



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Ashley Lodge Nursing Home
Name of provider:	Ashley Lodge Nursing Home Limited
Address of centre:	Tully East, Kildare, Kildare
Type of inspection:	Unannounced
Date of inspection:	12 March 2021
Centre ID:	OSV-0000009
Fieldwork ID:	MON-0030578

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Ashley Lodge is a single-storey purpose-built centre situated on the outskirts of Kildare town. The centre can accommodate 55 residents, both male and female, for long-term and short-term stays. Care can be provided for adults over the age of 18 years but primarily for adults over the age of 65 years. Twenty-four-hour nursing care is provided. Residents' accommodation is arranged over three wings which meet at the reception and communal rooms. Residents' bedroom accommodation comprises 41 single and seven twin bedrooms, the majority of which en-suite facilities. Communal accommodation includes a sitting room, a dining room, a sun room and a visitors' room. .

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	53
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 12 March 2021	10:45hrs to 17:45hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

National level 5 restrictions to prevent transmission of COVID-19 infection were in place at the time of this inspection. The person in charge and staff were conscious of the impact of these restrictions on residents' living experience in the centre and discussed how they were optimising residents' quality of life in the centre until restrictions were eased. The inspector's observations and feedback from residents was positive and provided assurances that they were central in, and received a good standard of person-centred quality care and support. Residents' overall feedback was that the staff were kind and caring and although some residents felt frustrated with the ongoing restrictions, all spoken with reported feeling generally happy and safe living in the centre.

This was an unannounced inspection and on arrival, prior to accessing the centre, the inspector was guided through the infection control assessment and procedures by the person in charge and her deputy. A short opening meeting was held and the inspector was then accompanied by the person in charge on a tour of the centre. During this tour and throughout the day of inspection, the inspector met several residents and spoke to six residents in more detail. On arrival the inspector observed that residents were seated in the sitting room and the reception area. A live Mass from a local church was televised in the sitting room was taking place on the inspector's arrival. Residents in the sitting room, reception area and resting in other parts of the centre were joining in with saying the prayers and singing the hymns during the Mass. In the absence of religious ceremonies being held in the centre, residents told the inspector that they appreciated the opportunity to participate in religious ceremonies online and loved singing the hymns. One resident said that they sang the same hymns in the church they attended in the community before coming to stay in the nursing home.

There was a happy and upbeat atmosphere in the centre throughout the day of the inspection and several residents were observed chatting and laughing together or with staff. The inspector also heard residents singing quietly as they walked along the corridors. Staff based themselves in the communal areas and were attentive and ensured that residents' needs were met in a respectful person-centred way. It was evident that the staff knew the residents well and were familiar with their preferences regarding their interests and care and support needs. Residents told the inspector that the staff in the centre were 'exceptional' and the 'level of care they gave them was outstanding' especially with keeping them safe from COVID-19 infection.

During the day of inspection, residents were seen to be enjoying a singing session together and later on a lively game of Bingo. Staff assisted the activities coordinator with ensuring all residents could avail of the activities taking place. Some residents liked to sit in the reception area which was a hub of activity with callers to the door and staff and residents going about their daily activities.

Residents' accommodation was provided at ground floor level, arranged in three wings that extend out from the communal facilities, consisting of the reception area, a dining room and three sitting rooms. One of the sitting rooms was used as a room where residents could meet their visitors in line with Public Health guidance and to ensure their safety during the COVID-19 pandemic. Residents' bedroom accommodation consisted of seven twin bedrooms, two of which has full en suite facilities. Although no residents expressed dissatisfaction regarding their bedroom facilities, the inspector observed that the design and layout of three twin rooms did not meet residents needs. The residents' bedside lockers were either positioned at the bottom of their beds or along an opposite wall and not readily accessible. In order to create more circulation floor space, the beds were positioned in against the wall. There was not enough space in these twin bedrooms for a chair for either resident to relax in if they wished to sit in their room. The hand wash basins in the seven twin bedrooms were located inside one resident's screen curtains. As these bedrooms did not have en suite facilities residents' privacy in the twin bedrooms could not be assured, if they wished to use the sink for personal hygiene purposes. There are also 41 single bedrooms in the centre, 35 of which have full en suite facilities. Residents accommodated in single and twin bedrooms without en-suite facilities had access to toilet and showers close by their bedrooms. A single bedroom with en suite facilities was available for residents in twin bedrooms who may become suspect for COVID-19 infection or require precautionary isolation on their return from hospital.

