

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ashley Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000009
<b>Centre address:</b>	Tully East, Kildare, Kildare.
<b>Telephone number:</b>	045 521 300
<b>Email address:</b>	ashleylodgenursinghome@yahoo.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Ashley Lodge Nursing Home Limited
<b>Provider Nominee:</b>	Daniel Mulvihill
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	52
<b>Number of vacancies on the date of inspection:</b>	3

## **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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
17 August 2015 10:00	17 August 2015 18:30
18 August 2015 09:30	18 August 2015 17:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Minor
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

As part of the 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. The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate prior to inspection.

Interviews were carried out with the person in charge and the person authorised to act on behalf of the provider. The staff member who deputises for the person in charge was on annual leave at the time and arrangements were made to carry out the interview on her return.

The inspector was not satisfied that the safety of residents, visitors and staff was sufficiently promoted. Issues were identified in relation to fire safety and immediate action was required to address these. Improvements required related to the unsafe practice of wedging fire doors and inadequate protection around smoking. A confirmation email was received by the Authority that the actions were completed.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. The dining experience was pleasant and sufficient choices were available to residents.

Recruitment practices and staff files met the requirements of the Regulations.

Actions were identified around laundry practices and some medication practices required improvement. Several versions of some policies were in circulation and some were not specific enough to inform practice. The day room was too hot at the time of inspection. In addition, the management of complaints was not in line with the Regulations. Some improvement was also required to the provision of activities to ensure that each resident had sufficient opportunity to participate in activities that were meaningful to them.

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

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is 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.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the statement of purpose, which had recently been updated, met the requirements of the Regulations. It accurately described the service that was provided in the centre.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority

and accountability. The organisational structure was defined in the statement of purpose.

Audits were being completed on several areas such as accidents and incidents, nutrition and the use of restraint. Resident satisfaction surveys had been carried out and the provider discussed plans to complete these on a yearly basis.

Data was also collected each week on the number of key quality indicators such as the use of restraint and the number of wounds, to monitor trends and identify areas for improvement.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. 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.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.

The inspector read the Residents' Guide and noted that it met the requirements of the Regulations. It had recently been updated and was available to all residents.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The person in charge is a registered nurse and has the required experience in nursing older people.

She continues to attend clinical courses such as end of life care and dementia care.

During the inspection she demonstrated her knowledge of the Regulations and the Standards and outlined plans in place to further improve the service. The person in charge was observed frequently meeting with residents and staff throughout the days of inspection.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. However some of the information requested by the inspector was not readily available and several versions of some policies were in circulation. In addition, some were not specific enough to inform practice. The inspector was concerned that this could lead to confusion and insufficient guidance for staff.

Adequate insurance cover was also in place.

Action required relating to Outcome 9, Medication Management, is included under the

action plan for this outcome.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Absence of the Person in charge***

***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the regulatory requirement to notify the Authority should the person in charge be absent for more than 28 days. To date this had not been necessary.

The senior Clinical Nurse Manager (CNM) deputises for the person in charge in her absence. She was on planned annual leave at the time of inspection and will be interviewed on a different date. The inspector did meet the second CNM and found that she was aware of her responsibilities and had up to date knowledge of the Regulations and Standards.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Staff had received training on identifying and responding to elder abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder

abuse and all were clear on reporting procedures. The inspector noted that the policy in place gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse and was currently being updated to reflect national guidelines.

Improvements were noted around the use of bedrails although usage remained high. The inspector discussed this with the provider and person in charge and plans were underway to review this. The inspector noted that appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds had also been purchased to reduce the need for bedrails. Thirty minute checks were completed when in use. Some residents also required lap belts and the inspector saw that these were used following risk assessments and similar safety checks were carried out.

Some residents had episodes of behaviour that challenged related to their medical conditions. The inspector saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector saw that additional support and advice were available to staff from the psychiatry services.

There was a policy in place for managing residents' monies but this service was not currently required.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was not satisfied that the safety of residents, visitors and staff was sufficiently promoted. Two areas of concern requiring immediate action were identified.

The inspector saw that three residents had their bedroom doors wedged open which meant that the doors could not close automatically in the event of a fire. The inspector required an urgent review and a system to be implemented immediately to safeguard the residents while an appropriate solution was being found. The inspector saw that a monitoring system was immediately introduced. On day two of inspection, the inspector noted that the fire officer visited the centre and provided advice on the most appropriate

equipment. This was ordered without delay and the monitoring regime was to continue in the interim. A confirmation email was received by the Authority detailing when appropriate equipment would be installed.

