



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

Name of designated centre:	Ashford House Nursing Home
Name of provider:	Byrne and Morrin Limited
Address of centre:	6 Tivoli Terrace East, Dun Laoghaire, Co. Dublin
Type of inspection:	Announced
Date of inspection:	28 February 2018
Centre ID:	OSV-0005466
Fieldwork ID:	MON-0021151

## 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 46 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 disabled access and en-suite facilities. Each floor has a communal lounge and dining room and, in addition, there is a large reception area, an activities room and a sensory (quiet) room. Communal toilets and assisted bathrooms have disabled access. There is a passenger lift between floors. Lounge areas on the upper floors have access to balconies which overlook the garden area. Access to an enclosed garden is available on the lower ground floor. The centre aims to provide high-quality person-centred care. Managers and staff work to ensure that the same level of care that they would expect to receive for themselves or their relatives is delivered to each resident and that residents, visitors and staff are treated with dignity and respect. Each resident has an assessment of their needs and a care plan is developed in partnership with the resident and or their representative. The care plan sets out the resident's personal care needs and goals. Care plans are reviewed every four months and the resident and or their representative are invited to take part in the review. The centre employs dedicated activities staff who plan and deliver the activities programme. There is a varied programme of sessions and themed events available each day. Activities staff also plan occasional trips and outings for residents and their relatives are welcome to join residents on trips out of the centre.

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

Current registration end date:	20/11/2019
Number of residents on the date of inspection:	27

## 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
27 February 2018	09:00hrs to 17:30hrs	Ann Wallace	Lead
09 March 2018	09:30hrs to 15:30hrs	Ann Wallace	Lead

## Views of people who use the service

Residents gave very positive feedback about the care and services that they received in the designated centre. They told the inspector that staff were caring and that they were very well looked after. Residents felt that their wishes were respected and that they had sufficient choices in their day-to-day life at the centre. They told the inspector that staff understood their needs and were respectful of their preferences for care and support. Residents said that they felt safe in the centre and that, if they had any concerns, all the staff and managers were approachable and would take the time to listen to them.

Relatives reported that they were made very welcome when they visited and that there was a real sense of community in the centre. Relatives said that they had recommended the centre to other families who were looking for respite or long term care.

In discussions with residents and relatives during the inspection people said that they were happy with the current premises because it was very homely. However they were looking forward to the move to the new premises and were curious to see the new accommodation. Residents had missed being able to go out into the garden areas while the building work was in progress and were looking forward to sitting in the new gardens when they were opened.

Residents told the inspector that they enjoyed their meals and that there was plenty of choice. The catering team were accessible for residents who could ask for something different from the menu if they wished.

On the morning of the inspection residents were enjoying a music session in the lounge and told the inspector that they enjoyed the activities that were on offer especially the music and singing. Some residents preferred to stay in their rooms during the day and said that this was their choice and that staff always let them know what activities were on offer in case they wanted to participate.

## Capacity and capability

The designated centre was family owned and managed and was well run for the benefit of the residents who lived there. There was an established management team in place which included the provider, who was also the owner, the person in charge, who was also the director of nursing and the assistant director of nursing. Effective management structures with clear lines of accountability and authority helped to ensure that staff were supported and supervised in their day to day work. Staff performance was monitored and this monitoring included feedback from residents and relatives.

Staff had access to a range of policies and procedures to support the delivery of safe and appropriate care and services for residents. Staff were trained in key policies through the centre's induction programme and ongoing mandatory training sessions. Compliance with policy guidance was reviewed through the centre's audit programme and through feedback on staff performance. Audit reports identified areas for improvements and the actions required. Staff said they were kept informed about policy changes and audit improvements through staff meetings and handover reports.

The centre had completed a recent recruitment drive for nurses and care staff to meet the increased occupancy levels created by the new build. The new staff had been in post since January 2018 and had completed their induction training programme. As a result there was a sufficient number of staff with the right knowledge and skills to meet the needs of the residents currently living in the centre, and those of the anticipated increased number of residents.

Residents said that they felt able to influence how their care and services were provided. Residents saw the provider and the person in charge on most days and felt able to raise any concerns or issues they had with them. Where residents or relatives had raised issues or concerns they said that they had been listened to and the issues had been dealt with promptly. The provider had also completed an annual review of the safety and quality of services and facilities which included feedback and comments from the annual resident and relative surveys and feedback from the resident forum meetings.

The provider and the person in charge were knowledgeable about the individual residents and current incidents and complaints that had occurred in the centre and how these were being managed. Relatives said that they were informed about any incidents or changes in a resident's health or well being and that the information that they received from staff was comprehensive and helpful.

## Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider made a complete application to the Chief Inspector to apply for the variation of Condition 7 in order to increase the number of residents that could be accommodated in the centre from 28 to 46. The application to vary included an application to vary form, a transition plan, a recruitment and staffing plan a revised statement of purpose and an admission plan with a schedule of admissions.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge is a registered nurse who works full-time in the centre. They had the knowledge and experience to meet the requirements of the regulation.

