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:	Ashbury Nursing Home
Name of provider:	Ashbury Nursing Home Ltd.
Address of centre:	1A Kill Lane, Kill O'The Grange, Blackrock, Co. Dublin
Type of inspection:	Announced
Date of inspection:	12 September 2024
Centre ID:	OSV-0000007
Fieldwork ID:	MON-0043304

About the designated centre

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

Ashbury Private Nursing Home is located in Blackrock, Co Dublin. The nursing home is serviced by nearby restaurants, public houses, libraries and community centres. The nursing home comprises of the main house and an extension called the grange wing. The nursing home is registered to provide 91 bed spaces. There is a range of communal areas inside for residents to enjoy and two gardens for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	86

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
Thursday 12 September 2024	09:00hrs to 18:00hrs	Fiona Cawley	Lead
Thursday 12 September 2024	09:00hrs to 18:00hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

This inspection was scheduled to be a one day inspection, however, due the findings of non-compliance with the regulations on the first day, a second day of inspection was scheduled. On both days of the inspection, inspectors observed that residents in Ashbury Nursing Home were supported by staff who were working hard to meet the needs of residents. Residents told inspectors that, in the main, they were satisfied with life in the centre. Residents reported feeling safe and comfortable in the care of staff, who they described as kind and caring.

On arrival to the centre on the first day of this announced inspection, inspectors met with the person in charge, a person participating in management of the centre, and a director of the company that is the registered provider. Following an introductory meeting, inspectors spent time walking through the centre, accompanied by the person in charge, giving the inspectors an opportunity to review the living environment and to meet with residents and staff.

Ashbury Nursing Home, located in Blackrock, Co. Dublin, is registered for 91 residents. The designated centre has two units, the Main House and the Grange Wing, joined together by a link corridor. The Main House had accommodation for 45 residents and the Grange wing had accommodation for 46 residents. Residents had access to a variety of communal spaces, including day rooms and dining rooms. Most communal areas of the centre were styled and furnished to create a homely environment for residents. Bedroom accommodation comprised of single and multi-occupancy rooms, a number of which had ensuite facilities. Some of the bedrooms reviewed were appropriately decorated, with many residents personalising their rooms with pictures, books and furniture. Some multi-occupancy bedrooms, in the Main House, were not decorated and laid out to the same standard.

There were accessible lifts available between all floors of the centre, and there were appropriately placed handrails along corridors to support residents to mobilise independently. Call bells were available throughout the centre. The building was warm and well lit throughout. On day one of the inspection, inspectors found that some areas of the centre were not cleaned to an appropriate standard, particularly around hand wash sinks. However, the cleanliness of the centre was much improved on day two of the inspection.

Furthermore, on the first day of the inspection, a number of fire safety issues were observed. The fire panel of the main house displayed a number of faults, some of the fire doors in the centre were observed to be in a poor state of repair, and signage identifying the procedure to be followed in the event of an emergency did not align with the fire safety policy.

There was an accessible outdoor area available, providing a pleasant outdoor space for residents. The area contained a variety of suitable garden furniture and shelter.

Throughout the first day of the inspection, inspectors spoke with individual residents and also spent time in communal areas observing resident and staff interaction. Residents were observed attending various areas of the centre, getting on with their daily lives. Some residents were relaxing in the communal rooms, while other residents mobilised freely or with assistance around the building. While staff were seen to be busy assisting residents throughout the day, inspectors observed that staff were kind and attentive to their needs. Personal care was attended to a satisfactory standard.

However, there was limited supervision of staff observed over the two days of the inspection. Inspectors observed the dining experience and found that residents were served their meals in either of the dining rooms, day rooms, and in their bedrooms. Inspectors observed that some residents were served their meal on a tray, with the sweet and savoury courses of their meal served at the same time. Inspectors observed that residents who required assistance, did not receive appropriate support during meal times.

In addition, inspectors observed some poor practice in relation to how residents were assisted to mobilise.

During the first day of the inspection, inspectors observed that the organisation of staff was ineffective. One resident, who was in bed at 11am, told inspectors that they wished to get up much earlier in the day, but they had been waiting for an extended period of time to be attended to by staff.

On the second day of the inspection, inspectors observed that there was limited hot water in residents' bedrooms. Staff informed inspectors that the supply of hot water was unreliable in residents' bedrooms, and therefore hot water had to be obtained from the sink in the corridor. Inspectors were told that this had been an issue for a number of months. The provider acknowledged that there was an issue with the supply of hot water, and informed inspectors that there was a plan was in place to address the problem.

Some residents who spoke with inspectors said that they were well cared for by staff who were described as 'very good', 'brilliant', and 'kind'. Residents who were unable to speak with inspectors, to give their views of the centre, were observed to be content.

Friends and families were facilitated to visit residents, and inspectors observed a number of visitors in the centre on both days of the inspection.

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 impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection, carried out over two days, by inspectors of social services, to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The inspectors also followed up on the detail of an application, submitted by the provider, to remove a restrictive condition from the registration of this centre.

This inspection was initially scheduled for one day, however, over the course of the first day of inspection, inspectors found that the overall management and supervision of the centre was poor. A review of the systems in place to ensure that the centre was monitored and safe found that the systems were not effective. For example, there was a risk management policy in place that guided the management in the identification and management of risk in the centre. There was a risk register in place to ensure that all known risks were identified and documented so that action could be taken to mitigate or address the risk. However, known risks in relation to residents' care, fire safety, and infection prevention and control had not been appropriately identified and managed, in line with the centre's own policy. The management of risks relating to residents with complex care needs was found to be very inadequate. A request for an urgent compliance plan to address this failing was made to the provider following the first day of the inspection, and the provider's plan was accepted by the Chief Inspector.

A second day of inspection was scheduled to follow up on the actions taken by the provider to address the issues of non-compliance identified on the first day. Significant improvement was found across all regulations reviewed on the second day of the inspection.

The registered provider of this centre is Ashbury Nursing Home Limited. The centre was registered in April 2024, with a restrictive condition detailing the requirement of the provider to complete actions relating to fire safety management and the premises. In July 2024, the directorship of the company that is the registered provider changed, with new management personnel notified to the Chief Inspector. This inspection found that minimal action had been taken by the provider to address the fire safety and premises actions detailed in the restrictive conditions of the centres registration.

The designated centre was supported by a regional management team that consisted of a representative of the company that is the provider, and a regional manager, who participated in the management of the centre. There was a person in charge who was supported by an assistant director of nursing and two clinical nurse managers, all of whom worked in a supervisory capacity. A team of nurses, care managers, health care assistants and support staff completed the staffing structure.

A review of the staffing levels in place found that during the day time, staffing levels were adequate to support residents' day-to-day care needs. A review of the rosters at night-time found that two nurses were allocated to monitor and care for 91 residents between the hours of 9pm and 8am. Considering the dependencies of the residents, and the complex care needs of a number of the residents in the centre,

the level of nursing staff was inadequate to meet the assessed needs of the residents, or for the size and layout of the centre. This is discussed further under Regulation 15: Staffing.

In addition, while there was adequate levels of nursing management rostered from Monday to Friday, there were no senior nurse managers rostered to work at weekends in the centre. By the second day of the inspection, the provider had a plan to allocate senior nurse managers to be rostered on weekends and thus ensure effective clinical and governance oversight every day.

On day one of the inspection, inspectors reviewed training records and found that there was a schedule of training in place and that staff had been facilitated to attend training appropriate to their role including, fire safety training. However, some senior staff spoken with did not demonstrate an appropriate awareness of the fire safety procedures in the centre. By day two of the inspection, the provider had initiated a programme of fire training for all staff and inspectors found that staff demonstrated an improved awareness of fire safety.

While there were staff allocated to supervision on both days of inspection, inspectors observed that staff did not receive appropriate levels of supervision and support from the nurse management team. Staff were poorly allocated and supervised in their role. Inspectors observed poor moving and handling techniques, and a poor standard of care in relation to assisting residents with their meals. Inspectors spoke with, and observed residents who spent extended periods of time waiting for their care needs to be attended to.

The oversight of nursing documentation was also found to be ineffective. Care plans reviewed were poorly developed and did not clearly describe the intervention required to ensure residents' well-being and safety. Completed audits of the care planning system did not identify these issues and therefore, no corrective action had been taken.

In addition, environmental audits of the premises did not identify areas of the centre that were in a poor state of repair. Where deficits were noted, no improvement plan was put in place to address the issues.

Regulation 15: Staffing

Staffing levels were not adequate to meet the needs of the residents, and for the size and layout of the centre. For example,

- There were two nurses on duty between 9pm and 8am. There was one registered nurse on duty in each unit during these hours. This meant that one nurse would be responsible for monitoring, documenting care, administering medications, delivering emergency or palliative care to up to 46 residents, and supervising staff over multiple floors.

- Residents were observed to wait extended periods of time to have their care needs attended to.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were not appropriately trained to deliver effective and safe care to residents. For example, some supervisory staff had not received training in fire safety procedures, and did not demonstrate appropriate knowledge in fire safety management.

There was inadequate supervision and allocation of staff. This was evidenced by;

- residents waiting long periods of time for their care needs to be attended to
- poor practice in relation to manual handling
- poor supervision of staff at meal-times.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place did not ensure that the service was consistent, safe and effectively monitored. This was evidenced by,

- Inadequate risk management systems; The risk management systems in place failed to identify significant environmental and clinical risks within the centre. This included the fire safety systems in the centre
- Inadequate supervision of management and care staff; care practices and staff supervision arrangements were observed to be poor
- Ineffective auditing systems; The auditing system in place did not identify significant known risks, and where risks and deficits were identified, no action was planned or taken to address the risks.
- Poor oversight of nursing documentation, particularly in relation to care planning; the content of resident care plans was of poor quality and did not clearly describe the interventions required to ensure the residents received a high quality of care and were safe.
- Internal auditing systems for care planning arrangements had failed to identify any shortcomings and consequently there was no corrective action plan developed.
- Poor oversight of statutory notification submission. While the Chief Inspector was notified in relation to a resident being absent from the centre, the detail

within the notification relating to this incident was inaccurate and did not contain the information required to appropriately assess the risk level.

The provider had failed to comply with the requirements of Condition 4 of the centre's registration, requiring

- the submission of a time bound action to address deficiencies in a number of fire doors
- the submission of a time bound plan to increase the number of fully accessible bathroom and shower facilities
- complete refitting/ refurbishment of the equipment cleaning room.

Following this inspection, an urgent compliance plan was submitted by the registered provider detailing the action that would be taken to ensure compliance with Regulation 28: Fire precautions and Regulation 5: Individual assessment and care planning. This plan was accepted by the Chief Inspector. Day two of this inspection found that appropriate action had been taken and planned in relation to these regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the complaints management system found that complaints were recorded, investigated and documented in line with the requirements of Regulation 34.

Judgment: Compliant

Quality and safety

The safety of residents living in this centre was impacted by inadequate governance and management systems to protect residents. In particular, the arrangements in place to ensure residents were protected from fire, and to ensure that residents with complex care needs were appropriately assessed and cared for, were inadequate.

This inspection found that fire safety management was not in line with the requirements of the regulations. A review of the fire panel in the Main House found that there were six faults on the fire detection system. While the provider had identified these faults in the days prior to this inspection, it could not be established if the fire safety system was fully operational, in spite of the faults. In addition, staff knowledge of the fire procedures and evacuation strategy in place was poor. Staff were not familiar with the location of compartment boundaries, posing a risk to

residents, if timely evacuation of a compartment was required in the event of a fire emergency. In addition, inspectors observed that there were a number of fire doors that were in a state of disrepair.

An urgent compliance request was issued to the provider to provide assurance that the fire safety systems in the centre were in working order, and that staff had appropriate knowledge in relation to fire safety procedures, including the evacuation of residents to a place of safety in the event of an emergency. A compliance was received and accepted by the Chief Inspector following this inspection.

Inspectors found that the designated centre did not conform to all matters, as set out in Schedule 6 of the regulations. Access to shower and bathroom facilities in the main house was limited due to the size and layout of the shower and bathrooms. The layout of the equipment cleaning store did not facilitate effective infection prevention and control management.

This designated centre was registered in April 2024 with a restrictive condition attached requiring that there would be a time bound plan to address the deficiencies in the fire doors, a time bound plan to increase the number of fully accessible bathroom and shower facilities, and the complete refitting or refurbishment of the equipment cleaning room by 30 June 2024. These actions have yet to be completed.

Inspectors reviewed a sample of residents' care files. Inspectors found that the quality of assessments and care plans was inconsistent and did not always contain up-to-date information to guide staff to meet the needs of the residents. Where an appropriate assessment was completed, the care required was not always implemented. In addition, a review of residents records found that, where residents required referral to professional expertise, referrals were not made in a timely manner. An urgent compliance plan was requested to address this finding following day one of the inspection. The compliance plan submitted by the provider was comprehensive and provided assurance that appropriate assessment and care had been implemented immediately following the inspection.

There was a schedule of activities in place and there were sufficient staff available to support residents in their recreation of choice. Resident satisfaction surveys were carried out. Residents had access to an independent advocacy service.

Regulation 11: Visits

Inspectors observed unrestricted visiting being facilitated in the centre throughout the inspection.

Judgment: Compliant

Regulation 17: Premises

Minimal action had been taken to address to address issues of infection control management relating to the equipment cleaning room in the centre. A new reduced flow shower head had been installed and a portable splash guard had been made available. However, Condition 4 for the centre's registration required a reconfiguration or refurbishment of this cleaning room. This had not been completed.

Access to bathroom and shower facilities were not accessible to meet the needs of all residents in the main house.

There was an unreliable supply of hot water available in some residents' bedrooms.

Judgment: Not compliant

Regulation 28: Fire precautions

The systems in place to ensure that residents were protected from the risk of fire were inadequate, as evidenced by;

- There were a number of faults on the fire detection system on the first day of the inspection
- Staff demonstrated poor knowledge of what to do in the event of a fire emergency
- A number of deficiencies were found in fire doors throughout the centre which could impact on the containment measures in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

This inspection found that some residents' care plans were not consistently and fully implemented. This was evidenced by a review of a care plan of a resident with complex care needs where it was found that timely assessment of a resident's medical, psychological and social needs was not completed. This resulted in the failure to put in place an appropriate and effective care plan to ensure the resident's safety and quality of life.

Care plans were not always developed following a comprehensive assessment of the residents' needs. For example,

- A resident who was assessed as having swallowing difficulties did not have an appropriate care plan developed to address this need.
- A resident with a wound did not have a care plan developed to address the care interventions required to manage the wound.

This meant that staff were not always appropriately guided to provide person-centred and consistent care to residents.

Judgment: Not compliant

Regulation 6: Health care

The provider failed to ensure that residents with complex care needs, who required additional professional expertise, had timely access to such services.

Judgment: Not 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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant

Compliance Plan for Ashbury Nursing Home OSV-0000007

Inspection ID: MON-0043304

Date of inspection: 26/09/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A review of night staffing was conducted. From this review, it was decided to adjust the nurse:care assistant ratio. This will result in three registered nurses being rostered for night duty. Recruitment is underway for the registered nurses required to cover seven nights of the week. Timeframe: By 31/03/2025 however will commence sooner as soon as posts are filled. A call bell audit has been conducted and enhanced supervision by CNMs, ADON and DON is now in place across the home. In addition to this there is now management rostered at the weekend. Timeframe: Complete and ongoing.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff have been retrained in Fire Safety. In addition to this the new management of the nursing home have changed how staff will be trained, making the process an ongoing one throughout the year. Drills (including the largest compartment with night staffing simulated) have been conducted since to ensure that staff have been adequately trained. In addition to this fire safety has been the topic of the daily safety huddles on several occasions. Timeframe: Complete and ongoing. A call bell audit has been conducted and enhanced supervision by CNMs, ADON and DON	

is now in place across the home. In addition to this there is now management rostered at the weekend.
Timeframe: Complete and ongoing.

Manual and people handling training has taken place and has also been discussed at daily safety huddles by a certified trainer.
Timeframe: Complete and ongoing.

The nursing staff have received enhanced training on care planning and nursing assessments. This was then utilized for a full review of resident care plans and assessments.
Timeframe: Ongoing but full review is complete.

A registered nurse is now present in the two main dining rooms to monitor the meal time experience.
Timeframe: Complete and ongoing.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Senior management have received and continue to receive risk identification and management training from a third-party healthcare consultant.
Timeframe: Ongoing and will be complete 31/12/2024.

The risk register had a complete review and republishing between September and October 2024.
Timeframe: Complete and ongoing.

A third-party quality, safety and risk consultancy firm have conducted a gap analysis in the home. Following this, they have commenced a weekly quality improvement program covering areas such as governance and management, infection prevention and control, fire safety, protection, premises, and care planning. This will conclude in April 2025.

A call bell audit has been conducted and enhanced supervision by CNMs, ADON and DON is now in place across the home. In addition to this there is now management rostered at the weekend.
Timeframe: Complete and ongoing.

The audit system of the nursing home is under review with a sector consultant and senior management are receiving training on same.
Timeframe: Ongoing.

The nursing staff have received enhanced training on care planning and nursing assessments. This was then utilized for a full review of resident care plans and assessments.
Timeframe: Ongoing but full review is complete.

