

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ashley Lodge Nursing Home
Centre ID:	OSV-0000009
Centre address:	Tully East, Kildare, Kildare.
Telephone number:	045 521 300
Email address:	ashleylodgenursinghome@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ashley Lodge Nursing Home Limited
Provider Nominee:	David Hyland
Lead inspector:	Mary O'Donnell
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	14

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 May 2017 08:30 To: 08 May 2017 13:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was carried out to review progress on actions required from the previous inspections. In addition, the findings of the inspection will inform a review of the additional restrictive conditions of registration attached to the centre since 15 Dec 2016, one which outlined that no new residents were to be admitted to the centre.

The centre had a history of a high level of non-compliance identified during previous inspections in September 2016 February 2017. During the previous inspection, inspectors identified that the governance and management of the centre was ineffective, there were ineffective systems in place to adequately supervise staff and residents. There was evidence of a lack of understanding of the regulatory requirements by the provider and person in charge in relation to many aspects of the running of the centre which included risk management, management of complaints,

supervision of residents and staff, vetting of staff, assessment and care planning, the implementation of a quality management system and on-going monitoring of the quality and safety of care for residents. There were two major non-compliances identified and six moderate non-compliances out of 14 outcomes inspected in February 2017. Following the inspection the provider was requested to attend a meeting at HIQA 's Dublin office and subsequently received three restrictive conditions on the registration of the centre, one which outlined that no new residents were to be admitted to the centre. Information received by HIQA was also followed up.

Since the last inspection there had been positive changes to the management team including the appointment of a new person to represent the provider. The provider also engaged the services of a consultant to assist them in the implementation of governance and management systems. Roles and responsibilities had been revised and the person in charge was supernumerary to the nursing complement which enabled her to have full clinical oversight of the centre. There was evidence that the person in charge was fully engaged in the governance, operational management and administration of the centre on a day-to-day basis.

Governance and management structures had been strengthened with the introduction of a system of audits and business intelligence reports to support a safe service and promote continuous quality improvement.

The premises was maintained to a high standard both internally and externally. Additional storage space had been created for equipment since the previous inspection.

Policies had been revised and clinical issues such as weight management and falls prevention were now in line with evidence based practice.

Safeguarding measures were in place. Arrangements for the safeguarding of residents monies were revised with transparency and accountability built into the system. Restraint was in line with national guidelines and there was evidence of progress towards promoting a restraint free environment. Improvement was evident in relation to the assessment and management of residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Contracts of care were in place and the sample examined were individualised to reflect the fees charged to each resident. Staff files reviewed held the required documentation, including evidence of Garda clearance. The person in charge confirmed that all staff working in the centre had been Garda vetted.

Handover arrangements had been revised and enhanced to ensure that staff were available to attend to residents at shift changeovers and each staff member had access to relevant information to care for residents appropriate to their role. Staff attended training in relation to the delegation and supervision of staff. Arrangements for the provision and supervision of care were found to be satisfactory.

The system for the management of complaints had been revised and the complaints policy was posted at the entrance hall. The three complaints recorded since February 2017 were resolved. The inspector noted that complaints had been managed in line with the policy and used to inform service improvements.

The inspector found that the provider had completed the action plans following the previous inspection and a high level of compliance was found. Findings are discussed in the body of this report and set out in the action plan at the end for response.

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 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):

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

Findings:

There were some changes to the governance and management of the centre since the previous inspection. An external consultant had been commissioned to support the person in charge and a new person was appointed to represent the provider. The provider nominee and the operations manager visited the centre on a regular basis and held a formal meeting with the person in charge on a monthly basis to discuss ongoing management issues for the centre. The inspector met with the provider nominee and found he had significant experience in the business and was aware of the duties and responsibilities of a provider.

The management team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents. They were proactive in response to the actions required from previous inspections and the inspector viewed a number of improvements throughout the centre. Inspectors saw that all of the actions required from the previous inspection had been addressed

On the previous inspection the systems in place to review and monitor the quality of care were not adequate. This had been addressed. There were now processes in place to assess the quality of life and safety of care. A system of audits and business intelligence reports had been developed to support a safe quality service and promote continuous quality improvement. Audits for health and safety, catering, clinical documentation, home management, medication management, human resources, finances and infection control are now scheduled to occur throughout the year. The inspector viewed audits reports and found evidence of ongoing improvements following the audits and action plans were completed when required.

