



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:	22 November 2022
Centre ID:	OSV-0000009
Fieldwork ID:	MON-0037931

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. 24-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 have 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:	51
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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
Tuesday 22 November 2022	08:00hrs to 16:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live, the food was good and the centre was always clean. Residents told the inspector that they were happy in the centre and that the staff were 'good, caring and kind'.

This unannounced inspection was carried out over one day. Following an opening meeting with the person in charge (PIC) and the assistant director of nursing (ADON), the inspector walked around the centre. While walking around the centre accompanied by the person in charge, the inspector observed the centre to be very clean and homely. Many bedrooms had residents' personal possessions brought in from their home. Murals were on the corridor walls which gave a warmth to the environment.

The inspector observed that staff were busy assisting residents with their morning care needs while engaging in polite conversation. The residents were nicely dressed and well-groomed. It was evident from the walk around that the person in charge was well-known to all residents, as friendly interactions were observed.

The communal rooms were bright and nicely decorated. One sitting room had mass on while the other day room was calm with tranquil music playing. There was a schedule of activities in the centre over seven days each week. There was a full-time activity person in place and when this person was on leave the position was covered by a health care assistant. While the centre provided a homely environment for residents, further improvements were required in respect of fire as outlined under Regulation 28 of this report.

Residents were very complimentary about the food, and the inspector saw that residents were offered a choice. Staff were observed to gently assist residents during mealtimes and to encourage them to enjoy their meals.

The inspector viewed minutes of the residents meetings where issues raised by residents were discussed and addressed. Residents told the inspector that they would have no problems discussing issues with the person in charge or any staff member in the centre.

There were no visiting restrictions in place in the centre. Visitors spoken with told the inspector that they were relieved to be able to 'come and go'. One relative spoken with was collecting a resident to bring them home for a few days. They told the inspector that staff prepare medication and have a bag prepared.

Visitors and residents spoken with throughout the day were very positive about their experience in the centre stating that 'staff are kind and caring, always available and great fun'.

Residents' and relatives were asked to complete surveys on the quality and care

delivered in the service. Some of these surveys were viewed by the inspector with very positive feedback and many compliments provided.

The next two sections of the report will summarise the findings of the inspection and discuss levels of compliance under each regulation.

Capacity and capability

This is a well-managed centre with many good systems in place to monitor the quality of care provided to residents in the centre. The management team were found to be focused on providing a quality service to residents and on improving their wellbeing while living in the centre. There were clear management structures and adequate resources in place that ensured appropriate care was being provided to residents. Overall this inspection demonstrated that the registered provider had made good efforts to improve their compliance with the regulations. However, action was required by the provider with regards to Fire safety which is further discussed under Regulation 28 of this report.

The registered provider was proactively working on coming into compliance with Regulation 27; Infection Prevention and control. This was required following an unannounced inspection on the 31st August 2022. The centre has since installed hand-washing sinks through-out the centre and had plans in place to meet the schedule as agreed in their compliance plan.

Ashley Lodge Nursing Home is operated by Ashley Lodge Nursing Home Limited who is the registered provider. There was a clear management structure, with all staff aware of their role and responsibilities. The person in charge assumed their role of Director of Nursing in the centre in January 2018, and was well supported by the regional director and assistant regional director. The person in charge was also supported in her role by an assistant director of nursing, a team of nurses, healthcare assistants, an activities co-ordinator, and a catering and domestic team.

The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review and observations throughout the day, the inspector saw that there were sufficient staff on duty to meet the assessed needs of the residents. The number of senior nursing staff which included a clinical nurse manager had also increased, in order to provide greater support and supervision of all staff and improve the quality of care delivered to residents.

Staff supervision was in place by the assistant director of nursing and a clinical nurse manager, at least one of whom worked daily Monday to Sunday. Appropriate induction programmes were in place for all staff, to ensure that they were well supported and supervised to provide appropriate care to residents. Staff appraisals were completed on an annual basis.

The inspector reviewed three contracts for the provision of services and found that

they were in line with the regulations, and clearly specified the terms and conditions of the residency.

Overall the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre.

An audit schedule was in place, which included audit activity across clinical and environmental aspects of the service. Audit activity examples included falls audits and analysis of falls, restraints, care plans, medication management audits, use of psychotropic medications audit and privacy and dignity.

An annual review had been completed for 2021, which included consultation with residents and their families and a quality improvement plan for 2022.

The level of complaints in the centre was low, and each was recorded and investigated in line with the centre's policy. The complainant's satisfaction was recorded when closing the complaints.

Regulation 15: Staffing

Staffing was found to be sufficient to meet the assessed needs of the residents living in the centre on the day of the inspection. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records, which showed that mandatory training was up to date for all staff working in the centre and that refresher training dates were appropriately scheduled.

There was a formal induction programme in place for new staff and performance appraisals were completed annually with staff.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of

care in accordance with the statement of purpose.

The annual review of the centre was made available to the inspector which was developed in consultation with the residents. Residents had completed and submitted questionnaires relating to the service that was being provided to them and any suggested changes were welcomed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The registered provider had a contract for the provision of service made available to each resident on admission as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective complaints procedure which included an appeals process. This procedure was clearly displayed in the centre in a visible place.

Judgment: Compliant

Quality and safety

Overall, the residents were supported to enjoy a good quality of life in a centre which was laid out to meet their needs. The inspector saw numerous examples of good quality care being provided to residents which ensured that they were supported to live a good life in the centre. However, improvements were required in relation to fire safety, specifically in respect of containment measures, as further discussed further under Regulation 28; Fire.

From a fire safety perspective, the physical premises was inspected and the fire safety management system records reviewed. The inspector found that the centre was laid out in a manner that provided residents and staff with an adequate number of escape routes and fire exits. Alternative escape routes were available throughout. The inspector noted that all units were provided with an emergency lighting system, fire detection and alarm system and fire fighting equipment throughout. Action was required to ensure that maintenance of fire doors met the required standard to

ensure the safety of residents.

The inspector viewed a comprehensive assessment carried out prior to the admission of a resident, to determine if the designated centre could meet the needs of the person. Residents were involved in the care planning process following the assessments, and where the resident was unable to partake, a nominated person was involved.

Residents were seen to have appropriate access to medical and health care. There was access to other health care services where residents required professional expertise for example gerontology, psychiatry for old age, speech and language therapy and palliative care.

The use of restrictive practice was reviewed regularly by the person in charge and assistant director of nursing. The results of these reviews were discussed at the regular senior management team meetings.

There appeared to be effective measures in place to protect residents from abuse. Two care plans reviewed by inspectors were seen to have safe-guarding arrangements in place to protect both the resident and their fellow residents. Staff spoken with were knowledgeable in relation to early detection of abuse and safeguarding the residents.

The registered provider was a pension-agent for five residents'. Documents were available to the inspector which demonstrated transparency with regards to the protection of residents' and their finance. There was a separate bank account made available for this money to be safely lodged.

There was a voting register in place in the centre and the person in charge told the inspector how residents' have access to vote in their local area and those that wished to remain in the centre had the option to vote in-house.

There was a selection of activities available to residents. Each resident had a specific activity care plan which detailed their likes and dislikes.

There was a good menu choice available to residents for all meals. Snacks and refreshments were provided outside of mealtimes and the inspector saw that adequate staff were available to assist residents with refreshments and at mealtimes.

Regulation 28: Fire precautions

There were areas of concern regarding the containment of fire in the centre. Action was required to comply with the requirements of the regulations and to ensure residents and staff were adequately protected from the risk of fire. For example;

- Gaps were visible in two bedroom doors.

- More than five bedroom doors observed on the day were not closing fully. In addition the door to the sluice room also did not close.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' had a comprehensive assessment completed on admission. There were resident specific care plans in place to guide practice.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs.

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to expertise in gerontology, psychiatry of later life and palliative services as required.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was made available to all staff. The training matrix viewed by the inspector showed that all staff had attended this training in line with the centres policy. Staff spoken with on the day of the inspection were aware of what abuse is and what they would do if they witnessed or suspected such an incident.

Judgment: Compliant

Regulation 9: Residents' rights

The centre had a good selection of activities for the residents. The activities board was displayed with both written and photographic description of events happening in the centre. All residents had access to a television in their bedroom and also in the sitting room. Wi-Fi was available for residents to access free of charge. The

residents had access to the residents committee and also an external advocacy service.

Judgment: 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ashley Lodge Nursing Home OSV-0000009

Inspection ID: MON-0037931

Date of inspection: 22/11/2022

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fifteen fire doors will be replaced by the end of Q1; this will include the sluice room door. Actions will be completed by 30th March 2023.	

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 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/03/2023