

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ashford House Nursing Home
Centre ID:	0008
Centre address:	6 Tivoli Terrace East
	Dun Laoghaire
	Co Dublin
Telephone number:	01 2809877
Email address:	dmorrin@ashfordhouse.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Ashford House Nursing Home Ltd
Person authorised to act on behalf of the provider:	Denise Morrin
Person in charge:	Anne-Marie Mitchell
Date of inspection:	16 April 2013
Time inspection took place:	Start: 09:00 hrs Completion: 18:15 hrs
Lead inspector:	Linda Moore
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	26 + 1 in hospital
Number of vacancies on the date of inspection:	1

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 11 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 type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input checked="" 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 type="checkbox"/>
Outcome 13: Complaints procedures	<input type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input checked="" 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 the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Reports of previous inspections of Ashford House Nursing Home can be found on www.hiqa.ie.

At this inspection, the inspector also followed up on the five actions for improvement which were identified at the follow up inspection of 30 October 2012. These actions included the introduction of a new care planning system, smoking risks, restraint, medication management and supervision arrangements. Four actions were completed and one action in relation to care planning was ongoing.

The healthcare needs of residents were met to a high standard. Residents had access to general practitioner (GP) services and to a range of other health services.

The provider ensured that suitable recreational opportunities were available to residents during the week and had put measures in place to develop the activities programme to suit all residents' capabilities.

Residents were consulted about the operation of the centre and there was an active resident and family committee.

Staffing levels adequately met the assessed needs of residents. While the premises did not form part of this inspection, the two four bedded multi-occupancy rooms do not meet the needs of the residents.

Areas identified for improvement included:

- care planning
- fire doors
- manual handling practice

These items are discussed in the body of the report and are included in the Action Plan at the end of this report.

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: Leadership, Governance 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 2

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that each resident had an agreed written contract which included details of the services to be provided for that resident and the fees to be charged.

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 nurse and she worked full-time in the centre. She was on duty for the duration of the inspection and was supported by a clinical nurse manager who was on duty in the afternoon.

She maintained her professional development and had attended the following courses and study days since October 2012:

- Dementia care
- optimising health in nursing homes
- data protection
- falls prevention
- leadership
- fire safety.

The person in charge had good knowledge of 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 person in charge demonstrated strong leadership and good communication with her team. She was frequently observed meeting with residents, relatives and staff and ensured good supervision to all staff. She was an organised manager and all documentation requested by the inspector was readily available. The person in charge had deputising and on call arrangements in place.

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:

No actions were required from the previous inspection.

Inspection findings

The provider and person in charge had taken appropriate measures to protect residents from being harmed and from suffering abuse. The inspector found that all of the staff spoken to during the inspection were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge.

There were records to indicate that staff had received training on identifying and responding to elder abuse.

The inspector reviewed the centre's policy on the prevention, detection and response to elder abuse and found that it was recently updated. This policy gave guidance to staff on the types of abuse and included the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse. The person in charge and provider also displayed sufficient knowledge and outlined to inspectors their responsibilities as detailed in the policy.

The inspector found that the system in place to manage residents' finances was robust. Small amounts of money were kept for safe keeping on behalf of residents. The balances reviewed by inspectors were correct. Transactions were being signed by two persons including the resident/relative and staff member.

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:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The inspector found that there were robust systems in place in relation to promoting the health and safety of residents, staff and visitors. However, there was one area for improvement. There were no intumescent strips on the fire doors and these doors did not close tightly when they were shut. The provider informed the Authority that a fire consultant would visit the centre at 5pm on 17 April 2013 to review the doors. The provider informed the Authority that following a review by a fire safety consultant eight fire doors had been subsequently upgraded to enhance their fire resistant performance and that these doors were now certified appropriately.

Apart from the issue with the fire doors, overall, fire safety was well managed. The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations.

The inspector viewed the fire records which showed that fire equipment had been regularly serviced. This was last serviced in February 2013. The fire alarm system and emergency lighting had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. Staff said that they checked fire exits daily and this was documented.

The inspector read the risk management policies which were developed in line with the Regulations and guided practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff.

The provider and person in charge had developed a risk register to identify and manage the risks in the centre. There was a health and safety statement in place which had been reviewed by a consultant in May 2012. Risk assessments for the chemical agents in use in the centre were also developed by a consultant and had been implemented.

The clinical governance committee continued to meet monthly and the records of meetings were read by the inspector. A recent meeting in March 2013 showed that audit findings and clinical indicator results such as falls, restraint, residents with pain, residents at risk of weight loss, complaints and medication errors were discussed. Non clinical risks were also discussed at this meeting. The provider continued to receive a weekly update from the person in charge on clinical issues such as changes to care, the weekly complaints, falls and subsequent actions taken to improve safety.

The inspector found that clinical information was used to improve the service. For example, the number of falls had reduced from 2011 to 2012. The number of residents requiring psychotropic medication was three which was a reduction from nine in 2012. There were no pressure ulcers in the centre. Residents who used restraint had reduced from 12 in 2011 to four. Medication errors had reduced from 15 in 2011 to seven in 2012. All residents at risk of malnutrition had a nutritional plan in place.

Measures were in place to prevent accidents and facilitate residents' mobility, including non-slip floor covering in bathrooms and toilets. Handrails were provided on both sides of the corridor to promote independence. Residents were observed moving around the building during the day using the handrails for support.

Inspectors noted that risk assessments and associated manual handling charts had been completed for residents and were retained in residents' files. While all staff had been provided with training in manual handling the inspectors observed on two occasions during the inspection staff did not use safe moving and handling practices when assisting residents to mobilise.

The previous issue in relation to smoking was addressed. The inspector was informed by a number of staff that the resident who previously smoked had decided not to smoke. A smoking risk assessment for the centre was viewed.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency.

The provider and person in charge had adequate control measures in place to monitor all visitors to the building. A visitors' book was maintained and completed daily.

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:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

Overall, the inspector found evidence of good medication management practices. The issue identified at the previous inspection with regards to the administration of medication had been addressed.

The inspector found that each resident's medication was reviewed every three months by the GP and pharmacist in conjunction with the person in charge. Documentary evidence of these reviews was seen by the inspector.

Medications that required special control measures were carefully managed and kept in a secure cabinet. Nurses maintained 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.

There was a comprehensive medication management policy in place which provided guidance to staff.

The inspector observed a nurse administering medications and found that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines.

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:

No actions were required from the previous inspection.

Inspection findings

Practice in relation to notifications of incidents was satisfactory.

The provider and person in charge 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.

Detailed records were maintained of all accidents and incidents. The person in charge monitored incidents weekly and discussed these with staff. Each resident was reviewed by the GP, physiotherapist and the nursing staff and a detailed plan was provided to staff to minimise the risk of future falls.

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 action required in relation to restraint from the previous inspection was satisfactorily implemented.

The care plans still did not consistently set out the needs of residents.

Inspection findings

The inspector found that the residents had diverse needs; some were highly dependent 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. However, the care plans still did not consistently set out the needs of residents.

Since the previous inspection, the provider and person in charge had continued to implement the new computerised care planning system. Some of the residents' information was also held in hard copy. The inspector reviewed this new system and found that there had been improvements since the previous inspection, but further improvements were required. The provider and person in charge were aware of the issues identified by the inspector and were in the process of addressing them. For example, many of the care plans had not been updated three monthly. Care plans were in place which identified residents' needs but some were not sufficiently detailed to guide the care delivered. One resident displayed behaviours that challenged and there was no assessment or care plan to guide the care.

The inspector reviewed a sample of care plans for residents who used restraint and found that overall they needed to be more specific to provide guidance to staff.

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 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.

There was a record of the residents' health condition and treatment given and this was completed on a daily basis. Residents and/or relatives were involved in the development of their care plans.

There was good practice in the management of restraint. There had been a significant reduction in the use of bedrails since 2011. Consent forms were in place for the use of bedrails. The inspector found that assessments had been carried out. The records included the specific alternative strategies that had been tried prior to the use of bedrails. All risks associated with the use of the bedrail had been considered and documented. There were robust records on the duration and release of the restraint.

There were policies on nutrition and hydration which supported evidence-based practices. The inspector found that the nursing staff monitored the nutritional status of residents. Residents' weights were recorded monthly. Nutritional risk assessments were used to identify residents at risk and care plans were in place. All residents at risk were referred to the GP if required and there were treatment plans in place.

There were no residents with pressure ulcers in the centre. There was a wound management policy which guided the staff in the prevention and management of wounds. The inspector reviewed the files of a resident with a wound and found that the documentation of the assessment and management of these residents' wounds was robust. There was a record to demonstrate that treatment plans were being maintained.

Records showed that falls were well managed. Strategies were put in place for those residents who were at risk of falling. A review of residents' file showed that while residents were assessed post fall by the physiotherapist, nursing staff and GP, the care plans were being not always updated to reflect the care that residents had received following a fall.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. Social care assessments had been completed in respect of all residents and there were care plans to guide the social care services delivered. A programme of activities was widely displayed and residents and relatives spoken to commented on the various activities available to them. Activities included day trips, art and crafts, music, and ball games. There were two activities coordinators in place on the day of the inspection. There had been an increase in activity hours from 6pm to 9pm since the previous inspection. Residents spoken to confirmed that they had a lot of varied activity available to them.

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 15

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector was satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. Supervision in the dining room at meal times had improved from the previous inspection. However, the inspector observed that appropriate assistance was not provided to one resident with eating and drinking. This may have placed this resident at risk.

Staff were seen to assist residents discreetly and respectfully if required but there was one area for improvement. One resident was in a semi reclined position while being assisted with a meal which could place this resident at risk of choking. The resident did not have an assessment or care plan to guide the staff in the correct seating position. The inspector raised these concerns with the staff and person in charge.

There was a main dining room which was decorated to a high standard. Many residents' choose to have their meals in the dining room. A number of residents also choose to stay in their bedrooms for meal times. The inspector observed that meals were well presented and residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions. Picture menus were available to support residents to choose what they wished to eat. Residents confirmed that they enjoyed the food particularly the choices and variety.

Outcome 16

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Overall, the inspector found that residents' privacy and dignity was respected by staff. However, the inspector observed a house hold staff member cleaning around a resident in a bedroom while the resident ate his/her meal. The provider and person in charge assured the inspector this was not a regular occurrence.

The inspector observed that bedroom doors were closed when personal care was being delivered. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred names. The inspector observed good interactions between staff and residents who chatted with each other in a comfortable way. There was an open visiting policy and contact with family members was encouraged.

Residents religious and civil rights were supported. Mass took place monthly and the Eucharistic ministers visited weekly. Residents who wished to vote in elections were supported to do so in the centre.

There was an active residents' forum within the centre. The inspector reviewed the minutes of the residents' forum which met monthly. There was also a food committee which met bimonthly and the inspector saw that changes were made to the meals based on recommendations from this group. Residents were involved in making homemade sweets for their families at Easter. Residents said they enjoyed the cookery class on a Monday.

A family meeting was held every six months chaired by the person in charge. Minutes showed that families were happy with the service.

A newsletter was written every six weeks to inform residents and families of the activity within the centre.

Residents' independence was promoted by staff. The inspector saw staff members assisting residents to walk to the dining room at a leisurely pace. Residents were encouraged to eat their meals independently and were given plenty time to enjoy their food.

The inspector found that residents had flexibility in their daily routines, for example, residents could decide whether to participate in activities available to them.

Outcome 17

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

- Regulation 7: Residents' Personal Property and Possessions
- Regulation 13: Clothing
- Standard 4: Privacy and Dignity
- Standard 17: Autonomy and Independence

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector visited resident's bedrooms and found they were personalised. Many of the single rooms were decorated with pictures, photographs and furniture from residents' own homes. Residents had access to private lockable space to store personal valuables.

The inspector visited the laundry and noted that there was adequate space to segregate clean and soiled clothes. Clothing items were clearly marked with the name of the resident. The inspector spoke to staff about the laundry process and found that they were knowledgeable about the systems in place to segregate laundry and prevent the spread of infection.

The inspector asked residents if they were satisfied with the way in which their clothes were cared for and all responded that they were happy with the service.

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:

No actions were required from the previous inspection.

Inspection findings

The inspector found that staffing levels and skill mix in the centre were sufficient to meet needs of the residents and training was provided to staff. The staff files met the requirements of the Regulations.

The provider had put in place adequate recruitment procedures and had ensured that staff were appropriately selected and vetted in accordance with the Regulations and the Authority's Standards. 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 examined the file of the most recent staff member and found that the file contained all of the information required by the Regulations.

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

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 residents' needs were discussed regularly with staff.

The inspector reviewed information with regard to the professional registration status of nursing staff and found that all had up-to-date registration with their professional body for 2013.

The inspector reviewed the training records and found that there was an extensive programme of training in place since the previous inspection. All staff had completed mandatory training including moving and handling and fire safety training. Since October 2012 various members of staff had completed training in:

- elder abuse
- medication management
- dementia
- falls prevention
- food safety

A draft training plan for 2013 was shown to the inspector. This included behaviours that challenge, elder abuse and CPR.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, nurse manager, the nurse, two care staff, the chef, activities coordinator and the maintenance manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes 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
Regulation Directorate
Health Information and Quality Authority

17 April 2013

Provider's response to inspection report *

Centre Name:	Ashford House Nursing Home
Centre ID:	0008
Date of inspection:	16 April 2013
Date of response:	13 May 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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: Safe care and support

Outcome 7: Health and safety and risk management

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

Inspectors found that on two occasions during the inspection staff did not use safe moving and handling practices when assisting residents to mobilise.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety

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

Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A Refresher Training Session on the correct procedure for the moving and handling of residents was held on Monday 22nd April 2013. All staff attended.	Completed

Theme: Effective care and support

Outcome 11: Health and social care needs

The person in charge is failing to comply with a regulatory requirement in the following respect: The care plans did not consistently set out the needs of residents.	
Action required: Set out each resident's needs in an individual care plan developed and agreed with the resident.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A meeting was held with all staff nurses to provide further guidance on the importance and necessity of updating care plans when any change of condition occurs to ensure that the care plans reflect the actual care delivered.	Ongoing

Theme: Person-centred care and support

Outcome 15: Food and nutrition

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

Appropriate and safe assistance was not provided to one resident with eating and drinking.

Reference:

Health Act, 2007
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

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

Timescale:

Provider's response:

The member of staff who was assisting the resident in question has been provided with further education and training in the correct positioning of residents prior to mealtimes.

Completed