

Health Information and Quality Authority
Social Services Inspectorate

Regulatory Monitoring Visit Report
Designated centres for older people



Centre name:	Ashford House Nursing Home
Centre ID:	0008
Centre address:	6 Tivoli Terrace
	Dun Laoghaire
	Co Dublin
Telephone number:	01 2809877
Fax number:	012809867
Email address:	dmorrin@ashfordhouse.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Ashford House Nursing Home Ltd - Denise Morrin
Person in charge:	Ann Marie Mitchell
Date of inspection:	19 December 2011
Time inspection took place:	Start: 10:00 hrs Completion: 19:30 hrs
Lead inspector:	Linda Moore
Support inspector:	N/A
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Regulatory Monitoring Visit Report

About the 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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Ashford House Nursing Home provides 28 residential places. There were 27 residents on the day of inspection with one vacancy.

The centre is a period building with a purpose-built extension to the rear. A large stone staircase leads to the front door and a spacious front hall. There are four floors accessed by three staircases, two of which have chairlifts attached. The uppermost floor is set aside for offices and the staff changing room, a staff kitchen and rest rooms along with attic storage space.

Bedroom accommodation is located on the other three floors. In total, there are eight single rooms, four of which have an en suite toilet, shower and wash-hand basin, six twin rooms, four of which have an en suite toilet, shower and wash-hand basin, and two four-bedded rooms.

The centre also has five toilets, two of which are wheelchair assisted and three bathrooms, two of which are wheelchair assisted. Two sluice rooms are provided along with separate laundry and kitchen facilities. There are two sitting rooms, a library and a spacious dining room.

To the rear of the building is a large secure landscaped garden with seating areas and raised flower beds. A coded and fingerprint recognition lock to the garden gates and CCTV provides sufficient security. Regular visitors and wheelchair users normally use this entrance.

Parking is available at the front and side of the building.

Location

The centre is situated in Dun Laoghaire, within walking distance of the town centre, local church and harbour. Main bus routes and the DART station are also within walking distance.

Date centre was first established:	15 February 1973
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	10	2	11	4

Management structure

Ashford House Nursing Home Ltd is the Provider and Denise Morrin is a company director and the nominated person to represent the Provider. The Person in Charge is the Director of Nursing, Ann Marie Mitchell who reports to the Provider. She is supported in her role by a Nurse Manager. Care assistants report to the Head Carer who in turn reports to the nurses. The nurses report to the Nurse Manager who reports to the Person in Charge. Catering staff report to the Head Chef, who reports to the Person in Charge as do the Activities Coordinator and administration staff. There is an Housekeeping and Maintenance Manager who is responsible for the housekeeping staff and maintenance within the centre and he reports directly to the Provider.

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 nurse manager	1	5	2	2	1	3*

* The Provider, Activities Coordinator and Maintenance Manager

Summary of findings from this inspection

This was an unannounced follow up inspection which focused on areas identified for improvement at the registration inspection on 19 and 20 October 2010 and to monitor compliance with the the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The inspector met residents, relatives, the providers, the nurse manager and staff on duty. Records were examined including care plans, medical records, and staff records including training records, staff files and policies.

The inspector found that the healthcare needs of residents were met. Residents and relatives spoke very fondly of the staff and were very happy with the care delivered. The inspector met families of past residents who visited and they were extremely satisfied with the care that was delivered.

The inspector found that the provider and the person in charge had been proactive in responding to the action plan from the previous inspection. There were four actions identified at the previous inspection. Two of these actions were fully addressed. One was partly addressed and it plus the other outstanding action would be addressed in the refurbishment programme once planning permission was obtained.

Improvements made by the provider since the previous inspection included:

- the charge for the social programme was now included in the statement of purpose
- medications which required to be crushed are now prescribed as requiring to be crushed

In addition to the actions required by the inspectors at the previous inspection, the provider has provided access to an extensive range of training programmes to keep staff up-to-date and the governance arrangements continue to be strengthened through the clinical governance meetings.

Improvements were still required in the layout of the premises to meet the *National Quality Standards for Residential Care Settings for Older People in Ireland*. There were very comprehensive care plans in place, which required some amendments to reflect the current needs of the residents.

Areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Governance

Article 5: Statement of Purpose

The inspector found that the statement of purpose accurately described the service that was provided in the centre. This now included the fee for the activity programme.

The inspector was satisfied that the service met the diverse care needs of residents, as stated in the statement of purpose which was kept under review by the provider. This was publicly available to residents and relatives.

Article 15: Person in Charge

The person in charge was a registered general nurse, with the relevant necessary experience who worked full-time in the centre. She was not on duty on the day of the inspection, but there was a nurse manager deputising in her absence. He demonstrated an adequate knowledge of the responsibilities as outlined in the Regulations and demonstrated good organisational skills. He was supported in his role by a staff nurse. The inspector found that the nurse manager was very knowledgeable about residents' needs and their backgrounds. He was observed engaging well with residents and relatives throughout the day of inspection.

Article 16: Staff

The inspector examined the file of the most recently recruited staff member and found that the file contained all of the information required by the Regulations. The inspector found that there were good induction arrangements for newly employed staff members and staff appraisals were used to monitor performance and support staff.

The inspector reviewed staffing levels and the provider said she based these on the dependencies and needs of the residents. The inspector found that the staffing levels met the resident's needs. Staff, residents and relatives agreed that there were adequate staff on duty.

The allocation of staff was clear but there were inconsistencies in the supervisory arrangements for residents. Two carers were allocated to each floor on every shift and there was a senior carer allocated to oversee the care delivered to the residents. The system to supervise the residents was not robust and the individual supervisory arrangements for residents were not defined in the care plans. The inspector noted that the supervision arrangements were not robust. Some staff told the inspector that they checked the residents who remained in their bedrooms every hour while other staff said they visited them every ten minutes.

Table 1: Staff deployed over a 24 hour period for 27 residents

	Nurse manager	Nurses	Care Assistants	Catering	Housekeeping
Morning	1	1	5	2	2
Afternoon	1	1	4	2	2
6pm – 8pm	-	1	3	0	0
8pm – 10pm	-	1	2	0	0
10pm – 8am		1	1	0	0

Note: An activity coordinator also works full-time in the centre.

The inspector carried out interviews with staff members and found that they were knowledgeable about the residents' individual needs, the centre's policies, fire procedures and the procedures for reporting alleged elder abuse. The inspector saw them responding to residents' needs in a respectful manner. Staff told the inspector that they were supported by the provider and person in charge.

The inspector saw evidence that systems of communication were appropriate to support staff to provide safe and appropriate care. In addition to daily handover meetings, the inspector reviewed minutes of staff meetings and found that risk management, safety issues and the introduction of new policies were discussed regularly with staff.

The provider explained that a senior nurse was responsible for providing education to staff and external experts were also employed to train staff as required. For example, there were records to indicate that staff had received training in 2011 on fire procedures, the prevention, detection and response to elder abuse, manual handling, pressure ulcer prevention, falls management, consent, privacy and dignity and dementia care mapping. All staff had attended training on behaviours that challenge, continence promotion, safe food handling and first aid. Nurses had undertaken refresher training in medication management, one nurse had attended training on wound care. The activities staff member had undertaken training on dementia care and cognitive stimulation therapy. The provider, person in charge and two staff had attended a training course on risk management and audit. One staff member had attended training on clinical audit.

Article 23: Directory of Residents

The inspector reviewed the directory of residents and found that it was updated to include recent transfer of a resident to and from hospital and a recent death.

Article 31: Risk Management Procedures

The inspector found that practice in relation to the health and safety of residents and the management of risk promoted the safety of residents, staff and visitors.

There were visitors' sign-in books located at the entrance to the centre. This allowed the staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Inspectors observed visitors' daily signatures in the visitor's book. There was a full-time administration staff member on duty to guide visitors.

There was a health and safety statement in place which related to the health and safety of residents, staff and visitors. The provider and person in charge had identified non-clinical risks and manual handling risks and the control measures to manage risks were in place. For example, these included risk of fire from smoking, elopement, and falls from windows.

A clinical governance committee met monthly and the records of meetings were read by the inspector. A recent meeting on 1 December 2011 showed that audit findings, falls, restraint, residents with pain, residents at risk of weight loss, complaints and medication errors were discussed. The provider also received a weekly update from the person in charge on clinical issues such as the weekly medication audit, complaints, falls and subsequent actions taken to improve safety.

The inspector reviewed the incidents that occurred since June 2011 and found that while residents had fallen during this time, none resulting in serious injury to a resident. There was an adequate system in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. Incident forms were completed for each incident and there was evidence of residents being monitored closely following an incident. The inspector found that risk assessments were completed, and care plans developed for residents with preventative strategies identified such as environmental precautions. There was also a post falls assessment completed with some analysis carried out to determine the root cause.

Article 39: Complaints Procedures

The inspector found evidence of good complaints management. The complaints policy was reviewed and was found to be comprehensive and displayed in a prominent position in the centre. It complied with the requirements of the Regulations. The inspector reviewed the complaints log and saw that verbal complaints from residents and relatives were documented and there was evidence that complaints were appropriately responded to by the person in charge, to the satisfaction of the complainant.

Article 36: Notification of Incidents

Practice in relation to notifications of incidents was satisfactory.

The provider and nurse manager were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant notifications had been submitted to the Chief Inspector by the person in charge.

Resident Care

Article 9: Health Care

The inspector found that the residents had diverse needs - some were highly dependant and required full assistance while other residents were quite mobile and independent. The inspector found a good standard of evidence-based nursing care and residents had access to appropriate medical and allied healthcare.

The inspector found that there was good access to medical practitioners in the local area and there was evidence that residents were regularly reviewed by their general practitioner (GP). Residents also had access to speech and language therapy, dietician, physiotherapy and chiropody services. The inspector reviewed care plans and they contained details of referrals and appointments with the various allied health services. Staff promoted the residents' health by encouraging them to stay active. Residents were seen taking exercise during the day.

The inspector reviewed a sample of residents' care plans and noted that nursing assessments and clinical risk assessments were carried out for all residents. There was a record of the resident's health condition and any treatment given, completed on a daily basis by the nurse on duty. Care plans were in place which mostly identified residents' needs and there were three-monthly reviews completed. The inspector noted that residents and relatives were involved where possible in the development and review of their care plans. While residents were reassessed every three months and the care plans changed as required in most regards, there were some residents nursed in bed all day and the assessment and care plan was not reflective of their current needs.

There were a small number of bedrails and recliner chairs used for residents. The inspector reviewed files for a sample of these residents and found that there was an assessment completed for the use of restraint and there was documentation on the monitoring of the bedrails. This monitoring form was completed two hourly but the staff said they checked the resident hourly. The inspector found that improvements were required in the initial assessment for the use of bedrails as there was no evidence of alternative strategies being tried for some residents prior to the use of restraint in line with the centre's policy. The inspector also found that the good practice of observing and recording the use of and monitoring of residents in restraint was not consistent for all forms of restraint used.

The provider provided evidence that two staff members had attended training on the new HSE policy on the use of restraint and the centre's policy was updated in line with the new national policy. There were plans to provide training to all staff.

The inspector saw documentary evidence to demonstrate that residents' weights were recorded each month and the person in charge monitored any changes such as significant weight loss. Nutritional risk assessments were used to identify residents at risk and there was evidence of residents being prescribed supplements where necessary.

There were opportunities for all residents to participate in activities appropriate to his or her interests and capacities. The inspector met with the activity coordinator who was employed full-time in the centre. There was evidence that residents engaged in activities such as live music sessions, newspaper reading, art and walks outside. A weekly schedule was posted for the residents to see. The residents said they enjoyed the exercise classes in the centre and many said they looked forward to day trips. One resident said the staff encouraged her to get involved but they also respected her wishes if she preferred to stay in her room.

There were lots of seasonal activities arranged for the Christmas period, including a carol service, mass, Christmas songs and a trip to see the Christmas lights. The activity coordinator knew the residents well and was seen responding to each of them as individuals. She provided individual sessions for residents with high dependency needs and these included massage and Sonas (A group session involving stimulation of all five senses particularly useful for people with cognitive impairment). She also used a computer programme with touch screen which the residents enjoyed. More able residents said they were pleased that they could go out to the nearby shops and the pub.

Article 33: Ordering, Prescribing, Storing and Administration of Medicines

The inspector found evidence of good medication management processes. There was a comprehensive medication management policy which provided guidance to staff. This was amended on the day of inspection to reflect the good practice in place. The inspector met the pharmacist who was implementing new medication administration records to address deficits identified by the staff nurses. The staff nurse on duty told the inspector about the procedures she follows to administer medication which was in line with best practice guidelines.

The inspector reviewed the prescription sheets of residents who required their medication to be crushed and found that the medication was now prescribed as requiring crushing.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. These medications were counted at the time of administration and at the change of each shift. Nurses kept a register of controlled drugs. Two nurses or a nurse and carer signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

Article 6: General Welfare and Protection

The inspector found that measures were in place to safeguard residents. Records showed that staff had attended a training course on the prevention, detection and response to elder abuse in 2011 and the staff said they frequently discussed elder abuse with the person in charge. The inspector found that staff spoken to were aware of the types of elder abuse and their responsibilities in reporting suspected

elder abuse to the person in charge or senior nurse. Residents confirmed to the inspector that they felt safe in the centre.

Article 20: Food and Nutrition

The inspector was satisfied that residents received a nutritious and varied diet. There was one dining room and residents were seen to enjoy the social dining occasion. The inspector noted that meals were hot, well presented and tasty. One resident dined in the upstairs day room and the inspector saw that the meal served on a tray was hot and pleasantly presented. Staff were seen assisting residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food. The inspector saw residents being offered drinks throughout the day. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them.

The chef showed the inspector the four-weekly menus and the feedback from the dietician who reviewed the menus was taken on board by the chef. All residents' dietary requirements were documented and there was a sign erected in the kitchen to identify any resident at risk of weight loss to ensure that staff would provide the necessary dietary requirements.

The person in charge had carried out regular audits of meals with the residents and any areas for improvement identified were addressed. Residents suggested they would like salmon and this was added to the menu. There was a monthly meeting between the chef and the person in charge and the minutes showed that this covered all aspects of the dining experience. A food committee met approximately two monthly and the minutes showed that the chef sought feedback from residents. Residents confirmed that the chef visited them at least twice a day to determine if they were happy with the meal.

The inspector read the recent environmental health officers report and the deficits identified were addressed, in that a new piece of equipment had been purchased.

Environment

Article 19: Premises

The centre was clean and homely throughout. The inspector found that the bedrooms were personalised with adequate space for belongings. Residents also had access to locked personal storage space in their bedrooms. The household staff were knowledgeable of the cleaning processes and the premises was observed to be clean.

There was a secure outdoor area which residents could access unaccompanied. Raised flower beds provided a focal point and residents told the inspector that they tended the flowers there when the weather was fine.

Residents could have their laundry processed in the centre. The laundry room was spacious and well equipped. The inspector spoke with the staff member there and she was knowledgeable about infection control and the different processes for different categories of laundry. All residents' clothes were folded and returned to the residents' rooms. Residents told inspectors that they were satisfied with the laundry arrangements.

There is a full-time maintenance staff member; the records showed that all maintenance work identified by the staff were addressed. Records viewed confirmed that a daily and weekly environmental check took place and there was a weekly audit of the functionality of the resident's overhead lights, call bells and the window restrictors and any deficits were addressed.

At the previous inspection, the provider was asked to review the layout of the two four-bedded rooms as they did not meet the Standards. The provider said this would be addressed in the proposed extension, which was subject to planning permission.

At the previous inspection, inspectors were concerned that the stair lifts were insufficient to meet the needs of all residents and visitors who therefore required assistance to go up or down the stairs. Since the inspection the chair lift was reviewed by the lift company on 25 November 2010 and it was not deemed appropriate to put a second hand rail in place. The provider and person in charge completed a risk assessment on the stairs to minimise the risk of residents or visitors falling. The control measures included that all independent residents would be supervised when using the stairs and other residents would be assisted on the stairs as required. The proximity of the nurses' station facilitated the ongoing supervision of residents who used the stairway.

At the previous inspection, the inspectors noted that there were domestic type shower trays in use in some of the en suite rooms which required the resident to step into the shower and therefore increased the risk of injury. The inspector noted that these three showers did not appear to be a risk at present as there were no residents who were able to shower independently and all the residents required the assistance of staff to shower. One of the residents in these bedrooms told the inspector that the staff assisted her to have a shower and she felt safe while using the shower. The provider and person in charge had completed risk assessments for these showers and the control measures were documented.

Catering staff did not have separate toilet and changing facilities. The provider said these issues were being addressed when the extension was built.

The water temperature in residents' bedrooms and a bathroom exceeded those specified in the Standards and posed a burn or scald risk to residents. The provider stated that this would be addressed by January 2012.

Article 32: Fire Precautions and Records

The procedures for fire detection and prevention were in place. The inspector reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were monitored. The inspector read records which showed that daily inspections of fire exits were carried out and the fire exits were unobstructed. There were training records which confirmed that staff had attended training on fire prevention and response. There were monthly fire drills in place. The inspector found that all staff were clear about the procedure to follow in the event of a fire.

Closing the Visit

At the close of the inspection visit a feedback meeting was held with the provider, the clinical nurse manager and staff to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Linda Moore

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

20 December 2011

Provider's response to inspection report*

Centre:	Ashford House
Centre ID:	0008
Date of inspection:	19 December 2011
Date of response:	6 January 2012

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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

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

A domestic type shower tray in use in some of the en suite rooms required a resident to be able to step into the shower.

There were two four-bedded rooms which will not meet the requirements of the Regulations or standards.

Action required:

Implement the plan to address the size and layout of rooms occupied or used by residents are suitable for their needs and meet the requirements of the Regulations and Standards.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>New practices in relation to restraint had not been implemented fully.</p>	
<p>Action required:</p> <p>Provide a high standard of evidence based nursing practice in restraint.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Ashford House is committed to promoting a restraint free environment. The only forms of restraint used in Ashford House are bed rails and recliner chairs. These are only used after individualised assessment with multi-disciplinary input. We are in the process of reviewing all residents using restraint and documentation practices have been amended to reflect the alternative measures tried in line with the national policy on the use of restraint. Monitoring forms have also been amended to ensure that nursing practice on the floor is fully evidence based (please see attached forms). We have also scheduled a training day on 12 January 2012 to ensure all staff are aware of these new practices.</p>	<p>One month</p>

<p>4. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Care plans were not amended to reflect the changing needs of some residents.</p>	
<p>Action required:</p> <p>Set out each resident's needs in an individual care plan.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

Provider's response: Any care plans requiring change have been reviewed and amended.	Ongoing
---	---------

5. The provider is failing to comply with a regulatory requirement in the following respect: The inspector found that the temperature of hot water presented a risk of scalding to residents.	
Action required: Provide sufficient numbers of toilets, and wash-hand basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We have arranged for our plumber to fit thermostatic control valves to all hot taps accessed by our residents.	One month

Any comments the provider may wish to make:

Provider's response:

Our inspection took place during Christmas week and we were delighted that our inspector had the opportunity to experience the festive atmosphere and activities within Ashford House. The atmosphere created in Ashford House is directly accredited to the commitment of each and every staff member striving to provide a person-centred homely environment reflective of the changing seasons.

On behalf of our residents, relatives and staff we would like to thank the inspector for her courtesy and professionalism throughout the inspection process.

Provider's name: Denise Morrin

Date: 6 January 2012