

**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>	Claire Welford
<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>	40
<b>Number of vacancies on the date of inspection:</b>	15

## 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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 08 September 2017 11:00 To: 08 September 2017 15:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 06: Absence of the Person in charge	Compliant
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This inspection was carried out to review progress on actions required from the previous inspection.

Recent changes had occurred to the organisational structure. A new person in charge had taken up post. The clinical nurse manager (CNM) was promoted to assistant director of nursing (ADON) and a new group manager was also in post. The group manager also had responsibilities for two other centres. The organisational structure was defined in the statement of purpose.

Two actions were required from the previous inspection and it was found that neither had been addressed within the agreed timescale.

As at the previous inspection, the fluid intake charts reviewed did not have any entry after 7pm, sufficient guidance was not provided in the corresponding care plans.

It was also identified at the previous inspection that staff required education to support them to meet the social needs of residents and provide a range of sensory stimulation for residents who could not engage in group activities. Despite the agreed action plan, this had not been addressed.

The inspector followed up on information received by the HIQA in relation to missing nursing documentation. The inspector found that some nursing records relating to a resident were missing and no explanation was available.

The inspector also reviewed staff files and found that they did not meet the requirements of the regulations.

These are discussed further in the report and included in the action plan at the end.

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 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:**

The inspector was satisfied that the statement of purpose met the requirements of the regulations. It described the service that was provided in the centre. It had been updated recently to reflect the change of person in charge.

**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:**

Effective management systems and sufficient resources were in place to ensure the delivery of care that met appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed annually as required by legislation.

Recent changes had occurred to the organisational structure. The person in charge was recently appointed. The clinical nurse manager (CNM) was promoted to assistant

director of nursing (ADON) and a new group manager was also in post. The group manager also had responsibilities for two other centres. The organisational structure was defined in the statement of purpose.

Audits were being completed on several areas such as complaints, falls and the use of restraint. An annual review of the quality and safety of care delivered to residents was completed. There was evidence of consultation with residents and families.

When required by residents, the centre acted as their pension agent. Currently this was for seven residents. The inspector saw that a system was recently introduced to ensure that pensions were lodged into an account, separate to the business accounts, and managed in line with the relevant guidelines.

**Judgment:**  
Compliant

***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 inspector met with the recently appointed person in charge. She was suitably qualified and experienced and worked full time in the centre.

The inspector found she had maintained her professional development and was aware of the regulations and standards.

**Judgment:**  
Compliant

***Outcome 05: Documentation to be kept at a designated centre***

***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed this outcome as information had been received by HIQA stating that some resident's documents requested by an outside organisation had not been provided. Staff spoken with confirmed that the relevant documents were missing. Extensive searches had been undertaken.

Staff spoken with were aware of the requirements for record retention. Provision was in place for the storage of the documents.

Action required from Outcome 18 relating to staff files is included here. One of four staff files reviewed did not contain any references while another contained one reference. One of the of four reviewed also did not contain a satisfactory history of any gaps in employment

**Judgment:**

Non Compliant - Major

***Outcome 06: Absence of the Person in charge***

***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the regulatory requirement to notify the HIQA should the person in charge be absent for more than 28 days.

The person in charge is supported in her role by a recently appointed assistant director of nursing (ADON) who also deputised in the event that the person in charge was absent from the centre.

The inspector spoke with this staff member during the inspection and found she was aware of the responsibilities of the person in charge and had up to date knowledge of the regulations and standards.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

At the previous inspection it was found that the fluid intake charts reviewed did not have any entry after 7pm. Therefore it was not possible to determine if night staff had offered fluids which a resident refused or if fluids were taken but not documented, or if fluids were not offered.

The inspector found that this action had not been addressed within the agreed timescale. On review the inspector saw that gaps were still evident and no records were made after 7pm. In addition the inspector found that sufficient guidance was not provided in the corresponding care plans.

**Judgment:**  
Non Compliant - Moderate

***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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.



**Findings:**

The inspector was following up on the action required from the previous inspection.

At that time the inspector formed the view that staff required education to support them to meet the social needs of residents and provide a range of sensory stimulation for residents who could not engage in group activities. There was scope to expand the range of social activities for residents with advanced cognitive impairment.

The inspector found that this had not been addressed within the agreed timescale. The activity coordinator told the inspector of plans afoot to complete an on-line course. The agreed action plan stated that this was complete and ongoing.

**Judgment:**

Substantially Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that at the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Improvement was required to ensure that staff files met the requirements of the regulations.

The inspector reviewed a sample of staff files for recently recruited staff and noted that one of four reviewed did not contain any references while another contained one reference. One of the four reviewed also did not contain a satisfactory history of any gaps in employment as required by the regulations. Action required in relation to this is included under Outcome 5.

The inspector noted that at times over recent weeks the nursing complement particularly on nights had been reduced. The person in charge told the inspector that recent recruitment had been successful and new staff were now available. This will need to be

monitored to ensure that the number and skill mix of staff is appropriate to the needs of the residents.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated.

There was a varied programme of training for staff. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, moving and handling and fire safety. A training matrix was maintained.

Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

**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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Ashley Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000009
<b>Date of inspection:</b>	08/09/2017
<b>Date of response:</b>	25/09/2017

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

One of four staff files reviewed did not contain any references while another contained one reference. One of the four reviewed also did not contain a satisfactory history of any gaps in employment.

#### 1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

The staff files inspected now have all of the references required and staff have been instructed to provide any missing information by the 30th. September 2017.

A recruitment tracker has been implemented so that staff files can be audited at any time.

**Proposed Timescale:** 30/09/2017

**Theme:**

Governance, Leadership and Management

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

Some nursing records were missing.

**2. Action Required:**

Under Regulation 21(3) you are required to: Retain the records set out in Schedule 3 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

Despite extensive searches the nursing progress reports for this resident have still not been located.

Proposed Timescale: Ongoing

**Proposed Timescale:**

**Outcome 15: Food and Nutrition**

**Theme:**

Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The fluid intake charts reviewed did not have any entry after 7pm.

Sufficient guidance was not provided in the corresponding care plans.

**3. Action Required:**

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Enhanced daily monitoring, recording and supervision of food and fluid charts is now in place. Nursing staff oversee this on a daily basis. Night staff are aware of their responsibilities with same. The food and fluid chart for this particular resident is now held in his bedroom to ensure continuous recording. Care plans have been updated.

Proposed Timescale: Complete & Ongoing 22.09.2017

**Proposed Timescale: 22/09/2017**

**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:**

Staff required education to provide a range of sensory stimulation for residents.

There was scope to expand the range of social activities for residents with advanced cognitive impairment.

**4. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Since the inspection the home has begun active recruitment eternally for an experienced Activities Co-ordinator.

The existing staff member who was providing activities will continue to do so until this post is filled and then will remain working as an activities assistant. The residents have developed a good relationship with this staff member. This staff member has enrolled with the Open College, Leopardstown for a QQI award in Activities. This has been paid for and the staff member is currently awaiting the start date. In the interim this member of staff has been asked to work through the "understand together programme".

Sonas training is booked out until February 2018 when a place will be booked.

Together with the nursing staff the activities person is ensuring that one-to-one activities in addition to group activities are provided.

Proposed Timescale: Ongoing & 28.02.2018

**Proposed Timescale: 28/02/2018**