

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Ashley Lodge Nursing Home	
Centre ID as provided by the Authority	0009	
Centre address:	Tully East	
	Kildare	
	Co. Kildare	
Telephone number:	045 521300	
Fax number:	n/a	
Email address:	ashleylodge@ireland.com	
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public	
Registered provider:	Tully East Partnership	
Person in charge:	Ms Sinead Lynch	
Date of inspection:	22 and 23 September 2009	
Time inspection took place:	22 Sep Start: 10:00hrs 23 Sep Start: 07:30hrs	Completion: 18:00hrs Completion: 14:00hrs
Lead inspector:	Linda Moore	
Support inspector(s):	Angela Ring	
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced	

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Ashley Lodge Nursing Home is a purpose-built residential centre with 52 places. It is a single story building with 42 single and five twin bed rooms. There is one sitting room, two dining rooms and a quiet room as well as a kitchen, laundry, treatment room, oratory, staff facilities and visitors' room. The secure garden is at the back of the centre, with a lake and water feature to the side. Car parking is available at the front of the centre.

Location

Ashley Lodge Nursing Home is situated beside the National Stud, Japanese Gardens and St. Fiachra's gardens, close to Kildare town and just off the N7.

Date centre was first established:	February 2007
Number of residents on the date of inspection	46

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	20	12	14

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1 (plus 1 Assistant Director of Nursing)	2	7	1	2	1	1 (Activity Coordinator)

Management structure

The person in charge, known as the director of nursing, reports to the provider. The assistant director of nursing reports to the person in charge. Staff nurses and care assistants report to the person in charge.

Summary of findings from this inspection

This was an announced inspection. Ashley Lodge was found to be largely compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

There was a high standard of person-centred care provided in a homely and comfortable environment. Inspectors spoke with residents, relatives, staff members and the person in charge, observed practice and reviewed documentation.

The inspectors found the centre to be well managed and organised. The person in charge and her team were committed to meeting the individual needs of residents as these needs changed over time. The staff team were trained and skilled in the delivery of safe, quality care. The routines were flexible and relaxed, allowing for staff and residents to take their time during care-giving. There was good communication, supported by the partnership approach of the centre.

There was one significant improvement required in order to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. The locked doors in part of the building did not allow residents to move independently through out the building.

Issues which need attention included:

- the locked doors inside part of the building did not allow residents to move independently through out the building
- the medication management policy was not comprehensive and did not reflect best practice
- the ventilation in the smoking room was inadequate.

The action plan at the end of this report identifies areas for improvements and actions needed to address them.

Residents' and relatives' comments

Residents

Prior to the inspection, the inspectors received ten completed questionnaires from relatives and ten completed questionnaires from residents. Inspectors spoke with other residents and relatives during the inspection. All residents spoken with said that they were well cared for. Their comments included: "I like it here and would not like to go any where else. I want for nothing" and also that "there is no one to harm you here".

Many residents were very complimentary about the staff. They said that staff were very kind and treated them with respect. One resident said that staff buy items for the residents when they cannot go out.

Residents told inspectors that they felt safe in the centre and said this was because "there were internal call alarm systems in place if anything goes wrong. The entry and exit doors are controlled by computer. There are numerous fire exits on each wing. The fire equipment is very obvious. The telephone in the room is connected to the local reception".

When residents were asked what they liked to do during the day, they said that "there is something different every day". One resident told inspectors that he likes to use his laptop in his room and reads the Irish Times every day. He is an avid book reader and the staff and his family bring him books. He enjoys watching the television, especially Sky Sports. One resident said she enjoys going to Kildare Day Care Centre twice a week. Another resident helps in the centre by folding the napkins for the meal every day.

The residents spoke very highly of the food, with many saying they loved the food. One resident described it as "hotel standard, varied and plentiful", which was confirmed during inspection.

Relatives

Relatives confirmed that they always felt very welcome at the centre and can visit at any time. Relatives also said it was well-run and met the needs of the residents.

Some of the comments in relation to the care included: "My mother has been at the home for two years and we are very satisfied with the service and care provided. I feel very lucky that she is in this home", "All the staff are so caring and kind to all residents and they create a very loving atmosphere at Ashley Lodge", "We are very happy with the care our mam receives in Ashley Lodge" and "It is a home from home. All mam's needs are cared for. It is a very happy environment".

Relatives said that their family members felt very safe in the home. One relative said that if her dad goes out for a few hours, he is eager to get back. They said that they could access information at any time from the person in charge or from any member of the nursing staff, describing the staff as being "very professional and caring. "

Relatives described how the staff arrange and accompany residents with their hospital appointments. They said that the person in charge contacted the families if there were any changes to the residents' health.

One relative described how her father had improved as a result of having things to do in the home. "He enjoys the bingo, prayers, potting plants and music. He enjoys going outside to the pet rabbit and this gives him a reason to go out"

There were many comments from relatives which supported the excellent care provided at Ashley Lodge. One statement that summarised the relatives' views was: "I find the home appealing, warm, and very much focused on the resident. I feel all people are treated in the same manner and there are lots of smiles and friendly banter". Inspectors observed this to be the case.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement, and having a system in place to effectively assess and manage risk.

Evidence of good practice

The leadership of the person in charge was evident in the running of the home. She demonstrated a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. There is a clear management structure in place and the assistant director of nursing deputises in the absence of the person in charge. The person in charge is on duty Monday to Friday and the assistant director of nursing works on Sundays.

In discussions with inspectors, staff demonstrated a clear understanding of their role and responsibilities. They described the "key worker" system as being person-centred, and highlighted the inclusion of family members in the care of the residents. Each resident was assigned a nurse on admission, who has responsibility for carrying out a comprehensive risk-assessment with the resident (reviewed at monthly intervals) and updating their care plan accordingly.

The complaints policy is clearly displayed in the centre. The person in charge informed inspectors that verbal complaints are extremely rare and that there has never been a written complaint. The complaints policy was viewed. All residents and relatives interviewed said they are aware of who to talk if they had a concern or complaint.

Staff, residents and relatives said that the person in charge is very approachable and always willing to listen to suggestions and ideas. The person in charge completed a satisfaction survey with all residents' next of kin. Issues identified have been addressed. For example, the staff have organised more trips to the Japanese Garden as this was requested. One family member commented that the quiet room was too warm and so an air conditioning unit was put in place. There is a comment box at reception for residents and relatives to use if they wish.

The pre-inspection questionnaire identified two residents whose financial affairs are being managed by the person in charge. These were examined by inspectors and deemed to be managed in a safe, secure and transparent manner.

There is a safety statement in place (dated 13 August 2009) which was developed specifically for the centre. There is a named care staff member identified as the safety representative for the centre, and this person was seen to be knowledgeable about her role.

The person in charge showed the inspectors how the staff respond to incidents and accidents, which was verified on examination. All incidents, including near misses, are identified and addressed. There is an incident report and risk management policy in place.

All staff members are trained in fire safety. The fire register was viewed and was seen to document that fire equipment had been serviced on the 01 September 2009. The person in charge held an unannounced fire drill on the 04 September 2009 and all staff spoken to were aware of the fire evacuation procedures.

The statement of purpose and function is based on the *National Quality Standards for Residential Care Settings for Older People in Ireland* and reflected the service provided.

There is a positive approach to quality improvement. The person in charge had developed a tool for the staff nurses and care staff, which describes each of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and how staff should meet these.

Some improvements required

The person in charge has started reviewing and updating the centre's policies. Staff were seen to be knowledgeable of these and had signed to indicate that they had read them. Inspectors reviewed the policies and found that many of them did not guide frontline practice sufficiently. For example, the restraint policy does not identify how to manage a resident in restraint, and the risk management policy does not include the arrangements for investigation and learning from serious or untoward incidents or adverse events.

The centre was opened in 2007 and the person in charge and staff have spent a lot of time setting up and embedding the processes and culture. There has been no internal audit or evaluation of the service. Medication audits have not taken place. There is no informed learning to drive improvements in the service in a systematic way. The person in charge is due to attend a course on auditing this year to assist her with introducing this process.

Minor issues to be addressed

While there is a complaints policy in place and residents and relatives were aware of who to complain to, there was no evidence that verbal complaints are addressed.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the home, and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors noted that the privacy of residents was respected and promoted by staff; they observed staff members knocking before entering residents' bedrooms. Doors were closed and curtains were fully-drawn when personal care was being delivered. Inspectors saw residents being addressed in an appropriate and respectful manner. The staff spoke to residents individually, in a clear manner, which assisted those who have difficulty hearing. Residents have access to their own personal phone in their bedrooms and are left to talk in private.

The choice, quality and presentation of meals were seen to be of a high standard. Inspectors observed residents having their meal in the bright and relaxed environment of two dining rooms. Residents said they enjoyed the food and its quality, which was further confirmed by inspectors who sampled the food. The menu was posted outside the dining room and offered two food choices for all meals times. Variations to the menu were available when requested. Residents described meal times as enjoyable and sociable occasions. Choices of drinks were offered frequently throughout meal times. Drinking water was available from a cooler in the dining room. Religious and cultural dietary needs were respected and catered for, such as the provision of a non-meat alternative. Residents with special dietary requirements (for example, diabetic diets) were also catered for. The residents said that homemade crumble and scones are made regularly.

Residents described the social and recreational programme to inspectors. They said that they enjoy music, sing songs, art, bingo and reading the newspapers. On the day of inspection, many residents were enjoying flower arranging and pet therapy. There is a full time activity coordinator in place who, along with other staff, carries out the programmes. Emphasis is placed on fulfilment for all residents, in particular those residents with higher dependency levels. The activity coordinator completes an assessment of each resident's likes and dislikes prior to their admission to the centre and focuses the activities to suit these individual preferences. Inspectors were told that reminiscence therapy is used with residents with dementia and Alzheimer's disease.

A weekly list of activities is displayed and the activity coordinator also informs the residents on a daily basis of what events are taking place. Residents are enabled to vote if they wish. Residents are facilitated to access a local day-centre and can go to mass in the local church on a Thursday.

Staff were found to have an excellent knowledge of the needs of residents. One staff member said that when one resident gets agitated, he will settle with a chat, cup of tea and a jam sandwich.

Residents said they have choice in their daily routines, for example, the time they go to bed and get up. One resident said that there are a few residents who like to stay up late and they get a cup of tea at 9pm with their cigarette.

All staff employed in the centre have received training in the protection of vulnerable adults. Staff spoken to displayed appropriate knowledge of this issue.

Minor issues to be addressed

The residents and relatives confirmed that they use the enclosed garden throughout the summer and can go out when they like. It was noted on the days of inspection however, that none of the residents were using this garden area despite the fact that the weather was fine and warm. Inspectors found that the door leading from the corridor to the garden was locked.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis within a care planning process that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

It was seen that each resident had an assessment of their needs completed prior to admission and on an on-going basis. Risk assessments had also been carried out for falls, malnutrition, pressure sores, continence and the use of restraint. Residents had care plans in place and relatives said that they felt very much involved with the plan of care for their family members. The nurses' notes were also inspected and were found to be up-to-date.

Health is promoted through regular monitoring of each resident's health status, a healthy and nutritious diet with good choice and residents are encouraged to participate in the regular exercise classes.

All residents have regular access to general practitioner (GP) services as evidenced by regular entries of medical examinations, which are documented in the medical files by the doctor.

An inspector accompanied the nurse on a medication round. Staff adhered to procedures for the safe administration and recording of medication. Some residents were knowledgeable about their medications. Medications are subject to review at three-monthly intervals and more frequently where there is a significant change in the resident's condition. The person in charge and two nurses were due, on the week of inspection, to attend refresher training on medication management. The course details and confirmation of booking was viewed.

Peripatetic services such as chiropody, physiotherapy, speech and language therapy, ophthalmology, dietician and dental services are available on a needs assessed basis, at an additional fee.

Some improvements required

The medication policy does not meet the current An Bord Altranais *Guidance to Nurses and Midwives on Medication Management* (2007) and does not guide the actual practice in place in the home. This policy does not include PRN (as required)

medications, covert medications and talking orders over the phone. The medication fridge is located behind the reception desk, which is used as a nurses' station/ administrator's desk and the administrator remained in this room for the majority of time. This fridge was seen to be closed, but not locked and access by a resident may cause a risk to their safety if they were confused or wandering.

While assessments of each resident's needs had been completed, these were not comprehensive and the care plan in place did not accurately reflect the assessment in all cases. Care plans were seen not to be person-centred and did not reflect the good care provided by staff.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean, and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The centre was very clean, spacious and bright. It was well-maintained both inside and outside. Inspectors observed household staff dusting, cleaning and washing floors, walls and equipment. The residents showed inspectors their bedrooms. Inspectors visited the communal bathrooms, en suites, sitting rooms, dining room, kitchen, laundry and sluice rooms. These areas were clean and well-maintained. Bedrooms were bright, well-decorated and personalised with the residents' own possessions including photographs, ornaments and religious items.

The kitchen is well-equipped, clean, organised with good food hygiene practices found to be in place. Kitchen staff and a number of other staff have been trained in Hazard Analysis Critical Control Points (HACCP).

A call system with an accessible alarm facility is provided in each bedroom to support residents' safety. The staff wear mobile alarms that trigger if a resident rings a call bell in their room. To assess this system, inspectors rang a bell in a resident's bedroom and this was answered immediately.

There is adequate assistive equipment to meet the needs of residents, such as pressure relieving cushions and mattresses, grab rails, hoists and appropriate signage. A number of residents were observed using of specialist seating and mobility aids to maintain their independence.

Residents' clothing was seen to be very well cared for and returned promptly to the resident following laundering.

Inspectors tracked the centre's maintenance requests and were satisfied that the work was carried out to a satisfactory standard within a reasonable timeframe.

The staff facilities are of a high standard. These include: changing rooms, storage and showers. There is also a separate toilet available for catering staff.

Some improvements required

The smoking room lacks adequate ventilation. There are two windows that partly open to allow air to circulate. The residents who used this room said that it can be uncomfortable at times.

The inspectors observed that the side emergency door which led into the open garden was opened. This was immediately addressed by the person in charge and this door was then monitored every thirty minutes and this was recorded. Staff were also advised at handover to keep this door closed at all times.

Significant improvements required

During the inspection there were locked doors in one area of the centre which has ten bedrooms. Seven of these bedrooms were occupied at the time, with residents using a key-code to access them. This area remained locked for the duration of the inspection. Staff monitored this area and the person in charge informed the inspectors that this was used for residents who wandered at night. She said that one care staff was allocated to this area at night. During the inspection two residents were seen to become agitated, as they could not remember the code to open the doors and therefore had to remain in this area until a staff member could assist them. There is no policy in place to guide the practice of monitoring this facility and there are no criteria to identify who should reside there. There was no evidence within the care plans as to why this was required however, the person in charge said she was addressing this.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice, and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors observed good communication between staff, residents, relatives and managers from pre-admission onwards. Residents and relatives reported feeling welcome and involved with aspects of the running of the centre, and confirmed that they can meet with the person in charge at any time. A detailed and colourful resident brochure is available to all residents and visitors to the home.

All staff displayed good knowledge of the centre's policies and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

A residents' forum, facilitated by the activities coordinator, is in place. Residents have an opportunity to make suggestions and contribute to the future planning needs of the centre. The minutes of these meetings were viewed, and inspectors met with the two resident representatives who described how issues are identified and discussed with the person in charge and then subsequently addressed.

The daily menu was displayed in a suitable format outside the dining room door so that residents knew what was available at mealtimes. The communication system between the catering staff and the nursing staff to ensure all residents dietary requirements were relayed and met was documented clearly.

A comprehensive "missing person" profile, which describes each resident in the home, was viewed in every resident's file.

Residents have access to television and radio in their bedroom and in the sitting room. The inspectors observed a staff member reading the newspapers to a group of residents and they then discussed the issues highlighted.

Formal staff meetings are held twice-yearly. The minutes of the meeting on the 7 May were reviewed. The person in charge meets with the staff every Tuesday for a "policy review meeting". This meeting is used to review and discuss the policies in place in the centre and to focus on improving the quality of the service provided. The minutes of these meetings were read.

There is a brochure and statement of purpose available to residents. These included an explanation of the services, facilities, activity programme and visiting arrangements.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Residents and relatives spoke positively about the staff, indicating that they were caring, understanding and responsive to their needs and that they treated them with respect.

There was a human resource policy dated 1 July 2009, which included the procedures for recruitment, selection and vetting of staff. The person in charge maintains a personnel file for each staff member. These were viewed by inspectors and were found to be very comprehensive. They contained all of the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, including Garda Síochána clearance, references, photographic identity and birth certificates. A list of up to date nurse's registration status were also seen.

The planned and actual rotas were viewed. There were eleven staff members on duty on both days of the inspection. Residents and staff agreed that staff were available in sufficient numbers and with the appropriate skills and competencies to meet the personal and health needs of residents. The person in charge described how staffing levels are based on the dependencies of residents. The person in charge had recently rostered additional staff members to work from 6.30pm to 8pm and from 7pm to 8pm to assist with three new admissions.

All staff interviewed demonstrated a clear understanding of their roles and responsibilities. The reporting structure and lines of accountability are clear. The person in charge and the assistant director of nursing are responsible for delegation of tasks and supervision of staff practice.

A variety of professional development training records were viewed, including mandatory training for all staff. The staff training and education records showed that staff had recently attended manual handling, fire training and dementia awareness training.

When inspectors spoke with staff, they said that they were happy with their work and felt valued. They said that the training opportunities and the relationship with residents were key aspects of job satisfaction. There was a high rate of staff retention in the home.

Report compiled by:

Linda Moore
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

20 October 2009

**Health Information and Quality Authority
Social Services Inspectorate**

**Action Plan
Provider's response to inspection report**



Centre:	Ashley Lodge
Centre ID as provided by the Authority (if known):	0009
Date of inspection:	22 and 23 September 2009
Date of response:	29 October 2009

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (*Care and Welfare of Residents in Designated Centres for Older People*) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

- The medication policy did not meet the current An Bord Altranais *Guidance to Nurses and Midwives on Medication Management* (2007) and did not guide the actual practice in place in the home.
- The medication fridge was located behind the reception desk /nurse's station and the administration staff worked in this area most of the time, but this area was accessible to resident and relatives.

Action required:

- Develop appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge shall ensure that staff are familiar with the policy.
- Provide safe storage of medications.

Reference:

Health Act 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of

Medication Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Our team are in the process of developing a new medication management policy. Members of this team are Ms. Sinead Lynch and Ms. Muriel O'Donnell.</p> <p>The Medication Fridge has now been placed in the locked drug room that only RGN's and Management have access to.</p>	<p>11/12/2009</p> <p>Complete</p>

<p>2 The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Access to communal areas for residents from their bedrooms in the locked area was restricted without staff assistance. Two residents were agitated in this area. This restraint practice was not documented in their care plans.</p>	
<p>Action required:</p> <p>Provide suitable and sufficient care to maintain the residents' welfare and wellbeing, having regard to the nature and extent of the residents' dependency and needs, as set out in their care plan.</p>	
<p>Reference:</p> <p style="padding-left: 40px;">Health Act 2007 Regulation 6: General Welfare and Protection Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The Management believed that this secured area was in the best interest of the residents that were at risk of roaming at night.</p> <p>We have taken on board your concerns and we are awaiting a company to attach magnets to these doors and connect them to the fire panel.</p>	<p>30/11/2009</p>

3. The provider has failed to comply with a regulatory requirement in the following respect:

There was a failure to provide safe premises. The side emergency door which led into the open garden was open.

Action required:

Keep the emergency door closed. The registered provider shall take all reasonable steps to prevent accidents to any person in the designated centre.

Reference:

Health Act 2007
 Regulation 31: Risk Management Procedures
 Standard 25: Physical Environment:

Please state the actions you have taken or are planning to take following the inspection with timescales:

Timescale:

Provider's response:

This door is the staff's entrance/exit door. We do accept the concerns of the HIQA team. This door was placed on a 30 minute check list on the day of the inspection and we have continued to do this since the inspection

Completed

4. The provider has failed to comply with a regulatory requirement in the following respect:

The residents' needs were not consistently set out in an individual care plan.

Action required:

Set out the needs of each resident based on a comprehensive assessment in an individual care plan developed and agreed with each resident.

Reference:

Health Act 2007
 Regulation 8: Assessment and Care Plan
 Standard 11: The Resident's Care Plan

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

Timescale:

Provider's response:

We understand that there are needs not identified in some residents

29/01/2010

care plans, e.g. A residents likes to attend the day centre twice a week & a resident likes to have morning tea at 6am. We aim to update all care plans to show more needs of the residents based on a comprehensive assessment, and we will continue to review these care plans on a monthly basis.

