



**Health
Information
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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:	Announced
Date of inspection:	05 March 2024
Centre ID:	OSV-0005466
Fieldwork ID:	MON-0033206

About the designated centre

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

The centre can now 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. The new premises is purpose built over three levels. 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 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:	76
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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
Tuesday 5 March 2024	08:00hrs to 16:40hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

The inspector spoke with a number of residents in the designated centre and reviewed residents feedback forms to gain insights into their experience of living in Ashford House Nursing Home. Overall, residents were complementary of the care they received and of the staff in the centre, with one resident saying "staff are very supportive and very kind". Another resident reported the centre to be "comfortable, brightly lit, generally cheerful place with friendly and communicative staff". Residents said they felt safe living there, could raise complaints and overall, felt like they were listened to if they did. Throughout the day, the inspector observed staff to be patient with residents and knowledgeable about residents needs.

Following an introductory meeting with the person in charge, registered provider representative, a person participating in management and the assistant director of nursing, the inspector did a tour of the premises with the person in charge. The centre was clean and bright with a very positive and relaxed atmosphere. There are 44 single occupancy bedrooms and 17 twin occupancy bedrooms, all with en-suite facilities. Residents were able to decorate their rooms to their own preferences.

The centre is set out over three floors with access between floors via a lift and stairs. Each floor is called by a different name, the ground floor is waterfall, the first floor is lighthouse and the lower ground floor is harbour and was pleasantly decorated to give a homely atmosphere to the centre. Each floor had resident accommodation and communal space for residents. On lighthouse floor there was a lounge, day/dining room, sensory room and a hairdressers which was open three days a week. On the waterfall floor there was a library, day/dining room, activities room and a lounge. On the harbour floor there was a reminiscence room and a lounge/dining room. Each corridor had large display notice boards which were elaborately decorated with items of interest to residents.

The lounge on the waterfall floor opened out onto a secure, manicured garden. The garden had clear pathways to walk and was decorated with shrubs, flowers and seating for residents to use.

The inspector observed the dining experience in the centre. Lunchtime was observed to be a very social occasion with residents sitting with their friends and chatting. There was mixed feedback from residents about the food with some saying they would like more variety and choice of food and others saying the food was good. A tasting evening had taken place in February for residents to try new food options for a new menu. Dining room tables were nicely set and had menus available, residents also had access to a variety of drinks to choose from. The inspector observed that staff who were assisting residents with their meal did so in a patient and respectful manner.

There was a programme of activities scheduled for residents throughout the week on each floor. Residents spoken with really enjoyed activities like live music. On the

day of inspection, in the morning, mass was available to watch on the television. Following this, residents were offered to take a turn bowling. In the afternoon there was live music and a therapy dog visiting the centre. Feedback from some residents and family members was that there had been changes to the activities provided in the centre. They reported feeling like the activities currently available were not at the same high standard as they were used to experiencing in the centre. Other residents spoken with said they would like more variety in the activities provided.

A laundry service was provided for residents in the centre. Some residents had raised complaints about items of their clothes missing or receiving items of clothes that did not belong to them. The person in charge had addressed residents individual complaints and informed the inspector that more oversight was put in place to address the laundry system.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspector was assured that the service had effective clinical governance and management systems in place to ensure that residents were supported and facilitated to have a good quality of life living at the centre. This inspection found that there was a clearly defined management structure in place. The centre has a good history of compliance with the regulations and this was evident on the day of inspection. The inspector observed that actions outlined in the compliance plan from the previous inspection were completed. However, further oversight was required for complaints. Other areas that required action were activities and personal possessions.

This was an announced inspection to assess the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013. The inspection also informed the provider's application to renew registration which was under review. During the day, the inspector spoke with residents and their visitors to gain an insight into their lives in the centre. The inspector also observed interactions between staff and residents and reviewed documentation.

Ashford House Nursing Home Limited is the registered provider of Ashford House Nursing Home. The person in charge facilitated the inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents. There was a clear management structure that identified lines of authority and accountability within the centre. The person in charge was supported by the registered provider representative, an associate director, an assistant director of nursing (ADON), a clinical nurse manager (CNM), staff nurses,

healthcare assistants, activity staff, catering, housekeeping and laundry staff on the day of inspection.

