



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

Issued by the Chief Inspector

Name of designated centre:	Ashley Lodge Nursing Home
Name of provider:	Ashley Lodge Nursing Home Limited
Address of centre:	Tully East, Kildare, Kildare
Type of inspection:	Unannounced
Date of inspection:	21 March 2024
Centre ID:	OSV-0000009
Fieldwork ID:	MON-0042757

About the designated centre

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

Ashley Lodge is a single-storey purpose-built centre situated on the outskirts of Kildare town. The centre can accommodate 55 residents, both male and female, for long-term and short-term stays. Care can be provided for adults over the age of 18 years but primarily for adults over the age of 65 years. 24-hour nursing care is provided. Residents' accommodation is arranged over three wings which meet at the reception and communal rooms. Residents' bedroom accommodation comprises 41 single and seven twin bedrooms, the majority have en-suite facilities. Communal accommodation includes a sitting room, a dining room, a sun room and a visitors' room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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
Thursday 21 March 2024	10:15hrs to 19:25hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

Overall, residents living in the centre told the inspector they were happy with the service provided and were well looked after. Residents' told the inspector that they liked living in the centre and that the centre felt like home. One resident told the inspector "It's great here, I love it".

The inspector walked around the centre and observed interactions between staff and residents to be kind and courteous. Staff were seen to knock on residents' doors and wait for a response before entering and the inspector observed many friendly interactions between staff and residents. The centre had a large open reception area with a dining room and large day room located beside the reception area. Residents' bedrooms were divided into three corridors and all bedrooms were on the ground floor. The centre was warm and welcoming, there was a sun room located at the end of the main corridor. The sun room was a multi-purpose room and available for residents' use throughout the day, this room was also used as a second dining room during mealtimes. The inspector observed there was a large gap under the fire doors in this room and there were gaps noted under other fire doors on the day of inspection along with other fire safety concerns identified. This is discussed further in the report.

The residents were nicely dressed and well-groomed. There was an in-house laundry system in place where residents' clean clothing was returned to their rooms and residents spoken with were happy with this arrangement. It was evident from the walk around that the person in charge was well-known to all residents, as friendly interactions were observed. Residents' bedrooms were clean and nicely decorated with items they had brought from home and some residents had personalised soft furnishings. There was a man made lake on the grounds of the centre with seating areas available for residents and their visitors to sit and enjoy their surroundings. There was access to a small courtyard from the centre, this contained the residents' smoking area and housed a greenhouse where residents were beginning to plant some flowers. The inspector also saw there were small pots with growing flowers in the library room. Visitors were observed coming and going on the day of inspection and there were spaces available for visits to take place outside of residents' rooms if they wished.

Activities took place on the day of inspection in the day room where a lot of the residents gathered to play bingo and listen to music. There was a large pictorial activities board at reception to keep residents up-to-date with the activities in the centre. Some of the residents had been out on a day trip to a local garden centre the day before the inspection and the inspector was told these day trips were scheduled to happen once a week. Residents spoken with were happy with the activities available in the centre and one resident said they were part of a great parade organised by the centre for St Patrick's Day.

The inspector observed mealtimes and found that there was a relaxed atmosphere

during the dining service. Menus were available on tables and residents were provided with a choice of meals. There was a system in place where they could choose their meal the day before and request an alternative to the choices provided also. Residents spoken with were happy with the food. The inspector observed refreshments and snacks served to residents throughout the day and there were jugs of water available in residents' rooms.

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

Capacity and capability

The inspector found that overall, residents living in the centre were supported to live a good quality of life by a team of staff committed to meet their needs. The inspectors observed a high quality service being delivered to residents. The management team was well established in the centre and known to staff and residents. Notwithstanding, there were concerns in respect of the oversight of fire safety in the centre and improvements were required specifically in respect of containment measures, as discussed further under Regulation 28: Fire safety and also Regulation 17: Premises, as discussed further in the report.

This was an unannounced inspection completed over one day by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, this inspection identified that further strengthening of the management systems overseeing the service and quality of care was required to ensure a safe and consistent approach to the identification of risk. The registered provider of Ashley Lodge Nursing Home is Ashley Lodge Nursing Home Limited. The centre is part of a wider group of nursing homes in Ireland. There was a clear management structure in place, with all staff aware of their role and responsibilities. The person in charge was a registered general nurse, and was well supported by a regional director. The person in charge was also supported in their role by an assistant director of nursing, clinical nurse manager, a team of nurses, healthcare assistants, an activities co-ordinator, and a catering and domestic team. From a review of meeting minutes it was evident that staff and residents meetings took place in the centre on a frequent basis. The centre had completed an annual review of the quality and safety of the service for 2023 which included input from residents in the centre.

The centre had a good history of compliance with the regulations. However, this inspection identified that improvements were required in some areas. While there was evidence of audits taking place and management systems were in place, there was a lack of sufficient oversight on the fire safety risks, some of which had already

been identified in provider's own fire safety risk assessment dated November 2021. For example, there were fire detectors missing from store rooms and gaps under the fire doors which were identified in this risk assessment. Documentation was shown to the inspector where seventeen fire doors had been replaced in March 2023, however not all risks identified in the 2021 report had been addressed in full, or effectively mitigated such as, fire safety detection and containment. Further assurances were requested after the inspection and the response provided some assurance that these were being addressed.

The directory of residents contained all of the required information and was available for the inspector to review. There was an up-to-date insurance certificate on display in the reception area of the centre and this included cover for injury to residents. The provider had a suite of Schedule 5 policies that were up-to-date and had been reviewed within the required time frames.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Chief Inspector of Social Services as required by the regulations.

A sample of staff records were reviewed. Garda vetting was up-to-date and in place prior to the commencement of employment. The professional registration of staff, where applicable, was in place and up-to-date. Records were stored securely in the centre and other records, such as the statement of purpose, certificate of insurance, contracts of care and residents' care records were available for review also.

Regulation 14: Persons in charge

The person in charge met the requirements of the regulations and was well-known to residents, staff and visitors to the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all of the required information under the regulation.

Judgment: Compliant

Regulation 21: Records

The records outlined in schedules 2, 3 and 4 of the regulations were stored securely in the centre and made available for the inspector to review.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to date contract of insurance in place against injury to residents and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Further action was required to ensure that management systems in place ensured that the service provided by the centre was safe, appropriate, consistent and effectively monitored:

- There were policies and procedures in place relating to the management of residents finances, however improved oversight was required. A review of the record keeping for petty cash management found that the registered providers own internal systems had not picked up that records of residents money were not always accompanied by two signatures
- Notwithstanding the action taken by the provider to address some of the findings of the Fire safety Risk Assessment dated November 2021, there continued to be known fire safety risks that had not been addressed in full. For example smoke detection was not present in all rooms. This inspection also found recurrent containment issues. In addition, there was a lack of assurance in respect of compartmentation, as the inspector was informed that a corridor door was not a fire door, however its use was not known by management in the centre. There were also other areas outstanding as outlined under Regulation 28: Fire Safety.
- The registered provider had failed to inform the Chief Inspector of changes to premises such as removal of hairdressing facility to convert to a store room and staff changing room. This was not in line with requirements of condition 1 of the registration.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose document did not fully and accurately describe the registered centre as required in Schedule 1 of the regulations. For example;

The statement of purpose referred to a hairdressers room which observed to have been changed to a store room and staff changing area on the day of inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents that required a notification to be submitted to the Chief inspector were submitted in line with the Regulations, this included notifications that required submission within three days of their occurrence and notifications which were required on a quarterly basis.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had up-to-date policies and procedures on matters set out in Schedule 5.

Judgment: Compliant

Quality and safety

Overall, the care provided to the residents on a day-to-day basis was of a good standard and promoted residents to lead a full life in the centre. Overall, residents' rights were upheld, and residents were involved in their care decisions and service planning. However, this inspection found safety concerns and that further actions were required under Regulation 28: Fire precautions and Regulation 17: Premises.

Residents were provided with lockable storage space in their bedrooms and there

was adequate space in bedrooms to store belongings.

Residents were seen enjoying spending time in the large lounge area and sun room on the day of inspection and these spaces were nicely decorated and welcoming. Residents' rooms and corridors were clean and tidy. However, there were areas of the premises that were not maintained in a satisfactory state of repair. For example, there was a bedroom door that was not fully closing and inappropriate storage was observed in areas of the centre. Further findings are described under Regulation 17: Premises.

Residents' nutritional needs were being well supported. Suitable foods were provided to cater for residents' preferences and assessed needs, and residents had choices at mealtimes. The dining experience for residents was relaxed and sociable. There was a choice of meals offered and drinks and snacks were available throughout the day. Hand hygiene practices were observed and in place before meal times. Residents spoken with were complimentary of the food and the inspector observed that they were facilitated to have choice throughout the dining experience.

The inspector saw there were significant gaps under some fire doors in the centre. This had been identified by a fire safety risk assessment arranged by the registered provider in 2021 and was also a repeat finding from a previous inspection in November 2022 and the registered provider had committed to achieve compliance with fire safety by 30th March 2023. Since that inspection seventeen fire doors had been replaced in the centre. However, on the day of inspection there was a large gap identified under the door to the sun room. There was also a cross-corridor door in wing three that was being held open by hooks thus preventing its closure in case of a fire. These doors were also blocking the fire extinguishers that were located behind the door so they were not accessible if needed in the event of a fire. The inspector raised concerns about this, there was a lack of assurance given in respect of compartmentalisation in the centre and staff who spoke with the inspector said it wasn't a fire door however no evidence was available on day of inspection. The inspector also found that there were no smoke detectors in small storage rooms such as the file room and functional therapy room. This is further discussed under Regulation 28: Fire Safety.

There were written operational policies and procedures in place in the centre relating to the ordering, prescribing, storing and administration of medicines. The inspector reviewed processes and practice around the administration of medicines. Nurses on duty were knowledgeable regarding residents' medication requirements and safe medicine administration practices. Medications were stored in line with professional guidelines. Medicines that required administration in an altered format were appropriately prescribed.

Residents spoken with on the day of inspection said they felt safe in the centre. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff had received safeguarding training and staff spoken with were aware of the signs of abuse and of the procedures for reporting concerns. A sample of personnel files showed garda vetting was in place prior to staff commencing their role. The centre was a pension- agent for three

residents. The registered provider had a separate residents' account in place for these arrangements.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises was in accordance with the designated centre's statement of purpose: The hairdressing room had been changed to a store room and staff changing room.

The inspector found that the centre provided a premises which was mostly in conformance with Schedule 6 of the regulations, however improvements were required, for example:

- There were inappropriate storage arrangements in the centre with items such as mattresses and bed bumpers being stored in the functional therapy room blocking the shelving unit in the room.
- The flooring in the outside maintenance shed was damp and required replacing
- The door to room 100 was damaged and needed the latch replaced

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' had access to adequate quantities of food and drink, including a safe supply of drinking water. There was choice of meals available to residents from a varied menu that was on display and updated daily. The menu provided a range of choices to all residents including those on a modified diet. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required in relation to fire safety management systems in the centre. For example:

The registered provider did not have effective arrangements for detecting containment and extinguishing fires

- Effective containment arrangements were not in place in all areas of the designated centre For example: six fire doors were identified to have large gaps under them. There was a large gap under the door of the sun room, sluice room, nurses storage, staff toilet, hospitality and chemical storage room.
- The door to room 100 was not fully closing. Deficits to fire doors mean that fire doors are not capable of restricting the spread of smoke and fire in the event of a fire.
- Oxygen tanks were being stored externally next to the bins
- There were small store rooms that did not contain smoke detectors such as the file room and functional therapy room.
- The inspector observed a door on the corridor that was being kept open with hooks which would have prevented it closing in case of a fire alarm activation. The inspector was told this was not a fire door however, there was no evidence presented to the inspector on the function of the door on the day of inspection. Assurance was provided to the inspector following the inspection that the doors had been removed.
- Fire fighting equipment such as extinguishers were not accessible on a corridor as they were being hidden by a door

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

Judgment: Compliant

Regulation 8: Protection

The registered provider was the pension-agent for three residents. The inspector viewed the documents in relation to this and found that there were appropriate procedures in place to safeguard residents' finances.

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 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ashley Lodge Nursing Home OSV-0000009

Inspection ID: MON-0042757

Date of inspection: 22/03/2024

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • A new process has been introduced to ensure a robust petty cash system, DON has oversight of this and will ensure compliance through monthly audit- completed. • Additional smoke detectors installed- completed. • Corridor door which was not a fire door has now been removed-completed. • A new SOP and floor plans are being reviewed as part of application to renew registration, these will be submitted by 05/05/2024. will be submitted by 05/05/2024.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: <ul style="list-style-type: none"> • A new SOP and floor plans are being reviewed as part of application to renew registration, these will be submitted by 05/05/2024. 	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The mattress and the bed bumper from one bedroom were removed to storage as planned on the day of inspection- completed.
- The flooring has been replaced in the outside shed- completed.
- A new IT solution has been implemented to quickly identify any maintenance issues in the home, track progress to remedy the issue identify and assign a responsible person to address the issues- completed.
- A latch has been replaced on the room identified- completed.
- The changes to the premises which had not been notified to the regulator are currently under review. The impact of these changes on residents is part of this review.
- The registered provider will review the current floor plan and the inconsistencies observed, and will create a plan for proposal and agreement with the Chief Inspector by 30th June 2024.
- A process to ensure that this does not reoccur has been agreed- completed.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- All doors have had remedial works completed to ensure no gaps present and the audit process in place will identify emerging gaps in a timely manner-completed
- Oxygen tanks have now been removed and are stored in a safe location and our environmental audit will identify any future non-compliance in safe storage in a timely manner- completed.
- Additional smoke detectors installed- completed.
- Corridor door which was not a fire door has now been removed-completed.
- The two extinguishers which were behind the door on the day of inspection are now fully visible and accessible- completed.

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	05/05/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	30/04/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/04/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	05/05/2024