

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ashford House Nursing Home
Centre ID:	OSV-0000008
Centre address:	6 Tivoli Terrace East, Dun Laoghaire, Co. Dublin.
Telephone number:	01 280 9877
Email address:	info@ashfordhouse.eu
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ashford House Nursing Home Limited
Provider Nominee:	Denise Byrne
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	0

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 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:
04 October 2016 12:00	04 October 2016 18:30
05 October 2016 09:00	05 October 2016 17:30

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

Outcome	Our Judgment
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	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
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 - Major
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

An application was received by the Health Information and Quality Authority (the Authority) to register this designated centre due only to a change in the company structure (prior to this application the designated centre was registered by the Authority and there were no other changes made in the application).

This application is to register the new entity to accommodate 28 residents who require nursing care. On the day of the inspection there were no vacancies.

Prior to the inspection the provider was requested to submit relevant documentation to the Authority. The inspector reviewed this documentation, ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation.

There was a clearly defined management structure that identifies the lines of authority and accountability. Persons participating in the management of the centre demonstrated throughout the inspection process that they were knowledgeable regarding the legislation, regulations and standards underpinning residential care. They facilitated the inspection process and had all the necessary documentation available for inspection which was maintained in accordance with the legislation.

There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose and staff of various grades understood the ethos and principles of person centred care.

Residents and relatives were positive and extremely complimentary in their feedback to the Authority. They expressed satisfaction about the facilities and services and in particular, they highlighted the caring attitude of staff and management and were complimentary of the meals provided by a dedicated catering team.

An examination of the staff rosters, communication with staff on duty and residents and relatives showed that the levels and skill mix of staff were sufficient to meet the needs of residents. There was evidence that staff had access to education and training, appropriate to their role and responsibilities. All staff had been vetted in accordance with the appropriate legislation.

Residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. Residents' assessed needs and arrangements to meet these assessed needs were set out in individual plans. There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre.

The inspector saw that residents were having good fun and keen to participate in planned group activities such as a sing-along and quiz as well as individual activities. The social programme included activities in the evening and at weekends and all grades of staff had time to socialise with the residents.

The provisions in place relating to health and safety and risk management were satisfactory.

The centre was compliant in all of the outcomes with the exception of the premises which were not designed and laid out to meet the needs of the residents. However, the Authority was in receipt of plans to extend and reconfigure the existing premises and site works had already been commenced. The current building was maintained to a good standard.

The action plan of this report highlights the matter to be addressed which relates to the premises which did not conform to the matters set out in the Schedule of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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):

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose had been reviewed since the last inspection and it detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations.

The provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of 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):

This was the centre's first inspection by the Authority.

Findings:

There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, for example sufficient staff were on duty to meet the needs of residents.

The inspector found that there was a clearly defined management structure that identifies the lines of authority and accountability, specified roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose, and staff were familiar with their duty to report to line management.

Management had systems in place to capture statistical information in order to compile an annual review of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, complaints, medication management and skin care.

The Authority received 7 questionnaires completed by residents and 6 relatives returned questionnaires and in addition, the inspector had formal interviews with 9 relatives and informal conversations with the majority of residents. The comments were all positive in respect of the provision of the facilities and services and care provided. Relatives communicated their gratitude that their family member was accommodated in the designated centre.

The inspector saw that there was evidence of consultation with residents and their representatives in a range of areas, for example, the assessed needs of residents, the care planning and review process, involvement in social and recreational activities and meals provided. The inspector heard and saw that the chef was active in seeking the views of residents in designing the menu options.

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):
This was the centre's first inspection by the Authority.

Findings:
Each resident had a written contract. The inspector examined randomly a selection of residents' contracts. These had been agreed with the residents and or their family and included details of the services provided, the fees charged and services which incurred an additional charge.

Each resident was issued with a resident's guide. This contained relevant information, about the services and facilities of the centre, for example, information in relation to contracts of care, local amenities, policies and procedures regarding visitors to the centre, making complaints and the means by which residents can contribute to their care and participate in the day to day running of the centre.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service.

She is a registered general nurse, holds a qualification in gerontology, has extensive experience of working with older persons and works full time.

During the inspection she demonstrated that she had knowledge of the regulations and Standards pertaining to the care and welfare of residents in the centre. She is supported in her role by nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she in turn to the provider.

The person in charge and the staff team including the provider had facilitated the inspection process by providing documents and had good knowledge of residents' care and conditions. Staff confirmed that good communications exist within the staff team and relatives and residents highlighted the positive interactions and support provided by the entire team.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the records listed in the legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Examples of such documents are as follows: –

- The centre's insurance was up to date and provided adequate cover against accidents or injury to residents, staff and visitors.
- Records of the food provided and visitors to the centre.
- A new directory of residents was made available and included all the information specified in Schedule 3.
- A record of incidents, pressure ulcers and of treatment provided and a record of falls.
- Records pertaining to any occasion when restraint was used.
- A record of all money or other valuables deposited by a resident for safekeeping.
- A copy of correspondence to or from the designated centre relating to each resident.
- A record of complaints.
- Records in relation to staffing.
- Fire safety records.
- Records relating to staff employed at the centre, this included a record of the current registration details of nursing staff in the centre.