The person in charge and the management team had oversight of the quality of care being delivered to residents. The inspector saw that systems were in place to manage risks associated with the quality of care and the safety of the residents and found that the provider was proactive in identifying and managing risks in the centre. The centre was well resourced. Staff had access to the equipment and training required to ensure they could meet the needs of residents. The centre's management team met regularly to discuss all areas of governance. This ensured that the service provided was safe, consistent and effectively monitored and appropriate actions taken where necessary. An annual review report for 2023 was available to the inspector which included consultation with residents and families.

In general, the provider had allocated sufficient resources to ensure effective delivery of care. However, there was a vacancy of one CNM post on the day of inspection, this was actively being recruited for and alternative arrangements were in place to ensure that cover was provided for this vacant position. Furthermore, there was a vacant laundry staff post. However, this post was being covered by an appropriately trained healthcare assistant working in the centre, and a recruitment process was underway to fill the vacancy.

All staff who spoke with the inspector confirmed that they felt supported, and that they could raise issues readily with the person in charge. There was a good system of supervision in each of the departments. An annual review of the quality and safety of care delivered to residents had taken place for 2023 in consultation with residents and their families.

The provider clearly displayed the complaints procedure within the centre on each floor. The centre had an up-to-date policy guiding complaints management, and there were advertisements for advocacy services to support residents in making a complaint. The complaints policy identified a complaints officer deal with the complaints and outlined the complaints process, it also included a review process should the complainant be dissatisfied with the outcome of their complaint. The provider had records of how complaints had been managed in the centre. Residents said they could raise a complaint with any staff member. Staff were knowledgeable on the centre's complaints procedure, however, some improvements were required to fully comply with the regulation which is discussed under Regulation 34.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew registration of the designated centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 had been made by the registered provider. This application was in the process of being reviewed at the time of inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time in the centre and had the relevant experience and qualifications to undertake this role. They were knowledgeable of their remit and responsibilities. The inspector found that the person in charge knew the residents and was familiar with their needs. They demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff with appropriate knowledge and skills to provide care and services for the residents in line with their assessed needs on the day of inspection. On review of staff rosters there was a nurse on duty at all times. There were two existing vacancies in the centre on the day of inspection, a CNM and a laundry staff. The posts were actively being recruited for and plan was in place to cover these vacancy.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and to protect their property.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was an established governance and management structure in place and all staff were aware of their respective roles and responsibilities.

There were management systems in place to monitor the effectiveness and

suitability of the care being delivered to residents.

An annual review of the quality of the service in 2023 had been completed.

Judgment: Compliant

Regulation 34: Complaints procedure

The centres complaint policy had been reviewed and updated to align with S.I. No. 628 of 2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2023. Complaints received were recorded, however, a written response informing the complainant whether or not their complaint was upheld, the reasons for that decision, any improvements recommended and details of the review process was not provided to the complainant.

Judgment: Substantially compliant

Quality and safety

Overall, this was a good service that delivered high quality care to residents. Residents told the inspector that they felt safe living in the centre and were happy. The inspector observed staff to speak with residents in a kind and respectful manner, and to know their needs very well. However, the inspector identified that some improvements were required in relation to activities provided for residents and personal possessions.

Care staff used an electronic system of assessment and care planning in the centre. A new system had been introduced to the centre in January 2024 and care plans were being transitioned from the old system to the new system. Pre-admission assessments took place before the resident's admission. Upon admission, a person-centre assessment and care plans were prepared. There was evidence of review at intervals not exceeding four months or as required by a residents changing needs.

The registered provider had taken measures to protect residents from abuse. Staff were knowledgeable about abuse and how to report suspected abuse in the centre. The registered provider had a local policy and was investigating allegations aligned with the Health Service Executive (HSE) policy. The provider was a pension agent for one resident, and records showed the lodging of resident money into an account in the resident's name. Garda Siochana (police) vetting was in place before the commencement of staff employment.