The inspector observed that the centre was decorated in a homely style that was familiar to the resident profile in the centre. A repainting programme was underway and the centre's maintenance person was repainting one of the twin bedrooms on the day of this inspection. The centre was observed to be clean throughout and two cleaning staff were on duty every day. There was adequate supplies of PPE and cleaning equipment. Records were maintained of daily cleaning and disinfection in all areas of the centre. Hand gel dispensers were available in convenient locations throughout the centre to support good hand hygiene among staff and residents. Residents were seen to be seated in comfortable chairs in the sitting rooms and the reception area. A settee and two chairs used frequently by residents were covered with a cloth fabric and there was a tear in the fabric covering on one of the seat covers on the settee, exposing the foam filling. This compromised effective cleaning procedures. All linen and residents' personal clothing were laundered on-site by designated laundry staff and residents said were satisfied with this service. The inspector observed one resident who was worried that items of their clothing were missing but was immediately reassured by the laundry staff member bringing these items of freshly laundered clothing to her. Most residents' bedrooms were personalised with their personal belongings and photographs.

Residents spoke with the inspector about the COVID-19 pandemic and their experiences. They were knowledgeable about the ongoing necessary restrictions and safety procedures in place to protect them and were all looking forward to 'normal life again'. Residents said they felt safer having received full vaccination. The inspector observed residents being assisted and prompted by staff regarding their hand hygiene and maintaining social distancing. Residents told the inspector that staff kept them updated on COVID-19, in addition to them watching the news on

television and reading the newspapers. One resident said they stopped listening to the daily news about COVID-19 because it was 'depressing and does not change much from day-to-day'.

Many residents spoke about missing their visitors and their trips out with them but were looking forward to visiting in the centre starting up again. Residents said that they were grateful for the ways staff helped them to keep in touch with their families using various social media technologies and organising window visits but longed to meet their visitors again in the centre. The inspector observed that window visits and drop-offs of items by residents was happening during the day of inspection. The management and staff had a meeting scheduled in the days following the inspection to plan the implementation of the updated HPSC visiting guidance so residents could meet their visitors safely inside the centre.

Residents' mealtimes were arranged in two sittings in the dining room and social distancing was observed to be in place. A small number of residents preferred to eat their meals in their bedrooms and this was seen to be facilitated. Based on feedback from monthly residents' meetings, the activities schedule was revised to residents' satisfaction and pasta based dishes on the menu was reduced. Residents were asked by staff if they wished to wear a clothes protector and the choice of menu and drinks on offer was discussed with them. There was a lively atmosphere in the dining room and residents chatted and laughed with each other and the member of staff who sat with residents at each table in the dining room. Staff were observed discreetly prompting and assisting residents as they needed. Residents said they were satisfied with their meals and their mealtime experiences. They told the inspector that their meals were 'lovely', 'tasty' and they could get an alternative dish to the menu if they wished. The inspector observed that hot and cold drinks and snacks were also offered during the day.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

The centre was well managed, ensuring a good service was delivered to the residents. There were systems in place to monitor the service and ensure the safety and welfare of residents. The management team were proactive in their response to issues as they arose and improvements needed from the previous inspection had been addressed. On this inspection improvements necessary regarding recording of complaints and with progressing improvements in some twin bedroom accommodation.

Ashley Lodge Nursing Home Limited is the centre's registered provider and the company has three directors on its board. There is a clear governance, management and reporting structure in place. The provider commenced running Ashley Lodge

nursing home in June 2018. The directors of the company are involved in the operation of the centre with one director taking a lead role in the day to day running of the centre. This director is also a director on three other company boards involved in running nine other nursing homes and the provider had arrangements in place to ensure they maintained oversight of the quality and safety of the service provided in Ashley Lodge nursing home.

The centre was managed on a daily basis by an appropriately qualified person in charge. The person in charge has worked in senior management roles in the centre since 2014 and in the role of person in charge since January 2018. The person in charge works on a full-time basis in the centre and has a clear knowledge of the requirements of the role of person in charge and the needs of residents. She is supported in her role by an assistant director of nursing and a staff team of nurses, carers, catering, cleaning, laundry, activity, administration and maintenance staff. The assistant director of nursing deputises during any absences by the person in charge.

The provider ensured effective delivery of quality care and support to residents and put safe systems in place to protect residents. The inspector observed that the Health Protection and Surveillance Centre (HPSC) Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Residential Care Facilities guidance was being implemented. The residents in the centre did not contract COVID-19 infection at any time during the pandemic. The management team and staff attribute this positive outcome for residents to the ongoing commitment and rigorous adherence to COVID-19 infection prevention by staff, residents and their families.

Works to complete the grounds around the centre premises was observed to have been completed since the last inspection. Repainting of the centre's interior walls was in progress at the time of this inspection. The inspector observed that the layout of seven twin bedrooms impacted on residents' access to the facilities available as previously discussed. One of these twin bedrooms did not meet the floor space requirements as set out in the regulations and the layout of these three twin bedrooms did not ensure residents' privacy and dignity needs were met. The provider confirmed at the feedback meeting that the issues regarding the layout of these bedrooms had been identified and were under review. This finding is discussed in the Quality and Safety section of this report.

The provider ensured that the service was adequately resourced and had contingency arrangements to manage a potential COVID-19 outbreak in the centre. There were sufficient resources and staffing levels to provide care in accordance with the centre's statement of purpose. The staffing resource at the time of this inspection facilitated two nurse led teams over 24hours. Staff training arrangements ensured that staff attended mandatory training and were informed regarding best practice in caring for residents and were made aware of the most up-to-date HPSC guidance and that they consistently implemented these procedures in their practices in the centre. There was evidence of regular, ongoing engagement with preparation and planning for a potential outbreak.



Residents were facilitated to provide feedback on the running of the centre and their feedback was used to improve the service for them. The annual review of the quality and safety of the service delivered to residents in 2020 was completed in consultation with residents. Staff were aware of the complaints policy and procedure in the centre and records confirmed that complaints were fully investigated and the outcomes communicated without delay. Although the inspector observed that minor issues of dissatisfaction expressed by residents were all listened to and satisfactorily resolved without delay, records of these were not maintained. This negated early identification of recurrent issues and potential for proactive improvements that could be implemented. An appeals procedure ensured complainants could have the outcome of their complaint investigation reviewed.

A record of all accidents and incidents that occurred in the centre was maintained and appropriate action was taken to mitigate recurrence. Incidents were notified to HIQA as required by the regulations. New staff who joined the service were appropriately inducted and Garda Vetting was sought for all staff before commencement of employment.

### Regulation 15: Staffing

The number and skill mix of staff was appropriate to the size and layout of the centre and the assessed needs of residents as assessed in accordance with Regulation 5.

The person in charge worked Monday to Friday and the assistant director of nursing works on a supernumerary basis including every second weekend. There is a senior management on-call rota in place.

Two staff nurses were rostered each day from 08:00hrs to 20:00hrs and each night from 20:00hrs to 08:00hrs. One senior and nine other healthcare assistants were rostered each morning from 08:00hrs gradually reducing from 13:45hrs to a total of three healthcare assistants from 20:00hrs up to 12midnight. Two healthcare assistants were rostered from 12 midnight to 08:00hrs

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge maintained a record of all staff training in a training matrix format which provided information at a glance on staff training completed and staff training that needed facilitation. All staff had completed training in infection prevention and control, including donning and doffing of PPE and hand hygiene. Staff had completed mandatory training in fire safety, safeguarding and safe moving

and handling procedures.

Staff were appropriately supervised. On the day of inspection the assistant director of nursing was inducting a newly recruited staff nurse.

Judgment: Compliant

### Regulation 21: Records

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, were complete and were made available to the inspector as requested.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance and management arrangements in place to ensure oversight of the service provided and to ensure effective delivery of good standards of quality person-centred care and support. The lines of accountability and authority were clearly defined and each member of staff were aware of their roles and responsibilities.

Systems were in place to monitor the quality and safety of the service. The effectiveness of clinical care was measured and key areas of the service were regularly measured. The information collated was analysed and improvement plans were implemented. Audits of key areas of the service provided were completed to monitor quality and safety by the person in charge supported by an assistant director of nursing and the group operations and compliance manager. The collated information was analysed and communicated up to the directors on the provider board for review and follow-up discussion by the senior management team and person in charge at weekly and monthly management meetings currently convened remotely. A review of the minutes of these meetings by the inspector confirmed that all key areas of the service were discussed and areas identified as needing improvement were actioned to completion.

The layout of five of the seven twin rooms was identified by the provider as needing review but was still at an early stage and not completed at the time of this inspection. The layout of these bedrooms was impacting negatively on residents' privacy, dignity and access to their personal possessions including, the floor space available to residents in one of these five twin bedrooms. The inspector's findings are discussed under regulation 9: Residents Rights, regulation 12: Personal

Possessions and regulation 17: Premises.

The views of residents and their families and any suggestions for areas of improvement were valued and captured in a monthly survey and were used to inform improvements.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose was made available to the inspector and contained the information as required by the regulations. Some amendments were made to ensure the information provided accurately reflected the service provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had a complaints policy in place that was in line with the requirements under regulation 34. The complaints procedure was displayed in a prominent and accessible area of the centre. A record of complaints were maintained and they were appropriately investigated. The outcome of the investigation process was communicated to complainants. A record was maintained regarding satisfaction of complainants with the outcome of investigation and an appeals procedure was in place.

Although the inspector observed that day-to-day minor dissatisfactions expressed by residents were listened to and satisfactorily resolved by staff without delay, records of these complaints were not maintained. This negated early identification of recurrent issues and potential for proactive improvements regarding the service provided.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

Schedule 5 policies were made available for review and were accessible to staff. These policies were reviewed and updated including relevant policies to inform procedures in the centre during the COVID-19 pandemic and were implemented in practice.

Judgment: Compliant

#### Quality and safety

Overall, the care and support provided to residents in the centre was seen to be of a good standard providing a person centred service and good quality of life for residents in the centre. There was evidence of effective consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However inspectors identified that the layout of some twin rooms was not optimal to allow residents to access their bedside lockers or to access the sink in rooms which did not have en suite facilities. There was scope for further improvements to reduce the use of bed rails.

This inspection found that residents were well supported and encouraged to have a generally The impact of the COVID-19 pandemic and necessary restrictions on residents' lives was clearly acknowledged by management and staff. The management and staff focused their care and attention on reducing any negative experiences for residents during this time. Residents' individual choices were respected. There was evidence of effective consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement.

The overall layout of the centre premises, with the exception of five of the seven twin bedrooms provided residents with a comfortable, warm and accessible living environment. The findings regarding the layout of five twin bedrooms, one of which did not meet regulatory floor space requirements, did not provide adequate assurances regarding residents' privacy, dignity, access to possessions in their lockers or opportunity to have a chair in their bedrooms. These findings are discussed under regulations 9 and 17 in this report.

The provider had effective infection control procedures and protocols in place and a COVID-19 outbreak preparedness plan to mitigate the effects of an outbreak occurring in the centre. All staff had received up-to-date training in infection control, including, breaking the cycle of infection, hand hygiene and the safe use of personal

protective equipment (PPE). Protocols were in place for COVID-19 symptom monitoring and health checks for residents, staff and visitors to the centre. Staff wore appropriate PPE and consistently adhered to infection prevention and control procedures. A recent housekeeping and hygiene audit was completed in February 2021 and areas identified for improvement were completed. The centre had remained free from COVID-19 since the start of the pandemic. The management and staff team in the centre credited this to their diligence with adhering to the published COVID-19 infection prevention guidance. The centre was cleaned to a good standard with sufficient facilities for hand hygiene observed in convenient locations throughout the building. Residents' day-to-day lives were organised in accordance with public health advice and the inspector observed that there was sufficient space in communal areas to facilitate social distancing.

Residents' healthcare needs were met and they were facilitated with timely access to a GP, specialist medical care and allied health professionals as needed. Recommendations made by allied health care professionals were detailed in residents' care plans to ensure a consistent approach to care was provided. There was an electronic nursing documentation system in place which was password protected. A review of this system found that all residents had a comprehensive assessment completed and that a person-centred care plan was developed to inform their care interventions and support needs in consultation with residents and their families. There were systems in place for ensuring that each resident's food and nutritional needs were assessed, supported and closely monitored.

Environmental, chemical risks and clinical risks in the centre were identified and were risk assessed with appropriate mitigation controls in place. These controls were seen to be implemented. While systems were in place to effectively manage risks in the centre, some improvements were needed as described under regulation 27: Risk management and 28: Fire safety in this report. Each resident's evacuation needs in the event of an emergency were regularly assessed and documented. The evacuation procedures were tested to take account of day and night time conditions. An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform response to any major incidents that posed a threat to the lives of residents. Staff were trained in safe moving and handling of residents. Residents' moving and handling needs were assessed and the inspector observed assistive equipment in use to assist residents with safe transferring.

Staff were found by the inspector to be knowledgeable about resident's interests and preferences which were documented in their social assessments and care plans so that staff were informed and that residents had opportunity to participate in meaningful social activities to meet their individual needs and interests. The activity schedule in place was varied, appropriate and respectful regarding the needs of the residents. Residents unable to meaningfully participate in group activities were provided with opportunities for one-to-one activities facilitated by the activity staff and carers.

There were systems in place to safeguard residents from abuse and training for new staff was ongoing. Improvements were required in the use of restraint in the centre

to ensure it was in line with the national restraint policy. The registered provider acted as a pension agent for one resident's pension. This was managed centrally by the organisation's head office and the arrangements as discussed were in line with legislative requirements. The inspector found that the centre's practices relating to pocket monies were managed appropriately.

Each resident's activity needs were comprehensively assessed and individual meaningful activity plans were developed to meet each resident's social needs. The activity schedule included both group and individual opportunities for social engagement. Records were maintained of the activities that residents participated in and their level of engagement. These records gave assurances that the activities provided for residents met their interests and capacities to a good standard.

Residents were facilitated and supported to meet their wishes to practice their religious faiths with access on their request to religious clergy and by participating in religious services which were provided remotely due to COVID-19. All residents were provided with access to a telephone if they wished and were encouraged and supported to make calls their relatives by telephone or using social media technology.

### Regulation 11: Visits

A dedicated visitors' room was available that was accessible directly from the garden and could also accommodate visitors overnight to remain close to residents who were receiving end-of-life care. During COVID-19 restrictions, this arrangement negated need for visitors to travel through the centre and reduced risk of any potential cross infection. Visiting into the centre was restricted at the time of this inspection in line with national level five restriction published guidance. Visiting on compassionate grounds was being facilitated without restriction. Window visits continued in a safe way throughout the day of inspection in line with the national guidance. The management team were putting plans in place for reopening to visitors on a phased basis in line with recommended easing of level five visiting restrictions.

Judgment: Compliant

### Regulation 17: Premises

One twin bedroom did not comply with minimum floor space requirements of 7.4 m<sup>2</sup> per person, as set out in the amended regulations SI 293 (2016). A chair was not provided for either residents in five twin bedrooms to facilitate them to relax by their bedside if they wished.

A cushion cover on a chair used by residents was torn.