On the previous inspection there was a requirement for an annual review which was

not in place. On this inspection the inspector saw that a comprehensive annual review of the quality and safety of care and support in the designated centre had been undertaken by the management team in accordance with the standards.

There was a clear management structure with identified lines of authority and accountability. An external consultant had facilitated workshops to explore delegation of responsibility and define the roles and responsibilities of the person in charge, clinical nurse managers and various team members. The person in charge had delegated various responsibilities to clinical managers; she no longer had a role in direct supervision of teams or delivering nursing care. This enabled her to focus on her role and responsibilities as person in charge.

Overall the inspector saw significant improvements in the overall governance and management of the centre. This was through the addition of quality management systems and a management team with the knowledge to ensure compliance with the regulations. This had a demonstrable effect on improving residents' safety and quality of life within the centre.

Judgment:

Compliant

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):

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

Findings:

There was a guide to the centre available to residents. It gave an overview of the services provided, included information on the complaints process and information about visiting times.

A contract of care was completed for each resident in a random sample of files reviewed. It dealt with the care and welfare of the resident in the centre and set out the services to be provided. It also included the fees to be charged to residents and included details about services provided and if they incurred an additional charge. The action plan to address this had been completed.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

Aspects of this outcome were monitored to check if the agreed actions were completed. Overall, complete records were maintained in the centre. Records were easily retrievable, accurate and up to date. An audit of clinical documentation was included in the annual audit system. The inspector noted that improvements had been made in relation to care plans. However fluid intake charts reviewed did not have any entry after 19:00 hours. Therefore it was not possible to determine if night staff had offered fluids which a resident refused or if fluids were taken but not documented.

Policies were in place as per schedule 5 of the Regulations and the review of policies was on-going since the previous inspection. There were policies that reflected the centre's practice and these were seen to be implemented in practice and understood by staff. Policies reviewed by inspectors had been reviewed and been updated to reflect best practice.

Staff files held all the required information as set out in schedule 2 of the Regulations.

Judgment:

Substantially Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

The inspector found that there were measures in place to protect residents from suffering harm or abuse. There was a policy on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. The inspector saw that elder abuse detection and prevention training was ongoing and training records confirmed staff had received this mandatory training. Staff who spoke with the inspector were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident.

Staff were working to reduce the use of restraint in the centre. The inspector noted that the use of bed rails had been reduced from 15 to 12. Risk assessments were done prior to using a bed rail and safety checks were carried out when they were in use. Some residents requested bedrails for safety but less restrictive alternatives were available such as grab rails or low-low beds and crash mats.

Some residents managed their own finances. The inspector saw that each resident had a lockable secure storage space in their room. The provider was an agent for three residents, and had taken measures to ensure that social welfare requirements for agents were complied with. An annual audit of finances was included in the audit cycle.

Staff had attended training on the management of behaviours that challenge and there was a policy in place to guide practice. Advice and support was available from the psychiatry services. The inspector saw evidence of appropriate assessment, care plans and positive behavioural strategies and practices implemented to support residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). This had been an area of non compliance found on the previous inspection. The inspector found that the action plan had been completed to achieve compliance with the Regulations.

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):

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

Findings:

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents. The inspector saw evidence that the actions from the previous inspection had been carried out.

The inspector read the risk management policy on the previous inspection and saw that it met the requirements of the regulations.

There was a health and safety statement in place. The health and safety policies included risk assessments on all areas of the centre. The inspector reviewed the risk register and noted that it had been updated to include clinical and environmental risks and the measures to mitigate the risks identified. The health and safety committee meet monthly and records showed action was taken to address any issues identified. For example new ashtrays were purchased and external lighting had been enhanced. Risks identified on the previous inspection had been addressed. The electric sockets in the hairdressing room had been replaced with external type sockets and the shower in the room had been removed.

The person in charge told the inspector that health and safety walkabouts were undertaken three times daily and issues found were addressed or reported to the maintenance team. The inspector was satisfied that the cleaning trolleys were no longer stored in the sluice rooms. Cleaning chemicals were stored in a locked cabinet and latex gloves were removed from bathrooms and stored centrally.

Adequate fire safety procedures were in place. The fire alarm system and equipment had regular servicing. Fire drills were carried out on as part of the training which took place on a six monthly basis. The inspector noted that the fire alarm system was in order and fire exits were unobstructed. Staff spoken with were aware of the procedure to follow in the event of a fire. Two fire drills had been undertaken since February and simulated evacuations were performed which reflected the staffing levels at night. Details of the staff in attendance, the area evacuated and the time taken to respond, to evacuate and any learning's were all documented.

