



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

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| Name of designated centre: | Ashborough Lodge Nursing Home |
| Name of provider: | Allenfield Care Homes Limited |
| Address of centre: | Lyre Road, Milltown, Kerry |
| Type of inspection: | Announced |
| Date of inspection: | 27 January 2020 |
| Centre ID: | OSV-0000194 |
| Fieldwork ID: | MON-0023116 |

About the designated centre

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

Ashborough Lodge Nursing Home is a purpose built centre situated in the village of Milltown, only a short walking distance from shops, restaurants, pubs, pharmacies, doctors and the community. The centre is registered with the Health Information and Quality Authority (HIQA) for 58 beds. The building was established in 2003. There is 24 hour evidence based nursing care provided for residents with all levels of dependency, from low to maximum supervision. One wing is a dedicated Alzheimer's and Dementia Care Unit, catering for 13 residents. There are two landscaped garden areas with seating provided, one of which is enclosed especially for residents with Dementia or Alzheimer's condition. The accommodation comprises of 54 single and 2 double rooms, all of which have wheelchair accessible en suites and are fitted with call bell system, grab rails, fire doors and electric beds. A small kitchenette with fridge, a television and a private telephone line (shared line in the 2 double rooms) is standard. Email messages, photos, fax services and WIFI is provided. Sitting room and dining room facilities are available in all 4 suites. An initial nursing assessment is complete prior to admission to the centre. The service accepts admissions for long and short-term stay, convalescence care, palliative care and dementia specific care. Residents and families are encouraged to be involved in the care planning process and are consulted with every three months for review or as required. Visitors are welcome, but not encouraged during mealtimes as this is a time for residents to dine as a community. There is a range of services and facilities available such a hairdresser, occupational therapist, physiotherapist and dietician. There are art classes, music, an activities programme and gardening sessions as well. A meeting for residents and their families is held every three months and the minutes of the meeting are distributed to all residents and relatives. A Catholic mass is held once a week and all religions are catered for. CCTV cameras are located in public areas such as front entrance/ exit door, back door entrance and exit for staff and deliveries, kitchen area and reception area. A detailed complaints policy is displayed in the reception area and around the home and fire maintenance systems are in place. Outings are facilitated and residents' independence is promoted.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 56 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-------------------------|----------------------|---------------|------|
| Monday 27 January 2020 | 08:40hrs to 16:20hrs | Ella Ferriter | Lead |
| Tuesday 28 January 2020 | 08:30hrs to 16:00hrs | Ella Ferriter | Lead |

What residents told us and what inspectors observed

Residents told the inspector they were happy living in Ashborough Lodge. Everyone spoken to reported the person in charge to be very approachable and responsive to their needs. Residents said they felt safe and were extremely complimentary of all staff who they described as kind, caring and helpful. Some residents who could not express their own opinions were represented by a family member. Feedback was also received from questionnaires issued to the centre by the Office of the Chief Inspector for distribution to residents and relatives for completion. The feedback received from all was very positive and complimentary about all aspects of care and life in the centre. For example, residents said the staff were excellent, extremely obliging, easy to talk to and were always willing to assist. The atmosphere was described as being friendly and relaxed.

Visitors were satisfied with the delivery of care, describing staff as friendly and helpful. They reported that they were always welcome. The inspector observed that an ethos of respect for residents was evident and residents appeared to be very well cared for. Residents and relatives gave very positive feedback regarding all aspects of life and care in the centre. Staff were observed by the inspector treating residents with dignity and respect during all interactions and taking time when delivering care.

Residents were satisfied with the food they were offered. They told the inspector they were given choices and the food was of a high quality. They were complimentary about the chef and the kitchen staff. They spoke positively about the home baking available daily. Residents were pleased with the refrigerators and tea and coffee making facilities in their bedrooms, which they reported made them feel very at home. Clothes were laundered in individual bedrooms as all residents had a washing machine. Residents stated they were happy with this arrangement and were satisfied. Residents were consulted with on a daily basis and regular residents' meetings were facilitated. They enjoyed activities such as music and arts and crafts. Feedback was extremely positive in relation to accessibility of the outdoor space where residents stated they loved to sit out, especially in summer and enjoy nature with their visitors.

Capacity and capability

This inspection was undertaken as part of an application by the Registered Provider, to re-register the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. The prescribed documentation was submitted and application fees paid in compliance with the registration regulations. Overall, a good service was being

provided to residents living in Ashborough Lodge. The majority of areas for improvement acknowledged after the last inspection had been addressed and rectified. Some improvements were required on this inspection including further development of a social care programme for residents, the initiation of regular fire drills and the management of risk.

