

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ashbury Private Nursing Home
Centre ID:	OSV-0000007
Centre address:	1A Kill Lane, Kill O'The Grange, Blackrock, Co. Dublin.
Telephone number:	01 284 1266
Email address:	info@anh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	A N H Healthcare Limited
Provider Nominee:	Robert Fagan
Lead inspector:	Sheila McKevitt
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	89
Number of vacancies on the date of inspection:	7

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From: 03 March 2016 11:00 To: 03 March 2016 18:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection took place in response to information received by the Authority and to follow-up on two incidents reported to the Authority. There were 89 residents in the centre on the day of inspection, three were in hospital and seven beds were vacant.

The management structure within the statement of purpose was reflected in the centre and the level of services and facilities outlined in the statement of purpose were available to residents. The inspector found that a robust management structure was in place. However, an annual review of the quality and safety of care delivered to residents as required under Regulation 23(d) was not available for review, however, a copy was submitted post the inspection.

The inspector found that the nursing and medical care needs of residents were been met. Practices such as the use of restraint and some care practices required review.

Staffing levels and skill mix on the day of inspection were adequate.. Residents right

to privacy also required review.

The action plans at the end of this report reflect the outcomes not met on this inspection.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a statement of purpose which described the services and facilities provided. It had been reviewed in June 2015 and contained all required information as outlined in schedule 1. Staff were familiar with its content and copies were on display throughout the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure which was outlined in the statement of purpose.

The person in charge was supported in her role by a team of people including the provider nominee, an assistant director of nursing, five clinical nurse managers and a general manager.

There was evidence that the quality of care delivered to residents was being reviewed. The inspector reviewed a number of audits completed in November 2015 which covered areas of practice such as falls, infection control and administration of medications. The results of these audits appeared to provide positive results.

Residents had been consulted with about the service provided to them. There was evidence that they had been asked to complete a satisfaction survey in July 2015. It asked residents to rate their level of satisfaction with all services provided during their stay such as the cleanliness of the environment, facilities, activities nursing and medical care provided. However, the results of the feedback received from residents in 2015 had not been analysed to date and no actions had been put in place to address the deficits found.

An annual review of the quality and safety of care delivered to residents in 2015 was not available for review. However, a copy of a completed annual review was submitted to the Authority on 01 April 2016.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service. She demonstrated a good level of clinical knowledge and knowledge of the regulations and her legislative responsibilities. Although on leave she attended the centre on the day of this inspection.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The centre was safe and secure and residents spoken with confirmed this. The Authority had been notified of two recent incidents of absconsion from the centre. The inspector reviewed investigations into both incidents and was satisfied both had been investigated appropriately and additional preventative measures were put in place. The reception desk was manned by a receptionist during the day and staff at night time, a second entrance was manned by staff. One of these doors could be opened by accessing a keypad (for which a code was required) the other by pressing a release button accessible to staff only. In addition, residents were assessed to determine their risk of absconsion, those identified as at risk had a missing persons profile completed, a copy of which was kept at each reception desk. Elopement bracelets were in use by some residents' identified as at risk of elopement.

Records reviewed showed staff had completed training in the protection, detection and prevention of elder abuse and those spoken with had a good clear and concise understanding of this policy.

There were a number of residents with bed rails in use as a form of restraint. Although there were several different types of alternative equipment available such as low low beds, alarm mats and crash mattresses. The restraint assessment did not always outline what if any of these had been tried, tested and failed prior to bed rails being used as a form of restraint. Also, the terminology used in some documents required review. Some practices observed did not reflect best practice, for example, one resident was observed in bed with both bed rails up, the low low bed was positioned high and there was a crash mat on the floor by the resident's bed. The assessment forms required review to ensure the assessment for use of bed rails as a form of restraint was in line with the National policy for use of restraint. This was discussed with the person in charge during the inspection.

Residents' displaying behaviours that challenged were being managed appropriately during this inspection. Records reviewed showed that staff had received training in this area. Residents' who displayed such behaviours had a detailed plan of care in place which identified triggers and appropriate diversion therapies. These care plans ensured the safety of the resident and those residents and staff in their vicinity was priority.

The management of residents' finances was reviewed and found to be safe and in line with the centres policy.

Judgment:

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted and protected.

The centre had a risk management policy, an emergency plan and an health and safety statement in place. The health and safety statement had been last updated in 2014 and was not signed by the provider. The risk register was comprehensive. It identified risks and specific measures put in place to reduce the level of risk. Infection control practices were good with hand washing and drying facilities and hand sanitizers were available throughout the centre.

Records reviewed on inspection showed that the fire alarm was serviced on a quarterly basis and fire safety equipment and emergency lighting was serviced. All staff had completed fire safety training which included the entire building. Records reviewed showed that fire drills were practiced at least twice per month. Staff spoken with were clear on what to do in the event of the fire alarm sounding. The inspector saw that there was adequate means of escape and fire exits were unobstructed.

Manual handling practices observed were in line with best practice and records reviewed showed all staff had up-to-date training in place.

Judgment:

Compliant

***Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.***

Theme:

Safe care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents remained unchanged since the last inspection. Practice observed reflected the policy.</p> <p>The inspector observed a staff nurse administering medications at lunchtime and saw that the practice reflected policy and best practice guidelines. The person in charge had put safeguarding measures in place by auditing practice as mentioned under outcome 2.</p> <p>Medications that required strict control measures (MDA's) were carefully managed and kept in a secure cabinet in keeping with professional guidelines.</p>
<p>Judgment: Compliant</p>

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Each resident's wellbeing and welfare was maintained.</p> <p>The inspector saw evidence that resident's received appropriate nursing, medical and allied health care without delay. Residents were seen by their general practitioner on a frequent basis and had their medications reviewed every three months.</p> <p>Each resident had an assessment in place which was updated within a four month period. The inspector reviewed a sample of residents' files and saw that each identified need had a care plan in place. Residents care plans were updated to reflect the care recommended by visiting inter disciplinary team members and any change in care been provided by staff. There was written evidence that residents' and or their next of kin were involved in their assessment and care plan review. As mentioned under outcome 7</p>

the use of restraint was not always in line with the National policy. Also, non slip covers were observed in place on a high number of chairs in both sitting rooms The use of these covers can increase the risk of residents developing pressure ulcers and there use are therefore not in line with evidence based practice.

There was group and one to one recreation activities scheduled daily to meet the needs of residents. Timetables for these activities were displayed throughout the centre and residents' spoken with knew what was scheduled. They told inspectors that they were given a choice whether to attend or not and their choice was respected by staff. They were satisfied with the variety of activities available; a number complimented the team of activity staff who delivered these activities. Activities specific to meeting the needs of residents' with a cognitive impairment were included in the activities timetable.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

Findings:

Complaints made were managed in line with the centres complaints policy. The complaints policy met the legislative requirements and was clearly outlined in the statement of purpose and the residents guide. The process was clear, accessible to all residents and displayed in prominent places throughout the centre.

The person in charge was the nominated person to deal with all complaints. The inspector reviewed records of complaints received since the last inspection, all had been fully investigated with clear concise records kept including the residents level of satisfaction with the outcome of the complaint.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents' were consulted about how the centre was planned and run. The activities team facilitated these meetings. Residents' had access to an advocate details of which were on display throughout the centre. The inspector saw that there had been a meeting with this advocate in March 2015. However, these meetings occurred on an ad-hoc basis and there was no evidence of feedback to residents on issue they had brought up.

There was a quarterly newsletter for both of the providers' homes which was developed with residents involvement and a copy was distributed throughout the centre. They included poems, recipes and photos selected by residents.

As mentioned under outcome 11 the provision of activities was good. The centre had a transport bus which enabled residents to get out on a frequent basis. There was evidence that they attended a variety of concerts, shows and events of their choice within the city. They also went further afield to surrounding scenic spots a short drive from the centre.

There was a visitor's policy. There were no restrictions and residents did have access to a private room to access visitors in private.

They were enabled to practice their right to vote and attend religious services provided within the centre and in the church closeby. Their right to privacy was respected by staff when delivering direct care. However, notices regarding some residents personal care were on display over their beds. This infringed on their right to privacy. For example, one resident who shared her bedroom had her turning chart on display above her bed. Other private information pertaining to residents' was seen on display at the front desk and on the notice board outside the dining room in the main house which included a list of residents' names their preferred bedtime.

Judgment:

Non Compliant - Moderate

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Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were sufficient numbers of staff with the right skills, qualifications and experience to meet the assessed needs of the residents in the centre at the time of this inspection.

The person in charge informed the inspector that they did have some vacant staff nurse posts as they had a turnover of staff nurses towards the end of 2015. They were actively recruiting to fill the current vacant staff nurses posts. One pre- registration student who had completed staff nurse training was working as a health care assistant while awaiting registration with Bord Altranais agus Cnáimhseachais na hÉireann and another was returning to work on a part-time basis. The inspector saw that there was a minimum of one staff nurse on duty at all times. Staffing levels during the day were good however, on night duty there were currently two staff nurses on duty from 22.30 hrs to 08.00 hrs. The person in charge stated that they had a staff nurse floating in the centre between 14.00 and 22.30 hrs and this would be reviewed once they had filled all vacant staff nurses posts. In the mean time they had introduced another medication round at 19.30hrs which the residents' general practitioners had agreed with. The inspector found night staffing levels required constant review as although they were currently meeting resident needs the centre was not full to its maximum capacity of 99.

There was an actual and planned staff rota. However, these rosters did not reflect the role of each staff member named on the roster.

Records reviewed confirmed that all staff had mandatory education and training in place. Staff had also been provided with in-house education on a variety of topics, such as, food hygiene and infection control.

Staff meetings were been held and minutes of these meetings were available for review.

Judgment:
Compliant

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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 McKeivitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Ashbury Private Nursing Home
Centre ID:	OSV-0000007
Date of inspection:	03/03/2016
Date of response:	03/05/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no annual review of the quality and safety of care delivered to residents in 2015.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

This has been completed and was submitted to The Authority on 1 April 2016.

Proposed Timescale: 01/04/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

It was not always evident that restraint was used in accordance with national policy as published on the website of the Department of Health.

2. Action Required:

Under Regulation 07(3) you are required to: 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.

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

All forms of restraint have been reviewed, all residents previously using bedrails have been re-assessed, trials without bedrails are currently underway, low-low beds & crash matts have been implemented where deemed safe, some residents continue to have one bedrail in situ where there is a balance deficit on a particular side. On the day of inspection 52 residents had bedrails in situ (a further 5 had them at their own request), 31 of those 52 are being trialled and observed without bedrails, in a sequential manner, 19 have been assessed as requiring and are deemed safe for continued use of bedrails. All our staff have been re-educated on the benefit of a restraint free environment, and are currently being assessed to ensure that they are fully aware of the risks inherent in using bedrails.

Our policy has also been updated, as have our assessment criteria and documentation.

Proposed Timescale: 03/05/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Resident care plans did not mention the use of non slip seat covers and there use is not in line with a high standard of evidence based nursing care.

3. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

All Non slip seat covers have been removed.

Proposed Timescale: 03/05/2016

Outcome 16: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Consultation with residents was occurring on an ad-hoc basis and there was no evidence of feedback re- issues they raised.

4. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

A resident's council meeting took place on the 7th April, and will continue to take place on an alternate monthly basis. Our advocacy meetings will continue on the alternate month following the Residents council meetings.

Previously the minutes of the meetings were being documented and actioned with immediate effect, however we will now recirculate the minutes to all residents so as they are up to date with the progress of the items discussed at the Council meeting and Advocacy meeting.

Proposed Timescale: 07/04/2016

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Notices containing personal information about residents was on display in areas accessible by members of the public.

Notices on display identified private information pertaining to residents'.

5. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

Any notice which may have been obvious were removed immediately on the day of inspection and placed in the correct folder, available for use by staff, but not infringing in any way on residents dignity.

Proposed Timescale: 04/03/2016