatives meant that the provider had a more

effective system in place to provide a greater oversight of the service provided.

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 person in charge that Garda Síochána (police) vetting was in place for all staff and volunteers.

Having reviewed the training records the inspector was satisfied that a culture of learning was promoted through training and professional development. A robust induction procedure was in place to ensure that staff had the required competencies to care for residents.

Information was available for residents. A detailed residents' guide was available. Contracts of care were in place. Opportunities for resident feedback were facilitated and residents confirmed they were aware of the complaints process and who to speak to if they had a concern.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. She was available throughout the inspection and all documents requested were made available to the inspector.

Judgment: Compliant

#### 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.

Judgment: Compliant

#### Regulation 16: Training and staff development

A culture of learning for staff was promoted through training and professional development.

Judgment: Compliant

### Regulation 19: Directory of residents

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

Judgment: Compliant

### Regulation 21: Records

The sample of staff files reviewed were complete and contained the information required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had put in place a clear management structure and management systems to ensure the service was provided in line with the statement of purpose.

An auditing schedule set out the yearly plan. Audits carried out included hygiene and infection control, health and safety, medication and clinical documentation. The results of audits were shared with staff for learning and used to inform the annual review. The inspector saw that the 2017 review was completed and was available to residents. This included details of incidents, complaints received, and previous inspection findings along with action plans to further improve the service.

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 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 maintained.

Judgment: Compliant

### Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider representative was aware of notification requirements for periods when the person in charge is absent from the centre. Appropriate deputising arrangements were in place.

Judgment: Compliant

### Quality and safety

The increased oversight provided by the new management system had 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 and while

acknowledging progress, HIQA will continue to monitor the centre to ensure that the provider continues to focus on improvements to ensure compliance with the regulations and the standards.

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.

There was evidence that the rights and diversity of each resident were protected. Each resident had the right to exercise choice and to have their needs and preferences taken into account. This was particularly noticeable in the recently updated activity programme and the food choices available.

When required, additional supports were put in place to assist residents with communication difficulties. Sufficient detail was provided in the relevant care plans to guide staff. The inspector saw staff using a range of techniques when required.

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 adequate precautions were in place against the risk of fire across all areas of the centre. Gaps were noticed under some fire doors of residents' rooms. This had been identified by the provider and person in charge and work was underway at the time of inspection to address this.

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. For example, the inspector noted that the ground was uneven at the side of the building. The pathway around the lake was very slippery and the garden located to the rear of the building needed attention. The inspector also noted that the enclosed patio area was used as a staff smoking area which impacted on usage by residents.

Other areas for improvement included the risk management policy and the details included in the assessments for restrictive practices.

## Regulation 10: Communication difficulties

Each resident was assisted to communicate, and care plans outlined specialist communication needs, when required.

Judgment: Compliant

## 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.

It was also noted that one bedroom did not have a wash-hand basin.

Judgment: Not compliant

## Regulation 20: Information for residents

A user-friendly residents' guide was in place and contained the information required by the regulations.

Judgment: 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.

The non-compliances identified at the previous inspection had been addressed.

Judgment: Substantially compliant

## Regulation 27: Infection control

Appropriate infection control procedures were in place. This included ongoing training for staff and compliance with national standards. Hand hygiene gels were located around the centre and the inspector saw staff and relatives using them. Action required from the previous inspection had been addressed.

Judgment: 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, and these included night-time scenarios.

Some gaps were noted under a number of bedrooms doors. The inspector saw that this had been identified by the provider and work was underway to address this at the time 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.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The arrangements to meet each resident's assessed needs were consistently set out in an individual care plan. Residents and relatives were involved in the review of the care plans.

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).

Some improvement was required around the use of restrictive practices. Assessments reviewed did not indicate if less restrictive alternatives had been

trialled prior to the use of restraint.

Judgment: Substantially compliant

### Regulation 8: Protection

Robust policies were implemented including staff training, to ensure that residents were protected from all forms of abuse.

The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for a number of residents, and arrangements were in place to afford adequate protection and access to these finances.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that the rights and diversity of each resident were respected and safeguarded.

The inspector saw evidence of ongoing improvements around the provision of opportunities for residents to participate in activities on a regular basis.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	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
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

**Inspection ID: MON-0020950**

**Date of inspection: 25/04/2018**

### **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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The walkway around the lake was slippery when wet. This is being power –hosed and rendered safe again. Additional stone has been laid at the back left of the building, this has rendered the pathway smooth and easy to traverse.</p> <p>A wash hand basin is being installed in one bedroom.  </p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Risk Management Policy is now updated. It includes guidance on such areas as Restraint and Physical Environment – both internal and external. The Risk Register is updated monthly and includes risks identified in these areas.  </p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Work had commenced on reducing gaps at the bottom of some bedroom doors. Additional door saddles are been installed where required to provide an acceptable and safe lower opening.  </p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behavior that is challenging:</p> <p>Risk Assessment for side rails were reviewed for residents who requested side rails. Assessment which did not indicate alternatives to the use of side rails were reassessed and less restrictive alternatives were trialed and same indicated in assessment.</p>	

All side rails assessment in future will include the use of less restrictive alternatives. All staff nurses have been informed of same. Restraint is included in the Risk Register. |

## 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.	Not Compliant	Yellow	31/05/2018
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/05/2018
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated	Substantially Compliant	Yellow	31/05/2018

	centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
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