A smoking room was provided for residents who required it. However the inspector saw that a particular resident was at high risk of burns. A full risk assessment had been completed and equipment such as a smoking apron had been provided. However the inspector looked through the door pane and saw that the resident who was unsupervised was falling off to sleep with a lighted cigarette. The resident had also not applied the apron correctly. The inspector saw that there were already burn marks on the apron which was recently provided and also on the chair the resident was sitting on.

Because of the obvious risk this was discussed immediately with the provider and person in charge. The inspector required that the system was reviewed and that the potential risk was minimised. An email confirming more robust arrangements was then submitted to the Authority.

The inspector also noted that there was a smell of smoke on the corridor outside the smoking room. The door was not closing automatically and the inspector saw that the extractor fan was connected to light switch and only worked when the light was turned on. This was being addressed at the time of inspection.

Residents had access to the side and rear of the building where there were uneven surfaces and unused equipment and old furniture that could present a risk of injury. These hazards had not been identified in the risk management policy as required by the Regulations. This was discussed with the person in charge and arrangements were put in place to carry out a full assessment of the grounds to ensure that all areas were safe.

Otherwise the inspector noted that the fire alarm system and equipment had regular servicing. Fire drills were carried out and all staff had received training. There was an evacuation plan in place for each resident including if any additional equipment such as a wheelchair was required.

An emergency plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately.

**Judgment:**  
Non Compliant - Major

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Although there was evidence of good medication management practices improvement was required regarding the prescribing of medication to be administered as and when required (PRN).

Action required relating to this outcome will be included under Outcome 5.

Some residents required medication on a PRN basis. However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded. In addition the inspector noted that there were insufficient instructions as to when similar medications could be administered. For example one resident was on several PRN medications for pain but there was no guidance as to whether all the medications could be given at the same time or needed specific time management.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct. The inspector noted however that the administration instructions were incorrect on the label of one box of medication.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

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

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge and provider had developed a monitoring system and all incidents were analysed for the purposes of learning.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans. Relatives and residents confirmed their involvement at development and review. Relatives also confirmed that staff contacted them whenever there was any change in the residents' condition or treatment plans.

The inspector reviewed the management of some clinical issues and found they were well managed and guided by robust policies. Work had been undertaken on falls prevention and management including audits to ensure compliance with the policy. Each fall was analysed to identify any possible patterns or trends. In addition, post fall assessments were carried out and any additional treatments put in place. For example, the inspector saw that a resident was referred to a physiotherapist for balance exercises following a fall.

Weight management is discussed in more detail under outcome 15.

Residents were satisfied with the service provided. Residents had access to GP services

and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT), physiotherapy and occupational therapy (OT) services. Chiropody, dental, audiology and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes. Where appropriate care plans were put in place to address the recommendations.

Residents were seen enjoying various activities during the inspection although the inspector was concerned that residents who did not attend group activity sessions did not have sufficient opportunity to participate in activities that were meaningful to them. This is discussed in more detail under Outcome 16.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that 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. Some improvement was required to ensure that the temperature in the day room was suitable to the needs of the residents.

There is a day room to the front of the house which is used extensively during the day. The inspector was concerned that the day room was too warm when some of the activities were taking place. The inspector visited the room when there were a large number of residents doing an activity there. It was very hot and residents, relatives and staff said that this was a problem. Several of the questionnaires submitted to the Authority also had this information.

On day two the inspector saw that a different activity was taking place and the doors to the room could be left open. Despite this the temperature was recorded at 26 degrees centigrade. This was discussed with the provider who undertook to review the situation.

Otherwise, the inspector found the centre which was a purpose built single storey building to be comfortable and welcoming. It was located in a rural setting.

There are 41 single rooms, 35 of which have en suite shower, toilet and wash hand basin facilities. In addition there are 7 twin en suite rooms. The bedrooms were comfortable and the inspector saw that plans were in place to replace the existing curtains in most of the rooms. Many of the residents had personalised their bedrooms with family photographs, pot plants and favourite ornaments.

Adequate screening was available in the shared rooms. Call bells were provided in all bedrooms and communal areas. Additional toilet and bathroom facilities were suitably located around the premises.

