

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ashborough Lodge Nursing Home
<b>Centre ID:</b>	ORG-0000194
<b>Centre address:</b>	Lyre Road, Milltown, Kerry.
<b>Telephone number:</b>	066 976 5100
<b>Email address:</b>	nursemanager@allenfield.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Allenfield Care Homes Limited
<b>Provider Nominee:</b>	Bernt Krabberod
<b>Person in charge:</b>	Sheilah Climaco
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	56
<b>Number of vacancies on the date of inspection:</b>	2

## 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
25 March 2014 09:30	25 March 2014 18:00
26 March 2014 09:45	26 March 2014 19:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

The purpose of this inspection of Ashborough Lodge Nursing Home by the Health Information and Quality Authority was to inform a registration renewal decision. As part of the inspection process the inspector met with residents, relatives, the person in charge, the clinical nurse manager (CNM), nursing staff, care staff, catering staff, household staff, and administration staff. The inspector observed practices and reviewed documentation such as care plans, medical records, staff files, complaints file and financial records. A sample of relevant policies was reviewed. The findings of the inspection are set out under 18 outcome statements. These outcomes are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the National Quality Standards for Residential Care Settings for Older People in Ireland.

The person in charge and the provider had attended to most the actions required from the previous inspection and the inspector viewed a number of improvements. The inspector found the premises, fittings and equipment were of a high standard overall although some improvements were required. There was a good standard of décor in the centre and it was bright and spacious. The inspector noticed that residents had access to clothes washing facilities in their bedrooms and there were personal fridges in the bedrooms also.

Questionnaires from residents and relatives were viewed by the inspector in the nursing home. The feedback from residents and relatives was one of satisfaction with the service and the care provided in the centre.

The person in charge was involved in the centre on a daily basis and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents in maintaining their independence where possible. Community and family involvement was encouraged in the centre and residents said visitors were welcome at any time. There was an activities programme and an advocacy service for both residents and relatives.

Some actions are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. These improvements included medication management, risk assessment, premises and staff training.

**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 2009 (as amended) 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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose and function was viewed by the inspector. It described the service and facilities provided in the centre. It contained the information required in Schedule 1 of the Regulations and also outlined the aims, objectives and ethos of the centre. The statement of purpose was found to be comprehensive and met the requirements of legislation. It was available for all visitors and residents in a display cabinet by the main nurse's desk.

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Contracts of care had been implemented for residents and a sample of these records was viewed by the inspector. The contracts were comprehensive, were agreed within a month of admission but did not stipulate that extra fees were to be charged for services such as; transport and being accompanied to appointments, hairdressing and chiropody, as required by legislation.

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was a full-time person in charge in the centre and she was a registered nurse with the required experience and knowledge in older adult care. The person in charge was engaged in the governance and operational management of the centre on a daily basis. Staff with whom the inspector spoke had a clear understanding of the management and reporting structure in the centre. They confirmed that the person in charge was readily available to support all staff including being on-call at weekends. In the event of her being absent the clinical nurse manager undertook her responsibilities.

The person in charge had continued her professional development by attending relevant courses. During the inspection she also demonstrated understanding of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The records viewed by the inspector were accurate and up to date. The records were securely stored but easily retrievable and residents can access their files if necessary. Records of inspections by other regulatory bodies were maintained in the centre.

The resident's guide was reviewed by the inspector and it was informative and comprehensive. Medical records were maintained and the inspector viewed a selection of residents' care plans as well as their medical files. Each care plan outlined the social and medical needs of the resident and there were care plans in place for specific health and social care needs.

There were centre specific policies which were updated and reviewed when required. All of the policies required under Schedule 5 of the Health Act 2007 were available in the centre.

The centre is adequately insured according to the insurance certificate viewed by the inspector. It contained the required regulatory detail as regards the insurance of residents' property.

**Outcome 05: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There are suitable arrangements in place for the management of the designated centre in the absence of the person in charge for more than 28 days.

The person in charge worked full time and was supported in her role by a clinical nurse manager who deputised for her when she was absent.

**Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

The person in charge stated that staff were made aware, on a regular basis, of how to identify and report any allegations of elder abuse. She attended staff handover meetings to ensure that she was informed of any issues regarding residents' care and welfare. She informed the inspector that she would speak to residents and relatives each day. During the inspection, the inspector observed the person in charge interacting and supporting residents and relatives. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that their concerns would be listened to.

Staff with whom the inspector spoke were able to confirm their understanding of the types of elder abuse. They were aware of their reporting obligations and how they would support a resident in this situation. The inspector viewed the policy for responding to allegations of adult abuse. This policy was centre-specific, comprehensive and provided details in relation to the actions required by staff when responding to an allegation to elder abuse. However, one staff member indicated to the inspector that she had not received training in identifying and responding to elder abuse in this centre.

The inspector reviewed the measures that were in place to safeguard residents' money and noted that receipts were obtained and where possible the residents' or their representatives' signature had been recorded.

There were closed circuit television (CCTV) cameras at a number of locations in the public areas of the centre. The inspector observed that there were signs indicating the use of CCTV cameras and there was a centre specific policy in place for their usage.

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

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



**Findings:**

The care centre had health and safety documentation including a policy on risk management. This policy included the management of hazards as specified in the Regulations. However, there was no review of the risk register to enable the identification of new risks.

The inspector noted that sufficient hoists were provided and there were up to date service records for this equipment. The person in charge informed the inspector that arrangements were in place to ensure that the slings, used to transfer residents on hoists, were individualised to each resident. Staff with whom the inspector spoke stated that they had received manual handling training and training records confirmed this. Staff were also observed assisting residents to mobilise safely.

The inspector noted that fire training had been provided and staff with whom the inspector spoke confirmed their understanding of what to do in the event of a fire. Fire alarm testing was conducted regularly and service records in relation to fire extinguishers were up to date. Daily fire door and fire panel checks were undertaken according to documentation seen by the inspector. Instructions on what to do in the event of a fire were not displayed in the various hallways of the centre: however, this was rectified while the inspector was on the premises.

The inspector observed that the environment was kept clean and adequately maintained. There were adequate supplies of personal protective equipment. Alcohol hand gel dispensers were located around the centre and staff were observed using this appropriately. The inspector observed that there were measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, particularly clinical waste. A number of staff with whom the inspector spoke demonstrated knowledge of infection control practices. Alginate bags were readily accessible for soiled linen.

There was an emergency plan in place and this contained details of a safe place for residents to be accommodated in the event that evacuation of the centre was necessary.

The flooring had become frayed and stained in some areas. The person in charge informed the inspector that there were plans to replace the floor covering eventually and the inspector saw evidence that this process had commenced.

There was no food safety training available for nurses and care staff in relation to residents' individual fridges and individual microwaves which were in use for reheating food. Risk assessments were not in place for the use of this equipment as well as the use of washing machines in individual bedrooms. The person in charge undertook to address these issues. The front entrance door was unsecured and inside this there was an unlocked door to the large activity room on the right side of the entrance. This room had unrestricted windows with large openings. While the person in charge assured the inspector that the residents are always supervised when in this room there were no risk assessments done to minimise any risk.

There were trailing wires due to the placement of televisions in some rooms.

Some external risks were not assessed and the risk register needed to be updated.

### **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

There was a centre-specific medication policy with procedures for safe ordering, prescribing, storing and administration of medicines. The person in charge conducted monthly medication audits of the types of drugs used in the centre. Nursing staff to whom the inspector spoke, demonstrated an understanding the medication management policy. All residents had photographic identification in place. There was a separate fridge for the storage of medications and there were written records to indicate that there was regular monitoring of the fridge temperature.

Controlled drugs were stored in line with An Bord Altranais agus Cnaimhseachais na hEireann Guidelines 2007 and stock levels were checked at the end of each shift in a register, in keeping with best practice. The inspector noted that stock levels of controlled drugs were correct in line with the register of controlled drugs.

Medications which were discontinued did not have a doctor's signature and medications which were to be crushed, for individual residents, did not have a GP's signature on all occasions. Drugs prescribed as PRN (when necessary) did not always have the maximum dose in 24 hours recorded, in line with An Bord Altranais agus Cnaimhseachais na hEireann 2007 Guidelines on medication management. The inspector noted four medications, in the sample selected, which did not have this requirement met, on the prescription. There was a lack of correlation between the doctor's prescription and the pharmacy administration sheet as some medication was written on the pharmacy sheets and not on the doctor's prescription. The transcribed prescription sheet did not have two signatures as required by the above guidelines and the system of transcribing was not the subject of audit as outlined in the centre's medication policy.

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector noted that notifications to the Authority were forwarded within the required timeframes. These notifications were viewed prior to and during the inspection and the inspector was satisfied with the actions taken.

There is an incident and accident log maintained for both residents and staff. The person in charge has notified the Authority of incidents and accidents in line with the requirements under Regulation 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

The person in charge is employed full time in the centre and, together with her CNM, monitors and audits the quality of care the residents receive. She told the inspector that she speaks with residents and relatives daily. There is an active residents' committee in place which allows residents to raise issues and highlight suggestions for improvement.

There was evidence of regular audits which included audits on care plans, medication management, the catering department, nutrition, relevant activities and infection control.

There was evidence that the suggestions from residents and relatives were acted on and improvements to the service made where necessary. Outcomes were discussed at staff meetings and the inspector viewed minutes of these meetings. The inspector spoke with members of the management team who described the learning from these audits and the practice improvements that had been implemented.

Relatives and residents indicated to the inspector that their suggestions and concerns are acted upon and that they are consulted about quality of life in the centre.

The inspector noted that a resident satisfaction survey had been undertaken and it indicated satisfaction in relation to the care in the centre.

In the secure unit there was a programme of activities set up to cater for residents with specific needs and the inspector observed staff facilitating this during the inspection.

### **Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was evidence that residents' health care needs were met through timely access to the GP service. Residents were facilitated to retain their own general practitioner (GP). Medications are reviewed by the GP and with the pharmacist at least every three months and sooner if required. The inspector was able to verify this by viewing the medication administration sheets and the medical notes. There is an out of hours medical service also available.

Care plans were individualised and risk assessment tools were used to assess the residents' needs. Restraint assessments for the use of bed rails and consent for these were present in the care plans. A daily nursing note was written and the inspector saw evidence that residents were involved in their care plans. The person in charge informed the inspector that a resident could access personal information if requested.

There was evidence of access to a multidisciplinary team. Optical and dental services were accessible. A chiropodist visited regularly. Speech and language services were available. Dietary advice was received from a dietician from a nutritional company. Training for staff on nutritional aspects was also facilitated by this service. The hairdresser visits on special occasions and as required and the inspector saw residents having their hair done on the day of inspection.

Spiritual care was attended to and residents had the opportunity to attend religious service by choice. During the inspection the residents were engaged in activities in the dining room and sitting room. There was evidence of reminiscence opportunities and there was a full and varied activity programme in place. The residents told the inspector about these events and how they enjoyed having a choice of activities. The activities co-ordinator also visited residents on a one-to-one basis if they do not wish to partake in group activities and said that she takes their wishes into account when putting together the activity schedule.

One resident was the chairperson of the residents' committee and the inspector saw evidence of her involvement with the person in charge and noted details of consultations with her. The inspector met and spoke to this resident during the inspection.

The inspector spoke with residents who expressed that their choice of attendance or not at activities was respected. Residents were seen to be walking around the premises independently and sometimes accompanied by a staff member. Evidence of life-story work was also seen by the inspector and the residents had photographs of their relatives and of special occasions displayed in their rooms. The inspector saw evidence that the residents had given permission for their photographs to be taken during activity sessions.

The inspector noted that there were suitable activities available for residents who had a diagnosis of dementia but many of these residents were also seen to be included in any activity that they had a preference for. The activity coordinator spoke to the inspector about the benefit of various sensory activities for residents with a diagnosis of dementia.

### **Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

The premise was a single-storey building and was purpose-built in 2003. It was situated a short distance from Milltown village. At the front of the building there were well kept gardens for use by residents and visitors. There were separate car parking spaces for staff and visitors. The premises was spacious and clean and the person in charge told the inspector that there is a programme of renovation planned. The inspector noted that the décor had been upgraded in a number of locations and was compatible with the aims of the statement of purpose. However, there were still some issues with the flooring which were addressed under Outcome 7.

There were adequate sitting, recreational and dining room space separate to the residents' private accommodation. There were adequate communal areas for residents to meet visitors and to mingle with each other. The bedrooms were designed to maximise independence and a number had been personalised with residents' personal possessions. There was a new aquarium located near the nurses' desk and the residents expressed that they found it relaxing to sit and watch the fish. Water temperature in the taps was controlled and was regularly checked. The kitchen hatch opened out into the centre of the home and the inspector saw residents approaching this during the inspection, when they wanted a snack or a drink. The staff were patient and courteous when dealing with these requests.

There was adequate provision for storage of equipment to be used in the centre. Equipment for use by residents or staff had service records available, these includes hoists, wheelchairs, beds and mattresses. In addition, the person in charge confirmed that the slings used for residents requiring hoists were individualised to each resident. There was a working call-bell system in the centre. The inspector noted that there were adequate sluicing facilities and adequate arrangements for the proper disposal of clinical waste. The inspector observed that there were measures in place to control and prevent infection and that a number of staff had received infection control training.

There were some risks in the outside area of the centre, such as access to gas controls and oxygen cylinders, which were not included in the risk register and required controls to be put in place, to prevent accidents. These issues were addressed while the inspector was on the premises.

There was a crack in the ceiling outside room 8 and the inspector noted that the doors of the store room and sitting room were in need of painting.

**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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector viewed the complaints file. The person in charge said that she took a proactive approach to complaints. She stated that she was readily available to speak with residents, visitors and staff at any time. The inspector noted that the complaints policy had been reviewed by the person in charge in December 2013.

The administrator in the centre was identified as the named complaints officer and the inspector noted that guidelines for staff in relation to the management of complaints were available. The inspector saw that the complaints file was divided into three categories; verbal, written and staff complaints. The inspector noted that the record included details in connection with the complaint such as the outcome of the investigation as well as the satisfaction of the complainant.

However, the complaints policy was not prominently displayed as it was located behind a large plant in the hallway.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Religious and spiritual needs were attended to and there was an opportunity for residents to attend religious services.

Care practices and procedures were in place to ensure good end of life care. The inspector read the policy on end of life care. It outlined the procedure to be followed to ensure residents received care in a way that met their individual needs and respected their dignity. Individual religious and cultural practices were facilitated and family and friends were enabled to be with the resident at the end of life. Overnight facilities were made available for relatives' use.

There was access to specialist palliative services where necessary.

The inspector saw evidence that residents' wishes were being recorded when these became known and the person in charge told the inspector that the GP facilitates the residents' wishes where possible. The inspector viewed a self assessment audit which the person in charge had completed on end of life care in the centre, which indicated that best practice initiatives were being implemented.

### **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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The variety, quality and presentation of meals were found to be of a high standard. Residents with whom the inspector spoke expressed satisfaction with the food and the dining experience.

The main dining room was used for residents with lower dependency needs who required minimal assistance. There were other dining locations in use for residents who required assistance with their meals. Other residents chose to have their meals in their bedrooms.

Staff in the dining rooms were observed encouraging residents to be as independent as possible and assisting residents in a discrete and sensitive manner when required. Mealtimes were relaxed and unhurried and the inspector noticed good interaction between the residents and the staff.

There was good communication between the catering staff and the nursing staff and the chef was able to clearly identify which residents required special diets or modified food. There were adequate supplies of dry goods, meat, fresh fruit and vegetables in stock. The inspector viewed the menus and saw that there was a choice at all mealtimes. The kitchen was clean, well laid out and organised. There was evidence of home baked food and the kitchen staff were informed and well trained in the area of food preparation and kitchen management.

Residents' care plans were viewed by the inspector. These indicated that residents' weights were recorded monthly and any change noted and discussed. Nutritional assessments were completed and dietary advice was received from a dietician. Nutritional supplements were available for residents who were assessed as requiring



these.

There was access to fresh drinking water and this was seen to be available in the living rooms and in residents' bedrooms. The inspector observed that residents were able to access snacks throughout the day.

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

*Residents are consulted with and participate in the organisation of the centre. Each residents 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.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector observed that the residents' privacy and dignity was respected and promoted by staff. The inspector saw staff knocking before entering residents' bedrooms.

The manner in which residents were addressed by staff was seen to be appropriate and respectful. Staff were observed walking and talking with residents throughout the day. Residents had a personal phone in their bedroom which provided privacy when making and receiving phone calls. The residents had places to meet relatives and visitors in private. The centre had a policy on communication for staff and residents.

Resident and relative surveys were undertaken to establish satisfaction with the service. The inspector saw residents reading the information notice boards during the day.

There was a residents' committee in place which met every three months. This was run by the activities coordinator. This committee allowed residents the opportunity to have their say, share their views and discuss relevant items such as menus, concerns, and activities. The inspector read minutes of these meetings and heard from residents that improvements had occurred as a result of their comments.

Residents had access to newspapers, TV and radio. Photographs on display in residents' bedrooms indicated the involvement of residents and their family members at events in the centre.

There is an open visiting policy in operation and the inspector met visitors and relatives during the course of the two day inspection. Visitors were seen at all times during the day visiting their relatives in communal areas and in private settings.

There was a named resident who liaised between the residents and the staff and the person in charge was seen to be consulting with her during the inspection.

There was a comment box outside the door of each residents' bedroom and suggestions were seen to be acted on where possible.

**Outcome 17: Residents clothing and personal property and possessions**

*Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector saw evidence that residents were encouraged to personalise their rooms. The bedrooms were spacious, very comfortable and were decorated with personal items of furniture and with residents' pictures and photographs. There was adequate storage space for clothing and belongings. All of the bedrooms had an en suite facility where residents' personal grooming items were stored.

The system in place for managing residents' clothing was effective. There is a central laundry in the centre where large items of clothing can be laundered. The laundry was well organised and staff spoke to the inspector about the system in use. As each resident had a washing machine in their bedroom, smaller personal items were washed individually. Residents stated that they were happy with the way their clothing and personal belongings were managed in the centre and there was no issue with missing clothing.

The inspector noted that there was an inventory being kept of residents' personal items and these were signed by the resident or their representative.

**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.*

**Theme:**  
Workforce

**Judgement:**  
Compliant

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

No actions were required from the previous inspection.

**Findings:**

Residents and relatives indicated that staff were responsive to their needs and treated them with respect and dignity.

There was a clear management structure and staff were aware of the reporting mechanisms and the line management system. Staff demonstrated a clear understanding of their role and responsibilities, which ensured appropriate delegation and supervision, in the delivery of person-centred care to the residents.

Centre-specific, evidence-based recruitment policies and procedures were reviewed by the inspector. Staff records showed that staff were recruited and inducted in accordance with best practice.

On the morning of inspection, there were three nurses on duty, in addition to the person in charge, eleven care staff, three catering staff, two housekeeping staff and one administration staff. This staffing level was decreased in the afternoon and evening and this was based on the needs of the residents. There were named staff members caring for each resident and this information was displayed in each bedroom.

The inspector reviewed staffing rotas, staffing levels and skill mix and the PIC informed the inspector that she was satisfied that there were sufficient staff on duty to meet the needs of the residents.

The inspector found that there was a good level of appropriate training provided to staff and that they were supported to deliver care that reflected contemporary evidence based practice. Staff had completed mandatory fire and evacuation training, elder abuse training and training in manual handling. The person in charge takes the lead in providing elder abuse training and external training is also sourced.

Registration details, with An Bord Altranais, for all nursing staff were seen by the inspector and were found to be up to date.

A staff changing room and facilities were provided. The inspector looked at a sample of staff files and found that they contained the regulatory information required in Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009 (as amended).

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

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

Mary O'Mahony  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Action Plan**

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

<b>Centre name:</b>	Ashborough Lodge Nursing Home
<b>Centre ID:</b>	ORG-0000194
<b>Date of inspection:</b>	25/03/2014
<b>Date of response:</b>	28/04/2014

**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 02: Contract for the Provision of Services**

**Theme:** Leadership, Governance and Management

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

The fees for extra services were not stipulated in the contracts of care.

**Action Required:**

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

All residents and their next of kin have been submitted with an amended page on their contract of care, stating the costs of extra fees which may be incurred. These are signed and returned by same.

**Proposed Timescale:** 28/04/2014

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

## Outcome 06: Safeguarding and Safety

**Theme:** Safe Care and Support

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

A staff member did not have training in the prevention of elder abuse since she commenced work in the centre.

**Action Required:**

Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

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

Elder abuse training is ongoing with all staff members, we have 64 staff members and it is mandatory for all of them to be trained in Elder Abuse. More than half the number of staff have been trained in Elder Abuse to date.

**Proposed Timescale:** 30/06/2014

## Outcome 07: Health and Safety and Risk Management

**Theme:** Safe Care and Support

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

There were no food safety training records available for nurses and care staff.

The inspector noticed that food was stored in the residents' individual fridges and individual microwaves were in use for reheating food. This was not addressed in a specific policy to ensure food safety for residents and visitors.

**Action Required:**

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

We are having a mandatory training in this area for all staff members.

We now have a policy on how to ensure food safety to the residents. Individual Fridges and Microwaves in the rooms is now being risk assessed.

**Proposed Timescale:** 30/07/2014

**Theme:** Safe Care and Support

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

There was an unsecured front door and an unlocked door external door from the large activity room on the right side of the entrance.

The activity room had unrestricted windows with large openings.

There were no risk assessments done to minimise any risk from the above.

The use of microwaves, washing machines and fridges were not risk assessed for individual use.

There were no risk assessments and controls for risks identified in the external areas of the home.

**Action Required:**

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

Key pads have been installed in the external door in the large activity room.

The activity room has now been installed with restrictive openings on the windows.

Risk assessments are ongoing with microwaves, washing machines, and fridges for all residents.

Risk assessments are ongoing on the external areas on the home.

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**Proposed Timescale:** 30/06/2014

**Theme:** Safe Care and Support

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

The floor covering was frayed in some areas.

There were trailing wires in some bedrooms.

There were unrestricted windows and unlocked doors to the external areas of the home.

There was no lock on a boiler room which contained hot pipes and there was no lock on a gate to an external waste storage area which had a large unlocked clinical waste bin.

The gas control pipes were easily accessible.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

The floors are currently being replaced.

The wires are tidied.

All windows are being restricted and the doors to external areas have now been locked.

The boiler room is locked at all times.

The gas control pipes are being risk assessed by the Fire Officer.

**Proposed Timescale:** 30/07/2014

**Outcome 08: Medication Management**

**Theme:** Safe Care and Support

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

Medications which were discontinued did not have a doctor's signature and medications which were to be crushed, for individual residents, did not have a GP's signature on all occasions.

Drugs prescribed as PRN (when necessary) did not always have the maximum dose in 24 hours recorded, in line with ABA 2007 guidelines on medication management.

There was lack of correlation between the doctor's prescription and the pharmacy administration sheet as some medication was written on the pharmacy sheets and not on the doctor's prescription.

The transcribed prescription sheet did not have two signatures as required by the above guidelines and the system of transcribing was not the subject of audit as outlined in the centre's medication policy.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.



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

On reviewing the files it is noted that the GP's have signed in the relevant areas required for medications.

Re-writing of the Kardex are ongoing and will reflect the maximum number of tablets required per day.

There is an ongoing checking on correlation between the doctor's prescription and the pharmacy sheet. This will be continuous.

The medication management policy is being reviewed.

**Proposed Timescale:** 30/07/2014

**Outcome 12: Safe and Suitable Premises**

**Theme:** Effective Care and Support

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

There was a crack in the ceiling in part of the centre and the flooring and paintwork need attention.

**Action Required:**

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

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

This has been repaired.

**Proposed Timescale:** 28/04/2014

**Theme:** Effective Care and Support

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

There were un-assessed risks in the external areas of the home such as access to gas controls and oxygen cylinders.

Locks were required on the external boiler house and the waste storage facility.

**Action Required:**

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

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

These are currently being risk assessed at the moment.

Locks have been installed on both these areas.

**Proposed Timescale: 30/06/2014**

**Outcome 13: Complaints procedures**

**Theme:** Person-centred care and support

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

The complaints policy was not displayed in a prominent position.

**Action Required:**

Under Regulation 39 (4) you are required to: Display the complaints procedure in a prominent position in the designated centre.

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

Complaints policy has been reviewed and is now displayed in prominent positions over Ashborough Lodge.

**Proposed Timescale: 28/04/2014**