

**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>	OSV-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 Kristian Krabberod
<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>	57
<b>Number of vacancies on the date of inspection:</b>	1

## 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 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:
27 April 2017 12:00	27 April 2017 18:45
28 April 2017 09:45	28 April 2017 16:00

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 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**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. The inspection was announced and took place over two days. As part of the inspection process the inspector met with residents, relatives, the person in charge, the clinical nurse manager (CNM), staff from diverse roles and administration staff. The inspector observed practices and reviewed documentation such as care plans, fire

safety records, staff files, complaints and incident documentation. A sample of relevant policies was reviewed. The provider and person in charge had attended to the actions required from the previous inspection. The inspector found the premises, fittings and equipment were of a high standard. Residents had single rooms which were bright and spacious. The inspector noticed that residents had access to clothes washing facilities in their bedrooms and there were personal fridges available. Questionnaires from residents and relatives were viewed. The feedback from residents and relatives was one of satisfaction with the service and the care provided in the centre. Relatives stated that the "atmosphere was very welcoming, friendly and homely".

The person in charge worked full time in the centre and had a good relationship with residents, relatives and staff. There was evidence of residents' needs being met and staff supported residents in maintaining their independence where possible. Residents said visitors were welcome at any time. There was an activities programme in place and an advocacy service accessible to residents.

The centre was generally in compliance with 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 2016.

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 centre had a statement of purpose which accurately described the service provided in the centre. It had been updated on 22 April 2017.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**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):**

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

**Findings:**

Management systems were in place to ensure that the services provided were safe, appropriate to residents' needs, consistent and effectively monitored. Weekly management meetings were organised. Minutes of these were seen by the inspector.

There was a clearly defined management structure in the centre that identified the lines

of authority and accountability. The centre had a robust system in place to review and monitor the quality and safety of care and the quality of life of residents. There was evidence of improvement brought about as a result of learning from monitoring reviews.

Consultation with residents was documented in the minutes of residents' meetings. These meetings were held on a three monthly basis. A residents' satisfaction survey was carried out annually and comments seen indicated that residents were happy with the care they received, complimentary of the food and praiseworthy of the kindness of staff.

**Judgment:**  
Compliant

***Outcome 03: Information for residents***  
***A guide in respect of the centre is available to residents. 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:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The residents' guide was reviewed by the inspector and this was available to all residents.

Contracts of care had been implemented for residents and samples of these contracts were viewed by the inspector. The contracts contained details of fees to be charged for extra services.

Additional information was available for residents, from staff, visitors and on notice boards in the centre.

**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:**

There was a full-time person in charge in the centre. She was a registered nurse with experience and knowledge in older adult care. She 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 stated that she engaged in continued professional development by attending relevant courses. During the inspection she also demonstrated understanding of the requirements of the regulations and standards of the sector. She carried out staff appraisals annually and had developed a comprehensive system of audit in which she was supported by the clinical nurse manager.

**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):**

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

**Findings:**

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained accurately and were easily accessible. The centre was adequately insured. Insurance certification was viewed by the inspector.

The policies required under Schedule 5 of the regulations were in place and these were seen to have been reviewed as required. Staff were aware of the policies and the person in charge stated that these were implemented in practice, for example, the medication management policy and the prevention of elder abuse policy. Complaints and incidents were documented. Copies of medication errors were maintained in the centre.

The inspector viewed a sample of staff files and found them to be in good order and to contain the regulatory documents. The roster for staff was seen which correlated with information provided by the person in charge.

**Judgment:**  
Compliant

***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 her statutory duty to inform the chief inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the centre during her absence. There was a suitably qualified person employed to deputise in the absence of the person in charge. This person had been newly promoted and was interviewed by the inspector during the inspection.

**Judgment:**  
Compliant

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

**Theme:**  
Safe care and support

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

**Findings:**  
Staff with whom the inspector spoke were aware of how to identify and report any allegations of elder abuse. The person in charge 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 with residents and relatives each day. During the inspection, the inspector observed the person in charge interacting with 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. 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.

Staff had received training in updating their knowledge and skills in management the behaviours associated with the behaviour and psychological symptoms of dementia (BPSD). Relevant care plans were seen to be in place to support residents and to ensure their wellbeing.

The inspector reviewed the measures that were in place to safeguard residents' money and noted that receipts and invoices were provided to residents. Residents' or their representatives' signature had been recorded for any financial activity.

**Judgment:**  
Compliant

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

**Theme:**  
Safe care and support

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

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

**Findings:**

A health and safety statement was in place and it had been updated in January 2017. The risk management policy was reviewed and centre-specific risk assessments had been carried out. Controls were in place to prevent accidents such as falls. For example, handrails were available on each corridor, grab-rails were located in toilets, the floor covering was safe and an audit of health and safety was undertaken monthly.

Suitable fire equipment was provided and serviced. A record was maintained of daily checks in relation to fire exits, the alarm panel records and weekly testing of the fire alarm. The fire alarm panel and emergency lighting were serviced regularly and fire fighting equipment was serviced on an annual basis. These records were viewed by the inspector. The procedure for the safe evacuation of residents and staff was prominently displayed. Staff received training in fire safety management. Fire drills were undertaken.

Staff were trained in moving and handling of residents. Training records viewed by the inspector confirmed this. Documentation was available which indicated that relevant equipment was serviced regularly. Records of food safety training for nurses and care staff were viewed by the inspector. Risk assessments were in place for the use

microwaves, fridges and washing machines in individual bedrooms. The procedures in place for the prevention and control of infection were satisfactory. For example, hand gels were in place and hand-wash facilities were easily accessible. Posters to guide staff and visitors on correct hand-washing procedures. The inspector observed that the environment was kept clean and well maintained. Adequate supplies of personal protective equipment were available for staff. Alcohol hand gel dispensers were located around the centre and staff were observed using this appropriately. Staff with whom the inspector spoke demonstrated knowledge of infection control practices. Alginate bags were readily accessible for soiled linen.

Since the previous inspection, appropriate signage had been put in place for the storage of oxygen cylinders in the centre. There was a designated smoking room in the centre. However, on both days of the inspection there was a strong smell of smoke in the central hall of the unit. The inspector found that the door of the smoking room, located between the hallway and a communal day room, was left open on both days. The person in charge stated this would be risk assessed and addressed for the environmental effects of cigarette smoke.

**Judgment:**

Substantially Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

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

**Findings:**

A centre-specific medicines policy was in place which guided staff in the procedures for safe ordering, prescribing, storing and administration of medicines. The person in charge conducted monthly medication audits. Nursing staff with whom inspectors spoke demonstrated an understanding the policy. Residents had photographic identification in place on the medicines administration record. There was a specific fridge in place for the storage of medicines. However, the inspector found that a medicine which was in use for one resident was not labelled with the resident's name or with the instructions for its use.

Controlled drugs were stored in line with An Bord Altranais agus Cnaimhseachais na hEireann Guidelines 2007. Stock levels of medicines were checked at the end of each shift by two nurses. The inspector noted that expiry dates and stock levels of controlled drugs checked were in order. During the inspection the inspector noted that in line with best practice guidelines two nurses checked and signed controlled drugs before administration to a resident. Medicines were reviewed regularly by the general practitioner (GP) and medicines which were discontinued were signed by the GP.

**Judgment:**  
Substantially Compliant

**Outcome 10: 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

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

**Findings:**  
A record of all incidents occurring in the centre was maintained and, where required, notified to the Chief Inspector. Notifications and quarterly reports were forwarded to HIQA within the appropriate timeframe.

**Judgment:**  
Compliant

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

**Theme:**  
Effective care and support

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

**Findings:**  
A comprehensive assessment of residents' health and social care needs took place prior to admission. The person in charge carried out the pre-admission assessments and a sample of the completed forms were reviewed by the inspector. Appropriate care plans were seen to be in place which were reviewed four-monthly. GP services and appropriate treatment and therapies were available to residents. The pharmacist and GP were seen to visit the centre during the inspection. Specialist services and allied health care services such as physiotherapy, speech and language therapy (SALT) and dietitian were available when required. Weekly physiotherapy sessions were availed of by some residents. During the inspection ten residents had diabetes and ten residents were on

low fat diets. Dependency levels for residents had been evaluated. There were 24 residents in the centre requiring maximum care and 13 residents who had been assessed as having high care needs. The remaining residents had been assessed as having medium to low dependency needs. Chiropody and hairdressing services were accessed on a private basis. Records were maintained of referrals and follow-up appointments with consultants or hospitals. Clinical assessments such as nutrition assessment, skin integrity assessment, mobility and cognitive assessment were completed. Residents' right to refuse treatment was respected and documented. Residents and their representatives where appropriate, were involved in developing care plans. Residents' signatures were seen on consent forms within the care plan and on their contracts of care.

Residents' preferences and life story information were recorded. The documentation was supported by family involvement. The activity co-ordinator stated that this information was used to inform the activity programme and the daily routine of each resident. There were opportunities for residents to participate in activities which suited their needs, interests and capacities. There was an emphasis on promoting health and general wellbeing.

**Judgment:**  
Compliant

***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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**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 centre was purpose built in 2003 and was a single storey building. Located in a scenic area near Milltown village it was surrounded by well tended gardens. Adequate car parking spaces were provided for staff and visitors. The inspector observed that the décor had been upgraded since the previous inspection and the person in charge stated that renovations were undertaken on an annual basis. There were adequate communal areas for residents to meet visitors and to interact with each other. Sitting rooms, dining rooms and recreation rooms were spacious and well decorated.

Residents' bedroom accommodation was laid out in different suites. The bedrooms were personalised with residents' personal possessions. Each suite had an assisted bath for residents' use. Relatives and residents stated that there were "great facilities" in the

bedrooms, for example, a kettle, a fridge, an en-suite shower/toilet and a washing machine. The inspector observed an aquarium, a terrapin tank, a piano and bird cage located in the hallway near the nurses' desk. A number of residents were seen to sit in this area as it was near the entrance to the building where staff, visitors and other residents were available to chat with them. An oratory was available for prayer or quiet time.

The maintenance personnel maintained water temperatures at a suitable temperature for residents' use and this was audited on a regular basis. The kitchen hatch opened out into the central hallway of the home and the inspector saw residents approaching this area 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 space available for storage of equipment. Service records were available for hoists, wheelchairs, beds and electric mattresses. Individualised movement slings were in use and call bells were seen in each bedroom and communal room. Adequate sluicing facilities were available and clinical waste was disposed of externally by a suitable service provider.

An internal smoking room was available for residents. This was discussed under Outcome 8: Health and Safety.

**Judgment:**  
Compliant

***Outcome 13: Complaints procedures***  
***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

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

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

**Findings:**  
Policies and procedures were in place for the management of complaints. Residents informed the inspector that they were aware of how to make a complaint. They expressed confidence in the complaints process and stated they had no concerns about speaking with staff. The person in charge was the person nominated to deal with complaints. A record of complaints, the results of any investigations and the actions taken was maintained. An independent appeals person was named if the complainant was not satisfied with the outcome. A complaint which expressed dissatisfaction with the weekend staffing levels was discussed with the person in charge. The person in charge provided assurances that the issue had been resolved and that sufficient staff were readily available to residents and visitors at weekends. In addition, the noise from the washing machine in a bedroom was found to cause unease to one resident. This was

discussed with the person in charge who undertook to address the issue.

**Judgment:**

Compliant

***Outcome 14: End of Life Care***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Care plans and care practices were designed to ensure residents received end-of-life care in a way that met their individual needs and wishes. Family and friends were encouraged to be with the resident at the end of life. Residents had access to specialist palliative care services, if required. The person in charge stated that care focussed on the holistic needs of residents and their relatives. Relatives were encouraged to stay overnight in the event that a resident's condition deteriorated.

The person in charge stated that some residents had discussed their advanced care wishes. Property inventories were maintained for residents. They informed the inspector that they were encouraged to bring in favourite items from home. These inventories were updated when necessary.

Residents were facilitated to participate in spiritual activity. Residents attended mass in the centre and the person in charge informed the inspector that this was a weekly event. Individual religious and cultural practices were facilitated.

**Judgment:**

Compliant

***Outcome 15: Food and Nutrition***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The 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. Food was described as "delicious with appropriate choices". Locally sourced meat and fish were available. The inspector observed local food delivery vans arriving in the centre on both mornings.

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. A small number of 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 manner when required. Mealtimes were unhurried and the inspector observed that there was good social interaction between residents and the staff. The chef informed the inspector that there was good communication between the catering staff and the nursing staff. The chef maintained records of which residents required special diets or modified food. The inspector viewed the menus and saw that there was a choice at all mealtimes. The kitchen appeared clean, well laid out and organised. There was evidence of home baked food and the kitchen staff were trained in the area of food preparation and kitchen management. The inspector viewed the external inspection reports of the food preparation and kitchen area which were generally positive.

Residents' care plans were viewed by the inspector. These indicated that residents' weight was recorded monthly and weight loss was addressed. Nutritional assessments using the Universal Malnutrition Screening Tool (MUST) were undertaken. Dietary advice was sought from a dietician where applicable. Nutritional supplements were available for relevant residents. Fresh drinking water was accessible and this was seen to be available in the living rooms and in residents' bedrooms. The inspector observed that residents were encouraged to access snacks throughout the day or at night, if required. For example, an entry in the narrative notes for one resident described how he had been provided with tea and biscuits during the night.

**Judgment:**

Compliant

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

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector observed that residents' privacy and dignity were respected and promoted by staff. The manner in which residents were addressed by staff was respectful. Residents had a personal phone in their bedroom which provided privacy when making and receiving calls. The residents had adequate space 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. Relatives stated "celebration of birthdays and life events were respectfully acknowledged and celebrated".

The residents' committee met every three months. This was run by the activities coordinator. This committee allowed residents the opportunity to discuss relevant items such as renovations, meals, staffing issues and activities. The inspector reviewed minutes of these meetings. Residents confirmed that improvements had occurred as a result of their comments. A resident was designated to liaise between residents and staff. The inspector spoke with her during the inspection. She stated she was well supported in her task. A comment box located outside the door of each resident's bedroom.

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. Residents were encouraged to partake in newspaper reading, conversation, card games, art and crafts and puzzles in order to maintain cognitive ability and social interaction. Throughout the inspection there were a number of activities planned. The inspector was present for a music session, a quiz, and exercises to music. A number of staff and enthusiastic external entertainers facilitated these. According to the person in charge residents benefitted from community involvement. Each Thursday residents went to the large day room to meet with residents from the community centre. They played cards together and the group were entertained by local musicians. A group of 20 residents were seen to join with a group of ten people from the community for the music session on the first day of inspection. Mass was celebrated each Monday in the central hallway of the centre. One 92 year old resident stated "Ashborough Lodge has become my home". Another resident stated "you are offered tea and sympathy, we are blessed".

There was 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.

The inspector found that interaction and appropriate activity provision had improved for residents with dementia since the previous inspection. For example, residents were seen to be involved in a chair based exercise activity and a SONAS session. However, there were times when the residents who resided in this unit were left unattended or without meaningful interaction and company. This was discussed with the person in charge who



stated that all staff were attending training sessions on dementia care. She stated that following mealtimes staff were busy ensuring that all residents had intimate care needs addressed. She undertook to review the quality of interactions which residents experienced.

**Judgment:**  
Substantially Compliant

***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

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The system in place for managing residents' clothing was effective. There was a central laundry in the centre where large items of clothing could be washed and tumble dried. Each resident had a washing machine in their bedroom where small personal items could be washed individually. Residents stated that they were happy with the way their clothing and personal belongings were managed in the centre.

Residents were encouraged to personalise their rooms which were spacious and very comfortable. They were decorated with personal items of soft furnishings, furniture and residents' pictures and photographs. Storage space for clothing and belongings was adequate. Each resident had a kettle in the room. Residents and staff spoke with the inspector about the advantage of being able to make a cup of tea for each other when they felt like it. Residents appreciated this semblance of a home-like environment.

An updated inventory was maintained of residents' personal items and these were signed by the resident or their representative.

**Judgment:**  
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 reviewed staffing rotas, staffing levels and skill mix. The person in charge informed the inspector that that she was satisfied that there were sufficient staff on duty to meet the needs of residents. Staffing levels were based on residents' needs. There were named staff members assigned to each resident and this information was displayed in the bedrooms.

The inspector found that mandatory and appropriate training was provided to staff and they were supported to deliver care that reflected contemporary evidence-based practice. Staff had completed mandatory fire safety and fire evacuation training, elder abuse training and training in manual handling. The person in charge explained that a number of staff nurses provided in-house training. Registration details for nursing staff were maintained in the centre and these were seen by the inspector. Relatives described staff as "wonderful, caring, and respectful".

Staff changing rooms and facilities were provided. The inspector reviewed a sample of staff files and found that it contained the regulatory information required under Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2013.

**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:***

Mary O'Mahony  
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>	Ashborough Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000194
<b>Date of inspection:</b>	27/04/2017
<b>Date of response:</b>	11/05/2017

### 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 08: 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:

The smoking room door was left open while residents were smoking. This led to a strong smell of cigarette smoke in the central hall.

#### 1. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

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

The staff have been advised to use the external fan. However, we are currently looking into a larger fan which will extract the smell of smoke.

**Proposed Timescale:** 28/07/2017

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

A medicine which had been prescribed and supplied for a resident was not labelled with the resident's name or instructions as to its use.

**2. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Pharmacies have been advised that this should not be repeated.

Nurses are advised to ensure that all medications are properly labelled.

**Proposed Timescale:**

Completed 11 May 2017

**Proposed Timescale:** 11/05/2017

**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:**

Ensure that all residents are communicated with effectively and are enabled to communicate, taking into account their different cognitive needs and abilities.

**3. Action Required:**

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

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

We will continue to encourage all residents to attend and part-take in all activities. We will take into account their different cognitive needs and abilities.

We continue to support staff in different courses and improve their knowledge in activities for residents.

Proposed Timescale:

Two Months. 28 July 2017

**Proposed Timescale: 28/07/2017**