



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

## Issued by the Chief Inspector

Name of designated centre:	Ashlawn House Nursing Home
Name of provider:	Ashlawn Nursing Home Limited
Address of centre:	Carrigatoher, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	09 November 2022
Centre ID:	OSV-0000407
Fieldwork ID:	MON-0038375

## About the designated centre

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

Ashlawn House Nursing Home is a purpose built single-storey facility which can accommodate up to 52 residents and includes a 12 bed dementia specific unit. It is located in a rural scenic area close to the town of Nenagh. It accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia specific care, respite, convalescence and holiday stay. Bedroom accommodation is provided in 40 single and six twin bedrooms, all with en suite facilities. There is a variety of communal day spaces provided including dining rooms, day rooms, conservatory, relaxation room, smoking room, oratory and visitors rooms. Residents also have access to secure enclosed garden areas.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	50
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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 9 November 2022	11:00hrs to 18:00hrs	John Greaney	Lead
Thursday 10 November 2022	08:45hrs to 14:30hrs	John Greaney	Lead

## What residents told us and what inspectors observed

Overall, it was evident that residents were happy living in Ashlawn House Nursing Home and their rights were promoted and respected. There was a person-centred approach to care and staff were observed by the inspector to be kind and caring towards residents. Residents spoken with by the inspector were complimentary of staff and of their responsiveness to their needs.

Ashlawn House Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a rural area of County Tipperary, approximately seven kilometres from the town of Nenagh. It is a single storey facility, which was purpose-built and has been extended on two occasions to reach its current capacity of fifty two residents. It is a family owned and operated centre. Bedroom accommodation comprises forty single and six twin bedrooms. Most of the bedrooms are en suite with toilet, shower and wash hand basin; some are en suite with toilet and wash hand basin only. Two bedrooms are not en suite but have a shared toilet and there is a communal shower close by.

There are a variety of communal areas for residents to use including sitting rooms, a dining room, a library, a reception area, an oratory and accessible outdoor areas. There is a twelve bedded area that is designated for residents that have been diagnosed with dementia or have a cognitive impairment. This area is self contained with its own communal rooms and accessible outdoor space.

The inspector arrived unannounced on the morning of the first day of the inspection and was guided through the infection prevention and control measures necessary on entering the designated centre. Following an opening meeting with the assistant director of nursing (ADON), the inspector was guided on a tour of the centre. On the walk around of the centre, the inspector observed a friendly, relaxed and calm atmosphere. The design and layout of the centre supported the independent lifestyle of residents.

Overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared clean. The laundry facility supported the separation of clean and dirty laundry. The inspector saw that hand gel dispensers and dedicated clinical hand wash sinks were readily available at convenient locations for staff in the centre.

Most residents come to the dining rooms for lunch but most had their tea in their bedrooms. The inspector observed that the food served in the centre was wholesome and served hot. The meals served were well presented, and there was a good choice of nutritious food available. On the first day of the inspection the inspector took a tour of the centre after tea and noted that the lights were out in the sitting rooms and all residents were either in bed or sitting in chairs at their bedside.

The inspector observed staff and resident interactions throughout the day and found that staff were familiar with residents and provided care in a respectful manner. Residents with communication support needs were given time a by staff to express their needs. Residents with mobility care needs were attended to by staff in a timely manner. Staff were seen to engage residents in a supportive manner, where residents required support with moving and handling equipment such as hoists and mobility aids such as walking frames.

The centre employed an activity coordinator to provide a range of activities throughout the week. The activity coordinator was responsible for providing activities in both the main section of the centre and in the dementia specific unit. The inspector observed that while activities were underway in one part of the centre, there were no activities in the other area. While there was a staff member supervising residents in the other area there were no stimulating activities other than television or radio.

The inspector observed a high level of visitor activity and visitors were observed to come and go over the course of the two days of the inspection. The inspector spoke with three visitors over the course of the inspection. Visitors were complimentary of the care provided to residents and next of kin were always updated should there be any changes in the resident's status. The inspector was informed that visiting hours had been extended to late evening, based on feedback from a recent relatives survey.

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. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

The inspector found over the course of the two days of the inspection that residents living in the centre were supported to live a good quality of life. The centre was well-managed by a management team who were focused on providing a good standard of care and enhancing the well-being of residents.

The registered provider of Ashlawn House Nursing Home is Ashlawn House Nursing Home Limited, a company comprising two directors. The management structure was clear with the management team consisting of a person in charge, an assistant director of nursing and a clinical nurse manager. The management team had a positive attitude and were committed to ensuring that residents living in the centre enjoyed a good quality of life and received safe care.

The centre is currently registered to accommodate 52 residents. The registration

expires on 08 April 2023 and an application to renew the registration has been received.

There was a clearly defined management structure in place with clear lines of authority and accountability. On the days of inspection the person in charge was on leave. The assistant director of nursing was responsible for clinical oversight and was supported by a clinical nurse manager and a team of nurses, healthcare assistants, housekeeping, catering, laundry, maintenance and administrative staff. The two directors were also on site and were available to provide additional information requested by the inspector. The directors are routinely present in the centre and are involved in the day-to-day operation of the centre.

There were monthly senior management team meetings to provide comprehensive oversight of the service. The management team had an audit programme in place to monitor areas such as health and safety, falls, food and nutrition, infection prevention and control and medication management. Action plans were in place to address deficits identified through the audits and were followed up by the person in charge and provider representative.

A review of the centre's staffing roster on the day of inspection found that the staffing levels and skill mix were adequate to meet the assessed needs of the residents, given the size and layout of the building. Ongoing recruitment processes were underway to maintain staffing levels. The management team were committed to providing ongoing training to staff. There was a training schedule in place, and training was scheduled on an ongoing basis. Training records showed that most staff were up-to-date with their mandatory training requirements and staff told the inspector that they were facilitated to attend training.

Residents were consulted through residents' meetings. Staff and management also consulted with residents informally through opportunistic chats. A relative questionnaire was also completed annually and the questionnaire for 2022 resulted in the extension of routine visiting to late in the evening based on feedback from relatives. Complaints within the centre were managed appropriately.

#### Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the centre had been received in accordance with 48(3) of the Health Act 2007. The application was accompanied by the required information and fee.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience and qualifications specified in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records were provided to the inspector for review and evidenced that all staff had up-to-date training in the areas of safeguarding, manual and people handling, and responsive behaviour. Staff were also supported to attend training other training relevant to their role such as infection control, food hygiene, and dementia care. There were appropriate measures in place for the induction and supervision of staff.

Judgment: Compliant

### Regulation 21: Records

Of a sample of four personnel records reviewed, the references for one staff member were not verified for authenticity.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre. Appropriate resources were allocated to meet residents' needs. There were systems in place to review the safety and quality of care and support to residents. An annual review of the quality and safety of care



delivered to residents had taken place for 2021.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The Statement of Purpose required review to ensure it contained all the requirements listed in Schedule 1 of the regulations.
Judgment: Substantially compliant
<b>Regulation 31: Notification of incidents</b>
A review of the accident and incident log indicated that notifications were submitted in accordance with the requirements of the regulations.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
There was a a policy on the management of complaints that was most recently reviewed in June 2021. The procedure for making complaints was on prominent display for residents and visitors to the centre. A review of the complaints log indicated that complaints were recorded, investigated and actions taken to rectify any issues identified as a result of a complaint.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
Schedule 5 policies were available for review. They had all been reviewed within the required three year time frame. Policies and procedures were accessible to all staff and provided appropriate guidance and support on the provision of the safe and effective delivery of care to residents.
Judgment: Compliant

## Quality and safety

Overall, the inspector was assured that residents were receiving a good standard of care and service in the nursing home. Residents informed the inspector that they were happy living in the centre, they liked living there and were well looked after. However, some improvements were required residents' rights and fire safety to further enhance the quality and safety of the service for the benefit of the residents.

The inspector reviewed a sample of residents' care records and saw that a variety of validated tools were used to appropriately assess the residents. A system was in place to audit care plans to ensure they were completed and updated within the prescribed time frame. The inspector reviewed a selection of care plans including some relating to communication difficulties, managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and wound care and found them to be person-centred, informative and provided good instruction and strategies for staff to ensure resident care needs were met. Established processes were in place to ensure access to a general practitioner (GP), other hospital consultants and allied health services. Details of referrals and recommendations from these professionals were documented throughout the care plans reviewed.

The inspector observed that management and staff made efforts to ensure residents' rights were respected and upheld. There were activities scheduled for the residents. The schedule was flexible and adapted to meet the needs and requests of residents on any given day. The inspector observed group activities on both days of the inspection. There was a need to review the activity schedule to ensure that there were opportunities for residents to participate in activities in the morning, in the afternoon and in the evenings in all areas of the centre. This is discussed further under Regulation 9: Residents' Rights..

The fire procedures and evacuation plans were prominently displayed. Personal evacuation plans were in place for each resident and updated on a regular basis. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced at the recommended frequency. However, further action was required in relation to fire safety and this is discussed in more detail under Regulation 28: Fire precautions.

Overall, the centre was clean on the day of inspection. Areas for improvement identified on an infection control focused inspection, conducted in August 2022, had been addressed. Improvements were made in relation to the surveillance of multi-drug resistant organisms (MDROs) and healthcare associated infections (HCAIs). There were systems in place for cleaning equipment after use and for disposing of used wash-water following the provision of personal care to residents. Hoist slings were designated for individual residents to minimise the risk of cross contamination

associate with shared use.

### Regulation 11: Visits

There was a high level of visitors to the centre over the course of the two days of the inspection. Visiting arrangements were being managed in the least restrictive manner and in line with national guidance. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate storage for their clothes and personal possessions. Residents personal clothing and bed linen was outsourced to an external laundry. Clothing was labelled with the resident's name to ensure its safe return once laundered.

Judgment: Compliant

### Regulation 17: Premises

The centre was homely, accessible and provided adequate space to meet residents needs. The centre was clean and bright and easily accessible. Communal spaces included a library, large dining room, large day room, conservatory, visitors' room, and oratory. Residents had access to enclosed garden patio areas, which were easily accessible from several points around the centre.

Judgment: Compliant

### Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

A review of the accident and incident log found that incidents were documented and

actions were taken to address any learning following an incident.

Judgment: Compliant

### Regulation 27: Infection control

The centre was observed to be clean throughout. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene. Action had been taken in response to issues identified for improvement following in infection prevention and control focused inspection conducted in August 2022. These improvements included the purchase of a new bedpan washer, enhanced antimicrobial stewardship, appropriate storage of individual moving and handling slings and enhanced cleaning practices.

Judgment: Compliant

### Regulation 28: Fire precautions

Action was required to ensure full compliance with fire safety, for example:

- a small number of staff were overdue attendance at fire safety training
- there were gaps in some cross corridor fire doors that would reduce their effectiveness in containing smoke and flames in the event of a fire
- while there were fire compartment maps on display in the centre the provider was requested to:
  - confirm that they accurately reflected fire compartment boundaries in the centre
  - ensure they reflected compartment boundaries for the whole of the centre and not just bedroom areas
  - identify where you were in the centre in relation to the nearest emergency exits
  - ensure they were displayed at appropriate locations throughout the centre
- emergency lighting had preventive maintenance conducted annually by an external organisation. There was a need to ensure that a certificate was available to confirm that quarterly preventive maintenance was conducted by a competent person in accordance with relevant standards

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A variety of validated assessment tools were used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. These had been completed within 48 hours of admission and care plans were prepared based on these assessments. Care plans were updated within four months or more frequently where required.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to health care. General Practitioners (GPs) visited the site weekly and reviewed the residents' as required. Processes were in place for referrals to other specialists and allied health professionals. Recommendations and treatment plans were incorporated into the residents care plans.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Care plans contained guidance for staff on resident's preferences and individual needs. Bedrail usage was high and there were thirteen residents using bed rails when they were in bed. Prior to the use of bed rails each resident had a risk assessment conducted and records indicated trialling of alternatives to bed rails, such as floor mats and movement alarms.

Judgment: Compliant

### Regulation 8: Protection

There was a safeguarding policy in place and staff had received their safeguarding training and residents were protected from abuse. Staff spoken with were knowledgeable about what constitutes abuse and what action to take following an allegation of abuse. The provider was not pension agent for any resident.

Judgment: Compliant

### Regulation 9: Residents' rights

Action was required to support the provision of activities and occupation of residents. For example:

- all residents in the main area of the centre returned to their bedrooms after tea in the evening time. The inspector observed that lights were switched off in the communal areas by 5.40pm on the first day of the inspection and all residents were in their bedrooms, either in bed or sitting in a chair at their bedside
- the arrangements in place for the provision of activities was dependent on one staff member facilitating a programme of activities. The inspector observed that while that staff member was in the dementia unit, there were no activities provided in the main area of the centre and vice versa.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Ashlawn House Nursing Home OSV-0000407

Inspection ID: MON-0038375

Date of inspection: 10/11/2022

## 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
<p>Outline how you are going to come into compliance with Regulation 21: Records: The PIC and Provider give assurances to the Chief Inspector that the nursing home has reviewed the reference for the staff member which has now been verified for authenticity.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The PIC and Provider give assurances to the Chief Inspector that the nursing home has reviewed the Statement of Purpose to ensure it contains all the requirements listed in Schedule 1 of the regulations which includes</p> <ol style="list-style-type: none"> <li>1. Services offered to residents with medical cards and National Screening Program have been added to the Statement of Purpose.</li> <li>2. Communal areas are now specifically labelled</li> <li>3. Assisted Bathrooms have been individually listed with contents and exact location specified.</li> <li>4. Measurements for all rooms, including communal rooms, noted on the floor plan.</li> <li>5. Revision date added to the Statement of Purpose.</li> <li>6. Laundry service is outsourced and detailed in the Statement of Purpose.</li> </ol>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC and Provider give assurances to the Chief Inspector that the nursing home has made adequate arrangements for maintaining of all</p> <ol style="list-style-type: none"> <li>1. Fire Training has been booked for 9th January 2023 for staff who are overdue fire safety training.</li> <li>2. External company booked to complete the service on the gaps in cross corridor fire doors.</li> <li>3. Fire Compartment maps updated to include compartment boundaries for bedrooms and communal areas together with identifying where you are in the centre in relation to nearest emergency exit and appropriately displayed in the different areas of the centre.</li> <li>4. A certificate is in place to confirm that quarterly maintenance is conducted by a competent person in accordance with relevant standards.</li> </ol>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC and Provider give assurances to the Chief Inspector that the nursing home will ensure residents are given encouragement to remain in communal areas, however, their choice to return to their own room is respected.</p> <p>Extra hours are now added to the activities program each week to support residents in the Dementia Specific Unit not wishing to join activities on the main floor in the afternoon.</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 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	05/12/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	23/12/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including	Substantially Compliant	Yellow	09/01/2023

	evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	12/12/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	12/12/2022
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	06/01/2023