Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Ashford House Nursing Home
Name of provider:	Ashford House Nursing Home Limited
Address of centre:	6 Tivoli Terrace East, Dun Laoghaire, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	29 January 2025
Centre ID:	OSV-0005466
Fieldwork ID:	MON-0043870

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre can accommodate 78 residents, male and female, over the age of 18 years. The centre caters for individuals with a range of dependencies from low dependency to maximum dependency and provides long-term residential and nursing care, convalescent care and respite services. Accommodation consists of single and twin bedrooms, all of which have accessible en-suite facilities. Each floor has a communal lounge and dining room. There is a large reception area, activities room, a sensory (quiet) room, library, reminiscence room and hairdressing salon in the centre. There is a passenger lift between the three floors. Lounge areas on the upper floors have access to balconies which overlook the garden area. Access to this enclosed garden is available on the lower ground floor.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	77

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 January 2025	08:30hrs to 17:00hrs	Laurena Guinan	Lead
Wednesday 29 January 2025	08:30hrs to 17:00hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

Residents reported being very happy with the care they received in Ashford House, saying the staff were kind and helpful and one resident said they were treated like royalty. There was a calm atmosphere in the centre and inspectors saw staff interacting in a friendly yet professional manner with residents.

Following an introductory meeting with the Assistant Director of Nursing (ADON), inspectors went on a walk around the centre, which is laid out over three floors. The lower ground floor is the Harbour Suite, the ground floor is the Waterfall Suite, and the Lighthouse Suite is on the first floor. Each floor was seen to be very clean, well laid out and decorated with photos of harbours, waterfalls or lighthouses, in keeping with the floor's theme. There were handrails on all corridors which facilitated residents to mobilise with ease, and many seating areas were available throughout.

The Harbour Suite includes bedrooms, staff areas, kitchen, laundry, and a reminiscence room which is used for activities and by residents when family and friends visit. Residents were seen relaxing with newspapers and hot drinks in a large dining/lounge area. This room gives access to an attractive enclosed garden, with good pathways, seating areas and an appropriately equipped smoking area.

On the ground floor, the Waterfall Suite has a reception area and communal areas, including a lounge, dining room and a library, as well as bedrooms. Residents were observed taking part in 'balloon exercises' with activity staff in the lounge, and music was playing on the tv. The room led onto a balcony overlooking the garden.

As well as bedrooms, a hairdressing salon is situated in the Lighthouse Suite on the first floor, where a hairdresser attends every Tuesday and Wednesday. Inspectors observed the hair salon to be very busy throughout inspection and some of the ladies mentioned that they really enjoyed getting their hair done. A stairway from this floor leads to an administrative section of offices. A well-furnished family room with an en-suite and tea/coffee making facilities is also located here. Inspectors were informed that this is available should families wish to stay overnight when their relative is receiving end of life care. Other communal spaces on this floor included a sensory room, dining room and a lounge. Residents were seen taking part in exercises in the lounge, which has access to a balcony area. There was unsecured furniture and the height of the safety screen on this balcony was low and did not assure inspectors that residents using the balcony would be safe.

Inspectors observed many bedrooms on all floors to be decorated with personal items which gave a homely feel. Bedrooms and en-suites were bright and clean but on several occasions on the lower ground floor, equipment such as wheelchairs and reclining chairs were seen to be stored in some en-suites, which obstructed access to the toilet. Most of these were removed by the end of the inspection, but one en-

suite still had equipment blocking it. This was raised with staff, who were unsure of where to store the equipment in this area.

Residents were seen receiving visitors at all times. All visitors spoken with said they were made to feel welcome by staff. Both visitors and residents said they would feel comfortable raising a complaint and would know who to approach.

Lunch was seen to be served in a calm, unhurried manner and residents said the variety and quality of food offered was very good. Staff assisted residents who required it, and modified diets were presented attractively.