Residents had access to telephones, newspapers, televisions and free Internet

services. There were arrangements in place for residents to access advocacy services. Residents' rights were respected and upheld in the centre. Staff were observed to communicate with residents in a kind and respectful manner. Facilities promoted privacy and service provision was directed by the needs of the resident. An activity programme was in place for residents. However, some residents and family members reported a change to activities recently and reported feeling like the activities currently available were not at the same high standard as they were used to experiencing in the centre. Other residents spoken with said they would like more variety in the activities provided. The inspector was informed that more external activities were provided as there was a staff vacancy. Now that staff vacancy was filled more internal activities were being organised.

Residents had adequate space to store and maintain their clothes and personal belongings and were also able to access and retain control over their personal possessions and finances. However, some residents raised complaints about laundry services with items of clothing going missing. This had been identified as an issue by the person in charge who had implemented actions to improve this service.

Overall the premises was found to be warm, bright and well ventilated. Efforts to create a homely environment were evident. Residents had unrestricted access to outdoor space and were maintained to a high standard. There was appropriate furniture and well maintained equipment in place to support residents.

There was a risk management policy which met the requirement of the regulations; for example, it included the measures and actions in place to control the risk of abuse and the unexplained absence of any resident.

Infection control practices were good. All areas of the centre viewed were clean and clutter free. The issues identified on the last inspection had been addressed.

Regulation 12: Personal possessions

Residents clothes were laundered regularly, however, residents reported that sometimes their clothes were missing or that items of clothes returned to them did not belong to them.

Judgment: Substantially compliant

Regulation 17: Premises

The premises were clean, tidy and clutter free and conformed to the matters set out in Schedule 6. The bedrooms provided for an adequate amount of private space and storage space for residents.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which met the requirements of the regulations. The centre maintained a risk register setting out hazards identified in the centre and control measures in place to minimise the associated risk.

Judgment: Compliant

Regulation 27: Infection control

The centre was clean and there were good examples of adherence to the National Standards for infection prevention and control (IPC) in community services (2018).

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans were reviewed. Residents' were appropriately assessed as required and detailed care plans were in place to guide staff practice and ensure residents needs were met. There was evidence of referrals being made to members of the allied healthcare professionals and records reviewed assured the inspector that residents had been seen as requested. There was also evidence of the resident's and, where requested by the resident, their families input into their care plan.

Judgment: Compliant

Regulation 8: Protection

The inspector found that all reasonable measures were taken to protect residents from abuse. The policy in place covered all types of abuse and it was being implemented in practice. The inspectors saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

An activity programme was in place for residents. However, from inspector observations, residents spoken with and feedback from resident and family surveys undertaken by the centre, it was found that residents were seeking more variation in the activities they were offered. Some residents and family members reported a change to activities recently and reported feeling like the activities currently available were not at the same high standard as they were used to experiencing in the centre.

Judgment: Substantially 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ashford House Nursing Home OSV-0005466

Inspection ID: MON-0033206

Date of inspection: 05/03/2024

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Ashford House Nursing Home now has an updated complaints procedure. All complainants now receive a written summary of findings of complaints that outline if the complaint has been upheld or the reasons for it not being upheld. The written response may also outline changes made as a result of the complaint.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: As discussed on the day of inspection, the PIC has already actioned an improvement plan for laundry services at Ashford House. This includes facilitating separate loads of laundry for residents and facilitating resident laundry being done in their own home should they wish. The PIC meets with laundry staff and completes audits of the laundry service. In addition to this the full time House Manager oversees provision of laundry services at Ashford House by checking in with laundry staff when on duty. In addition to this it is made clear in the resident guide that mistakes may happen from time to time throughout the laundering process and as such the above accommodations are available should a resident wish.</p> <p>Status: Complete and ongoing.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: As discussed on the day of inspection, Ashford House previously used additional external activity providers during a period when nobody was in post on our activities team. Ashford House has since recruited staff and as such, activities returned to primarily being provided in-house. However, external therapists continue to visit on a weekly basis.</p> <p>As discussed on the day, variety of activities had not been previously been discussed with management, informally, through our suggestions box, or via residents' association meetings. As this was discussed with the inspector on the day, we have added it to the standing agenda of our residents' association meetings. Residents and their representatives continue to be able to make suggestions through the open communication with management and the suggestion box.</p> <p>Status: Planned and ongoing.</p>	

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 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	30/04/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements	Substantially Compliant	Yellow	30/04/2024

	recommended and details of the review process.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/05/2024