

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ashley Lodge Nursing Home
Centre ID:	OSV-0000009
Centre address:	Tully East, Kildare, Kildare.
Telephone number:	045 521 300
Email address:	ashleylodgenursinghome@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ashley Lodge Nursing Home Limited
Provider Nominee:	Daniel Mulvihill
Lead inspector:	Sheila Doyle
Support inspector(s):	Karina O'Sullivan
Type of inspection	Unannounced
Number of residents on the date of inspection:	53
Number of vacancies on the date of inspection:	2

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 October 2015 10:00 To: 06 October 2015 16:30

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

Outcome	Our Judgment
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant

Summary of findings from this inspection

A registration inspection was carried out on 17 and 18 August 2015. Several significant issues were identified and this inspection was carried out to follow up on the agreed actions prior to registering the centre.

At this inspection, inspectors found that improvements had occurred. Previous immediate action in relation to health and safety was completed as agreed. Medication practices were in line with national guidelines. Improvements were noted in the range and timing of the activities available to residents. The complaints policy had been updated to meet the requirements of the Regulations. The system for managing residents' clothing was made more robust. Plans were underway to address the actions required to the premises.

Inspectors also met with and interviewed the person who deputises for the person in charge.

Outstanding actions related to the premises and documentation and these are discussed further in the report and included in the action plan at the end.

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 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the previous inspection it was noted that 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.

The agreed timescale had not yet passed and although improvements had occurred additional action was required to ensure that this system was sufficiently robust. For example, inspectors saw that a second medication policy dated 2013 was in one of the policy folders.

Inspectors remained 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.

Judgment:

Substantially Compliant

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):

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

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

Appropriate deputising arrangements were in place in the designated centre. Inspectors met with the Clinical Nurse Manager 2 (CNM2) who deputised for the person in charge in her absence. She had been on planned annual leave during the registration inspection. She was on a scheduled day off during this inspection. However she volunteered to come into the designated centre to be interviewed by the inspectors.

Inspectors found that she was suitably qualified and experienced. She demonstrated her knowledge in relation to the Regulations and outlined the procedural steps to take in relation to safeguarding of the residents.

Inspectors noted that residents and family members spoke kindly of the CNM in written feedback received by the Authority during the registration inspection.

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.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that two of the three actions required from the previous inspection were addressed.

Two issues were identified at the previous inspection which required immediate attention. Firstly residents had their bedroom doors wedged open which meant that the doors could not close automatically in the event of a fire. Inspectors observed that these

doors had now been fitted with a closing mechanism which activated in the event of fire.

Secondly it was noted that there was inadequate supervision and precautions in place for resident at risk from smoking. This had been addressed. On the day of inspection staff supervised residents who were smoking. This was confirmed by a number of staff on the day. The person in charge had introduced a system of assigning specific staff members on each shift for this area. Inspectors visited the smoking room and observed improvements to the area including a self closing door mechanism, additional seals at the bottom of the door and separate switches had been put on the light switch and extractor fan.

The other action required related to uneven surfaces and unused equipment and old furniture at the side and rear of the building. Inspectors saw that this action had been partially addressed. Inspectors observed that improvement had occurred to the exterior of the premises in relation to the removal of old and unused furniture. However the uneven surface was still evident but plans were in place to rectify this within the agreed timescale. This hazard was now identified in the risk management policy so the action required will be included under Outcome 12.

The risk management policy had been updated to include hazard identification and assessment of risks throughout the designated centre. The person in charge discussed plans to develop this policy further as it was difficult to quickly and easily identify the various elements of the risk register should staff require it.

Judgment:

Compliant

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:

Inspectors were satisfied that improvements had occurred to medication management practices since the previous inspection.

Improvement was required at the last inspection regarding the prescribing of medication to be administered as and when required (PRN). Inspectors reviewed a number of updated PRN prescriptions and found that these clearly outlined the maximum dose of medication to be safely administered in a 24 hour period.

Residents requiring similar medications such as analgesics (pain relief medication) had

documented instructions within the residents' prescriptions. This had also been identified as an area for improvement at the last inspection.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors 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. Interim arrangements agreed with the provider were not consistently carried out.