We understand that these have not reflected the good care provided by our staff. "Care plans were not person centred and they did not reflect the good care provided by staff" HIQA Inspection Team (2009)

We will continue to show good practice by continuing to do our many risk assessments and continue to involve residents and their family members. "Each resident had an assessment of their needs completed prior to admission and on an on-going basis. There were also risk assessments carried out on falls, malnutrition, pressure sores, continence and the use of restraint. Residents had a care plan in place. Relatives said that they felt very much involved with the plan of care for their family members. The nurses' notes were also inspected and were up to date" HIQA Inspection Team (2009)

5. The provider is failing to comply with a regulatory requirement in the following respect:

- There was no process in place for the development of polices, to include review dates.
- The polices did not guide local practice. For example, the restraint policy did not identify how to manage a resident in restraint.
- The risk management policy did not include the arrangements in place for investigation and learning from serious or untoward incidents or adverse events.

Action required:

- Provide written operational policies and procedures in accordance with current regulations, guidelines and legislation.
- Put systems in place to ensure that policies and procedures inform and guide staff practice.
- Develop a comprehensive written risk management policy appropriate for the centre and in line with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act 2007
Regulation 27: Operating Policies and Procedures
Regulation 31: Risk Management Procedures
Standard 13: Healthcare
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All policies in place have been developed by the Director of Nursing, Ms. Sinead Lynch. A review date and future plan for the development of policies will be put in place.</p> <p>Our team are in the process of developing a new and up to date restraint policy. The members of this team are Ms. Sinead Lynch and Ms. Muriel O'Donnell.</p> <p>A new risk management policy has been completed. This risk management policy explains in detail the control measures in place at Ashley Lodge Nursing Home.</p>	<p>29/01/2010</p> <p>11/12/2009</p> <p>Completed</p>

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The smoking room was not adequately ventilated.</p>	
<p>Action required:</p> <p>Ensure the ventilation in the smoking room is suitable to the needs of the residents.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 19: Physical Environment Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>There have been 2 new extractor fans installed in the smoking room. It is now evident that the smoking room is adequately ventilated.</p>	<p>Completed</p>

7. The provider is failing to comply with a regulatory requirement in the following respect:

There was no system in place for reviewing the quality and safety of care provided to residents and the quality of life of residents in the home.

Action required:

Establish and maintain a system to review the quality and safety of care and quality of life of residents in the centre.

Reference:

Health Act 2007
Regulation 35: Review of Quality and safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous improvement

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

Timescale:

Provider's response:

An audit and review of many of our practices and procedures have been put in place since the inspection.
We will continue to do this and maintain all records of same for a minimum of 7 years.

26/02/2010

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 6: Complaints	All verbal complaints which are received and dealt with are documented to ensure there is learning from these.
Standard 25: Physical Environment	Ensure residents can access the secure garden when they wish.
Standard 1: Information	Provide the residents guide to all residents.

Any comments the provider may wish to make:

Provider's response:

Our inspection was carried out on the 22nd and 23rd of September 2009. We found the process both challenging and very rewarding as we are always open to new ideas and suggestions on best practice. We found the process quite stressful at times as it was a new format by comparison to the previous inspection method.

Many of our team were anxious and nervous with the new inspection process. To our delight, our inspectors were very considerate to my residents and my team. They were very informative as to how the inspection process works.

We were quiet concerned as to how the action plan was worded, regarding our care plans. "Care plans were not person centred and they did not reflect the good care provided by staff" HIQA Inspection Team (2009). Although our practice is up to date care plans on a monthly basis or when there is a change in the resident's condition. We believed this was best practice and that they were person centred. We now understand that our care plans were more clinical orientated and did not reflect general lifestyle needs that a resident may have, e.g. a resident requesting tea at 6am.

With regards to Best Practice Recommendations we have introduced the following:

The complaints policy now defines that any verbal complaints received must be documented in the same format as written complaints.

All residents have access to the secure garden if they wish. There is a key code system in place and the code number is now printed over the panel for all to see.

We aim to provide each resident with our new residents guide by the 30th November 2009.

We would like to thank our inspectors for their consideration to our residents, relatives and staff. We look forward to working with you in the future.

Provider's name: Patricia McCarthy

Date: 29 October 2009