Staff had attended fire training and new staff received additional training as part of their induction.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

On previous inspections, inspectors were generally satisfied that each resident is protected by the designated centres policies and procedures for medication management. Inspectors found the maximum dosage for administration of medication a 24 hour period for PRN (as required) was not consistently documented. This had been addressed.

The inspector reviewed a sample of prescription and administration records and saw that they were in line with best practice requirements. The maximum dosage for administration of PRN medication in a 24 hour period was stated and medication which needed to be crushed were appropriately prescribed.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

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

Findings:

A record was maintained of all incidents occurring in the centre. This was available for review by the inspector and contained good detail of the event as well as any pertinent information regarding immediate follow up. Notifications had been submitted as required by the regulations.

A quarterly report had been submitted to the Authority as required by the Regulations. The outstanding notification from the previous inspection, was submitted to HIQA by the person in charge.

Judgment:

Compliant

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):

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

Findings:

The inspector found that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans. There was evidence of resident or relative involvement at development and review. The inspector reviewed the management of clinical issues such as wound care, dementia care and falls and found they were well managed and guided by relevant policies.

Care plans were routinely reviewed on a monthly basis or if there was a change in the resident's condition. The person in charge had begun to audit four care plans weekly and the standard of care planning had improved since the last inspection. A sample of residents files including assessments and care plans were examined and documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services was available on referral, including occupational therapy, speech and language therapy (SALT) and dietetic services. Physiotherapy, chiropody, dental and optical services were also provided either locally or in the centre.

The inspector saw evidence that residents had been referred to these services and results of appointments were written up in the residents' notes. Where appropriate, the care plans were revised to reflect the recommendations and this had been identified as an area for improvement at the last inspection.

A new activity co-ordinator had recently been appointed and worked a 12 hour shift three days each week. The inspector found the activity co-ordinator was enthusiastic and looking forward to doing an on-line course to learn more about his role. He outlined how the activity programme was planned with the residents and that individual and group sessions were carried out. He was supported by health care staff and external people to facilitate a range of activities, such as arts and crafts, a weekly exercise group and various religious services. Daily newspapers were read and hand massage and nail care was offered to those who required one to one interaction. Residents said they enjoyed the activities provided and were seen to enjoy various activities during the inspection. Residents suggestions informed the activity provision; for example the rosary was recited each evening now in response to a suggestion at the residents meeting. Each resident had a care plan to meet their social and recreational needs and their participation and level of engagement in various activities was documented. Health care staff were responsible for facilitating activities and meeting the social needs of residents in the absence of the activity co-ordinator. The inspector examined the records of activities and was not assured that the social needs of residents were

consistently met. There were no records maintained of residents engagement in activities for the weekend. The records for a resident who could not engage in groups stated 'offered a drink' as the social interactions they provided for the resident for the previous three days. Staff said the resident also enjoyed the television and radio and this was included in the residents care plan. The inspector formed the view that staff required education to support them to meet the social needs of residents and provide a range of sensory stimulation for residents who could not engage in group activities. There was scope to expand the range of social activities for residents with advanced cognitive impairment.

Pet therapy was provided with a number of pet cats. Residents were seen to enjoy stroking the cat on the patio area. Residents had free access to the patio and some relatives and residents told the inspector they wished they could access the grounds without the need to be accompanied by a staff member. The inspector noted that some areas of the garden posed a risk to the safety of residents but consideration should be given to extending the secure outdoor areas for residents. The inspector noted that plans to create raised beds had not been progressed since the last inspection.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

As described at previous inspections, Ashley Lodge is a single-storey purpose-built centre. Residents' accommodation comprises single bedrooms and some twin rooms is arranged around three distinct sections. All bedrooms have en suite facilities and the twin rooms had appropriate screening to ensure privacy.

There was adequate communal space. There were a large sitting room and two dining areas and 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. Three fully equipped sluice rooms were also provided and a kitchenette for families to use.

The building was well maintained both internally and externally. It was found to be clean, comfortable and welcoming. Each room was appropriately decorated and contained personal items such as personal photographs, posters and pictures.

Improvements had been made to ensure that the premises was suitable for all residents including those with dementia. Signage was in place to aid orientation and support way-finding. Toilet doors had been painted a similar colour and contrasting colours were in use within the toilet areas. Shelving had been installed in the sluice rooms and the curtains in the assisted dining room had been repaired.

The inspector found that appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames and there was suitable and sufficient storage for equipment. Servicing records showed that equipment was serviced regularly. Corridors were wide which enabled residents including wheelchair users' unimpeded access. Hand rails and grab rails were provided in all circulating areas.

Adequate arrangements were in place for the disposal of general and clinical waste.

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):

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

Findings:

There were policies and procedures in place for the management of complaints, which met the requirements of the regulations. The policy has been revised in March 2017 and included a named person nominated to oversee that all complaints were appropriately responded to and records kept. The appeals process was also set out in the policy.

The complaints procedure was displayed in prominently in the centre.

A complaints register was maintained in duplicate form and the person making the complaint was provided with a copy. Records included details of the complaint, the investigation and the outcome. The views of the complainant on the outcome was also documented. The three complaints logged since February 2017 were closed and the inspector saw they had been managed in line with the policy. There was evidence that complaints were used to support learning.

Residents identified staff they could complain to and staff who spoke with the inspector said that they would always report complaints to either the senior nurse or the person in charge.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Appropriate assistance was offered to residents in a sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that residents had been reviewed by a speech and language therapist and dietitian as required. Recommendations from these reviews were documented in the residents' care plan and specialist advice was adhered to. This had been identified as an area for improvement at the previous inspection.

The inspector saw that the dining experience was pleasant. Tables were nicely laid and meals were appetisingly presented.

Residents interviewed expressed a high level of satisfaction when asked about the meals they were served and the choices on offer. They also stated that there were adequate staff to provide timely assistance to those who could not dine independently. The person in charge discussed plans to increase the font size on the menus to ensure that all residents can read them.

Judgment:
Compliant

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 was satisfied that, on the day of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents taking into account the size and layout of the centre. All staff were supervised on an appropriate basis. Action required from the previous inspection relating to the supervision of staff had been addressed. Action had also been taken to ensure that staff files now contained all the required documentation including Garda vetting.

The inspector examined a sample of staff files and found they were complete. Assurance was given by the person in charge that garda vetting was in place for all staff, including staff who were recruited and had not yet commenced employment.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

Staff training records demonstrated a commitment to the on-going development of staff knowledge and competencies. Training undertaken included dementia, behaviours that challenge, wound care, infection control and continence training.

Roles and responsibilities of all staff were reviewed and staff delivering direct care were organised into two teams with nurses and senior carers responsible for the supervision of health care staff. A system was introduced where each health care assistant was supervised by a nurse as they provided care to a resident. A written report was issued afterwards and areas of good practice and aspects for improvement were documented. The reports were used to inform performance appraisal meetings which were held every six months.

All staff attended the hand-over meetings and were provided with reports and up to date information to support them to perform their duties.

The inspector noted that the staffing levels were adequate for the 41 residents based on the current residents' dependency levels but was not assured that the present

staffing levels were adequate if resident numbers or dependency levels increased.

Judgment:

Compliant

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:

Mary O'Donnell
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 report¹

Centre name:	Ashley Lodge Nursing Home
Centre ID:	OSV-0000009
Date of inspection:	08/05/2017
Date of response:	01/06/2017

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Fluid intake charts did not have any entry after 19:00 hours. Therefore it was not possible to determine if night staff had offered fluids which a resident refused or if fluids were taken but not documented.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in

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

Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All night staff have received training on the importance of recording food and fluid intake during the night ensuring that when a resident refuses the offer of food and fluids that this is clearly documented and reported to the nurse in charge.

Proposed Timescale: Complete

Proposed Timescale: 01/06/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Staff required education to provide a range of sensory stimulation for residents. There was scope to expand the range of social activities for residents with advanced cognitive impairment.

2. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Theme:

Effective care and support

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

Staff required education to provide a range of sensory stimulation for residents. There was scope to expand the range of social activities for residents with advanced cognitive impairment.

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

In-Service training has been delivered to support staff to meet the social needs of residents via online education sessions (Sensory and Tactile Stimulation Activities for residents with advanced cognitive impairment)

These activities are now being explored by the activities coordinators ensuring that social needs of residents are consistently met.

Records are now maintained of residents engagement in activities on a daily basis including the weekend.

Proposed Timescale: Complete and Ongoing

Proposed Timescale: 01/06/2017