Following the previous inspection it was agreed that temperatures in the day room would be recorded every two hours when in use and extra fans put in place if required. Depending on the recorded temperatures under floor heating was to be adjusted.

It was also agreed that a tamper proof thermostat would be installed inside the main sitting room replacing the one out in the foyer. Inspectors reviewed the temperature record for the main sitting room and found that two hourly checks were not consistently carried out and in some cases several days elapsed between recordings. On the day of inspection the room remained very warm with a recording of 27°C at one point during the inspection. The temperatures recorded within the log reviewed ranged from 26.6 °C to 29.2°C.

However there was no intervention recorded or guidance for staff in relation to what actions to take when the recordings went above a specific number. Inspectors did observe the use of fans in place for some residents during periods throughout the day. One resident spoke about having to return to his/her bedroom for a while as the activity room was too warm.

Towards the end of the inspection a member of staff identified that a thermostat had

been installed which allowed for the underground temperature to be regulated. All staff were not made aware of the installation or the location of the thermostat, nor could staff provide sufficient knowledge in relation to the use of the newly installed thermostat. Inspectors found the thermostat located in one of the residents' dining rooms and staff were not aware if they could regulate the temperature in the main sitting room from the thermostat in the dining room.

The person in charge identified that arrangements had been made for the thermostat to be moved that evening into the main sitting room and that the provider was actively seeking an alternative system.

The second agreed action which was that a company specialising in air conditioning would be employed to source temperature control units for the main sitting room. The timescale agreed with the Authority had not elapsed for this action to be completed but no evidence was available that this was underway.

Action relating to the uneven surfaces at the side and rear of the building will be included under this outcome.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors were satisfied that the complaints of each resident, his/her family, advocate or representative and visitors will be listened to and acted upon and there is an effective appeals procedure.

Previous action relating to the complaints procedure had been addressed. New documentation had been developed for logging complaints and the policy had been updated to meet the requirements of the Regulations. No recent complaints had been received and inspectors will review this again at future inspections.

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):

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

Findings:

Inspectors were satisfied that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

At the previous inspection, the inspector found that there were insufficient opportunities for some residents to participate in activities that were meaningful to them. 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.

At this inspection, there was a noticeable improvement. Residents and staff spoken with commented on the greater range of activities at their disposal. Additional staff had been employed and there was a programme in place until 21:30pm each evening. One to one sessions were available each day for residents who did not like to attend the group sessions.

Inspectors saw staff taking the residents outside to the garden and pond area and residents said how much they enjoyed this.

Judgment:

Compliant

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):

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

Findings:

Inspectors were satisfied that there were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Action previously required in relation to residents' clothing going missing and the use of communal underwear had been addressed.

Inspectors did not observe any communal underwear or personal hygiene products in use on the day of inspection. Inspectors met with the staff member working in the laundry department. From discussions with staff and following review for the roster increased hours have been allocated to this area with more defined duties.

Inspectors observed that all identified clothing in the laundry had been sorted and set out for viewing by residents and relatives. Reminders were also given to ensure that all new clothes are marked. Since the previous inspection there was no further incidences recorded of residents' clothes going missing. Staff were aware of what steps to follow should a resident or family member identify missing items of clothing.

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Ashley Lodge Nursing Home
Centre ID:	OSV-0000009
Date of inspection:	06/10/2015
Date of response:	02/11/2015

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:

A previous version of the medication management policy dated 2013 was in the policy folder.

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.

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

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

In accordance with regulation 04(1)

The medication Management policy dated 2013 has been removed from the policy folder and the current version of the policy, dated September 2015 has been added.

Proposed Timescale: 19/11/2015

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 main sitting room was too warm.

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

2. 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:

In accordance with regulation 17(2), and to confirm to matters set out in Schedule 6(n) of the Health Act 2007.

The ventilation and heating system is being addressed by a company, Energy Superstore, and to date they have ascertained that we do not have a proper direct temperature control in this sitting room.

Accordingly we have installed a tamperproof thermostat, which we are now monitoring. We have retained the services of this company to further assist with required works in this area.

Proposed Timescale: 02/12/2015