There is a well equipped kitchen and two dining rooms. There was adequate communal space although some relatives commented that additional seating would be useful along the corridors. Many residents sat near the entrance as they could watch the activity and passers by. One resident told the inspector that he liked sitting near the front door. He joked that staff now referred to this area as 'xxxx's corner' after himself.

Grab-rails and handrails were provided in all communal areas. The inspector found that appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames was available. Servicing contracts were in place. There was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access.

The environment was bright, clean and well maintained throughout. Both residents and relatives commented on the standard of cleanliness in the centre. Adequate arrangements were in place for the disposal of general and clinical waste.

The centre had a safe, well maintained garden area. There were several other partially enclosed garden areas which had recently been landscaped and could be viewed from the residents' bedrooms. There was ample garden furniture for residents' use. There was parking for visitors and staff at the front and side of the building.

**Judgment:**

Non Compliant - Minor

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The complaint's policy was in place but the inspector noted that it was not used to guide practice.

There was no complaints log available although there was a copy of some written complaints and an initial response from the centre. The inspector saw that there was only a very brief description of a serious complaint some time previously. This did not include any details of steps taken or the complainant's level of satisfaction.

In addition the inspector noted that although there was a nominated person to review and monitor the complaints process there was no evidence that this had happened.

The complaint's procedure was on display in the centre. Residents, relatives and staff who spoke with the inspector or completed questionnaires knew the procedure if they wished to make a complaint although some commented that they were not always satisfied with the way their complaints were handled.

**Judgment:**

Non Compliant - Moderate

***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(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

The inspector saw that extensive development work had been undertaken in response to the training provided by the Authority. The inspector read some completed assessment documentation which provided a way for people to think about and pre-record their wishes in the event of serious illness or death. In some cases residents and relatives outlined very specific instructions and preferences such as their wishes regarding transfer to general hospitals. The inspector saw that the residents' care plans were subsequently updated to reflect the residents' wishes.

The inspector reviewed completed end of life care plans. This was comprehensive and

dealt with the physical, emotional, psychological and spiritual needs of the residents. A resource folder had also been compiled which included articles of interest and information for staff on the multicultural needs of residents. The end-of-life policy was comprehensive, evidence-based and the inspector was satisfied that it guided practice. Training had been provided for staff.

The person in charge stated that the centre received support from the local palliative care team when required. Staff members were knowledgeable about how to initiate contact with the service. Staff said that the service was always available for advice and support when required.

Other hospice friendly hospital (HfH) initiatives continued such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying and a purple drape for the bed.

There was a procedure in place for the return of possessions. A specific bag was set aside for this and relatives were given adequate time to return to the centre to gather any belongings they wished to keep. A policy was in place to guide the return of personal belongings.

**Judgment:**

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(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Ongoing improvements were noted in response to the training provided by the Authority. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration and weights were regularly recorded. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector saw that if required, residents had been reviewed by a speech and language therapist if required. The inspector read the treatment notes and observed practices and saw that staff were using appropriate feeding techniques as recommended.

The inspector saw that other specialist services were available to the residents if required including occupational therapy and dental services.

The inspector visited the kitchen and saw that, as before, it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff and from speaking directly to residents. The inspector noted that the chef and catering staff spoke with the residents during the meal asking if everything was satisfactory. The inspector saw that the same choices were available to residents who required their meals in an altered consistency. Residents were seen enjoying specially prepared bacon and egg on bread. One resident told the inspector that it was like a hotel. He told the inspector that one morning he had requested the wrong choice for dinner. He laughed because when his dinner arrived it was his favourite. The chef had remembered that he did not like what he had requested and had changed his request.

As at the last inspection, an extensive range of choices were available at each meal time but the chef told the inspector that she would get any resident anything they wanted if it were at all possible. The inspector saw residents enjoying a large choice of menu at both lunch and tea time. These included homemade scones, a selection of sandwiches, two choices of meat, fish, eggs and much more. All residents spoken with commented on the availability of homemade cakes and desserts and the strawberry cheesecake they had for dessert that day. The inspector saw that the menu plans were reviewed by a dietician to ensure that they were wholesome and nutritious.

Residents also had a choice as to where to have their meals. A dining room was set aside for residents who required assistance and the inspector saw that adequate staff were available for this. Independence was promoted where possible.

The inspector saw that snacks and refreshments were available at all times and noted that an extensive list of available snacks was on display in the front hall. There was a cold water dispenser in the dining room and the inspector saw residents frequently offered a choice of drinks.

