



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

## Issued by the Chief Inspector

Name of designated centre:	The Residence Ashbourne
Name of provider:	The Residence AB Limited
Address of centre:	Kilbrew Demense, Curraghera, Ashbourne, Meath
Type of inspection:	Unannounced
Date of inspection:	13 November 2024
Centre ID:	OSV-0000143
Fieldwork ID:	MON-0041155

## About the designated centre

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

Kilbrew Recuperation and Nursing Care is a purpose-built premises. Residents are accommodated in single and twin bedrooms, some with en-suite shower, toilet and wash basin facilities. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ashbourne town on a large mature site, at the end of a short avenue in from the road. Together with gardens surrounding the centre, there are also two enclosed, themed gardens within the centre premises. The centre provides accommodation for a maximum of 74 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

**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
Wednesday 13 November 2024	09:00hrs to 16:35hrs	Geraldine Flannery	Lead

## What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in Kilbrew Recuperation and Nursing Care. There was a friendly atmosphere in the centre and the residents told the inspector that they were happy living there and that they felt safe.

The inspector spoke with residents, visitors and staff to elicit their opinion on the service being provided in the centre. On the day of inspection, no complaints or concerns were raised and residents and visitors confirmed that they would not hesitate to speak with a staff member if they had any issues.

All of the residents who were spoken with were complimentary of the staff. One resident informed the inspector that 'staff were kind and caring', while another said 'staff were very kind and supportive and would do anything for you'.

Throughout the morning of the inspection there was a busy but calm atmosphere in the centre. The inspector observed that many residents were up and dressed participating in the routines of daily living. They appeared well groomed and had their hair and clothing done in accordance with their preference. Staff were observed attending to some residents' requests for assistance in an unrushed, kind and patient manner.

The design and layout of the home promoted free movement and relaxation. The inspector saw that many areas within the home had been refurbished, including painting and flooring replacement. The lived in environment was clean and met residents' needs. There was sufficient private and communal space for residents to relax in.

Several enclosed courtyards were easily accessible with a water feature in one enclosed space providing a calming environment. However, the paving appeared uneven in some areas and required review to ensure it was suitable for residents to use safely.

Bedroom accommodation comprised of both single and double-occupancy bedrooms. The majority of the twin-occupancy bedrooms were used as single-occupancy, except those that were used by couples. The inspector saw that the registered provider had re-furbished and reconfigured all double-occupancy bedrooms ensuring adequate area of floor space for each resident. However, the inspector observed that should assistive equipment be required, the privacy and dignity of the residents in the double-occupancy may be compromised. The inspector was informed that careful assessment of residents to occupy double-occupancy would be required at present and that the provider was reviewing these arrangements.

Residents who spoke with the inspector were happy with their bedrooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel. While the majority of rooms had lockable storage areas in the bedrooms, there was an on-going program of works to install lockable spaces in all bedrooms which was nearing completion.

The inspector observed that some resident records were stored in an external storage unit which was not part of the registered designated centre. The inspector was invited to view this area and observed that the records were stored safely and securely. Commitments were given by management that resident archive storage would be reviewed and the identified area would be registered as part of the designated centre. The inspector heard about some extension plans for the future and that storage and facilities would be reviewed.

The inspector observed that mealtime in the centre's dining room was a relaxed and social occasion for residents. The lunch food served on the day of inspection was seen to be wholesome and nutritious. The residents informed the inspector that they had a good choice of food available to them and could request alternative meals should they not like what was on the menu. A variety of drinks were being offered to residents with their lunch and at frequent intervals throughout the day. The inspector observed staff offering encouragement and assistance to residents and staff spoken with were knowledgeable regarding residents' dietary requirements.

Residents were supported to enjoy a good quality life in the centre. The activity coordinator was on site to organize and encourage resident participation in events. One resident spoken with said that there was lots of activities to choose from and that in particular they enjoyed the 'knitting club'. Another resident said they enjoyed the outings, including a trip to a dinosaur exhibition, bloom garden festival and the circus. The inspector observed laughter and banter between staff and residents and it was evident that there were good relationships between both parties. Advocacy services were available to all residents that requested them.

Laundry facilities were provided on site. Residents told the inspector that they were very happy with the laundry service. They said that their clothes were promptly returned 'clean and fresh'.

The centre had open visiting policy in place and visitors confirmed that they were welcome to the home at any time and were not restricted. Visitors who spoke with the inspector said that they were happy with the care provided and felt it was a good place for their loved one to live.

The inspector noted that following the last inspection, the registered provider had taken action to prevent and control the spread of infection in the centre. For example, clinical hand wash sinks were installed in the corridors to ensure easy access to hand washing facilities for staff to wash their hands if visibly soiled. Fire risks, namely emergency lighting was checked on a quarterly basis in line with best practice.

