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:	Ashlawn House Nursing Home
Name of provider:	Ashlawn Nursing Home Limited
Address of centre:	Carrigatoher, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	06 December 2023
Centre ID:	OSV-0000407
Fieldwork ID:	MON-0039874

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:	49

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
Wednesday 6 December 2023	10:00hrs to 17:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

Residents living in Ashlawn House were supported to enjoy a good quality of life. Findings of the inspection indicated that residents were offered choice in key aspects of their care. This included discussions on what activities residents would like to be available, the choice of food available for residents and on how residents would like care support to be provided to them. The inspector spoke with several residents during the course of the inspection and all said that they were content with life in the centre and felt well supported. The inspector found that there was an open and transparent culture in the centre with regards to how the centre operates.

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.

The person in charge was absent on the day of the inspection due to a prior engagement and the assistant director of nursing (ADON) was in charge. Following an introductory meeting with the ADON, the inspector commenced a tour of the premises. The centre was clean, warm and odour free. There were clinical hand wash basins located at suitable intervals throughout the centre. There were also alcohol hand rub dispensers located in key areas, which were found to be well-maintained. There was directional signage located throughout the centre to guide residents, staff and visitors to key locations such as dining, visiting and communal rooms. There was also a range of information on display in relation to fire safety which included actions to take in the event of a fire emergency.

In the main part of the centre there is bedroom accommodation for 40 residents. The area was seen to be clean and bright throughout and furnished to a high standard. There were some nice pieces of decorative antique style furniture placed throughout the centre. There is adequate communal sitting and dining space for residents as well as quite areas for residents to spend time alone or to meet with visitors away from their bedrooms. There is a secure outdoor area that is an inviting area to spend time when the weather is suitable. There is a 12 bedded area that staff call the "Unit" that predominantly accommodates residents with a cognitive impairment. It is self contained with its own communal sitting and dining space. It has also got a secure outdoor space that is landscaped to a high standard and is readily accessible to residents. Over the course of the day of the inspection the inspector noted a calm, relaxed atmosphere in this area.

The inspector saw that communal areas were occupied by residents throughout the

day. The inspector spent time chatting with residents, and observing the interactions between staff and residents. Some residents were unable to articulate their experience of living in the centre. However, those residents appeared comfortable and relaxed in their environment. The atmosphere was welcoming. Communal areas were supervised by a member of staff at all times. Throughout the day staff spent time sitting and chatting with residents. The inspector observed staff and resident interactions over the course of the day and found that residents with communication deficits were supported by staff in a positive manner. Residents were given time and space to make their views known. These interactions confirmed that staff were aware of residents' needs and were able to respond to those needs in a constructive manner.

The inspector observed a meal service and found that residents were supported by staff to enjoy their meal. The options available for lunch on the day included turkey and stuffing or a fish option. Options available for evening tea included quiche and salad or sandwiches. A large number of residents had their meals in the dining room and mealtimes were observed to be sociable occasions for residents. Residents were provided with regular hydration and snacks throughout the day.

Residents had access to radio, television and newspapers. Residents had access a range of activities within the designated centre. Activity staff were on site to organize and encourage resident participation in events. There were also some activities facility by external people such as music. A number of outings were arranged over the summer to places of interest. There were also a number of additional activities organised over the Christmas period including visits by two school choirs and a Christmas party with entertainment provided by a traditional irish music band, singers and a DJ. Information was available to support residents access advocacy services. Residents were kept informed about changes occurring in the centre through resident meetings. Residents told the inspector that they were provided with the opportunity to meet the management, and provide feedback on the quality of the service they received.

The next two sections of this report present the findings of this inspection in relation to the governance and management of the centre and how these arrangements impacted on the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013, as amended. The inspector also followed up on a compliance plan submitted by the provider following the last inspection in November 2022. Overall, this was a well-managed centre where residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of an appropriate standard and the findings reflected a commitment

from the provider to ongoing quality improvement for the benefit of residents that lived in the centre. The inspector found a high level of compliance with the regulations reviewed.

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. In addition, there were two registered nurses on duty 24 hours a day, supported by health care assistants, activities staff, cleaning, catering, maintenance, and administration staff. 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 governance and management of the designated centre was well organised and the centre was well resourced to support residents have a good quality of life. On the day of the inspection there were adequate numbers of suitably qualified staff available to support residents' assessed needs. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents. On the day of inspection there were forty nine residents accommodated in the centre with three vacancies.

Clinical and environmental audits were conducted by the PIC, ADON and CNM. The audits reviewed on the day of inspection were comprehensive and detailed. The findings were shared with the management team senior management team meetings. Where areas for improvement were identified, action plans were developed and completed. There was an annual review of the quality of the service provided completed for 2022. There was a quality improvement plan in place for 2023.

The inspector reviewed the record of staff training. The registered provider had a comprehensive training programme in place for staff. A review of the records indicated that staff had received up-to-date training in areas such as safeguarding residents from abuse, fire safety training, manual handling, infection control, medication management and dementia care. Staff responses to questions asked displayed a good level of knowledge. Staff responses in relation to what action to take in the event of the fire alarm sounding were detailed and consistent.

Staff files were reviewed. An Garda Siochana (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were available in the designated centre for each member of staff. All new staff had completed a process of induction into the centre.

Regulation 14: Persons in charge

The person in charge was on extended leave on the day of the inspection. The person appointed to the role in her absence was a director of the centre and had previously been person in charge in this centre. She worked full time and had the

required qualifications and experience as required in legislation. She was involved in the operational management and the day-to-day running of the service.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of staff training records confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety which was provided on an annual basis, while training in manual handling and safeguarding was provided in accordance with the designated centre's policies. There was a range of supplementary training available for staff to attend such as wound management, medication management, dementia, infection prevention and control, and cardio-pulmonary resuscitation (CPR).

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that records in accordance with Schedule 2, 3 and 4 were kept in the designated centre and were made available for the inspector to review.

Judgment: Compliant

Regulation 22: Insurance

The registered provider maintained a contract of insurance against injury to residents and against other risks including loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

There were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored. There was good oversight of clinical practice by the person in charge, ADON and CNM with a member of nursing management on duty on a supernumerary basis over seven days of the week. The annual review of the service had been completed.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider maintained a suite of policies and procedures to comply with the requirements of Schedule 5 of the regulations. All policies had been reviewed and updated at a minimum of every three years and more recently when indicated.

Judgment: Compliant

Quality and safety

Residents living in this centre experienced a good quality of life and received high levels of support from a kind and caring staff team who were aware of residents assessed needs. There are well-established arrangements in place to meet residents' health and social care needs and there is regular oversight of these arrangements to

ensure a consistent, safe and appropriate service is delivered to the residents.

Care plans were found to be in line with residents' assessed care needs. The interventions recorded to meet these needs were clear, informative and appropriate and based on regular assessments using evidence based assessment tools. A review of a sample of care plans found that care plans were developed within 48hrs of a resident being admitted to the designated centre. Care plans were updated regularly, at a minimum of every four months and more frequently in instances where residents needs changed, Regular oversight of the care planning processes were in place to ensure that they were reviewed in line with the Regulations. Action was required in relation to the assessment of residents following un-witnessed falls and in residents that may have a suspected head injury following a fall. This is outlined under Regulation 6 of this report.

Residents had access to a range of health care services, which included a general practitioner (GP) service, support from psychiatry of later life (POLL) and palliative care services. There were arrangements in place for residents to access allied health care services such as dietitians, speech and language therapists (SALT) and tissue viability nursing (TVN) to provide support with wound care if required. The provider confirmed that the pharmacist visited the centre regularly to provide support with medication management.

There was unrestricted access to all areas of the centre including secure outdoor areas. Residents were observed accessing all areas of the home during the inspection. There was a weekly schedule of activities which was advertised in the centre.

The inspector observed good practices with regard of infection prevention and control (IPC), which included good hand hygiene techniques, and overall procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). There were a number of wash hand basins located throughout the centre that were compliant with Health Building Note 00-10 Part C: Sanitary assemblies. There was a system in place to monitor the cleaning of the centre and there were sufficient resources in place to maintain a clean environment.

There were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed and checks to ensure that fire equipment was accessible and functioning. The provider had carried out a number of simulated evacuations which had been held taking into consideration night and day staffing levels. A sample of cross corridor fire doors were found to have a good seal that would delay the spread of fire and smoke in the event of a fire. New evacuation maps were on display to assist in the identification of where you were in the centre to aid speedy evacuation to a place of relative safety in the event of a fire. The inspector spoke with a number of staff who were familiar with the centre's fire procedures and all were able to describe the actions necessary to effect a safe evacuation.

Regulation 11: Visits

Visits were facilitated throughout the day in the centre and there was no restrictions on visiting. The inspector observed adequate space for residents to receive visitors in private and away from their rooms, should they so wish.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be appropriate and well maintained on the day of the inspection. There was adequate sitting, recreational and dining space available to all residents in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire in order to protect residents. Fire fighting equipment was located throughout the designated centre. Preventive maintenance was conducted on fire safety equipment, fire alarm and emergency lighting at the recommended intervals. All fire exits were clear of obstruction. Fire maps and information on evacuation were displayed in the centre. All staff had received fire safety training on an annual basis and were familiar with fire safety procedure. Each resident had personal emergency evacuation plans that accurately reflected their needs in the event of an emergency evacuation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Nurses routinely transcribed prescriptions when they were due for review. However, these were not routinely signed by the transcribing nurse or by the nurse that verified that it had been accurately transcribed. This is not in accordance with the centre's own policy medication management.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The person in charge had a system in place to assess residents' needs prior to admission, to ensure their needs could be met in the centre. On admission, care plans were developed for any identified issues. The inspector saw that there were individualised care plans in place for nutrition, mobility, skin integrity and a range of other areas where residents may require support. Care plans were person-centred, detailed and reflected the residents' preferences. Care plans were reviewed on a four monthly basis, or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

Neurological observations were recorded following a fall by a resident when there was a suspicion of a head injury and in instances when the fall was un-witnessed. However, the protocol outlined in the policy was not adhered to in relation to the frequency of the observations.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of restraint such as bed rails was risk assessed prior to use and there were adequate supervision arrangements while restraint was in place.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse. A review of Schedule 2 records confirmed that staff had a Garda vetting disclosure in place prior to commencing work in the centre. Staff were familiar with the centres policy on safeguarding and were in receipt of regular safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ashlawn House Nursing Home OSV-0000407

Inspection ID: MON-0039874

Date of inspection: 06/12/2023

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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The PIC and provider assure the Chief Inspector that moving forward, during routine reviews of all residents' medication by the resident's own GP, the transcription will be completed, crosschecked, and signed by two registered nurses. This process ensures the accurate transcription of medication, which is then sent to the resident's own GP for review. Currently, all residents' medication charts are reviewed and signed by two nurses and a GP- completed on 02/01/2024.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The PIC and provider assure the Chief Inspector that in the case of an unwitnessed fall, especially when there is suspicion of a head injury, neurological observations and GCS will be carried out according to the protocol outlined in the policy. To monitor this practice, a new section has been added to monthly data collection for Falls- completed 02/01/2024.	

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 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	02/01/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with	Substantially Compliant	Yellow	02/01/2024

	professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			