There was a clearly defined management structure with clear lines of authority and accountability. The Registered Provider of this service is Allenfield Care Homes Ltd and a representative from this company is directly involved in the day to day running of the centre. Care is directed through the person in charge who is working in this role for over ten years. She is a registered nurse with extensive experience in care of the older adult and in management. She demonstrated an in-depth knowledge of her role and responsibilities including good oversight of residents individual needs. There was evidence of regular management meetings where incidents, accidents, staffing, audits and resources were discussed. There was a proactive response to issues as they arose to ensure service delivery was safe for residents.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. A sample of rosters were reviewed and staff and residents confirmed that there were adequate staff on duty at all times. Staff reported it to be a very good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. Staff received appropriate training and supervision in their roles. A review of staff records demonstrated that staff were recruited and inducted in accordance with best practice. A sample of staff files was reviewed and those examined were compliant with the regulations and contained all the requirements as per Schedule 2.

Good systems of information governance were in place and records required by the regulations were maintained effectively. Copies of the standards and regulations were available and accessible by staff. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also readily available and effectively maintained. Written policies and procedures as listed in Schedule 5 were in place and updated three yearly.

The inspector saw evidence that the quality and safety of care provided to residents was monitored through the collection of key performance indicators and clinical audits. Information was obtained on falls, pressure ulcers, accidents, incidents, complaints, dependency levels and weights. This information was discussed at staff meetings and used to inform and improve practice. An annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed in accordance with the standards with an action plan for the year ahead.

There was a contract of insurance in place against injury to residents and to protect residents property. Each resident had a contract of care. This contract was reviewed on inspection and it was found that it did not include the room to be occupied and referred to an additional dependency fee which may be applicable. However, it was

not stated how residents would be assessed for this fee or what services were included in the fee.

Residents and families knew how to make a complaint if warranted. The complaints procedure was displayed in the centre and records were maintained in line with the regulations. Complaints were discussed with the complaints officer on inspection and records were reviewed. Although complaints were investigated promptly and acted upon, there was not always evidence that relatives and residents were satisfied with the measures put in place in response to issues raised.

There were systems in place to manage critical incidents and risk in the centre. The incidents and accidents log was reviewed and notifications to the chief inspector correlated with these records. The centre demonstrated a commitment to on-going improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the service, resulting in continuous improvements in the quality of life and quality of care for the residents.

Registration Regulation 4: Application for registration or renewal of registration

All prescribed documentation was submitted and fees were paid in accordance with the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in the post and had been in the position for over ten years. She had the necessary experience in nursing the older adult and in management as required by the regulations. She demonstrated good knowledge regarding her role and responsibilities and was articulate regarding governance and management of the service. She was supported in this role by a full time administrator, a Clinical Nurse Manager and a team of nurses, care staff, catering staff and household staff.

Judgment: Compliant

Regulation 15: Staffing

The staff compliment and skill mix was adequate to meet the care needs of the 56 residents on the day of inspection. Residents and relatives spoke very positively about staff, reporting they were kind, caring and respectful. The person in charge

and the Clinical Nurse Manager supervised care delivery and supported the team.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a good level of training provided in the centre and further training was scheduled for the year ahead. Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling and responding to elder abuse. There was evidence of a comprehensive induction in place for new staff.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all of the information specified in the regulations.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were stored securely. A sample of staff files viewed by the inspector were found to contain the requirements of Schedule 2 of the regulations. The management team provided assurance to the inspector that all staff had Garda vetting in place prior to commencing employment in the centre. Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 22: Insurance

There was evidence that the centre had a current insurance policy in place against

injury to residents and protection of residents property.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure that identified clear lines of authority and accountability. Management systems were in place to ensure that the centre delivered appropriate, safe and constant care to residents. The annual review 2019 demonstrated a good review of quality of life and quality of care bench-marked against the national standards with project plans for 2020. There was evidence of quality improvement strategies and continuous monitoring of the service. There was an audit schedule in place, capturing many areas, to review and monitor the quality and safety of care and the quality of life of residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had a written contract of care and a statement of terms and conditions agreed with the registered provider of the centre. However, contracts did not clearly outline the room number to be occupied. There was also reference to an additional charge in the contract if a residents dependency level was to increase. There were no details in relation to how this charge was determined and what the fee included.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to reflect the size of the bedrooms and communal rooms in accordance with the regulations. The statement of purpose contained the designated centre's vision, mission and values and it accurately described the services being provided.

Judgment: Compliant

Regulation 30: Volunteers

All volunteers working in the centre had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place. They also had a memorandum of understanding, which outlined their roles and responsibilities.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications to the chief inspector were submitted within the required time period and these correlated with the incident and accident logbook reviewed by the inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents and relatives spoken with relayed that they could raise issues with the person in charge, the administrator and nursing staff without reservation. The administrator who worked full time in the centre was the designated complaints officer. The complaints process was on public display near the main entrance. On review of the complaints log, there was evidence that complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint, however it was not recorded whether they were satisfied with the outcome or not.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Current written policies and procedures on matters set out in Schedule 5 were available to staff, and were reviewed and updated in accordance with best practice.

Judgment: Compliant

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

There had been no absence of the person in charge for a period in excess of 28 days since she was employed in the centre. However the person in charge was aware of her responsibilities to inform the Chief Inspector if this was to occur.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Ashborough Lodge, which was respectful of their wishes and choices. The inspector found that residents appeared to be very well cared for and residents gave very positive feedback regarding all aspects of life and care in the centre. Some improvements however were required predominantly in relation to infection prevention and control, fire safety and the provision of activities to residents.

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The building was found to be well maintained, clean and warm. Renovations were undertaken on an annual basis and the decor of the centre was consistently upgraded by the full-time maintenance person. Bedrooms had adequate space for residents' personal possessions and were decorated in accordance with people's preferences. Each bedroom had a washing machine and refrigerator. Sitting, dining, day room and recreation rooms were spacious and reflected a home environment, with kitchenettes in each of the four dining rooms. The rooms provided adequate opportunity to allow private family visits, social events and communal activity sessions. Appropriate signage was provided to assist residents in finding their way around the centre.

The inspector viewed a number of residents' records and found that in most cases care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. However, some improvements were required in the assessment of residents with behaviors that challenge. Pre-admission assessments were completed by the person in charge, to ensure that the centre could adequately meet the needs of prospective residents. Care plans were developed based on the resident's assessed needs and regularly reviewed and updated. Overall, care plans were found to very comprehensive and very person centred. Discussions with staff reflected a holistic picture of the person to enable better outcomes for their care.

Residents had good access to medical care and were referred as appropriate to allied health professionals and specialist services. There was evidence of multidisciplinary team meetings at the centre, chaired by the person in charge with

the aim of improving patient outcomes through the development of an agreed treatment plan. There was evidence that residents had access to allied healthcare professionals including physiotherapy, occupational therapy, speech and language therapy, dietetics, psychiatry of old age, gerontology, dental, chiropody and ophthalmology services. Residents had access to pharmacy services on a daily basis. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were well met.

The atmosphere in Ashborough Lodge was friendly and relaxed and staff actively engaged with residents and visitors. Inspectors observed that the care and support given to residents was relaxed and unhurried. Assistance was given discreetly when needed and staff demonstrated good communication strategies with all residents, including residents with complex communication needs. Inspectors observed that staff were familiar with residents preferences and choices and facilitated these in a friendly, good humoured and respectful manner. Visitors told inspectors they were welcome in the centre any time.

There was a risk management policy in the centre and a detailed risk register with clinical and non-clinical components. Arrangements were in place for investigation, review and analysis of incidents in the centre and were reviewed weekly by the person in charge. Residents had clinical risk assessments completed and control measures put in place as required. However some risks identified on the day of inspection which would require review, including the location of the smoking room and the routine practice of leaving the door to this room open.

Certification was evidenced regarding servicing of fire safety equipment in the centre. Daily and weekly fire safety checks were being preformed. Advisory signage for visitors was displayed in the event of a fire. Fire safety training was up to date for all staff. However, improvements were required in the provision of regular fire drills for staff. This would give assurance that evacuation of a compartment could be completed in a timely manner, cognisant of night time staffing levels. Management gave a commitment to the inspector that drills would commence immediately.

There were good policies and procedures in place in relation to infection control. Staff were observed to comply with infection control best practices such as hand washing and the use of universal precautions. However, the inspector did identify that in some sluice rooms, equipment was stored inappropriately and required action to be compliant with best practice standards.

Measures were in place to protect residents from being harmed or suffering abuse. Staff demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. Staff had received training in safeguarding vulnerable adults. There was an up-to-date adult protection policy in place and the person in charge was aware of her legal obligations to report issues. Issues had been notified to HIQA as required and appropriate actions taken. There were robust systems in place to safeguard residents' personal money.

The centre ensured that the rights and diversity of residents were generally respected and promoted. Residents' choice, privacy, dignity and independence were

safeguarded. Advocacy services were available via an external advocate. Consultation with residents was documented in the minutes of residents' meetings. These meetings were held on a two monthly basis. A residents' satisfaction survey was carried out annually and comments seen indicated that residents were happy with the care they received, complimentary of the food and praiseworthy of the kindness of staff. The inspector found that the activities programme required review. As found on the last inspection, there was in particular a lack of activities for residents with higher dependencies and more advanced needs such as residents with dementia.

Regulation 10: Communication difficulties

There was evidence that residents with communication difficulties were listened to and alternative communication methods were employed. Call bells were seen to be in easy reach of residents if they required to call staff. Detailed communication care plans featured in residents notes.

Judgment: Compliant

Regulation 11: Visits

Visitors were observed calling throughout the day, including recently bereaved relatives. People were made feel very welcome, were known to staff and were offered refreshments.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' bedrooms had adequate space to maintain their clothes and personal possessions. Personal storage space comprised double wardrobes and bedside locker with lockable storage. Each resident had a washing machine and a refrigerator in their room. Money for personal use was stored in a locked safe on the premises and was signed out by two staff members at the residents request. However there was no access to these finances at weekends as the key was off the premises.

Judgment: Substantially compliant

Regulation 13: End of life

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the service provided in the centre. Staff provided end of life care to residents with the support of their GP and the home care palliative team. The inspector reviewed a number of 'end of life' care plans that outlined the individual wishes of residents and their families, including residents' preferences regarding their preferred setting for the delivery of care. Two recently bereaved relatives all gave positive feedback about the respectful manner their loved one was cared for during their end of life and the support they received during that time.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the centre was suitable to meet the individual and collective needs of the resident profile, in keeping with the centre's statement of purpose. The building was well constructed and well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

Feedback was positive regarding meals and choice offered. There was a four week roll over menu. The chef was knowledgeable about prescribed textured diets and personal preferences. Residents had access to a speech and language therapy specialist and dietitian, to inform and guide care and to enable best outcomes. The inspectors observed meal times and observed that meals were well presented.

Judgment: Compliant

Regulation 20: Information for residents

Information was made readily available for residents and relatives via the numerous notice boards available throughout the centre. A comprehensive residents guide was available for residents and relatives.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector was informed that when residents are temporarily absent from the centre, for example transferred to the acute hospital, a transfer letter accompanies them with all relevant information about the resident.

Judgment: Compliant

Regulation 26: Risk management

Improvement were required in the management of risk for example:

- It was noted on the day of inspection that the smoking room door was routinely left opened. This had also been noted on the previous inspection.
- The location of the smoking room required review, as residents attending activities in the common room accessed this room via the smoking room.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was extremely clean and well maintained. Each resident had a washing machine in their room to launder their clothes. Staff had received training on infection control. Small improvements were required in relation to the practice of storage of equipment in sluice rooms. This was rectified on the day of inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Records indicated that all fire equipment had been serviced annually and the fire alarm was serviced on a quarterly basis. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. The support needs of each resident in the case of fire or emergency situations was documented. Staff had received training in fire safety. However, there was no evidence of regular fire drills being carried out and an evacuation of a compartment had not been

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| undertaken. |
| Judgment: Not compliant |
| Regulation 29: Medicines and pharmaceutical services |
| Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. The pharmacist was in the centre on both days of inspection, visited most days and was also available at weekends. The pharmacist also audited medication practices. Controlled drugs were maintained in accordance with professional guidelines. |
| Judgment: Compliant |
| Regulation 5: Individual assessment and care plan |
| Pre-admission assessments were completed by the person in charge, to ensure the service could accommodate the care needs of the residents. The sample of care plans and assessments reviewed, demonstrated that they were updated four monthly or if care needs changed. Care plans also included person centred information to direct and inform care. |
| Judgment: Compliant |
| Regulation 6: Health care |
| The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff, with regular medical reviews in residents files. Access to allied health was evidenced by reviews by the physiotherapist, dietician, speech and language. Residents were supported by the psychiatry of later life and palliative care services. In the sample of files reviewed and from interviews with staff, it was evident that the assessment, involvement and recommendations of these services was reflected in care delivery. |
| Judgment: Compliant |
| Regulation 7: Managing behaviour that is challenging |

Observations of the inspector gave assurance that residents who presented 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) were responded to in a very dignified and person-centred manner by staff. Staff working at the centre all received training in managing responsive behaviours. However, improvements were required in the assessment of residents who had responsive behaviours to identify triggers and develop strategies to de-escalate and prevent further recurrences. This information would assist in planning care delivery. Residents using bedrails had a full assessment undertaken, alternatives trialled and consent obtained.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. Residents said they felt safe in the centre. Residents had access to an advocacy service and there was evidence that this service was frequently and appropriately availed of. Staff with whom the inspector spoke with were aware of how to identify and report any allegations of elder abuse.