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

## Capacity and capability

Overall, this was a well-governed centre with effective management systems to monitor the quality of care to residents. The provider sustained good levels of care and oversight of the service across regulations reviewed, with further improvement required in respect of storage of records, premises and the residents' guide. These areas will be detailed in the report under the relevant regulations

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). In preparing for this inspection, the inspectors reviewed the information provided by the provider and the person in charge and unsolicited information received by the Chief Inspector of Social Services.

The registered provider is The Residence AB Limited. This company is part of the Oprea Residences Ireland group. A senior management team was in place to provide managerial support at group level. The person in charge had responsibility for the day-to-day operations of the centre and was supported in their role by two Assistant Directors of Nursing (ADONs).

Policies and procedures were in place in line with the requirements set out in the regulations. They were easy to read and understand so that they could be readily adopted and implemented by staff.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay and residents informed inspectors that they didn't have to wait long for staff to come to them.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training had been completed.

Records requested on the day of inspection were all made available for the inspection. However, a review of the records in the centre found that the management of records was not in line with the regulatory requirements and will be further discussed under Regulation 21: Records.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with

regulatory requirements. Residents and their families knew who to complain to if they needed to.

### Regulation 15: Staffing

There was a sufficient number of staff and skill mix to meet the needs of the residents on the day of inspection. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

### Regulation 21: Records

Notwithstanding the good management of some of the records seen on the day, the registered provider did not ensure that all required records under the regulation were stored within the designated centre. The on-site storage unit where records were maintained, was not part of the designated centre. This resulted in some Schedule 3 records not always being readily available for inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles, and details responsibilities for all areas of care provision. Effective management systems were in place to ensure the service was appropriately managed.

Judgment: Compliant



## Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents were supported and encouraged to have a good quality of life and saw evidence of individual residents' needs being met.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out of hours.

Residents were facilitated to communicate and enabled to exercise choice and control over their life while maximising their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff. Dedicated

care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature.

Residents' spiritual and religious needs were respected. End-of-life care assessments and care plans included consultation with the resident concerned and where appropriate, the residents' representative and reviewed by a doctor. Care plans were reviewed on an ongoing basis and updated with the changing needs of the residents.

The premises was of suitable size to support the numbers and needs of residents. Notwithstanding the ongoing refurbishment works in respect of premises, further improvements were required as detailed under Regulation 17: Premises.

A residents' guide was available and while it did not fully comply with the regulations, it included a summary of services available, the complaints procedure, visiting arrangements and information regarding independent advocacy services.

Overall, the centre was clean and there was good adherence to the prevention and control of infection. For example, waste, used laundry and linen was segregated in line with national guidelines. The provider had implemented a number of antimicrobial stewardship measures. The volume of antibiotic use was monitored each month. This data was analysed and used to inform practice.

### Regulation 13: End of life

Each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident continued to receive care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

### Regulation 17: Premises

The provider generally met the requirements of Regulation 17, however further action was required to be fully compliant, specifically in respect of Schedule 6 requirements, for example:

- Emergency call facilities were not accessible in every room used by the residents. For example, the oratory and hairdressing room had no call bells which could negatively impact the safety of residents. The inspector acknowledges that management had already identified the risk and had two call bells on order.

- Paving in the enclosed areas required review. Some areas were seen to be uneven and may pose a trip hazard, preventing residents from using the space safely.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The terms and conditions of residency in the nursing home was not outlined in the residents' guide.

Judgment: Substantially compliant

### Regulation 27: Infection control

The inspector observed many instances of good practices in respect of infection prevention and control including good hand hygiene techniques and effective processes to mitigate the risks associated with the spread of infection. Overall, procedures were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018)*.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans were personalised and contained detailed information specific to the individual needs of the residents. They were updated quarterly or sooner, if required. Care plans demonstrated consultation with the residents and, where appropriate, their family.

Judgment: Compliant

### Regulation 6: Health care

A high standard of evidence-based nursing care in accordance with professional guidelines was provided to residents. Residents had access to their GP of choice and members of the allied health care team as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal and where deemed appropriate, the rationale was reflected on individualised risk assessments.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

# Compliance Plan for The Residence Ashbourne OSV-0000143

Inspection ID: MON-0041155

Date of inspection: 13/11/2024

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The floor plans will be updated to reflect the outside storage area to the designated centre floor plan, this will be complete by the 31/12/2024	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The emergency call bell system is being upgraded to include the oratory and hairdressing salon, this will be completed by the 31/12/2024.  Paving is currently under review and works will be completed to ensure even surfaces by the 31/01/2025.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: Terms and conditions of residency will be added to the Resident’s Guide and this will be completed by the 31/12/2024.	





## 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(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	31/01/2025
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	31/12/2024
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	31/12/2024