



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

## Issued by the Chief Inspector

Name of designated centre:	Ashley Lodge Nursing Home
Name of provider:	Ashley Lodge Nursing Home Limited
Address of centre:	Tully East, Kildare, Kildare
Type of inspection:	Unannounced
Date of inspection:	31 August 2022
Centre ID:	OSV-0000009
Fieldwork ID:	MON-0037425

## About the designated centre

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

Ashley Lodge is a single-storey purpose-built centre situated on the outskirts of Kildare town. The centre can accommodate 55 residents, both male and female, for long-term and short-term stays. Care can be provided for adults over the age of 18 years but primarily for adults over the age of 65 years. 24-hour nursing care is provided. Residents' accommodation is arranged over three wings which meet at the reception and communal rooms. Residents' bedroom accommodation comprises 41 single and seven twin bedrooms, the majority have en-suite facilities. Communal accommodation includes a sitting room, a dining room, a sun room and a visitors' room.

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

Number of residents on the date of inspection:	52
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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
Wednesday 31 August 2022	09:20hrs to 17:30hrs	Deirdre O'Hara	Lead

## What residents told us and what inspectors observed

Overall, feedback from residents was that Ashley Lodge Nursing Home was nice place to live. The inspector spoke with eight residents living in the centre. Residents said that they were satisfied with the care provided and were seen by their doctor whenever they needed to. They commented that standard of cleanliness in their rooms and communal areas was very good and their rooms were cleaned every day. They acknowledged that the staff members kept their bedrooms and all areas in the home neat and tidy. Five visitors who spoke with the inspector, said that the care was very good, the staff were attentive and there was good communication from the provider with regard to their loved one.

The inspector arrived unannounced to the centre. On arrival they were met by a the person in charge, who ensured that all necessary infection prevention and control measures, including hand hygiene and checking for signs of infection and the wearing of face mask were implemented prior to entering the rest of the centre.

Ashley Lodge Nursing Home was a single storey building. Residents had access to a variety of communal rooms and enclosed courtyard, which were seen to be well maintained. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared clean.

The inspector observed that alcohol hand gel was available at the point of care and at strategic points throughout the centre. There were posters illustrating the correct procedure to perform hand rubbing, above all alcohol gel dispensers. The provider had installed a number of clinical hand wash sinks along corridors, to ensure staff had access to dedicated clinical hand washing facilities, which were within easy walking distance of residents rooms. The provider had a plan in place to replace the clinical hand wash sink in the nurses' station. This sink was seen to be cracked and unclean. The available sink in the dining room did not comply with current recommended specifications for clinical hand hygiene sinks and a small number of staff were seen to wear hand jewellery which could impact on effective hand hygiene.

The provider was endeavouring to improve current facilities and physical infrastructure at the centre, through ongoing maintenance and renovations. The inspector was informed of plans to replace the flooring in the kitchen, dining room and sun room. A number of chairs in communal areas had be recovered, however, a small number of chairs, tables and walls in some toilets had damaged surfaces which would not facilitate effective cleaning and impacted on the visual appearance of the rooms. The provider provided assurances that furniture would be replaced by the end of this year.

Residents said they enjoyed going out on trips with family and arranged activities organised by the provider. They said it was "great that life is returning to normal and it would be even better if staff did not have to wear masks anymore". They said

staff were good to them and the inspector saw interactions between residents and staff to be kind and respectful. Support and assistance was offered to residents in an unhurried, friendly manner. These positive interactions contributed to the calm atmosphere in the centre.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

While there was evidence of good infection control practice identified, a number of actions are required by the provider in order to fully comply with Regulation 27 and the *National Standards for Infection Control in Community Services* (2018). Details of issues identified are set out under Regulation 27: Infection Control. The governance systems reviewed identified areas for action with regard to policies and staff training, to assure the provider with regard to the effectiveness and quality of infection control in the centre.

Ashley Lodge Nursing Home Limited was the registered provider. It was part of a larger group of nursing homes under the management of Orpea Ireland Group. The person in charge was supported in their role by senior management within Orpea. Various management and staff meetings were held regularly, where clinical and non-clinical data was reviewed and discussed, including infection control and environmental hygiene audits. Action plans that arose from audits were discussed and regularly monitored to improve the quality and safety of care for residents.

The person in charge was supported in care delivery by the assistant director of nursing, a nurse manager, nurses, healthcare assistants, housekeeping, catering and activities staff. There were sufficient household and laundry staff rostered to cover cleaning every day, in line with the centres statement of purpose.

The emergency COVID-19 contingency plan had been updated during April 2022 and contained information to adequately guide staff in the event of an outbreak. The centre had experienced two significant COVID-19 outbreaks since the start of the COVID-19 pandemic. The centre had access to Public Health and Health Service Executive for outbreak support. However, there was no ongoing support from a qualified infection control practitioner as per HIQA *National Standards for Infection Control in Community Services* (2018).

The provider completed formal reviews of the management of the outbreaks and used learnings from outbreaks to improve the quality and safety of care in the centre. Additional training for staff on correct donning and doffing of personal protective equipment was given, to prevent onward transmission of the virus. Laundry had been outsourced to allow staff to complete additional cleaning during

the second outbreak.

The infection control program was developing where monitoring of antimicrobial use was evident in the stewardship program. The centre had a number of infection control and cleaning policies. However, they did not contain sufficient detail with regard to transmission based precautions for the care and management of multiple drug resistant organisms (MDRO). In addition, it did not contain guidance information on the cleaning of and management of nebulizers, patient monitoring equipment, laundry and clinical waste management.

The policy on infection prevention and control stated that training should be completed on induction and yearly. In records reviewed, some staff were either overdue refresher training or had not completed training when they commenced employment in the centre with regard to hand hygiene and standard and transmission based precautions. This meant that all staff had not received the appropriate training relative to their role. The person in charge assured the inspector that this had been identified previous to the inspection and staff would be facilitated to attend this training.

## Quality and safety

Overall the inspector was assured that residents living in the centre enjoyed a good quality of life. Visiting was managed in line with national guidelines and visits took place in resident bedrooms, the library, sun room and external courtyard. Residents and family who spoke with the inspector said that residents had regular access to their general practitioner (GP) and other specialists when they needed to, such as dietitians and tissue visibility specialists.

A sample of care plans were reviewed for the safe care of medical devices and wound care. They was insufficient guidance in place to guide staff with regard to infection control care practices for these residents.

The inspector identified examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the early signs and symptoms of COVID-19 and influenza. They knew how and when to report any concerns regarding a resident or should they become unwell. While residents were being regularly monitored for signs of respiratory infection, staff did not confirm with their line manager at the start of each shift that they did not have any symptoms of respiratory illness, to align with best practice and national guidelines. The person in charge gave assurances to the inspector that staff monitoring would be remedied without further delay.

A transfer document and health profile was used when residents were being transferred to the acute hospital setting. This document contained details of health-care associated infections and vaccination status to support sharing of and access to

information within and between services.

There were spill kits available (a set of equipment specifically designed to control, contain and clean up hazardous substances) in the centre. Staff had good knowledge of how to manage blood or body fluid spills and knew what to do should they experience a needle stick injury. Safety engineered sharp management devices were used, however, the storage of clinical waste was not in line with best practice to ensure that clinical waste was stored securely. For example, clinical waste stored externally was not locked to prevent unauthorised access and could lead to risk of contact with infectious waste.

Alcohol based hand rub was available throughout the centre and personal protective equipment (PPE) was in plentiful supply. There was good practice with regard to when staff were putting on and taking off PPE.

The provider complied with best practice requirements with respect to the maintenance and management of water distribution systems and all water within the facility.

There was good oversight of cleaning practices. The provider had recently put a cleaning supervisor in place to monitor environmental cleaning in the centre. Cleaning staff had good knowledge with regard to physical cleaning practices. This included, the use of colour coded mops and cleaning cloths to reduce the risk of cross infection. While the environment was visibly clean, there were damage to surfaces such as chairs, flooring which could impact on effective cleaning in the centre.

The physical environment was generally well-maintained and ventilated. Corridors are free of clutter and were bright and clean. However, there were gaps in practice important to good infection prevention and control which required action and are discussed in more detail under Regulation 27: Infection Control.

## Regulation 27: Infection control

The provider generally met the requirements of Regulation 27, however, some action was required to be fully compliant. This was evidenced by;

- Local infection prevention and control guidelines did not give sufficient detail to guide staff on precautions required for the care of residents with MDROs, the effective cleaning and decontamination of equipment or laundry and clinical waste management. This may result in transmission of infection to residents.
- In two care plans reviewed for residents with urinary catheters (a urinary catheter is a flexible tube used to empty the bladder and collect urine in a drainage bag), they did not give clear guidance with regard to the management of urinary catheter to minimise the risk of infection. Similarly the care plans for two residents with wounds did not give detailed measures



to prevent infection.

- There was damage to the surfaces of a few chairs, tables, flooring in most of the communal rooms and walls behind a small number of sinks. This impacted on effective cleaning.

The inspector identified inconsistencies in applying standard and transmission based precautions. As a result, efforts to prevent and control transmission of infection were restricted. This was evidenced by:

- The external area storing clinical waste awaiting collection was not secure. Three out of four clinical waste bins stored in this area were not locked. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste stored within them.
- Clinical hand wash sinks in the dining room and nurses' station did not support effective hand hygiene practice to minimise the risk of acquiring or transmitting infection. They contained over flows and one sink was cracked and was not clean.
- Four care staff were seen to wear wrist jewellery which may impact effective hand hygiene.
- Eight staff were out of date for hand hygiene training and five staff for standard and transmission based precautions. Four out of the five staff did not receive this training on induction, as directed by the centres' own infection prevention and control policy.
- Staff did not demonstrate an appropriate knowledge of the centres infection control policy with regard to the correct use of single use items such as dressings. Intravenous trays and storage trollies and some cleaning equipment inspected were not visibly clean. This meant that they had not been cleaned after use and were not safe for further use.
- Cleaning and care staff were inappropriately using disinfectant chemicals and wipes for cleaning equipment and general cleaning purposes, when there was no indication for their use.
- The inspector observed that the detergent in one bedpan washer had expired a number of years previously. This may impact its efficacy.

Judgment: Substantially 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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Infection control	Substantially compliant

# Compliance Plan for Ashley Lodge Nursing Home OSV-0000009

Inspection ID: MON-0037425

Date of inspection: 31/08/2022

## 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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>By the 31st of October 2022, care plans will be updated to clearly identify the care needs of residents with urinary catheters and MDROs.</p> <p>By the 31st of December 2022, replacement furniture will be in place and flooring will have been replaced in the sunroom.</p> <p>A review of all flooring is currently ongoing and a replacement/works schedule will be agreed by 30th of November 2022.</p> <p>By the 30th of November 2022, two new handwash sinks will be installed and splash back tiles will in place for all sinks.</p> <p>External clinical waste storage area and bins have been secured- complete.</p> <p>All staff have been reminded of the details of the Uniform Policy and nurse managers regularly monitor compliance with policy - complete and ongoing.</p> <p>All staff have now received hand hygiene and IPC training as well as single use item training and awareness on cleaning schedule for clinical items. In addition, the audit programme and clinical supervision will monitor staff compliance - complete and ongoing.</p>	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/12/2022