<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ashbury Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000007</td>
</tr>
<tr>
<td>Centre address:</td>
<td>1A Kill Lane, Kill O'The Grange, Blackrock, Co. Dublin.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 284 1266</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@anh.ie">info@anh.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>A N H Healthcare Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Robert Fagan</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Alison Woods</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Noelene Dowling</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>86</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>13</td>
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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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with 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, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 13 May 2014 12:00  To: 13 May 2014 19:30

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

<table>
<thead>
<tr>
<th>Outcome 14: End of Life Care</th>
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</thead>
<tbody>
<tr>
<td>Outcome 15: Food and Nutrition</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
The report sets out the findings of a monitoring inspection, which took place over one day, and monitored two specific outcomes namely end of life care, food, and nutrition. In preparation for the thematic inspection, the provider completed a self-assessment in relation to both outcomes, and surveys were issued to a number of relatives. In addition to these documents, the inspector reviewed the previous inspection report and notifications forwarded to the authority prior to undertaking this inspection. A sample of six care plans and residents records were reviewed, along with staff rosters, audits, medication charts, complaints logs and residents meetings minutes. The inspector spoke with residents and relatives.

On the day of inspection, the centre accommodated 86 residents with a total capacity for 99. A building programme had been under way for some time and beds had been closed to facilitate this process.

The inspector was satisfied that the provider demonstrated a commitment to the continued improvement of care and eliciting resident’s opinions on the service. Staff were knowledgeable and informed about the care needs of residents and were observed communicating easily and respectfully with residents. Residents expressed their satisfaction with the care provided and that staff were attentive and responsive to them. The provider identified enhancement actions in the self assessment which included seeking advice on the dietary requirements of different cultural groups and the full implementation of the Hospice care package.

The inspector found compliance in the area of end-of-life care and food and nutrition 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. No actions were identified in
One action was identified in this inspection. Namely the availability of nursing staff in the late afternoon in one section of the premises. The provider had already identified this and during discussion with the inspector agreed to implement a change. This action is outlined under Outcome 18 in the report although the outcome was not assessed in its entirety on this inspection.

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.

Outcome 14: End of Life Care
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.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The providers self assessment in relation to compliance with Regulation 14 and Standard 16 indicated substantial compliance. Having undertaken the inspection and reviewed the progress made the inspector concurs with this finding. The provider had revised the policy on end of life care and the inspector found that this was comprehensive. It detailed the providers ethos in relation to providing information and choice to residents in terms of advance planning, and also the care required for residents at different stages of illness and following death. It also defined arrangements for residents of different denominations and gave clear instructions to staff in relation to the legal requirements and respect for residents remains. The inspector found that the care and operational practices in relation to this were reflective of the policy overall. There was a 95% return of relatives surveys prior to the inspection. These indicated a high level of satisfaction with the care provided including information and consultation prior to and following the resident death. There was one reference to a delay in verification of death but this was not due to any deficit on the provider's part. The issue of shared rooms was noted but the survey indicated that the provider had made suitable alternative arrangements, for example, moving another resident temporarily with their consent, and staff also outlined this to the inspector. Records and interviews indicted that there was a good level of consultation with relatives and that they were kept informed of changes promptly. In order to progress this work the provider has made plans to have end of life and advanced decision making protocols in place for all residents where this is appropriate within a defined time frame. The introduction of the hospice care package was also under-way. Staff had undergone study days in end of life and palliative care with four nurses and 16 care assistants undertaking this between 2012 and 2014. While overall staffing was sufficient to meet the needs of the residents the inspector did
identify a gap in the number of nursing staff available from 16:00hrs in one section of the centre. There was no evidence that this impacted specifically on end of life care but the number was not sufficient to meet the overall care needs of the residents. The action in relation to this is outlined under outcome 18.

Residents indicated to the inspector that they views were elicited in an appropriate manner, in consultation with a relative or themselves and they had opportunities to reflect on their wishes including whether they would like to remain in the centre or go home to receive end of life care. There was evidence that the expressed wishes of residents in relation to treatment or refusal of treatment was upheld.

Examination of a sample of records including nursing records in relation to residents who had passed away indicated that the care was carefully planned and resident’s comfort and symptom management was prioritised by staff. These included pain management and observation which was particularly pertinent for residents who could not communicate for themselves. Records and communication with staff indicated an awareness of the importance of this and recognition of the need for monitoring and support. Records also demonstrated that appropriate procedures were followed following an event. These included reporting to the relevant statutory authorities and adherence to any legal requirements.

A pro-forma document had been introduced to support decision making and ensure such decisions were documented. The documents included the views of residents, relatives, the rational for the decisions and the general practitioner (GP) signatures were evident. The documents were indicative of the resident’s circumstances, likely progression and specific in the care interventions, which were discussed. In this way treatment procedures necessary for residents comfort were identified and agreed.

There was evidence on current and past records of involvement with the acute care services and close connections with the palliative care services for advice and direct care review. There was also evidence of good access to general practitioner and out-of-hours services available. Care plans viewed were reflective of the decisions and gave clear guidelines for staff as to the care to be provided. They were duly altered as residents circumstances changed and regular reviews of the care plans were undertaken. There was also evidence that medication was monitored and reviewed regularly to ensure comfort and symptom management. Documents indicated that in the last two years 78% of residents had their end of life care addressed without resource to acute care services. Training for staff in relation to had taken place with 20 staff in total completing this.

There is no oratory or mortuary in the centre. However, staff described a ceremony for the removal of remains which allowed other residents to pay their respects and be involved if they wished. Residents were also offered the opportunity to attend the funeral if this was feasible. There were personal belongings inventories maintained and the inspector saw that appropriate containers for the return of these belongings were available as and when families wished this to occur. Valuable belongings were returned promptly and this was documented.

There were a number of areas within the centre where families can be accommodated
and provided with food and refreshment and they were fully supported to remain with their relatives. The centre also has easy access to garden spaces and light filled corridors, where residents or families can sit for quiet times in tranquil spaces. Resident’s religious affiliations were respected and facilitated. There was evidence that supportive advice and information was given to relatives following a death.

Judgement:
Compliant

Outcome 15: Food and Nutrition
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 discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspector reviewed the self-assessment questionnaire submitted by the person in charge and the overall self assessment of compliance with Regulation 20 and Standard 19. The person in charge self assessment indicated compliance with the requirements. The inspector concurs with this finding.

Polices on the management of nutrition and hydration had been developed. A recent inspection from the environmental health officer had been undertaken prior to this inspection. The inspector observed mealtimes including lunch, afternoon refreshments and tea. The catering facilities were suitable for purpose and a food safety management system was in place. All catering staff had undergone the relevant training and demonstrated their knowledge of these procedures. The inspector observed that menus were documented in suitable and easily visible format for residents. Residents told the inspector that they had a choice of food and alternatives if they wished. They could also choose to have their meals at different times or in their rooms. They said they enjoyed the food and it was tasty and varied.

All meals, including modified foods were presented in a pleasant and attractive manner with either tables or trays as appropriate. Snacks and hot and cold drinks including juices and fresh drinking water were observed readily available throughout the day. Stocks of fresh food were observed in the storage areas and residents confirmed that they could have sandwiches or other foods at night if they wished. These and other snacks including cakes were freshly made and observed by the inspector. The inspector observed that staffing levels were adequate to supervise and support residents at meal times. Residents who required support were observed to receive this in a careful and dignified manner without rush. The residents meals commence earlier and staff are specifically allocated to ensure residents were given time.
Residents care plans demonstrated that dietary needs were well supported. Residents weights were monitored monthly or more frequently if this was deemed necessary by either weight loss or gain. An evidenced based tool was used to monitor changes. Specific food charts were used where required and detailed fluid charts were also maintained and monitored by nursing staff as deemed necessary by resident assessments. The provider has the services of a dietician and referrals were evident. Detailed interventions were outlined in the residents plans and in the catering department. Some residents had assessment by the speech and language therapist on transfer from acute care. Occupational therapy referrals were also made and guidance was evident on the records. On occasions the nursing staff in conjunction with the GP made decisions to modify food consistency in the interests of residents safety and the inspector was informed that this would then be referred to the relevant specialist. Dentist appointments were also evident. Taking the needs of residents into account some residents were observed having soup at earlier times or additionally during the day in order to ensure they received adequate nutrition.

The inspector met with the chefs and found that they had a good knowledge of the residents dietary needs, specific preferences and an up-to-date communication tool was used to ensure compliance with this. Residents who required fortified food were identified and this process was understood. The inspector also found that staff were able to articulate their knowledge of the use of fluid thickeners, the purpose of them and the information concurred with the care plans and specialist instructions.

Care plans and staff interviewed demonstrated a good knowledge of the management of residents on Percutaneous Gastronomy Feeding systems (PEG). Residents with diabetes had blood sugars monitored and dietary requirements were documented.

A review of the minutes of the newly formed residents committee and the advocate meetings indicated that residents views on food was elicited and acted upon. For example, residents expressed a wish for different bread. Also, that on occasion the breakfast tea was cold when it was served on the top floor. The provider had made arrangements to act on both of these matters and rectify them. A number of audits on food and nutrition had been undertaken and eight staff had undertaken training in nutrition in April 2014.

There are a number of different dining spaces for residents. In the section of the premises which is currently being extended the dining space is combined with the day space. This results in a number of residents having their meals on trays by their chairs. The extension includes an additional dining room which will alleviate this. Staff had been supported with training in nutrition for older persons, and for residents with dementia. Further training was scheduled in nutrition and dysphagia for June 2014. A nutritional audit had also been undertaken which indicated that crucial factors such as variety in diet and fluid availability was monitored.

**Judgement:**
Compliant
**Outcome 18: Suitable Staffing**

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.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Due to extensive building and renovations work the number of residents in the nursing home had reduced and, at the time of this inspection was again increasing. The building works will undoubtedly provide additional communal accommodations and space for residents. However, the centre is subdivided into two interlinked sections. Staffing is allocated to both. From examination of the rosters and speaking with staff the inspector confirmed that in one section only one nurse is available room 15:00hrs. On the day of inspection there were 37 residents accommodated in this section of the premises, over two floors. The duties of the nurse during that period included a number of medication administration rounds and overview of resident care. There was additional nursing support available from the main building in an emergency. However, the inspector formed the view that due to the lay out, size and dependency level of the residents this skill mix was not satisfactory in particular in relation to the care of ill residents. The inspector discussed this with the provider and person in charge who indicated that they were already aware of this and was planning to increase the number of nurses incrementally.

**Judgement:**
Non Compliant - Moderate
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ashbury Private Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000007</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>13/05/2014</td>
</tr>
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<td>Date of response:</td>
<td>08/07/2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The number of nursing staff available from 16:00hrs was not sufficient to ensure residents care.

Action Required:
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
As mentioned to our HIQA Inspector in relation to staffing levels in the Grange Wing, the hours have been increased on a daily basis to reflect the increasing bed numbers, however as previously pointed out we are restricted slightly by sheer nursing staff numbers. We are currently in the process of recruiting. At present, we have one nurse...

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
8-8 pm, and one nurse 8-6 pm every day, which means all direct work has been completed by both nurses. We also have a CNM 8-3 pm, or 8-4 pm Monday to Friday. We aim to have 2 nurses 8-8 pm everyday on the next roster, as well as the CNM.

**Proposed Timescale:** Nursing hours will increase on the next roster.