Residents had a say in the running of the designated centre and minutes from the residents' meetings showed that residents were consulted with in various aspects of the service, including meal times and activities. A new tagging system had been recently introduced in respect of laundry management to prevent clothes from going missing and some residents and staff commented that this had led to improvements. A review of the recent complaints log showed that there continued to be instances of personal items going missing.

The next two sections of the report present the findings of this inspection in relation to governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall this was a well-run centre with good governance and management systems in place which ensured that residents living in the centre were supported to live a good quality of life and received a high standard of quality care. Notwithstanding the good oversight systems, some further opportunities for improvement were identified in respect of governance and management, and storage of records.

Ashford House Nursing Home Limited is the registered provider of Ashford House Nursing Home. There was a clear management structure that identified lines of authority and accountability within the centre and effective deputising arrangements in place. The person in charge was on a day off, however they arrived at the centre and facilitated the inspection. The person in charge was supported by the registered provider representative, who was present during the inspection, an assistant director of nursing (ADON), a clinical nurse manager (CNM), staff nurses, health care assistants, activity staff, catering, housekeeping and laundry staff.

All Schedule 5 policies were in place. These were comprehensive and centre specific, and supported by a number of other relevant policies.

Staff had access to training, with all mandatory training up-to-date and plans in place to address gaps for retraining. Management had good oversight of induction and appraisal, and there was effective staff supervision.

Records that were accessible to inspectors on the day were seen to be well maintained, but not all records were held in the centre as required. Inspectors were informed that the records of deceased residents were stored at a nearby location. This will be discussed under Regulation 21: Records.

The provider ensured that the centre was appropriately resourced to provide the service in line with the statement of purpose. There is one full-time activities staff and a health care assistant had been trained to cover in their absence. Inspectors were informed that recruitment was in progress for a second activity staff. Management had a schedule for the year ahead so they could ensure resources were available when needed.

Inspectors saw that an annual review for 2024 had been completed, and a quality improvement plan developed from the findings, which includes a commitment to continue to reduce the use of restrictive practises. A comprehensive audit system showed good oversight in many areas, but some audits were not effective at identifying areas for improvement. There was a risk register in place but this did not always appropriately identify risks. These issues will be dealt with further under Regulation 23: Governance and Management. Since the last inspection, a new tagging system had been implemented to ensure residents' personal laundry was safeguarded. Continued oversight of laundry was required to ensure the new system was effective in safeguarding residents' belongings.

Inspectors looked at five contracts of care. These were clearly written, signed, dated, and included the room number and occupancy.

An appropriate complaints policy was seen and the complaints log showed evidence that the complaints procedure was followed. This policy was on display in the common areas. Complaints were discussed at residents meetings, and staff spoken with knew who the complaints officer was and how to raise a complaint with them.

Regulation 16: Training and staff development

Staff have access to training and are appropriately supervised. Staff spoken with were knowledgeable about their role.

Judgment: Compliant

Regulation 21: Records

Not all records as set out in Schedule 3 are maintained in the designated centre. While comprehensive records for existing residents were safely held in the centre, the records of residents who no longer resided in the centre were maintained off site.

Judgment: Substantially compliant

Regulation 23: Governance and management

Notwithstanding the good systems of oversight in place, some further action was required to ensure that the management systems were sufficiently robust to ensure a safe service at all times.

- Not all audits were effective at consistently identifying areas for improvement. For example, the medication audit did not identify a number of discrepancies between the medication prescription and administration charts, and as a result was not effective at identifying and mitigating medication errors.
- The risk register was a live and well-maintained document and the height of the balcony had been identified as a low risk. The inspectors were not assured that such risk was appropriately assessed and effectively mitigated given the profile and dependency levels of the residents accommodated on that floor. The height of this balcony was at waist level.
- Better oversight of staff practices and equipment storage is required to ensure resident's access to facilities is unrestricted.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care looked at showed them to appropriately detail the terms, services and financial arrangements.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as required under Schedule 5 were in place, available to staff and in date.

Judgment: Compliant

Quality and safety

Overall, this was a well run centre where staff were seen to deliver a high quality of care. Staff were knowledgeable of the residents' needs and wishes and the centre had a pleasant, calm atmosphere.

Inspectors looked at a sample of care plans and saw that residents were appropriately referred to allied health professionals such as tissue viability nurse and dietitian. A physiotherapist attends once weekly, and two general practitioners (GPs) visit regularly and on request, or residents can retain the services of their own GP. Residents also have access to occupational therapists, psychiatry of the elderly, and national vaccination and screening programmes.

Staff had received training in restrictive practices, and residents' care plans showed there was appropriate assessment, consent and review when restrictive practices were in place. Management were aware of the restrictive practices in use and there was a concerted effort to reduce these as appropriate. Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had detailed care plans and staff spoken with demonstrated knowledge of how to care for these residents in line with their care plan and best practice.

An activities schedule was on display in communal areas and showed a variety of internal activities, and outings. Residents reported enjoying outings, music sessions and alternative therapies, among others. Over the course of the inspection, staff were seen engaging with residents in a kind and respectful manner. There was evidence of regular residents meetings where residents' opinions and requests were sought, and information on areas such as advocacy and rights was imparted and discussed. A priest visits every one to two months and the Legion of Mary attends once a week.

There was a choice of areas for residents to receive their visitors and many were seen in use on the day of inspection. Visitors said they were made to feel welcome at any time by staff.

Bedrooms were seen to have adequate storage for residents belongings.

Inspectors saw a sample of lunch menus which showed a good variety of food was provided, and there were a number of options at each meal. The chef visits residents on admission and on a regular basis thereafter. Residents' dietary needs

and preferences were seen to be accommodated, and residents spoke positively about the variety and quality of food offered.

Inspectors looked at fire records and these showed robust systems for maintaining fire equipment and conducting fire drills. Fire drills were seen to be conducted on each floor, and included night time fire drills. Staff spoken with showed good knowledge of evacuation procedures.

Regulation 11: Visits

Visitors enjoyed unrestricted access to the centre and there were suitable communal and private areas for residents to meet with them.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage for their possessions and many were seen to have decorated their bedrooms with personal belongings.The provider has implemented a new laundry system, which continues to be monitored, to safeguard residents' clothing.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered a variety of food and drinks that meet their dietary needs. There was adequate staff available to assist residents at mealtimes.

Judgment: Compliant

Regulation 28: Fire precautions

Staff had received training and were knowledgeable about the procedure to be followed in the case of fire. Evidence of fire equipment maintenance and testing, and regular fire drills was seen.

Judgment: Compliant

Regulation 6: Health care

Residents were seen to receive appropriate medical and health care and had access to a medical practitioner and other health care services as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had training in restrictive practices and displayed a good knowledge of responding to and managing behaviour that is challenging. Use of restrictive practices was in line with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to engage in meaningful activities in accordance with their preferences and capacities, had access to media and resources, and were encouraged to participate in the organisation of the centre. There was evidence of a rights-based approach to care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ashford House Nursing Home OSV-0005466

Inspection ID: MON-0043870

Date of inspection: 29/01/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Past resident records which were securely stored offsite have now been moved to a designated on-site storage area to comply with Schedule 3. Regular audits will be conducted to ensure ongoing compliance Status: Completed and ongoing.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The audit tools and schedule have been updated and are now in use (Status: Complete and ongoing). Internal staff training sessions have been completed, and external training sessions are planned to ensure adherence and improve identification of discrepancies (Status: By April 30, 2025). The frequency of medication audits has been increased to address any outstanding issues (Status: Complete and ongoing). The balcony height risk has been reviewed, and the risk register has been updated. Additional measures have been implemented to mitigate the risk, including securing chairs to the balcony floor to prevent their use for climbing over the balcony. Balcony doors will be locked when staff are not present to supervise, and staff will continue to supervise residents at all times when the balcony is in use (Status: Complete and	

ongoing).

Equipment storage practices have been reviewed, staff have been educated on proper storage procedures, and regular audits will be conducted to ensure compliance and maintain unrestricted access for residents (Status: Complete and ongoing).

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	04/03/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2025