Judgment: Compliant

## Regulation 15: Staffing

There was a sufficient number of staff with the appropriate knowledge and skills to meet the needs of the residents living in the centre. Staffing levels had been increased to meet the increase in resident numbers. There was a registered nurse on duty at all times.

Judgment: Compliant

## Regulation 16: Training and staff development

The centre had a comprehensive training programme in place. All staff had completed the required mandatory training in fire safety, moving and handling, infection control and protection of older persons from abuse. Staff had also attended training in dementia care, managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and end of life care.

Nursing staff had access to relevant training and clinical updates such as wound management, medications and nutrition.

The management structure was clear and staff were supported and supervised in their day to day work.

Judgment: Compliant

### Regulation 22: Insurance

The provider had appropriate insurance in place which included the new premises and increased occupancy.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place which identified the lines of accountability and the reporting structure that was in place for all staff.

There were sufficient resources to ensure that residents received safe and appropriate care and services in line with the statement of purpose. The provider had recruited a number of nursing and care staff to meet the increase in bed numbers. These staff had been in post since January 2018 and had completed induction training. Nursing staff were mentored by the assistant director of nursing.

The centre had comprehensive quality management processes in place to monitor the safety and quality of care and services. Where improvements were identified these were communicated to the relevant staff and an appropriate action plan implemented.

The centre completed an annual review which included the views and feedback from residents and their representatives.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose had been reviewed and updated to reflect the new premises, increase in occupancy and changes to staffing compliment. The statement of purpose contained the information set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place which identified the complaints manager and the process for independent review if the complainant was not satisfied with how their complaint was managed. The complaints procedure was displayed around the centre. Residents and visitors were aware of how to raise a complaint and said that staff were approachable if they wanted to raise any issues with them.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The centre had a range of policies and procedures in place in line with the requirements of Schedule 5 of the regulations. The policies had been revised to reflect the changes in premises and increased capacity.

The policy folders were accessible to staff and staff were trained on the policies during their induction training and through mandatory updates.

Judgment: Compliant

### Quality and safety

Throughout the inspection the inspector saw staff offering residents choices in care and services. Staff knew the residents well and were familiar with their needs and their preferences for care and daily routines. Residents told the inspector that when they declined care and services this was respected by the staff. As a result care was person centred and residents' rights were respected.

Each resident had a comprehensive assessment of their health and social care needs. Assessments identified the resident's current needs and any related risks such as falls or loss of weight. Following assessment a care plan was developed with the resident and their representative which outlined the nursing and care interventions needed. Care plans reviewed by the inspector reflected the resident's preferences for care and daily routines and the interventions required to promote their self-care abilities and independence. Care plans were reviewed with the resident and their representative every four months or more often if their needs

changed.

Residents told the inspector that they saw their general practitioner (GP) regularly. Out-of-hours GP services were available if needed. Residents also had access to a range of health and social care services to meet their needs. This included a dietitian, speech and language therapist, physiotherapy, palliative care services and mental health services when required. Regular visits were also arranged to chiropody, dental and optician services and, for health promotion services such as flu vaccinations. Timely access to these services helped to promote each resident's health and maintain their independence.

The centre provided care and support for residents at the end of their life. The inspector met with a relative who was recently bereaved. They said that staff and managers encouraged them to visit and to be involved in caring for their family member who was approaching end of life and that staff were respectful of their relative's end-of-life wishes and understood the family's need for privacy and support at this time.

The centre had clear policies and procedures in place to guide practice in the prevention, detection and response to allegations of abuse and all staff had attended safeguarding training. Staff were aware of their responsibility to keep residents safe and what to do if an allegation of abuse was made.

During the morning of the first day of the inspection residents were enjoying a music and sing-along session in the lounge. Staff joined in with the session and supported residents to participate in line with their abilities and preferences. Where residents chose not to take part in an activity this was respected by staff. These residents told the inspector that this was their choice and that they preferred to spend their time quietly.

The provider had recently completed the first phase of a project. This included a new build and a planned refurbishment of the existing centre. Phase one provided brand new accommodation for 46 residents in twin and single en suite bedrooms. Bedrooms were nicely furnished and decorated. Residents had sufficient storage for their personal clothes and possessions. En suite facilities provided assisted shower and toilet facilities. In addition there were adequate communal bathrooms on each floor.

There were communal dining and lounge facilities on each floor with additional quiet seating areas located around the building. Upper floors had access to balcony areas which overlooked the main garden. The garden was due to be landscaped in the second phase of the project. Residents were looking forward to the opening of the enclosed garden at the rear of the building which had been closed during the building programme. Prior to the opening of the main garden the centre had provided a pleasant outside patio with seating and a covered smoking area. The outside space was nicely planted with a range of potted containers providing greenery and colour for residents. In addition the balcony areas off the main lounges on the upper floors provided additional outside space for residents.

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Regulation 10: Communication difficulties

Resident's who had specific communication needs had a up to date care plan in place which described the interventions that were needed to engage effectively with the resident. Care was person centred and staff were knowledgeable about the residents and the most appropriate way to communicate with them to meet their needs. Staff had received training in appropriate verbal and nonverbal communications. Staff were observed to use appropriate and respectful communications in their interactions with residents.