The provider did not manage the finances or act as a pension agent on behalf of any residents. Money or valuables kept for safe keeping on behalf of residents was reviewed with the administrator during the inspection and it was found that here were robust systems in place to manage residents money .

Judgment: Compliant

Regulation 9: Residents' rights

There were procedures in place for consulting with residents in relation to the day-to-day operation of the centre. Meetings were held with residents to ascertain their input into the day to day operation of the centre. Records indicated that issues raised at these meetings were addressed. However some improvements were required to enhance the day to day lives of residents.

A review of staff allocated to activity provision was required to ensure residents received appropriate social stimulation. Two hours per day was currently allocated to activity provision for 57 residents, with varied and specialised needs. Based on a review of the activity schedule, it was apparent that activities

were predominantly facilitated between 2pm midday and 4pm. Long periods of inactivity were observed in the day rooms during the inspection. There was also a need to enhance the programme of activities at the weekend. As found on the last inspection there was in particular a lack of activities for residents with higher dependencies and more advanced needs such as residents with dementia.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| 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 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Not compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Substantially compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 26: Risk management | Substantially compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |

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| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Not compliant |

Compliance Plan for Ashborough Lodge Nursing Home OSV-0000194

Inspection ID: MON-0023116

Date of inspection: 28/01/2020

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 24: Contract for the provision of services | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All contracts are currently being amended to include room Numbers. We will remove the dependency level statement on our contracts. Additional Charges have been removed from the contracts also.</p> | |
| Regulation 34: Complaints procedure | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints Policy has been reviewed and the Outcome will be stated on each complaint form. There will be Satisfied or Not Satisfied recorded on each complaint.</p> | |
| Regulation 12: Personal possessions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Alternative arrangements were put in place immediately. Residents have access to personal possessions 24/7.</p> | |

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| Regulation 26: Risk management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>26 a: The smoking room door is closed at all times. Staff and Residents have been advised to continue to close doors.</p> <p>26 b: The smoking area is under the process of being moved to an area that will not affect other persons using the facility.</p> | |
| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The equipment was removed immediately and continues to be stored in a different area.</p> | |
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>An Evacuation Fire Drill was carried out on the 7th February 2020 and this will continue once a month to include staff, residents and visitors. Staff will also have to continue with mandatory training twice a year from outside providers.</p> | |
| Regulation 7: Managing behaviour that is challenging | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> | |

The policy on Responsive behaviour was reviewed and updated. Staff will continue to identify triggers, and develop strategies to de-escalate and prevent further recurrences using the ABC Form.

All changes on the resident's assessments will also be recorded on the residents Care Plan.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Staff are currently taking part in Activities Training for Care Home Residents. An Action plan is being undertaken with an Activities Team to ensure meaningful and person centred activities are carried out throughout each day.

Residents are being informed and encouraged to part-take in the activities and resident's projects are also under process.

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 12(a) | The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes. | Not Compliant | Yellow | 10/02/2020 |
| Regulation 24(2)(a) | The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident | Not Compliant | Yellow | 31/03/2020 |

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|---------------------|---|-------------------------|--------|------------|
| | concerned. | | | |
| Regulation 26(1)(a) | The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre. | Substantially Compliant | Yellow | 27/01/2020 |
| Regulation 26(1)(b) | 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 risks identified. | Substantially Compliant | Yellow | 19/06/2020 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 28/01/2020 |
| 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 | Not Compliant | Orange | 07/02/2020 |

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|---------------------|--|-------------------------|--------|------------|
| | and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | | | |
| Regulation 34(1)(f) | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied. | Substantially Compliant | Yellow | 28/01/2020 |
| Regulation 7(1) | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. | Substantially Compliant | Yellow | 29/01/2020 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and | Not Compliant | Orange | 10/02/2020 |

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| | capacities. | | | |
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