The registered provider confirmed in the application that all the written operational policies as required by schedule 5 of the legislation were available. The inspector verified this on inspection.

Judgment:

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):

This was the centre's first inspection by the Authority.

Findings:

The provider and the person in charge were aware of the responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.

The deputising person in charge is a nurse with a minimum of 3 years experience in the area of geriatric nursing with in the previous 6 years and has experience of providing care to older people and deputising when the person in charge was not available.

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):

This was the centre's first inspection by the Authority.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences. The person in charge clearly demonstrated her knowledge of the designated centre's policy and was aware of the necessary referrals to external agencies.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff were fully knowledgeable regarding reporting procedures and what to do the in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents' safety and the inspector saw that a number of measures have been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment.

For example there was a keypad lock on the main entrance of the centre but internally all other communal areas were accessible to residents. The inspector saw that there were facilities in place to assist residents to be mobile for example hand and grab rails in

areas.

During interviews with the inspector relatives confirmed that they were satisfied that residents were protected from harm and were safe in the designated centre.

The inspector saw that there was a policy and procedure in place for managing behaviour that is challenging. During discussions with the inspector the person in charge showed that she could respond to and manage behaviour that is challenging.

A restraint free environment was provided and residents were assessed by a multidisciplinary team for the use of bedrails. Currently only 2 residents were using bedrails. One resident receiving long term care requested the use of bedrails to be put in place for safety and the other resident who was receiving respite care was accustomed to having them in place. The bedrails were checked by staff. There was evidence of the residents' and relatives' involvement in the review process.

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):

This was the centre's first inspection by the Authority.

Findings:

From a review of the risk management documentation held in the centre, the inspector found that the centre had relevant policies in place relating to risk management. There was a comprehensive risk register which identified the risks and put controls in place either to minimise or fully control the risk.

There was an up to date health and safety statement and related policies and procedures.

The inspector reviewed the emergency plan and found it to be sufficient to guide staff and management in their roles and duties in the event of an emergency evacuation.

There was a personal emergency evacuation plan (PEEP) for each resident that clearly identified the resident's cognitive and mobility levels and requirements for assistance in the event of an emergency evacuation either during the day or night time.

The inspector reviewed logs of daily, weekly, monthly, quarterly and annual checks and tests by the staff and by external organisations and found them to be well recorded.

Certification and inspection documents were available on fire fighting equipment service, emergency lighting tests and at a minimum six-monthly fire drills were conducted as part of staff fire safety training. It was noted that all staff working in the centre had received fire safety training in the past 12 months.

All doors in the centre were fire doors, and were fitted with electronic or magnetic hold open devices which would close in the event of an emergency situation.

Emergency exits and fire assembly points were clearly indicated.

Infection control precautions within the centre were satisfactory. The centre was clean and household staff were able to describe the infection-control procedures in place including the use of appropriate equipment. Hand sanitisers were available throughout the centre and staff and visitors were observed using these.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Prior to administering medicines to residents the inspector observed the staff nurse consulting with residents, seeking approval from residents for the inspector to accompany the staff nurse while administering medicines and performing good hand hygiene.

Medicines were contained in a blister pack prepared by the pharmacist. Prescription and administration sheets were available. The inspector saw that the administration sheet contained the necessary information for example the medication identified on the prescription sheet, a space to record comments and the signature of the staff nurse corresponded to the signature sheet.

There was evidence of general practitioners (GPs) reviewing residents' medicines on a

regular basis. The inspector was informed and saw that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector examined medicines available and this corresponded to the register.

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):
This was the centre's first inspection by the Authority.

Findings:
The record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspector found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days.

Quarterly reports were provided, where relevant, for example accidents and incidents involving evacuation.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre provides care primarily for residents with long-term nursing needs.

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. Each resident's assessed needs were set out in an individual care plan. There was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition and continence. There was evidence of the plan was drawn up with the resident involvement or the resident's next of kin. This was further confirmed during interviews with relatives. Some relatives specifically reported in the written questionnaires that their relatives' healthcare needs were met through timely access to medical treatment and the care delivered encouraged the prevention and early detection of ill health. Relatives confirmed that staff informed them of any changes in their relatives' health care needs/conditions. There was evidence of correspondence between the centre and hospital for those residents who were temporarily discharged. The person in charge had an effective system in place to audit care plans.

The inspector learned that 12 residents were assessed with a diagnosis of dementia and 3 residents displayed behaviours and psychological symptoms of dementia. Each of these residents had an individual care plan in place and staff involved in the direct provision of care implemented the treatment plan in accordance with the care plan.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Currently 5 residents had been screened and nutritional care plans were in place that detailed the residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists.

There were arrangements in place to manage and monitor wounds, however, there were no residents with wounds or pressure sores at the time the inspection. A staff nurse described the protocols in place regarding wound prevention and treatment and confirmed that a specific person centred care plan would be compiled and wound assessment and repositioning charts would be in place to monitor whether the wound was progressing or otherwise. The inspector was informed that the centre had access to a tissue viability nurse to provide up to date guidance and support to the nursing team. Aids such as pressure relieving mattresses and specialist cushions were in place for those residents at risk of developing pressure ulcers.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls. There was evidence of referrals to a variety of Allied health professions including occupational and physio therapists, general practitioners, geriatricians ophthalmology and podiatry services.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that some aspects of the premises were not designed and laid out to meet the needs of residents, however, the provider and person in charge were fully aware of this and had submitted to the Authority plans to extend and reconfigure the existing designated centre. To date, planning permission had been sought and was granted, funding arranged and site works had been commenced.

The centre is laid out over 4 floors.

The ground floor consists of communal sitting and dining room, kitchen, bathroom and shower room with toilets, dirty utility room a 4 bedded room, 3 single bedrooms one with an ensuite and 2 twin ensuite bedrooms.

The first floor has 2 sitting rooms, 3 twin rooms of which one has ensuite facilities, 5 single bedrooms 3 with ensuite facilities, a 4 bedded room, a shower and bathroom with toilet facilities, linen, treatment and sluice rooms.

The second floor contains a twin ensuite bedroom and the third floor has offices, staff facilities and storerooms.

There were stair lifts on each staircase and hand rails on the corridors and in the hallway, however, there was no lift to facilitate the safe transfer of residents between floors.

In the main, the bedroom accommodation apart from the two four-bedded rooms met residents' needs for privacy, leisure and comfort and although the inspector did not observe any negative outcomes for the residents accommodated in the 4 bedded rooms it was more difficult for staff to assist residents particularly using modern day personalised equipment and hoists.

The inspector found that the bedrooms were personalised with space for residents' belongings. Residents had access to locked personal storage space in their bedrooms.

The chef confirmed that the kitchen was well laid out, equipment was in good working order and there were ample stocks dry ingredients, meats and a good supply and variety of fresh fruit and vegetables.

There were inadequate staff changing facilities.

The household staff were knowledgeable of the cleaning processes and the premises were observed to be clean. Trolleys and cleaning equipment were available. However, the household cleaning room was used to store cleaning equipment but was not fully and appropriately equipped for staff to use.

Residents and relatives reported that the centre offered a homely comfortable environment. Communal areas such as the day-rooms had a variety of pleasant furnishings and comfortable seating. Residents' art and craft works were displayed extensively throughout the centre. The décor was domestic, with warm colours and pictures on walls throughout.

There was a secure outdoor area which residents could access.

Although the premises were of an earlier period it was well-maintained both internally and externally. There was a full-time maintenance staff member and records showed that all maintenance works identified by staff were addressed. Records viewed confirmed that a daily and weekly environmental check took place and there was a weekly audit of the functionality of the residents' overhead lights and emergency alarm call bells and any deficits were addressed. The inspector checked the water temperature and found that it was appropriate for residents' needs.

There were records to show that assistive equipment such as hoists, wheelchairs, beds, baths and pressure relieving mattresses had been serviced regularly.

Judgment:
Non Compliant - Major

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):
This was the centre's first inspection by the Authority.

Findings:

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and residents and relatives who communicated with the inspector was aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction.

The inspector examined the complaints record and there were no serious complaints as it was the policy of the centre to address complaints through the local resolution process.

Judgment:
Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

From discussion with staff and relatives it was found that end of life care was person centred and respected the values and preferences of individual residents.

Staff described the policy and protocols in place for the end of life care and a relative shared his experience of end of life care in respect of a family member. This included care planning assessments which related to the resident's physical, emotional, psychological and spiritual needs, risk assessments in relation to eating and drinking, nutritional screening and pain management and the availability of the general practitioner, and an out of hour's service. The relative particularly recalled the support provided to the family members by the provider, person in charge and staff team during the end of life of their relative.

At the time of the inspection no resident was receiving end of life care.

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):

This was the centre's first inspection by the Authority.

Findings:

Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served. Menus showed a variety of choices and meals.

There was a policy on food, nutrition and hydration management.

Residents had access to drinking water and refreshments throughout the day. The inspector saw residents being offered tea, coffee and snacks at regular intervals throughout the inspection process, and residents verified that they had choice around the times of meals if they wished. Fresh fruit was available. The chef had a four week menu plan in place, which was largely compiled from the views of residents. The dietician had an input into the menus and the chef was very familiar with residents' requirements as assessed by the Allied health professionals.

