



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Ashford House Nursing Home
Name of provider:	Ashford House Nursing Home
Address of centre:	6 Tivoli Terrace East, Dun Laoghaire, Co. Dublin
Type of inspection:	Announced
Date of inspection:	22 October 2018
Centre ID:	OSV-0005466
Fieldwork ID:	MON-0025350

## About the designated centre

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

The centre can now accommodate 78 residents, male and female, over the age of 18 years. The centre caters for individuals with a range of dependencies from low dependency to maximum dependency and provides long-term residential and nursing care, convalescent care and respite services. The new premises is purpose built over three levels. Accommodation consists of single and twin bedrooms, all of which have accessible en-suite facilities. Each floor has a communal lounge and dining room. There is a large reception area, activities room, a sensory (quiet) room, library, reminiscence room and hairdressing salon in the centre. There is a passenger lift between floors. Lounge areas on the upper floors have access to balconies which overlook the garden area. Access to this enclosed garden is available on the lower ground floor.

**The following information outlines some additional data on this centre.**

Current registration end date:	31/05/2021
Number of residents on the date of inspection:	54

## 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
22 October 2018	11:00hrs to 13:00hrs	Gearoid Harrahill	Lead

## Views of people who use the service

Residents admitted in previous phases of this extension had settled into the centre well, and spoke positively of the centre, staff and care. The provider kept engaged with residents and their families regularly to ensure a smooth transition and to keep everyone updated on the progress of the work. At the time of inspection, residents were relaxing in the living rooms or in their bedrooms watching television, reading the paper or chatting among themselves or with staff in an overall calm and comfortable atmosphere.

## Capacity and capability

The inspector was provided evidence that the provider had admitted residents in their previous phases in accordance with a schedule submitted to the Office of the Chief Inspector. This schedule of admission was in place for the final intake of residents. This ensured that residents were admitted with a frequency which allowed them to settle into the centre, for staff to get to know the residents and their care needs, and for care plans to be properly created.

The provider had recruited a number of new nurses and care assistants to be included on the roster gradually as the resident numbers increased over time. New members of staff for the kitchen, administrative, laundry and household teams had been recruited also, as well as a hairdresser and additional activities coordinator. The inspector reviewed a sample of personnel files for the new staff and found that they contained the information required under Schedule 2 of the regulations. Staff were vetted by An Garda Síochána, and had completed, or were scheduled to complete, mandatory training before being included in the duty roster of the centre.

## Regulation 15: Staffing

New care, social and ancillary staff had been recruited to ensure there was a suitable quantity and skill mix to meet care needs of the residents as the occupancy increased. All staff had been recruited and vetted appropriately.

Judgment: Compliant

## Quality and safety

The provider was finishing the final phase of premises extension and redevelopment on the day of the inspection. The last pieces of the development were due to be

completed shortly. The inspector was advised of the timeline of the last jobs and shown how they would be completed in such a way that does not impact on the residents' use of the building. The provider committed to supplying inspectors with clear photographs to confirm the work was completed within the agreed time frame.

Bedrooms were completed to a high standard. There was a suitable amount of storage space for residents' clothing and belongings, and space for residents to personalise, furnish or decorate the room to their own preferences. Each room used different colour schemes for the door, walls, curtains and soft furnishings, which made the bedrooms appear more comfortable and homely, and also acted as visual association for residents with reduced vision or cognition to identify their bedrooms easily. All bedrooms were equipped with call bells within reach of the bed or armchair as well as in the en-suite, and each room could be individually temperature-controlled. Twin bedroom had privacy screening which protected the residents dignity during care while still allowing their neighbour to come and go from the room and have access to the en-suite, TV or wardrobe without disturbing the opposite bed space.

Each bedroom had an en-suite toilet, sink and shower which was accessible to people with reduced mobility. There was an assisted bath on each floor for resident to use as an alternative to a shower. There was an adequate number of shared accessible toilets on corridors also, located in areas close to the dining or living rooms.

Central communal areas such as the living room was suitable in size, layout and decoration for the number of residents in the centre. The lower floor living room led to an outdoor seating area. The inspectors was shown plans for this area to become a large accessible garden with suitable paths, benches, planting boxes, a greenhouse and water feature, and was due for completion in the coming weeks. The two upper floors had large safe balconies adjacent to their living rooms which overlooked the garden site.

There was an appropriate amount of designated storage rooms to avoid leaving unused equipment such as hoist on the corridors, while being close enough for staff to retrieve them promptly for residents requiring them. The building overall was safe to navigate, with handrails and plain, even floor covering. A large elevator and service lift were available to travel between storeys. Other features of the premises included smaller sitting rooms in which to relax or receive visitors in private, a hairdressing salon and activities room.

The building storeys were appropriately compartmentalised and equipped with suitable amounts of fire extinguishers, evacuation signage and fire-safe doors. Inspectors reviewed certificates and confirmation that the fire alarm system and emergency lighting for the new extension was complete and linked with the building overall.

## Regulation 17: Premises

The new premises were overall safe and suitable for residents and living space and bedrooms were completed to a high standard. The finishing pieces of the renovation were due to conclude shortly and would not impact upon the living space of the residents in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire. The building was equipped with appropriate means of effectively detecting, containing and extinguishing fires. The evacuation maps and fire alarm panel had been updated to include the new areas of the designated centre.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant