



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

Issued by the Chief Inspector

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| Name of designated centre: | Ashford House Nursing Home |
| Name of provider: | Ashford House Nursing Home Limited |
| Address of centre: | 6 Tivoli Terrace East, Dun Laoghaire, Co. Dublin |
| Type of inspection: | Unannounced |
| Date of inspection: | 08 March 2023 |
| Centre ID: | OSV-0005466 |
| Fieldwork ID: | MON-0039458 |

About the designated centre

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

The centre can now accommodate 78 residents, male and female, over the age of 18 years. The centre caters for individuals with a range of dependencies from low dependency to maximum dependency and provides long-term residential and nursing care, convalescent care and respite services. The new premises is purpose built over three levels. Accommodation consists of single and twin bedrooms, all of which have accessible en-suite facilities. Each floor has a communal lounge and dining room. There is a large reception area, activities room, a sensory (quiet) room, library, reminiscence room and hairdressing salon in the centre. There is a passenger lift between floors. Lounge areas on the upper floors have access to balconies which overlook the garden area. Access to this enclosed garden is available on the lower ground floor.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 71 |
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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 |
|---------------------------|-------------------------|-------------|---------|
| Wednesday 8 March 2023 | 08:45hrs to 17:30hrs | Arlene Ryan | Lead |
| Wednesday 8 March 2023 | 08:45hrs to 17:30hrs | Lisa Walsh | Support |

What residents told us and what inspectors observed

The overall feedback from residents living in Ashford House Nursing Home was positive. The centre was well-maintained, clean and bright and corridors were clutter free. Residents were content and pleased with their living experience in the designated centre and said that they felt safe living in the centre. The interaction between staff and residents was relaxed and comfortable and inspectors observed that the staff were kind and patient with residents.

On the day of inspection the inspectors were met by the clinical nurse manager (CNM). The monitoring for signs and symptoms of COVID-19 was completed and hand hygiene performed. Following an introductory meeting with the CNM and person in charge, the inspectors did a walk-around the nursing home with the person in charge.

The entrance foyer was spacious and well-maintained. Access to the designated centre was through a keypad lock and was monitored by reception staff. This space was inviting with some seating available for both residents and their visitors to meet and chat and a visitors log was maintained by the reception staff.

The centre is set over three floors, and is bright, warm and well ventilated throughout. Each corridor within the centre was decorated with a different theme and colour reflecting the location of the centre, which is near the sea. The different themes helped residents to orientate to their surroundings. Large display notice board were visible on the corridors with collages reflecting the interests of some of the residents living on that corridor. Others displayed photographs of residents attending various functions and celebrations in the designated centre. Signage was clear throughout the centre to orientate residents and visitors.

The Inspectors visited many of the residents bedrooms and noted that they were comfortable and inviting. Residents were encouraged to decorate their rooms as they liked and many had pictures, photographs and personal items on display in their rooms. They had adequate storage for their personal belongings in their rooms which included a lockable cabinet for valuables and personal belongings. Throughout the day some residents were observed relaxing in their bedrooms while others spent time in communal day rooms.

Residents who spoke with inspectors were positive in their feedback and expressed satisfaction with the standard of cleanliness of their rooms and communal areas. Residents told the inspectors that their rooms were cleaned daily and that they were happy with this arrangement. Inspectors also observed that the centre was clean throughout.

Residents informed the inspector that a laundry service was provided for them and they got their clothing back clean and fresh every few days. Items of clothing were marked with small buttons with the residents name to prevent loss during the

laundry process. The residents said that they had plenty of storage space in their rooms, and some rooms had additional units to ensure residents had space for all their clothing and personal possessions. Some residents opted to send some clothing home with their families for washing but were aware that they could have it washed on site.

The central courtyard and garden was accessible through the dining room on the ground floor. This space was well maintained and access from outside the centre was restricted to ensure residents safety. Steps has hand rails to support residents who may choose to use them. As the weather was cold on the day of inspection residents were not seen in the garden but had the choice to go outside when they wanted to.

During lunch time the inspector observed that the food was served hot and looked and smelled appetising. A number of residents told the inspector that they liked the food, there was always a choice at mealtimes and plenty of food available to them. If a resident did not like what was on the menu they just had to inform the staff and they would get something else. The dining rooms were spacious and well laid out, and menus were available for the residents. The inspectors observed staff offering drinks to the residents throughout the day.

Alcohol hand gel dispensers were available along corridors and in communal rooms for resident, staff and visitor use. These were clean and kept full and were easily identifiable on the walls.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre. The centre has a good history of compliance with the regulations and this was evident on the day of inspection.

The registered provider is Ashford House Nursing Home Limited. The person in charge was supported by an assistant director of nursing (ADON) clinical nurse manager (CNM), Senior nurses, nurses, healthcare assistants, House manager, housekeeping and laundry staff, the managing director and associate director on the day of inspection. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. There were arrangements in place for the ADON and CNM to deputise in the absence of the person in charge.

This was a well managed centre and the management team had clear oversight of

the service. The inspectors saw that there were good systems in place to deliver quality care to residents and this was continuously monitored with oversight from the senior management team. The systems included a comprehensive auditing programme which was reviewed at regular intervals and had led to improvements in practice. Both clinical and non-clinical audits were completed on a monthly and quarterly basis and improvement action plans were in place to address any issues identified.

The senior management team was kept informed about the performance of the service with key quality indicators, audits and other aspects of the service reviewed on a weekly, monthly and quarterly basis. Regular meetings were held and minuted to cover all aspects of clinical and non clinical operations including support services, activities and maintenance meetings.