Judgment: Compliant

Regulation 11: Visits

The centre had an open visiting policy. Residents could meet with their visitors in the communal rooms or in their bedrooms. Small seating areas were also available if the resident wanted to meet privately with their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

There was a policy in relation to residents' clothing and personal possessions. An inventory of items was recorded on admission and updated regularly. Each resident had a wardrobe and chest of drawers to store their clothing and possessions.

Lockable storage space was available in each bedroom. There is a laundry service available for residents on site. Personal clothing is returned to the resident within 24 hours.

Judgment: Compliant

### Regulation 13: End of life

Residents who were approaching the end of their life received appropriate care and support to meet their physical, emotional, spiritual and psychological needs. Nursing and care staff received training and supervision in relation to end-of-life care.

Resident's relatives were kept informed about their resident's condition and were supported and encouraged to be involved in their care at end of life. Relatives could stay with the resident if they wished.

Each resident's preferences for care and support and location of care such as a single room were accommodated.

Judgment: Compliant

### Regulation 17: Premises

The new build addressed the actions required from the previous inspection. The current premises was suitable for the number and needs of the residents and supported the care and provision of services in line with the statement of purpose. The premises conformed to the requirements of Schedule 6 of the regulations.

Judgment: Compliant

### Regulation 18: Food and nutrition

Each resident's needs in relation to hydration and nutrition were met in line with their care plan. Wholesome nutritious meals were freshly prepared on site by the catering team. Residents were offered choice at each meal. Hot and cold drinks and snacks were served throughout the day.

Meal times were well organised with sufficient staff to assist residents if required. Meal times were an enjoyable social time in the residents' daily routine.

Judgment: Compliant

### Regulation 26: Risk management

The centre had comprehensive policies and procedures in place in relation to risk management. Staff had up-to-date training in hazard identification and assessments of risks relevant to their area of work. Measures were in place to control the risks identified and these were reviewed regularly.

The centre had a clear process for reporting incidents and serious events. This included a review of the circumstances that led to the incident and the actions that were needed to reduce the risk of recurrence.

The centre had reviewed its emergency plan in line with the change of premises and increase in residents.

Judgment: Compliant

### Regulation 27: Infection control

There were clear policies and procedures in place in relation to infection control. Staff had received training in hand washing and infection control procedures. Staff demonstrated good practice in relation to infection control.

Judgment: Compliant

### Regulation 28: Fire precautions

All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire or other emergency. This included the layout of the new building and escape routes, and the location of fire alarms, first aid and fire equipment including extinguishers and fire blankets.

There was suitable fire safety equipment available, and bedding and furnishings were fire retardant. There were adequate fire escapes on each level of the premises. Staff were familiar with the fire exit routes. Fire exits were kept clear.

Fire drills were carried out regularly in the centre and a practice drill had been completed in the new premises.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were comprehensive policies and procedures in relation to medication practices. All nursing staff received ongoing training in safe medication practices and had regular audits of their administration practices.

Medicines including controlled medications were stored securely in the clinical room. Medicines were administered in accordance with each resident's prescription charts and nursing staff demonstrated safe administration practices. There were clear processes in place for the return of discontinued and out-of-date medications.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs completed on admission to the centre. Following the assessment a care plan was agreed with the resident and their representative. The care plan was implemented, evaluated and reviewed regularly. Residents and their representatives were involved in care plan reviews if they wanted to be. Care plans reflected residents' ongoing needs and their preferences for care and support. Care plans and clinical risk assessments promoted each resident's independence and ability for self-care where possible.

Judgment: Compliant

### Regulation 6: Health care

Residents has good access to general practitioner (GP) and specialist medical services when required. The residents were reviewed by their GP each month or if their needs changed. Out of hours GP services were available for residents.

Residents had access to a range of health and social care and specialist services to meet their changing needs. Where practitioners had prescribed interventions these were recorded in the resident's care plan and were implemented by staff.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The centre was working towards a restraint-free environment. Where restraints such as bed rails were being used clear policies were in place to ensure that practices were in line with national policy guidelines.

Staff were trained in how to support and reassure residents who displayed responsive behaviours and staff were seen to offer skilled support and interventions for residents at these times.

Judgment: Compliant

## Regulation 8: Protection

There were comprehensive policies and processes in place to protect residents from abuse. These included rigorous recruitment processes, Garda Siochana (Police) vetting for all staff and effective staff training and supervision. All staff had up-to-date training in relation to detecting, preventing and responding to allegations of abuse. Staff were aware of their responsibilities to keep residents safe. The person in charge and the provider were trained in safeguarding procedures and knew how to respond to investigate any allegations of abuse and the measures to put into place to keep the resident safe.

Judgment: Compliant

## Regulation 9: Residents' rights

The rights and diversity of individual residents were respected. Resident's needs and preferences were taken into account in planning how the service was delivered.

The new premises provided single and twin bedroom accommodation with en suite facilities in each room. Privacy curtains were in place in twin rooms.

Staff practices were seen to protect the privacy and dignity of individual residents. Residents were able to make choices in their care and daily routines. Where a resident refused care or services this was respected by staff.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant