

**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
Lead inspector:	Helen Lindsey
Support inspector(s):	Sarah Carter
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	95
Number of vacancies on the date of inspection:	4

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 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:	To:
26 June 2018 09:00	26 June 2018 17:00
26 June 2018 09:00	26 June 2018 17:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The provider had identified a number of areas they were working on to drive improve, and inspectors found good levels of compliance.

Inspector met with residents, relatives, and staff members during the inspection. The journey of a number of residents with dementia was tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

Residents' were positive about the service they were receiving and reported that the staff were very kind. They reported they were supported to be comfortable and make their own decisions about how they spent their time day to day. Visitors were welcome in the centre, and there were facilities for meeting privately if the resident preferred, or a range of communal areas including seating in the garden.

Staff were seen to be skilled at meeting residents' needs, and responding to any changes to their health and social care needs by making contact with relevant healthcare professionals. Staff training supported staff to maintain the necessary skills to support the residents, including those with dementia. Staffing levels ensured staff had the opportunity to spend time with residents other than carrying out daily care routines.

The actions from the previous inspection had been met, and the improvements were seen to have a positive impact on residents.

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: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

Residents' wellbeing was being maintained, there was access to appropriate medical and health care, and care being delivered followed evidence based nursing practice.

Residents who spoke with inspectors said they felt their needs were being met in the centre. Inspectors reviewed a sample of residents care records and found examples where referrals were made to appropriate healthcare professionals if their needs changes, for example the palliative care team, dietician and physiotherapist. Following a review of resident's needs, care plans were updated to reflect their current needs and how they were to be met.

Residents' care plans were clearly recorded setting out their identified needs and included their preferences and wishes. There was also detail about residents' histories, which supported person centred care of those residents' with dementia. Staff were seen to engage with residents positively speaking about family or experiences that were relevant to those individuals. Care plans stated that residents' choice should be respected, and inspectors observed this being followed in practice. For example some residents chose to have lunch early, other residents chose to spend time in different parts of the centre to be with family members. Routines in the centre were also seen to reflect individual's choices, for example what time people got up, and how they spent their time.

A range of nursing tools were used to support nurses in monitoring and evaluating residents changing needs. Where needs were identified appropriate support was put in place. For example where residents were at risk of developing pressure sores equipment such as pressure relieving mattresses were available and residents were supported to move frequently.

The assessment and review of residents' needs was ongoing in the centre. Prior to admission an assessment was carried out to ensure the residents' needs could be met. On admission a detailed assessment was carried out by the nursing staff, and then care plans were put in place setting out how those needs were to be met. Residents' care

needs were reviewed at four monthly intervals, with examples seen of that being done more frequently if there were changes, for example as part of a residents end of life care.

Residents were supported to maintain good nutrition. There was a menu in place that offered choice at each mealtime. The meals were seen to be nicely presented and residents confirmed the food was of a good standard. Where residents required a modified diet, they were appropriately assessed and the correct meals were made available for them. Where residents required support with food and drink it was done discreetly by staff who knew the residents well, and provided effective encouragement. The use of clothing protectors at meal time was being kept under review, and residents' were asked if they wanted to wear them during mealtimes.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

There were appropriate measures in place to ensure residents' were safeguarded and protected from suffering harm. There were clear systems in place to monitor the use of any restrictions in place, and where residents had responsive behaviours there were appropriate measures in place.

Residents who spoke with inspectors said they felt safe in the centre. Staff were seen to be communicating well, and respecting residents' choices as they were going through their daily routines. Staff spoken with confirmed they had completed safeguarding training and felt it was helpful in carrying out their job. They were clear on the different types of abuse to be vigilant for, and also the reporting process if an allegation of abuse was made. There was a clear policy in place and the information provided by staff matched the processes described in the document. Inspectors reviewed investigations carried out with the person in charge, and the expected process had been followed. Records showed staff completed safeguarding training on induction and then attended annual refresher sessions.

There was a policy reflecting the national guidance document 'towards a restraint free environment'. It was seen to be used in the centre to guide restraint usage and review. A register of restrictions was kept, and included items such as bedrails. A full assessment was carried out prior to their use, and when their use was reviewed a check was completed to ensure they were safe and remained the most appropriate support for

the resident. Decisions to use restrictions were made in consultation with the resident or representative, nursing staff and general practitioner (GP). Decisions were also reflected in the resident's care plan and subject to review. Alternative equipment such as, low beds, sensory alarms and floor mats were available and tried prior to the use of bedrails.

As part of living with dementia some residents displayed behavioural and psychological symptoms of dementia (BPSD). Inspectors observed that staff were working well with residents to support them to follow their chosen routines, and to manage any anxiety or stress. Staff spoken with were familiar with the centre's policy and procedures to be implemented including the referral process to relevant professionals to inform the care-plan process. They confirmed their training had covered this topic. Care plans provided clear and person centred guidance for staff, and they were seen to be following it in practice.

Some residents requested that the provider hold small amounts of cash for them. Clear records showed that deposits and withdrawals were documented, and signed by two staff and the resident where possible. The monies were kept in a locked cupboard in a locked room. Residents could access their money any day of the week.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Residents' privacy and dignity was respected and there were opportunities for meaningful social engagement for residents if they chose to take part.

Residents' were seen to be receiving visitors throughout the inspection. Some chose to meet privately and others enjoyed meeting in the different communal areas in the centre, including the gardens. There was a visitor's policy in place, and practice was seen to follow the guidance set out in that document. Where residents were at the end of their life, families were supported to remain with them, and facilities were available for them to access snacks and refreshments. Residents' wishes were recorded as part of their care plans, and records showed examples where they had been followed, for example having access to a priest.

There were residents meetings held every few months and topics relevant to the residents were discussed, for example meals, activities, and community events. There was information about advocacy services throughout the centre and meetings were held

if residents chose to attend them. The advocate was in the centre frequently should residents choose to speak with them.

Staff were seen to be supporting residents in a range of activities and daily living tasks during the inspection and communication levels were seen to reflect residents individual needs. Staff were seen spending time with residents talking about current events, or topics of interest. For some residents who were not able to engage in conversation staff were taking time to sit with them, hold their hand or speak with them. Inspectors also carried out formal observations for a period of time in both units in the centre and found that overall there was good engagement and contact with the residents and that care was being delivered in line with their care plans.

There were a range of activities and events scheduled to take place in the centre, and there were activities co-ordinators seven days a week. There were a number of group events such as singers, games, exercises classes and parties celebrating birthdays and other events. Staff were also seen delivering smaller group sessions such as flower arranging, and other staff were supporting residents on a one to one basis.

There were a number of shared bedrooms in the centre. The screening had been reviewed to ensure all residents were afforded privacy, and inspectors observed staff were using them effectively when supporting residents in those rooms.

Religious services were organised in the centre, and residents confirmed they valued this arrangement. There was also access to current affairs through daily newspapers, and access to TV and radio. At the time of the inspection residents were enjoying the football and tennis events being televised.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The feedback, concerns and complaints of all residents in the centre were listened to, recorded, and acted upon.

The procedure was displayed around the centre and set out in the residents' information guide. Residents' who spoke with inspectors named the clinical nurse managers and person in charge as people they would report any concerns to, and were happy they would be addressed. Staff were seen to be seeking feedback from residents through the

day in relation to their experiences, for example the quality of their meal, and whether they needed anything in relation to their comfort.

The inspectors reviewed the feedback, comments and complaints recorded in the centre. They were clear details including the issues raised, the action taken, the satisfaction of the complainant and if the complaint was open or closed.

There was a system in place for auditing any concerns or complaints received to ensure they were managed appropriately, This was done by an independent person.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

On the day of inspection there was an appropriate number and skill mix of staff available to meet the needs of the residents.

Inspectors observed practice in both areas of the centre and found that residents' needs were being met by staff who knew them well and were responsive when support was requested. Each unit was staffed with a team who worked together well, and also provided consistency for residents. There was a lead clinical nurse manager, nurses, healthcare assistants and household staff who worked together to support the residents. There were also four activities staff, and a clinical nurse manager who completed clinical rounds with the general practitioner (GP).

Residents' were positive about the approach of staff and said they were very kind and good at offering care and support. Inspectors observed that the staff knew the residents and their visitors well and were communicating in ways that were effective for each individual. Where residents were less able to make choices the staff were seen to know the residents preferences and worked together to keep them comfortable.

Staff showed inspectors the policies and procedures they followed in carrying out their duties, and those who spoke with inspectors knew well how the centre operated, and their role in relation to supporting residents.

There was a training program in place and staff confirmed it was good to attend training and refresher sessions to keep their practice up to date. All staff had completed protection of vulnerable adults training, fire safety and manual handling. The provider

also ensured that all staff completed dementia training to ensure they were clear how to support residents' needs and how living with dementia impacts residents lives.

There were clear arrangements in place where volunteers were working in the centre. A garda vetting check was obtained, references and their role was clearly defined. They also completed the training program in the centre.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The design and layout of the centre met the needs of the residents. Areas were decorated to create a homely feel and to support the orientation of residents with dementia.

There were two parts to the centre, one area was a period property that had been adapted, and the other was a new building. The two were joined by a corridor area. Residents were able to move freely between the units, and there were handrails and options to sit down for those who needed them.

Along corridors and circulation areas a range of reminiscence objects and items of interest had been placed to provide interest for residents who chose to walk around the centre. Colour and items of reference had also been used to help residents to orientate around the centre. To support individual residents' decorations of flowers had been added to some bedrooms, along with names and in some cases pictures.

There were secure grounds around the centre that could be accessed freely from a number of places in the centre. There was a range of seating options and shelter for those who chose to spend time outside.

Both units offered kitchenettes where residents could access drinks and snacks. There were fridges to store food, and a washing and drying machines if residents chose to do their own laundry. There were a range of communal areas. Some residents said they liked to sit in quiet areas, and others liked the social nature of the larger rooms.

There were aids and adaptations available in the centre to meet the needs of the residents. Equipment and hoists were available in the centre where people had been assessed as needing that support with their mobility. Storage was being kept under

review to ensure equipment was accessible for residents when they needed it but did not block movement around the corridors.

The centre was well presented and clean throughout. Household staff were seen to be available and working in a way that respected residents' routines. Any improvements noted as being required at the last inspection had been made.

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:

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