**Judgment:**  
Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives. However the inspector was concerned that residents who did not attend group activity sessions did not have sufficient opportunity to participate in activities that were meaningful to them. Issues were also identified relating to the use of communal underclothes and this is discussed in more detail under Outcome 17.

There was an extensive range of activities available within the centre. Staff spoken with confirmed that the programme was based on their assessed needs and capabilities. Some residents spoken with confirmed how much they enjoyed the activities in particular the outings, bingo and music sessions. The inspector spoke to the activity coordinator who outlined how the programme was planned with the residents and how group sessions were carried out. Some residents and relatives spoken with and some completed questionnaires referred to a lack of activities in the evening or insufficient staff on duty to bring the residents to the garden areas. The inspector was concerned that residents who did not attend the group sessions did not have sufficient access to activities.

This was discussed with the person in charge who said that they were currently looking at this. They had plans in place to employ another activity coordinator on a part time basis and hoped to extend the range and times of the activities available. This would include additional time for the residents who did not like to attend the group sessions. This will be reviewed by the Authority at future inspections.

Residents who were able to go outside unaccompanied told the inspector how much they enjoyed being outside in the garden. There were now five ducks swimming on the pond and residents told the inspector how much they enjoyed watching them and listening to the birds.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available as well as attending the local polling stations. Mass was held on a weekly basis and the person in charge and staff said that residents from all religious denominations were supported to practice their religious beliefs.

A residents' committee had been established. All residents were invited to attend. The inspector read the minutes of some of these meetings and noted that suggestions made

by residents had been addressed by the person in charge. For example, some residents had said that there was a problem with the brakes and foot supports on some of the wheelchairs. The inspector saw that full servicing had taken place.

**Judgment:**

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions  
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.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was concerned that residents' were not able to retain control over their own possessions and clothing and the use of communal underwear impacted on residents' right to receive dignified care.

The laundry room was organised and well equipped. A separate room was set aside for clean laundry. The clothes were sorted after laundering and the system was they were then brought back to each resident's room. Adequate storage space was provided. However several questionnaires received by the Authority referred to residents' clothing going missing. This was discussed with the person in charge who said that she had plans in place to review the system. In addition the inspector noted that some communal underwear was in use for some residents which impacted on residents' right to receive dignified care. Corrective action was required to address this.

There was adequate space for residents' possessions. Some residents had access to a lockable space and the person in charge stated that she was working towards ensuring this was available to all residents.

**Judgment:**

Non Compliant - Moderate

***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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector examined a sample of staff files and found that all were complete. Up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. An issue identified regarding adequate staff during evening time to allow sufficient time for residents to undertake activities or return to bed was already being addressed by the person in charge.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained which identified which staff had attended training, which were due to attend and the dates of courses planned. Training records showed that training had been undertaken and staff spoken with confirmed this. This included training on nutrition, continence care and dementia care including the management of behaviours that challenge.

The inspector also saw where staff appraisals were undertaken on a yearly basis and the results of these were used to plan a training programme.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role. Their roles and responsibilities were set out in a written agreement as required by the Regulations.

**Judgment:**  
Compliant

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

## **Acknowledgements**

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

***Report Compiled by:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Ashley Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000009
<b>Date of inspection:</b>	17/08/2015
<b>Date of response:</b>	24/09/2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The maximum dose of some PRN medications that could safely be administered in a 24 hour period was not consistently recorded.

There were insufficient instructions as to when similar medications could be administered.

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

The administration instructions were incorrect on the label of one box of medication that required strict controls.

**1. Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

In accordance with Regulation 04(1).

The Medication Management Policy has been updated in relation to ordering, prescribing, storing and administration of Medicines including those requiring strict controls.

Issues relating to as required medications have been addressed ensuring clear guidance is documented on each drug kardex as to what medications can be given at the same time.

The incorrect administration instruction on one box of medication that required strict controls has been replaced with the correct label. The stock balance checked at the change of each shift now also includes checking and documenting of all labels. All staff involved are aware of the new procedure and refer to Section 1 (6.1.7) of the policy for guidance.

**Proposed Timescale:** 24/09/2015

**Theme:**

Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Several versions of some policies were in circulation and some were not specific enough to inform practice.

**2. Action Required:**

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Elder Abuse Policy

A full review of this policy is being undertaken and will be comprehensive enough to inform practice and guide staff with reference to the policy 'Safeguarding Vulnerable Persons at Risk of Abuse' (2014)

Meanwhile all other versions of this policy that were in circulation have been removed. A draft policy has been put in place in the interim.