The inspector heard that residents could have their breakfast menus changed when they wished and breakfast was served in either the resident's bedroom or in the dining room. The inspector observed the lunchtime menu which provided residents with a choice of meat or fish and a variety of vegetables.

The chef had a pride in presenting and serving the food in an attractive way which would encourage residents to eat and be healthy. There was a pleasant atmosphere in the dining room and residents tended to sit with friends in their chosen seats and enjoyed the social aspect of the dining experience.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes and food provided. Relatives were positive in their comments about the mealtimes and communicated to the inspector that they were offered meals and refreshments during their visits.

The training record showed that staff had been trained in nutritional care in the elderly and food hygiene. Training included weight loss and gain, what to do when changes occur and dysphagia. Documentation in the residents' care plans examined by the inspector showed that residents were weighed on a monthly basis and appropriate action taken as necessary. Care plans contained risk assessments regarding nutrition and detailed residents' requirements and preferences.

Staff members and records of staff meetings confirmed that there was good communication between catering and care staff so as to ensure that appropriate meals which met residents' needs were served.

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):

This was the centre's first inspection by the Authority.

Findings:

A formal consultation process had been set up for residents and an advocacy service was available to residents.

Residents have access to the internet and a private telephone system.

The inspector saw that residents' privacy and dignity was respected as residents could receive visitors in private and personal care could be provided in the residents' bedrooms.

Many residents were able to make choices about how they lived their lives in a way that reflected their individual preferences for example, times of getting up in the morning and going to bed in the evening.

Social care planning was undertaken by the staff team and the inspector saw that there were opportunities for residents to participate in activities, appropriate to their interests and preferences. Relatives who communicated with the inspector highlighted the events which residents were involved in such as spiritual activities which were meaningful to their lives, arts and crafts, outings with their family members, entertaining visitors and other low-key activities such as watching television, reading the local newspaper, magazines or books. The inspector saw the majority of residents participating in a quiz organised by the activity coordinator and a singsong session.

Relatives informed the inspector of the importance of the centre in the community and when visitors came to see their relatives, they also visited other residents whom they knew from the local community.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a policy on handling residents' personal property.

An inventory of residents' belongings and personal possessions was compiled.

Residents had adequate storage space in their bedrooms including lockable storage for valuables and the centre provides secure storage for residents' valuables.

Residents' clothing was identifiable and the laundry was organised in batches so as to ensure that residents did not have their clothes misplaced.

Judgment:

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. 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):

This was the centre's first inspection by the Authority.

Findings:

From an examination of the staff duty rota, communication with residents and staff the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There were appropriate numbers of healthcare assistants and nurses on shift and the planned and actual staff rosters identified staff by name, role, area of duty and shift times.

The inspector reviewed a sample of personnel files and found them to contain all documentation required by Schedule 2 of the regulations.

All staff were up to date on their mandatory training, for example, fire safety, manual handling, infection prevention and control, challenging behaviour and protection of residents from abuse. Staff had received training in the new standards pertaining to residential care and all staff had participated in training in dementia care and some staff had falls management training. Other staff had received specialised training such as wound care, diabetes care and continence care.

Staff who communicated with the inspector demonstrated that they had a good knowledge of the residents in the centre and were familiar with procedures of emergency evacuation, and in identifying and reporting instances of resident abuse.

Residents and representatives were full of praise for the staff team and spoke highly of their competency, friendliness and delivery of care.

The inspector observed staff on the floor being patient and friendly towards residents, and being respectful towards their privacy and dignity for example knocking on residents' bedroom doors and waiting for permission to enter.

There was a suitable recruitment policy and the inspector was satisfied with the arrangements for supervision and development of staff which included induction, probationary period and an annual appraisal system.

No volunteers were working at the centre, however management were aware of the legislation in relation to having volunteers in the centre for example vetting, supervising and establishing the level of their involvement in the centre. They implement these principles in relation to persons on work experience in the centre.

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:

Siobhan Kennedy
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 report¹

Centre name:	Ashford House Nursing Home
Centre ID:	OSV-0000008
Date of inspection:	04/10/2016
Date of response:	18/10/2016

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 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:

Some aspects of the premises were not designed and laid out to meet the needs of residents.

1. 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

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

designated centre.

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

Our extension and refurbishment currently under construction addresses any issues raised.

At present any residents in the four-bedded rooms are assessed as having higher dependency levels and increased observation requirements. However, no resident moves into these rooms without full consultation and consent from the resident/resident's representative.

Although we have a large staff room with changing facilities, we do not, at present, have separate facilities for catering staff. Our new build includes this facility.

Proposed Timescale: 31/07/2018