

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007, as amended**



Centre name:	Ashbury Private Nursing Home
Centre ID:	0007
Centre address:	1A Kill Lane
	Kill O'The Grange
	Blackrock, County Dublin
Telephone number:	01 2841266
Email address:	ashbury@anh.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Robert Fagan
Person authorised to act on behalf of the provider:	Robert Fagan
Person in charge:	Alison Woods
Date of inspection:	9 January 2013
Time inspection took place:	Start: 07:50 hrs Completion: 17:40 hrs
Lead inspector:	Angela Ring
Support inspector(s):	Deirdre Byrne
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	68 + 2 in hospital
Number of vacancies on the date of inspection:	8

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with 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*.

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input type="checkbox"/>
Outcome 14: End of Life Care	<input checked="" type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

This was the third inspection carried out by the Health Information and Quality Authority (the Authority) Regulation Directorate. Overall, inspectors found that there were strong governance structures in place and residents health and social care needs were well met. The provider and person in charge were fully committed to providing a high standard of care and to comply with 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*. The provider was in the process of renovating and extending the centre which will address the deficits in the current building such as multi-occupancy bedrooms and a lack of adequate storage. This extension was not complete. In the meantime, inspectors did not see any evidence of negative outcomes for residents as a result of the building work.

A small number of improvements were required and these are detailed in the action plan at the end of the report. They include putting a system in place to ensure that fire equipment is routinely serviced and records are maintained of all fire practices and equipment as well as updating the statement of purpose and the risk management policy.

Section 41(1)(c) of the Health Act 2007
Compliance with 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*.

Theme: Governance, Leadership and Management
Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action required from previous inspection:

Update the Statement of purpose to describe the facilities and services which are provided for residents.

Inspection findings

Inspectors found that the Statement of purpose did not accurately describe the current layout of the premises and the management structure. This was identified as an area for improvement at the last inspection and had not been adequately addressed.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge was a registered general nurse and had the relevant necessary experience in managing residential centres for older people. She is also the person in charge for Ailesbury Private Nursing Home. She demonstrated an adequate knowledge of her responsibilities as outlined in the Regulations and demonstrated good organisational and leadership skills. Inspectors found that the person in charge was knowledgeable about residents' needs. Staff and residents told inspectors that the person in charge was approachable and supportive. The person in charge was supported by assistant directors of nursing who deputised in her absence.

The person in charge is engaged in continuous professional development; she had attended several study days in relation to older persons care and was completing a postgraduate diploma in gerontological nursing.

As identified at the last inspection, the person in charge and provider had management meetings each month with the management teams in the centre. Inspectors reviewed a sample of the minutes of these meetings which demonstrated that the ongoing upkeep of the premises and the welfare of residents were discussed and improvements identified.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

Inspectors found that measures were in place to protect residents from being harmed or abused. There were records to indicate that staff had received training on identifying and responding to elder abuse in 2012. Inspectors found that staff spoken with on the day of inspection were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge. Residents spoken to confirmed that they felt safe in the centre.

Inspectors reviewed the centres policy on the prevention, detection and response to elder abuse and found that it gave guidance to staff on the types of abuse and the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse. Inspectors found that the person in charge was knowledgeable of the procedures to follow to investigate an allegation of abuse.

Inspectors reviewed the procedures in place to manage residents' finances and found that they were well managed. Balances were checked each week and there were two signatures for each transaction.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

There were inadequate arrangements in place to identify, record, investigate and learn from incidents.

List of outstanding actions under this outcome:

The risk management policy did not address the risks associated with violence and aggression, assault, residents going missing, self harm and accidental injuries to residents and staff.

There were inadequate records maintained of fire drills.

The fire alarm had not been recently serviced.

There was no record of number, type and maintenance of fire fighting equipment in the centre.

Inspection findings

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

Inspectors reviewed the emergency plan and found that it was comprehensive and sufficient to guide staff on the procedures to follow in the event of an emergency. Staff spoken with were aware of the emergency plan.

Inspectors reviewed the minutes of the health and safety committee which met each quarter and identified potential risks and areas for improvement. There was documentary evidence of actions being taken with the persons responsible for completion of the actions named.

There was a health and safety statement in place which was updated in August 2012 and it related to the health and safety of residents, staff and visitors. It identified the risks and potential risks in the centre and the control measures in place. Inspectors found that although there were individual policies developed for the risks identified in the Regulations such as violence and aggression, assault, residents going missing, self harm and accidental injuries to residents and staff, the risks associated with these were not addressed in the risk management policy.

Inspectors found that the risk management policy did not adequately address the procedures in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. This had been identified as an area of improvement at the last inspection and had not been adequately addressed. However, the provider and person in charge showed documentary evidence to inspectors to demonstrate that they were in the process of hiring a consultant to review the centres procedures for risk management and quality assurance and the plans in place to develop a robust system of clinical governance.

Inspectors reviewed the number of incidents that occurred in the previous months and found that there were a relatively low number of falls. Incident forms were completed for each incident and there was evidence of residents being monitored following an incident by their general practitioner (GP) and a physiotherapist. Inspectors found that risk assessments were completed, and care plans were developed for residents. Inspectors found that there was an analysis completed of the falls that occurred which assisted the person in charge in identifying patterns and potential areas for improvement.

There was safe floor covering and hand rails placed throughout the centre.

Inspectors found that smoking risk assessments were completed for two residents who smoked and safety measures were taken to ensure resident safety was maintained while smoking such as close supervision.

Inspectors found that there were adequate procedures in place to manage infection control. The person in charge told inspectors that staff were trained in infection control procedures and good practices were observed by inspectors in this area. Chemicals were locked in presses to ensure safety. There were adequate sluicing facilities available. Wash-hand basins, wall mounted dispensers containing hand sanitising gel were located at the entrance door and throughout the building.

The procedures for fire detection and prevention required improvement. Inspectors reviewed service records which showed that the fire alarm system had not been recently serviced. There were inadequate procedures in place to ensure that all fire equipment was regularly serviced. Inspectors asked the provider to address this as a matter of urgency which he agreed to by arranging for the alarm and all fire related equipment to be serviced a day after the inspection.

Inspectors found that fire drills which included a scenario and mock evacuation were carried out each week - this was witnessed by inspectors and confirmed with staff. However, there were no records maintained of these fire drills. There was also no record of number, type and maintenance of fire fighting equipment in the centre.

There were records to indicate that emergency lighting and fire equipment were serviced. Fire procedures were displayed in prominent positions around the centre. Inspectors 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. Further training was booked for all staff in January 2013. Inspectors found that all staff spoken with were clear about the procedures to follow in the event of a fire.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Overall, inspectors found evidence of good medication management practices.

There was a comprehensive medication management policy in place which provided guidance to staff. Inspectors found that each resident's medication was reviewed regularly by the GP and pharmacist and there was documentary evidence to support this.

Audits on medication practices were undertaken with areas for improvement identified. The nurses on duty told inspectors about the procedures to follow when administering medication which was in line with best practice guidelines and they informed inspectors of the education and training they had completed in medication management.

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

Outcome 9

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

Practice in relation to notifications of incidents was satisfactory.

Inspectors found that the person in charge was aware of the legal requirements to notify the Chief Inspector. To the knowledge of the inspectors, all relevant incidents had been notified to the Chief Inspector to date. This was identified as an area of improvement at the last inspection and had been adequately addressed.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The healthcare needs of residents were well met.

Residents had good access to medical and allied health professionals. There was documentary evidence of residents being reviewed by optician, dental, chiropody, speech and language therapy (SALT) and physiotherapy when necessary. The person in charge explained that residents had good access to their GP. There was a system in place for each resident to be reviewed every three months by the GP and there was documentary evidence to support this.

Inspectors noted that nurses and care staff used an electronic care planning package and they reviewed a sample of residents' care plans and noted that they were person-centred and relevant to the resident. Nursing assessments and clinical risk assessments were carried out for all residents and inspectors found that care plans were updated when there was a change in the residents' condition. There was a record of the resident's health condition and treatment given, completed on a daily basis. At the last inspection, the inspector found that there was inadequate evidence of resident and relative involvement in the development of the plan of care. During this inspection, inspectors found that the person in charge had implemented a process to address this issue which was at its initial phase.

There were a small number of residents with wounds on the day of inspection. Inspectors found that there was a wound management policy in place and there was evidence of residents being reviewed by nurse specialist in wounds when necessary. There were adequate assessments and care plans completed for the wounds. There was evidence of specialist pressure relieving equipment in place as necessary.

Inspectors found that residents' weights were recorded each month and the nursing staff monitored any changes such as significant weight loss. Nutritional risk assessments were used to identify residents at risk and residents were being reviewed by a dietician when required.

Inspectors found that there were a small number of residents with behaviours that challenged on the day of inspection. Inspectors found that there was a policy on managing behaviour that challenged in place to guide staff and staff had received training on responding to these residents' needs. This was identified as an area for improvement at the last inspection and had been adequately addressed.

Inspectors noted that lap belts and bedrails were used for a number of residents. The centres policy on restraint was comprehensive and provided guidance to staff on best practice. Inspectors reviewed files for a sample of these residents and found that there was an assessment completed for the use of bedrails with consideration given to the risks associated with the use of bedrails. This was identified as an area for improvement at the last inspection and had been adequately addressed.

Inspectors found that there were several opportunities for residents to participate in activities appropriate to their interests and capacities. Residents spoken with said they enjoyed their day. Inspectors saw residents engaged in a range of activities. There were four full time activity coordinators employed in the centre who provided activities and opportunities for meaningful engagement each day including weekends. The centre also had a minibus which was used to take residents on regular outings which they greatly enjoyed.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Action(s) required from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Inspection findings

Inspectors found that the centre was clean, warm and homely throughout.

As stated in the summary, the provider was in the process of extending and renovating the Grange unit. This will address the deficits found during previous inspections such as the lack of storage space and multi-occupancy bedrooms.

Staff had access to assistive equipment to meet residents' needs, such as hoists, specialised beds, mattresses and chairs. There was documentary evidence that the hoists and the lift were regularly serviced.

Inspectors visited the kitchen and found that it was clean, organised and well stocked with fresh fruit and vegetables. Staff were trained in food hygiene practices.

Inspectors visited the laundry and found that it was clean, well ventilated and well organised, with adequate space to segregate clean and soiled clothes which was in line with infection control precautions.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 14

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was one resident receiving end-of-life care on the day of inspection - inspectors found that there were adequate procedures in place to ensure that appropriate end of life care was provided. There was a policy on end-of-life care and the person in charge explained that they accessed the services of the local palliative care team who provided support and advice when required.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

Inspectors found that there was an adequate level and skill mix of staff on duty to provide care to residents. Staff, residents and relatives agreed that there were adequate staff on duty.

There was a recruitment policy in place which met with the Regulations. Inspectors examined a sample of staff files and found that they contained all of the information required by the Regulations such as proof of vetting, three references and evidence of mental and physical health.

Inspectors carried out interviews with staff members and found that they were knowledgeable of residents' individual needs, the centre's policies, fire procedures and the guidelines for reporting alleged elder abuse.

Inspectors found that there was a procedure in place to track staff training to ensure that all staff received mandatory training within agreed timeframes. There were records to indicate that staff had received training on fire procedures, the prevention, detection and response to elder abuse and manual handling. Several staff had also received training in care of people with dementia.

Inspectors found that there were formal induction arrangements for newly employed staff members. Inspectors found that nursing staff were in the process of awaiting for their registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2013.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider and the person in charge 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:

Angela Ring
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

16 January 2013

Action Plan

Provider's response to inspection report *

Centre Name:	Ashbury Private Nursing Home
Centre ID:	0007
Date of inspection:	9 January 2013
Date of response:	30 January 2013

Requirements

These requirements set out the actions that must be taken to meet 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*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The statement of purpose was not updated to describe the facilities and services which are provided for residents.

Action required:

Update the statement of purpose to describe the facilities and services which are provided for residents.

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A revised Statement of Purpose was forwarded to the Authority in April 2012 for approval, reflecting the current status of our nursing homes during our building works, unfortunately we had the incorrect edition to hand on the day of the inspection. The revised edition 2012-04 is now in circulation.</p>	<p>Completed</p>

Outcome 7: Health and safety and risk management

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The risk management policy did not cover the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.</p> <p>The risk management policy did not address the risks associated with violence and aggression, assault, residents going missing, self harm and accidental injuries to residents and staff.</p> <p>There were inadequate records maintained of fire drills.</p> <p>There were inadequate procedures in place to ensure that the fire alarm was regularly serviced.</p> <p>There were inadequate procedures in place to ensure that a record was maintained of the number, type and maintenance of fire fighting equipment in the centre.</p>
<p>Action required:</p> <p>Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.</p>
<p>Action required:</p> <p>Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.</p>
<p>Action required:</p> <p>Make adequate arrangements for the maintenance of all fire equipment.</p>

Action required:	
Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.	
Action required:	
Maintain, in a safe and accessible place, a record of the number, type and maintenance record of fire-fighting equipment.	
Reference:	
Health Act, 2007 Regulation: 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: As shown to the Inspector on the day of the inspection we are currently in the process of reviewing our entire Risk Management Policy. This work had commenced at the time of the inspection, and is due for completion by February 28th, including identification, recording, investigation and management of serious and untoward incidents. Furthermore, it will include staff training on risk, mentoring of clinical governance, in conjunction with our current safety procedures.	31 March 2013
Our current policies include unexplained absence of a resident and Self harm but in addition to these we will implement policies to include violence and aggression, assault, and accidental injury to residents and staff.	31 March 2013
Our fire maintenance equipment has been serviced by the same external company for the past twelve years on an automatic basis. On the day of our inspection we could not find the service dockets for the service that was carried out in August 2012. These were forwarded to the Authority the day after the inspection.	Completed
We operate fire drills weekly and unfortunately they were not being documented correctly. Every fire drill is now being documented correctly.	Completed

Any comments the provider may wish to make¹:

Provider's response:

We wish to clarify that our current building project is not a "New Build", as per the terminology in the inspectors report, but is in fact a complete renovation and extension of our existing Grange Wing. In a meeting with The Authority on 27 January 2011, we discussed our phasing plans of the renovation and extension of the current building, however, prior to commencement of the building program, we found an easier and less disruptive method of renovating the existing building, with the same end result. This may appear as a "New Build", however, it is in fact, a complete refurbishment of the existing Grange Wing. We have enclosed the relevant documentation to the Authority in relation to same.

We would like to thank all our residents and families present in Ashbury on the day of the inspection and a special thank you to all the staff for their continued hard work and dedication.

Furthermore, we would like to acknowledge the professionalism and courtesy shown to all in Ashbury by the inspectors on the day of the inspection.

Provider's name: Robert Fagan

Date: 30 January 2013

¹ * The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.