Risk Management Policy:

A full review of this policy is underway addressing all effective fire safety management systems, hazard identification and risk assessments on external areas of the building and grounds.

All other versions of Risk Management policies in circulation have been removed and a draft policy is in place in the interim.

**Proposed Timescale:** 30/10/2015

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Residents had access to the side and rear of the building where there were uneven surfaces and unused equipment and old furniture that could present a risk of injury.

**3. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

All unused equipment and old furniture have been removed from the rear of building. Uneven surfaces will be raked removing random stones causing uneven areas of ground and surface material will be used to fill any potholes. Meanwhile risk assessments on the area are being updated.

**Proposed Timescale:** 02/12/2015

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Three residents had their bedroom doors wedged open which meant that the doors could not close automatically in the event of a fire.

There was inadequate supervision and precautions in place for a resident at risk from smoking.

**4. Action Required:**

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the

risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

In line with Regulation 28(1)(a) Immediate action regarding safeguarding resident's safety was implemented on the day of the inspection by the Person in Charge involving a system of supervision of all smokers when visiting the smoking room.

A check list is in place for one resident who poses the highest risk and an arrangement is in place for that resident to alert a staff member when visiting the smoking room. A member of staff is allocated each day for this purpose.

New smoking aprons have been provided.

The smoking room door has been fitted with a self-closing mechanism and a seal at the bottom of the door to avoid escape of smoke onto the corridor.

Residents who smoke are being encouraged to use the patio area outside and a gazebo is being built on the patio for shelter.

The smoking room fan has been isolated from the light switch and now has a sensor operating when entering the room.

The Person in Charge has met with residents who smoke and they are in agreement with the new arrangements.

Bedroom Doors Wedged Open

Dorgards have been installed on all three doors allowing them to close automatically in the event of a fire. (Completed)

These are checked once a week and a record is at the back of each door.

**Proposed Timescale:** 30/11/2015

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The day room was too warm when some of the activities were taking place.

**5. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

A company specialising in air conditioning has been employed to source temperature control units for the main sitting room.

In the meantime temperatures are being checked every 2 hrs during the day and extra fans are in place if required. Depending on the recorded temperatures underfloor heating will be adjusted.

A tamper proof thermostat will be installed inside the main sitting room replacing the

one out in the foyer.

In addition a second sitting room is now being used for activities every day resulting in less residents in each area, thus reducing the temperature and providing a more comfortable environment.

**Proposed Timescale:** 27/11/2015

### **Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Complaints were not managed in accordance with the Regulations or the centre's policy.

**6. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

In accordance with Regulation 34 (2)(f)

A full review of the Complaints Policy is being undertaken and a draft policy will be put in place in the interim to include a complaints log and the procedure and steps to be taken regarding the outcomes and complainant's level of satisfaction.

All staff will receive training on the revised policy and procedures to be followed in relation to completion of the complaints log.

**Proposed Timescale:** 30/11/2015

### **Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There were insufficient opportunities for some residents to participate in activities that were meaningful to them.

**7. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Recruitment has taken place to employ two further staff to join with our activities co coordinator. Together they provide activities from 9am=9.30pm. They ensure a wide variety of opportunity's for all residents to take part and enjoy activities in accordance with their social care plans, interests and capabilities.

Proposed Timescale: Commenced and Ongoing

**Proposed Timescale:****Outcome 17: Residents' clothing and personal property and possessions****Theme:**

Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Communal underwear was in use for some residents.

**8. Action Required:**

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

Communication has been relayed to all staff that the net underwear used to support some incontinence wear is to be used once for each resident that requires them and then discarded and not sent for laundering.

The Person in Charge had this product removed from the laundry area immediately, and will continue to monitor with the assistance of the laundry staff

**Proposed Timescale:** 24/09/2015**Theme:**

Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There were reports of residents' clothing going missing.

**9. Action Required:**

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

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

The Person in Charge and laundry staff have discussed possible reasons why items of clothing go missing and possible solutions.

Three cloths rails on wheels have been purchased to provide more efficiency in

returning clothing to each of the three wings on a daily basis.  
However further work is needed to identify trends and to support residents to manage and identify their own laundry.  
All residents and their families have been informed that this area of concern is been addressed in a bid to improve the service.

Proposed Timescale: Commenced and Ongoing

**Proposed Timescale:**