A grab rail was not in place on one side of the toilet in some residents' en suite facilities and this posed a risk of vulnerable residents falling.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents' mealtimes were provided in two sittings to facilitate recommended social distancing and to ensure each resident received the assistance they needed with eating. All residents were weighed monthly and any weight loss or gain was responded to appropriately. The inspector observed that where nutritional risks were identified or there was any evidence of weight loss or loss of appetite, referrals were made without delay to dietetic and/or speech and language services. Close intake monitoring procedures were implemented which included food and fluid intake recording, increased assistance with eating, fortification of food and snacks and weekly weight measurements. Residents being closely monitored at the time of this inspection were seen to be responding positively to the care actions put in place.

The inspector observed that there were adequate staff including a staff nurse in the dining room for the duration of residents' mealtimes. Residents fluid and dietary intake records were checked by the staff nurse in the dining room and the person in charge at the end of each shift.

Judgment: Compliant

### Regulation 26: Risk management

All identified risks were assessed and regularly reviewed.

Although individual up-to-date policies were in place and were implemented, the centre's risk management policy did not reference the measures and actions put in place to control the risks specified in Regulation 26 (1)(c).

An emergency call bell was not available in the residents' designated smoking area which was located in the enclosed garden. This was necessary to ensure assistance would be provided without delay in an emergency.

Judgment: Substantially compliant

## Regulation 27: Infection control

Cleaning procedures were updated and increased in all areas of the centre. Cleaning staff were knowledgeable and competent in all aspects of decontamination cleaning and infection prevention and control including COVID-19. While, effective cleaning procedures were in place and implemented for all equipment including the majority of chairs used by residents, effective cleaning procedures for a small number of chairs in the reception area that were covered with a fabric material were not in place.

Residents who returned from hospital and newly admitted residents were kept in 14 days precautionary isolation. Clinical waste was appropriately and safely managed.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Although staff were aware of the evacuation procedures in the centre and all fire safety management procedures were completed, a floor plan identifying compartmentation for the purpose of informing evacuation procedures was not displayed in a prominent place in the centre.

All staff were facilitated to attend mandatory fire safety training and given opportunity to participate in a simulated evacuation drill.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. A comprehensive assessment of each resident's needs was completed and the process was seen to involve the use of a variety of validated tools. Care plans were generally person centred and provided sufficient detail to direct each resident's care and supports.

Residents' care plans were kept under regular review and updated as required all including in relation to COVID-19 prevention. There was evidence of ongoing discussion and consultation with residents and their families, as appropriate, regarding their care plan development and reviews.



Judgment: Compliant

### Regulation 6: Health care

Residents documentation evidenced timely access a general practitioner (GP) specialist medical services and allied health professional services as necessary. The service liaised with public health and with the HSE locally regarding supplies of oxygen, personal protective equipment supplies and advice in relation to COVID-19.

A physiotherapist visited the centre on one day each week. Arrangements were in place for implementation of residents' physiotherapy treatment plans which promoted residents' continued independence. The incidence of pressure related skin wounds had reduced with additional staff training, increased monitoring and mapping of residents' skin, pressure relieving equipment and repositioning schedules. Mattress audits were completed to ensure the air pressure in specialist mattresses reflected each resident's weight. Wounds were well-managed and progressed to healing with the support of specialist advice and dietetic input. Residents in the centre also had access to psychiatry of older life and palliative care services and were supported to attend outpatient appointments as necessary.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were facilitated to attend training and were knowledgeable regarding care and support needs of residents' with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans to support residents with responsive behaviours described the behaviours, the triggers to them and most effective person-centred strategies to engage or redirect residents.

A restraint-free environment was generally promoted in the centre. Work had successfully been undertaken to reduce use of full-length restrictive bedrails with use of modified length bedrails. However, there was potential to reduce the number of full-length bedrails requested by residents to promote their feeling of security in bed and to aid their independent repositioning further with trailing and increased availability of modified length bedrail options.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff were facilitated to attend had received training were knowledgeable regarding how abuse may present and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were also familiar with the reporting structures in place. The inspector saw that all staff had up-to-date training completed.

Examination of the documentation provided assurances that all allegations of any abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were encouraged to make independent choices as much as was safely possible during the COVID-19 outbreak and their choices were respected. A range of activities were on offer to meet residents needs and residents were provided with opportunity to go outdoors safely and independently into the enclosed courtyards as they wished.

Residents' privacy and dignity could not be protected to a high standard in the twin bedrooms. These bedrooms did not have en suite facilities and due to the location of the hand wash sinks in these bedrooms, residents' privacy could not be assured if they wished to use the hand wash sink to carry out their personal hygiene activities.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

Residents had sufficient storage provided for their personal belongings including in twin bedrooms. However, residents could not easily access their lockers in three twin bedrooms as they were located at the bottom of their beds or along the wall opposite to their beds.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant

# Compliance Plan for Ashley Lodge Nursing Home OSV-0000009

Inspection ID: MON-0030578

Date of inspection: 12/03/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints, concerns and minor dissatisfactions are now recorded on our electronic recording system and staff have been educated regarding this.</p> <p>M: Through documentation by all staff.</p> <p>A: By the PIC and inhouse team.</p> <p>R: Overview by the COO and senior management team.</p> <p>T:30/04/2021</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>S: One twin bedroom has been reconfigured to a single room while another space has been re-assigned as a single bedroom with an application to vary submitted to the Authority. All residents are provided with bedroom chairs. One cushion cover has been replaced. Residents have been assessed for individual grab rail requirements in ensuite facilities and additional rails have been installed where necessary.</p> <p>M: Through review and confirmation.</p> <p>A: By the PIC and inhouse team.</p> <p>R: Overview by the COO and senior management team.</p> <p>T: 30/04/2021</p>	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>S: A bell has been installed in the designated smoking area to alert staff should assistance be required. The risk management policy will be reviewed and revised as necessary to ensure full compliance with the regulation.</p> <p>M: Through review and confirmation.</p> <p>A: By the PIC and inhouse team.</p> <p>R: Overview by the COO and senior management team.</p> <p>T: 07/05/2021</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>S: The small number of fabric-covered chairs in the reception area will be re-upholstered with a wipeable covering.</p> <p>M: Through review and confirmation.</p> <p>A: By the PIC and inhouse team.</p> <p>R: Overview by the COO and senior management team.</p> <p>T: 30/05/2021</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>S: A full review of the floor plans will be completed which will identify compartments within the house. A colour coded map will be in place at the fire panel and other prominent areas throughout the centre.</p> <p>M: Through audit and review.</p> <p>A: By the PIC and inhouse team.</p> <p>R: Overview by the COO and senior management team.</p> <p>T: 07/05/2021</p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>S: A trial will be conducted using modified length bedrails for those residents currently using full length bedrails as enablers.</p> <p>M: Through trial and assessment.</p> <p>A: By the PIC and inhouse team.</p> <p>R: Overview by the COO and senior management team.</p> <p>T:18/06/2021</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>S: Following inspection and taking into account the inspectors comments, a full review of the location of sinks within twin rooms will be conducted and the sinks will be located where best appropriate to assure resident privacy and dignity.</p> <p>M: With facilities team support.</p> <p>A: By the PIC and the inhouse maintenance team.</p> <p>R: Overview by the COO and senior management team.</p> <p>T: 30/06/2021</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>S: A full review has been conducted of the locker locations in twin bedrooms and each locker will be placed within easy access of the occupant.</p> <p>M: With maintenance team support.</p> <p>A: By the PIC and inhouse team.</p> <p>R: Overview by the COO and senior management team.</p> <p>T: 07/05/2021</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	07/05/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management	Substantially Compliant	Yellow	07/05/2021



	policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.			
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Substantially Compliant	Yellow	07/05/2021
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Substantially Compliant	Yellow	07/05/2021
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	07/05/2021
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the	Substantially Compliant	Yellow	07/05/2021

	measures and actions in place to control aggression and violence.			
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Substantially Compliant	Yellow	07/05/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/05/2021
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	07/05/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure	Substantially Compliant	Yellow	30/04/2021

	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.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	18/06/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/06/2021