An annual review of the quality and safety of care delivered to residents had taken place for 2022 in consultation with residents and their families. The annual review contained details of the residents satisfaction survey. Resident meetings were held on a quarterly basis and minutes were available to the residents.

Inspectors noted that the provider had made substantial efforts to integrate the SI928 update of the regulations implemented on the first of March 2023, into centres policies and procedures. The complaints policy had been updated and was available to inspectors on the day of inspection. The Person in Charge had been in contact with the Patient Advocacy Services (PAS) to develop links and were expecting a visit within the coming months to establish professional engagement and training for staff. Records of these interactions were recorded in the Management meeting minutes.

Inspectors reviewed the Schedule 5 policies and procedures which were in date. However, the restraint policy required review to ensure the use of infrared motion detectors in resident's bedrooms was included in the policy. This was updated on the day of inspection and a copy provided to the inspectors for review.

A sample of contracts for the provision of service were reviewed by the inspector. They were clearly laid out and contained the required information as per the regulations and included the residents room number.

Regulation 19: Directory of residents

The registered provider had established and maintained a Directory of residents which included all the information as specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. The registered provider ensured that sufficient resources were available to provide a high standard of care for the residents. Management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

The annual quality and safety review had been completed and contained input from the residents living in the designated centre.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services showed that they met the regulatory requirements. They included the residents room number and the occupancy of the room.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Authority in a timely fashion and in compliance with regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector saw that policies and procedures required under Schedule 5 of the Care and Welfare Regulations 2013 (as amended) were reviewed, made available to staff and being implemented in the centre.

The registered provider had updated the complaints policy to include the amendments to the Care and Welfare Regulations 2022 which came into operation on 1st March 2023.

Judgment: Compliant

Quality and safety

The inspectors found that overall, there were good standards of care provided. Residents were safe and their healthcare needs were well met. The compliance plan from the previous inspection carried out in January 2022 was followed up. The inspectors found that the majority of the compliance plan responses had been implemented with a few items currently under review as discussed later under Regulation 27: Infection Control.

Inspectors saw that remedial work had been completed for the installation of clinical hand wash sinks. They were informed by the provider that there was a delay in completing the full installation due to a supply chain issue but this was expected to be resolved in the coming weeks. Additional clinical hand wash basins sinks were also required in the clinical rooms.

Fire exits were accessible and fire doors were in a good state of repair. Each room had a self closing device to ensure the bedroom doors closed in the event of a fire. Inspectors noted that there were some oxygen cylinders fixed to the walls of the stairwell with appropriate signage. On querying this with the provider they informed the inspectors that these had been put in place during the previous renovation, however did not see the necessity of having them in place. These were removed immediately and the signage removed. The provider was proactively arranging an independent fire risk assessment for the designated centre and a health and safety contractor was scheduled to visit the centre the following day to update the Health and Safety plan.

A social programme with a variety of meaningful activities for occupation and engagement was being implemented and residents could choose to participate or pursue their own interests. Residents informed inspectors that they had choice in the activities on offer and could opt in or out as they chose. The management team told the inspector that they were actively recruiting two more activities staff to increase the amount of one-to-one activities available to residents.

Discharges for those residents receiving convalescence care were planned in a safe manner with families/carers and arrangements were made to ensure that the residents had appropriate transportation home following discharge.

Regulation 17: Premises

The registered provider having regard to the need of the residents has provided

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| premises which conform to the matters set out in Schedule 6. |
| Judgment: Compliant |
| Regulation 20: Information for residents |
| A residents guide was available and included a summary of services available, terms and conditions for residing at the centre, the complaints procedure and visiting arrangements. |
| Judgment: Compliant |
| Regulation 25: Temporary absence or discharge of residents |
| The documentation completed for the temporary discharge of a resident to hospital was reviewed. All relevant information about the resident was sent to the receiving hospital. On return from the hospital a discharge letter and relevant documentation was received and filed in the residents individual record. Recommendations and treatment plans were incorporated into the resident's care plan and a reconciliation of medication was completed by the general practitioner (GP). |
| Judgment: Compliant |
| Regulation 27: Infection control |
| Overall, the centre was clean and there were good examples of adherence to the National Standards for infection prevention and control (IPC) in community services (2018). However, the following issues were identified: <ul style="list-style-type: none"> • Clinical hand wash basins, in line with national standards were required. Spaces had been identified and remedial work had been completed however the sinks were not in place on the day of inspection. Additional clinical hand wash basins were also required in the clinical rooms. • Some cleaning spray bottles were not labelled with contents, dated or signed to identify the product and correct disposal date. • Items were found stored on the floor in some store rooms preventing effective cleaning of the rooms |
| Judgment: Substantially compliant |

Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacy service and the pharmacists participated in regular reviews of the residents' medications. Documentation was sorted securely in the medication room. Resident allergies were recorded on the medication administration chart and those medications that required crushing were identified and prescribed by the general practitioner. A clear process was in place for the segregation and disposal of unused or no longer required medications.

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 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |

Compliance Plan for Ashford House Nursing Home OSV-0005466

Inspection ID: MON-0039458

Date of inspection: 08/03/2023

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 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Clinical hand wash basins in identified spaces in corridors are installed and in use now (Complete) • The additional clinical hand wash basins identified at this inspection in the clinical rooms are ordered and expected to be installed by 31/07/2023. These will replace the existing wash hand basins with clinical sinks. • Cleaning spray bottles are now labelled daily and signed with name of contents, date of preparation and date of disposal. (Complete) • Store reorganised and items cleared from the floor. Additional shelving has been ordered and is to be fitted in the identified storerooms to ensure no items are stored on the floor to eliminate the risk of cross contamination. (30/05/2023) | |

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 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 | 31/07/2023 |