Systems are now being utilized to ensure that senior management can review care plans in a more timely manner, ensuring that care plans are person-centred and accurate.
Timeframe: Ongoing.

The senior nursing team are receiving enhanced training on governance and management which includes the reporting of statutory notifications to the regulator.
Timeframe: 31/12/2024.

The new directors of Ashbury Nursing Home Ltd. will work to rectify issues identified in condition 4 of the nursing home's registration. Previous work and application to remove this condition was submitted by the previous directors prior to the sale of the nursing home. A request was made to HIQA on 04/10/2024 to vary the date of Condition 4 to 28/02/2025. A timebound action plan for any deficiencies with fire doors and the accessibility of bathroom and shower facilities will be submitted to the regulator by 28/02/2025. The refitting/refurbishment of the equipment cleaning room will be complete by 28/02/2025.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The new directors of Ashbury Nursing Home Ltd. will work to rectify issues identified in condition 4 of the nursing home's registration. Previous work and application to remove this condition was submitted by the previous directors prior to the sale of the nursing home. A request was made to HIQA on 04/10/2024 to vary the date of Condition 4 to 28/02/2025. A timebound action plan for any deficiencies with fire doors and the accessibility of bathroom and shower facilities will be submitted to the regulator by 28/02/2025. The refitting/refurbishment of the equipment cleaning room will be complete 28/02/2025.

At the time of inspection the hot water supply issue had already been escalated to the nursing home's plumber. This has since been fixed and hot water is now available in a timely manner.
Timeframe: Complete.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
As discussed with inspectors, whilst the fire panel was displaying faults, it was in full working order on the day of inspection and a letter from the fire panel maintenance company was shown to inspectors as the nursing home was aware of this issue. The fire panel maintenance company confirmed this had happened due to works they had carried out onsite which caused a switch issue. The fire panel was replaced the day after inspection as planned.
Timeframe: Complete

Staff have been retrained in Fire Safety. In addition to this the new management of the nursing home have changed how staff will be trained, making the process an ongoing one throughout the year.
Timeframe: complete and ongoing.

A fire door audit was completed in April 2024 and all actions were completed. The results of this audit were presented to inspectors at the inspection. An additional fire door audit will be completed by 31/12/2024 and a timebound action plan put in place on foot of findings.

The new directors of Ashbury Nursing Home Ltd. will work to rectify issues identified in condition 4 of the nursing home's registration. Previous work and application to remove this condition was submitted by the previous directors prior to the sale of the nursing home. A request was made to HIQA on 04/10/2024 to vary the date of Condition 4 to 28/02/2025. A timebound action plan for any deficiencies with fire doors and the accessibility of bathroom and shower facilities will be submitted to the regulator by 28/02/2025. The refitting/refurbishment of the equipment cleaning room will be complete 28/02/2025.

An additional fire door audit will be completed by 31/12/2024 and a timebound action plan put in place on foot of findings.

A timebound action plan for any deficiencies with fire doors and the accessibility of bathroom and shower facilities will be submitted to the regulator by 28/02/2025. The refitting/refurbishment of the equipment cleaning room will be complete 28/02/2025.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The nursing staff have received enhanced training on care planning and nursing assessments. This was then utilized for a full review of resident care plans and assessments.
Timeframe: Ongoing but full review is complete.

Systems are now being utilized to ensure that senior management can review care plans in a more timely manner, ensuring that care plans are person-centred and accurate.
Timeframe: Ongoing.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The nursing management team of the home now formally meet regularly, once a week at present. Residents with escalating needs are part of the standing agenda for these meetings which allows for plans to be made for them in a timely manner, this includes referrals to appropriate allied healthcare professionals and medical teams such as psychiatry of old age, dietetics, speech and language, chiropody and physiotherapy (please note this list is non-exhaustive). In addition to this the newly commenced daily safety huddles allow for healthcare assistants to escalate residents of concern to registered nurses. All residents are under the care of a General Practitioner who can refer residents to any service which they may benefit from. Open communication allows Ashbury Nursing Home to request services via resident GPs for the benefit of residents. The above new systems allow for timely access to appropriate services for all residents, including those with complex care needs.

Timeframe: 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/03/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	14/11/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	14/11/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	28/02/2025

	provide premises which conform to the matters set out in Schedule 6.			
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.	Not Compliant	Red	18/09/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	18/09/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	14/11/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later	Not Compliant	Red	13/09/2024

	than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	29/11/2025