

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ashley Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000009
<b>Centre address:</b>	Tully East, Kildare, Kildare.
<b>Telephone number:</b>	045 521 300
<b>Email address:</b>	ashleylodgenursinghome@yahoo.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Ashley Lodge Nursing Home Limited
<b>Provider Nominee:</b>	Patricia McCarthy
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	52
<b>Number of vacancies on the date of inspection:</b>	3

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 23 July 2014 13:00 To: 23 July 2014 18:00

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

Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidenced based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was compliant in relation to both outcomes.

The inspector concurred with this and found that in the area of food and nutrition and end-of-life care, the centre was in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. This was reflected in positive outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection.

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected. Many examples of good practice in end of life care were noted and staff were provided with appropriate training and supported by prompt access to palliative care services. Questionnaires received from a number of relatives of deceased residents indicated that they were satisfied with the care given to their loved ones. Good documentation was in place for end of life assessment and care planning.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious and assistance was offered to residents in a discreet and sensitive manner. Improvements were noted in the choice and presentation of modified consistency meals.

No actions were required from this inspection.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

As part of the self assessment process the person in charge had identified the need for further staff training in end of life care. The training records showed that training had been provided for a range of different grades of staff. The inspector spoke to staff members concerning this training and all stated that they found it helpful and beneficial. Additional training was also planned for the coming months. The inspector found that practices and procedures described in the self assessment document were in place and were adhered to.

The inspector saw that extensive development work had recently been undertaken as regards the use of appropriate care plan documentation. New documentation had been introduced entitled 'Think ahead' which allowed exploration of the residents' wishes regarding end of life. Think Ahead is a national project which encourages and provides a way for people to think about and pre-record their wishes in the event of serious illness or death. The inspector read some completed copies and saw that in some cases residents and relatives outlined very specific instructions and preferences such as their wishes regarding transfer to general hospitals. Staff spoken with confirmed that they had received additional training to better support residents and relatives to understand and complete the documentation. The inspector saw that the residents' care plans were subsequently updated to reflect the residents' wishes.

The inspector also saw that additional end of life care planning documentation had been introduced. This was comprehensive and dealt with the physical, emotional, psychological and spiritual needs of the residents. The inspector also saw where expert advice had been sourced to ensure staff were aware of any specific religious and cultural practices. A resource folder had also been compiled which included articles of interest and information for staff. Staff showed the inspector newly designed

documentation to assess and monitor residents' pain and response to medication. The inspector saw that this was completed as required.

The end-of-life policy, reviewed in December 2013, was comprehensive, evidence-based and the inspector was satisfied that it guided practice. The policy had been revised and updated in response to the training provided by the Authority on thematic inspections. There was a system in place to ensure that staff read and understood the policy. Staff members spoken with were knowledgeable and confirmed this.

The inspector reviewed questionnaires returned by the relatives of residents who had died in the centre. Relatives stated that they were very satisfied with the care which had been provided before, during and after the death of their loved one. They stated they were made feel welcome and were facilitated to stay overnight and be with the resident during their last days. Relatives reported that residents' wishes, with regard to their place of death, were respected and residents had access to a single room at this time. Relatives also described how important it was to keep the family informed of any changes in the condition of the resident.

The inspector read the records of a resident who was deceased and found evidence of good practice, including regular reviews by the GP and practices to monitor and control pain. The inspector found that the resident's end of life care wishes were respected and facilitated. Practices and facilities were in place to ensure that resident's needs were met and the residents' dignity and autonomy was respected. The inspector did not find any evidence that residents had expressed wishes to go home but the staff told the inspector that this would be facilitated in conjunction with relatives as far as was reasonably and safely possible.

The person in charge stated that the centre received support from the local palliative care team when required. Staff members were knowledgeable about how to initiate contact with the service. Staff said that the service was always available for advice and support when required. The inspector read where staff from the service had visited and assessed a resident. Recommendations were then taken on board by the GP and staff.

Staff discussed with the inspector other initiatives that were underway within the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. They had taken this a step further by introducing dove symbols which was placed on the door of the oratory should a remains be there. The inspector also saw that bereavement leaflets and other resources were available to relatives, residents and staff.

An emergency summary form was in place for the residents. This was signed by the GP and resident or their representative and provided succinct information on the residents' wishes regarding end of life. Staff described how useful this was in providing information when out of hours medical cover was called.

Additional equipment had been purchased to improve the level of respect shown to the deceased. This included a purple drape for the bed. New practices had also been introduced around the removal of remains from the centre. Staff and residents provided a guard of honour at the removal from the centre. Staff and residents confirmed that

they had availed of the opportunity to say farewell and participate at the removal. Staff also told the inspector that as far as possible some staff members attended each funeral to pay their last respects. Residents were also facilitated to attend if that was their wish. In addition, bereaved relatives were offered the facility of holding the month's mind in the centre should it be their wish. Refreshments were provided.

There was a procedure in place for the return of possessions. A specific bag was set aside for this and relatives were given adequate time to return to the centre to gather any belongings they wished to keep. A policy was in place to guide the return of personal belongings.

**Judgment:**

Compliant

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. The policy had been revised and updated in response to the training provided by the Authority on thematic inspections. Staff members spoken to by the inspector were knowledgeable regarding this policy.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Staff confirmed that they had attended training in carrying out these assessments. The inspector saw that records of residents' food intake and fluid balance were accurately completed. Food diaries were completed for residents who appeared to have reduced appetites and records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately. The inspector saw that residents had been reviewed by a speech and language therapist if required. The inspector read the treatment notes and observed practices and saw that staff were using appropriate feeding techniques as recommended. No resident required liquidised meals through a gastrostomy tube at the time of inspection.

The inspector saw that other specialist services were available to the residents if required including occupational therapy and dental services. Improvements were on going as regards residents' oral health. Staff had received training and oral health assessments were completed on all residents. Oral hygiene care plans were in place if needed.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff and from speaking directly to residents. The inspector noted that the chef and catering staff spoke with the residents during the meal asking if everything was satisfactory. The chef discussed on-going improvements in the choice and presentation of meals that required altered consistencies. The inspector saw that the same choices were available to residents who required their meals this way. Residents were seen enjoying specially prepared salmon sandwiches served with thick vegetable soup and pureed salads which were very nicely presented. One resident told the inspector how much he enjoyed his meal while another said the salad was 'delicious'.

An extensive range of choices were available at each meal time but the chef told the inspector that she would get any resident anything they wanted if it were at all possible. The inspector saw residents enjoying a large choice of menu at both lunch and tea time. These included homemade scones, a selection of sandwiches, two choices of meat, fish, eggs and much more. All residents spoken with commented on the availability of homemade cakes and desserts and the black forest gateau they had for desert that day. The inspector saw that the menu plans had recently been reviewed by a dietician to ensure that they were wholesome and nutritious. Recommendations regarding increasing the amount of oily fish had been taken on board.

The inspector saw that meal times were later than at previous inspections and the person in charge and staff stated that they were aiming to have all meals at conventional meal times. The inspector saw that snacks and refreshments were available at all times and noted that an extensive list of available snacks was on display in the front hall. There was a cold water dispenser in the dining room and the inspector saw residents frequently offered a choice of drinks.

Residents also had a choice as to where to have their meals. A dining room was set aside for residents who required assistance and the inspector saw that adequate staff were available for this. Independence was promoted where possible. The inspector saw that some residents choose to have their evening meal in their room and trays were nicely set up for this.

The person in charge had recently completed an audit of meals and mealtimes and had plans in place to repeat this on an ongoing basis.

**Judgment:**  
Compliant



---

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority