Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Ashlawn House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Ashlawn Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Carrigatoher, Nenagh, Tipperary</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>05 November 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000407</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0022814</td>
</tr>
</tbody>
</table>
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 ensuite 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: | 46 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>05 November 2019</td>
<td>09:30hrs to 18:30hrs</td>
<td>Mary Costelloe</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspector spoke with approximately 15 residents and some relatives during this announced inspection. Six questionnaires completed by residents in advance of the inspection were also reviewed.

Residents spoke highly of the service and care provided. The overall feedback from the residents was one of satisfaction with the service provided. Residents commented that they were well cared for, comfortable and happy living in the centre. Some residents stated that the surroundings were peaceful and relaxing.

Residents stated that staff were very helpful, friendly and caring.

Residents were complimentary of the quality and choice of foods on offer.

Residents expressed their satisfaction with how their visitors were always welcomed, and how they could avail of the family room with its tea and coffee making facilities.

Others mentioned that they enjoyed the variety of activities taking place.

Residents told the inspector how they liked their bedrooms and found them to be spacious and comfortable.

Residents confirmed that they could access the gardens and found them to be beautiful and well kept.

Capacity and capability

This was a well managed service and a good service was being provided to the residents. The management team had organised systems and processes in place to ensure that they had oversight arrangements in place to monitor the quality and safety of care received by residents. Issues identified at the previous inspection had been addressed.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to.

The directors of Ashlawn House Nursing Home Ltd (the provider) worked full-time in the centre as the manager and person in charge. The manager along with the
The assistant director of nursing and administrator supported the person in charge in carrying out her role. The assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place. The management team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. They continued to evaluate compliance with relevant standards and regulations and there was a audit schedule in place. Regular audits and analysis were carried out in areas such as incidents, falls, medication management, complaints, use of restraints, infection control, catering, health and safety and environment. Audits were found to be meaningful and used to bring about improvements to the service provided. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. Feedback from residents committee meetings was also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

The management team were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

The management team ensured that safe and effective recruitment practices were in place. Staff had the required skills, experience and competencies to fulfill their roles and responsibilities. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures. The person in charge confirmed that all other staff and persons who provided services to residents had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure.

Care and support for residents was delivered by the appropriate number and skill mix of staff and good access to allied health services. This is further evidenced under the quality and safety section of the report. There was a low turnover of staff in the centre and no dependency on the use of agency staff which ensured continuity of care for residents.

Staff were provided with training and ongoing development opportunities, appropriate to their roles, to ensure that they had the necessary skills to deliver high-quality, safe and effective services to residents.

**Regulation 14: Persons in charge**

The person in charge was a nurse and worked full-time in the centre. She had the
required experience in the area of nursing the older adult. The person in charge was knowledgeable of the regulations, HIQA's standards and her statutory responsibilities. She demonstrated good clinical knowledge. She knew the individual needs of each resident.

Judgment: Compliant

**Regulation 15: Staffing**

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of 46 residents, two residents were in hospital at the time of inspection. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff.

Judgment: Compliant

**Regulation 16: Training and staff development**

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had completed all mandatory training and that training was scheduled on an on-going basis. Training included specialist training in relation to care of the older person in areas such as dementia care, management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), infection control, restraint management, medication management, end of life care and food safety management systems.

Judgment: Compliant

**Regulation 21: Records**

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely.

Inconsistencies noted in some nursing records at the previous inspection had largely been addressed.
<table>
<thead>
<tr>
<th>Regulation</th>
<th>Details</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23: Governance and management</td>
<td>There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents.</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>All residents had a contract of care in place which outlined the terms of their residency. Regular fees payable were clearly identified and the contracts included a list of services facilitated which would incur additional charges.</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>The inspector reviewed the revised statement of purpose dated October 2019 during the inspection. It required further updating in order to fully comply with the requirements of the regulations. The narrative description of bedroom en suite facilities required review to ensure they were accurate, specific and in line with the associated floor plans. The management team undertook to submit an updated statement of purpose following the inspection.</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>To date all relevant incidents had been notified as required by the regulations.</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Overall, residents in this centre were well cared for, and the quality of care provided was to a high standard.

Residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices.

Residents had access to appropriate medical and allied health services to ensure that their health care needs were met. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services in-house as required.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. There was a full time activities coordinator employed. A varied programme of appropriate recreational and stimulating activities was offered. The activities coordinator had received specific training to support the activities programme including 'Sonas' a multi-sensory therapeutic activity for people with dementia.

Residents were protected through medicine management and practices that were in line with national standards. This was evidenced by audits carried out by the pharmacist and person in charge which found good levels of compliance.

Nursing documentation was found to be completed to a high standard. Nursing assessments informed the care plans which were found to be person-centred, individualised and clearly described the care to be delivered. Systems were in place to ensure that care plans were reviewed and updated on a regular basis to ensure that residents up to date care needs were met.

The design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. Appropriate signage was provided to assist residents in finding their way around the centre. The building was found to be well maintained, clean, warm and odour free. There was a good variety of communal day spaces which were bright and spacious. It was found to be accessible and aided residents to be independent. The corridors were wide and bright and allowed for freedom of movement. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. All areas were bright and well lit, with lots of natural light in all areas. Residents had access to a safe, secure outdoor garden areas which was easily accessible from the communal areas.

Bedroom accommodation was provided in 40 single bedrooms and six twin bedrooms, the majority had en suite toilet and shower facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their rooms.
The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

Residents told the inspector they felt safe and well looked after living in the centre.

The provider did not act as a pension agent on behalf of any residents. Small amounts of money and other valuables were kept for safe keeping on behalf of some residents. The inspector was satisfied that clear and transparent systems were in place to safeguard residents' money and belongings which the provider was looking after on site.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Issues relating to fire safety management identified at the previous inspection had been addressed.

There continued to be a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Nursing staff spoken with were clear that they needed to consider the reasons why people’s behaviour changed, and would also consider and review residents for issues such as infections, constipation, and changes in vital signs. Most staff had completed training in dementia care and management of responsive behaviours. Residents had access to support and advice from the consultant psychiatrist and community psychiatric team if required.

Staff continued to promote a restraint-free environment, guided by national policy. Many staff members had received training in the management of restrictive practice. At the time of inspection there were bed rails in use for four residents following consultation, consent and risk assessment. Regular safety checks were being recorded.

The management style of the centre maximised residents’ capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in an activity, to spend quiet time in another of the communal day areas, walk about independently or sit and read newspapers in their preferred location.

Residents continued to maintain links with the local community. There continued to be regular visits from local musicians, therapists and school students. Photographs were displayed of residents enjoying a variety of activities including day trips and themed parties.

Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) were displayed. There was an active residents association in place and they continued to hold meetings on a regular basis. There was evidence that issues raised by residents were followed up by the management staff and used to inform improvements to the service. A representative of SAGE was due to attend the upcoming residents meeting, notice of which was displayed.
Regulation 12: Personal possessions

Residents had sufficient space in which they could store their clothing and personal belongings, including lockable storage for valuables. Residents had personalised their bedrooms with their own decorations, flowers, ornaments and photographs. Improvements had been made to systems for labelling of clothing to minimise risk of personal items being misplaced.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be homely, accessible and provided adequate space to meet residents needs. The centre was well maintained, clean, bright and nicely decorated. There was a good variety of communal day spaces. Grab-rails and handrails were provided to bathrooms and corridors. Safe floor covering was provided throughout. Adequate assistive equipment was provided to meet residents' needs. Service records showed that equipment was regularly serviced and well maintained. Residents had access to enclosed garden patio areas which was easily accessible from the day room areas.

Judgment: Compliant

Regulation 27: Infection control

Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. The building appeared clean and odour free. All staff had attended infection control training. Regular infection control audits were carried out by nursing management.
### Regulation 28: Fire precautions

There was evidence of regular fire safety checks being carried out and all staff had received ongoing fire safety training which included evacuation and use of equipment. All fire exits were observed to be free of any obstructions. Staff spoken with were familiar with progressive horizontal evacuation and confirmed that they had been proactively involved in simulated evacuation drills. Fire drill records reviewed indicated that simulated evacuation of compartments had taken place on a regular basis based on night time staffing levels. Drill records showed that that learning and feedback was used to improve response times. There were clear, colour coded fire evacuation plans displayed throughout the building. Designated storage areas had been allocated for the storage of wheelchairs in each compartment so that they would be easily accessible at night time if required for evacuation purposes in the event of an emergency. Daily checks were being carried out to ensure that wheelchairs were stored correctly and these checks were being recorded.

Records indicated that all fire fighting equipment had been serviced in June 2019 and the fire alarm was serviced on a quarterly basis. Fire safety training took place regularly and included evacuation procedures and use of fire equipment.

There were a number of bedroom doors in the older section of the centre which were not provided with self closing devises which posed a risk if left open in the event of fire. Following discussion, the management team agreed to have these doors assessed by a fire safety consultant with a view to considering and exploring other suitable self closing options.

**Judgment:** Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents had a comprehensive assessment completed on admission and care plans were developed based on their assessed health and social care needs. There was evidence that residents or their representative were involved in the completion of care plans and in reviews of care.

**Judgment:** Compliant

### Regulation 6: Health care
The health needs of residents were reviewed and they had access to a range of health and social care services. All residents had access to a choice of general practitioner (GP) services and residents could retain their own GP if they wished. There was an out-of-hours GP service available if a resident required review at night time or during the weekend. A physiotherapist attended each week. A full range of other services was available including speech and language therapy (SALT), occupational therapy (OT), dietetic and psychiatry of later life services. Chiropody and optical services were also provided. All eligible residents were made aware of the national health screening service and arrangements were in place to support residents who wished to avail of the services. All residents had recently been offered the flu vaccine.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

There was a policy on managing responsive behaviours including the use of psychotropic medications which outlined guidance and directions to staff how to respond to and strategies for dealing with behaviours that challenge. Staff had attended training in relation to dementia care and the management of challenging behaviour. Responsive behaviour and anxiety care plans reviewed were found to be person centered, informative and outlined strategies for dealing with residents behaviours.

Judgment: Compliant

**Regulation 8: Protection**

Systems were in place to protect residents from abuse and neglect. There were comprehensive policies on the prevention, detection and response to abuse. Staff continued to promote a restraint-free environment. The management team confirmed that Garda vetting (police clearance) was in place for all staff, volunteers and persons who provided services to residents. A sample of files reviewed by the inspector confirmed this to be the case. All staff had received specific training in the protection of vulnerable adults.

Judgment: Compliant

**Regulation 9: Residents' rights**
Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. Residents' varying religious and political rights were supported. Mass was celebrated in the centre every week. Residents were facilitated to vote in house. Residents were supported to go on day trips.

Residents had access to advocacy services, information on local events, notice boards, radio, television and the Internet. Daily, regional newspapers and the weekly parish newsletter were provided. A monthly residents newsletter was published and a residents life story was included each month.

The activities coordinator had a good knowledge of all residents' preferences and capabilities for recreation, and had sufficient time to spend with residents who would benefit more from quieter, individual social engagement. During the inspection, residents were observed enjoying a variety of activities including attending a religious ceremony, live music and sing song.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been reviewed and updated to comply with the requirements of the Regulations. The narrative description of the bedroom facilities were changed to ensure they were accurate with the associate Floor Plan as discussed with the inspector on the day of inspection.</td>
<td></td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Doors in the bedroom’s of the older section of the centre are currently being assessed. Self closing devices to suit these doors are currently being sourced regarding quantity and quotation and will be installed once they have been delivered.</td>
<td></td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28(2)(i)</td>
<td>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>28/02/2020</td>
</tr>
<tr>
<td>Regulation 03(1)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>29/11/2019</td>
</tr>
</tbody>
</table>