



# 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:	23 September 2021
Centre ID:	OSV-0000407
Fieldwork ID:	MON-0031316

## 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:	45
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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
Thursday 23 September 2021	09:30hrs to 18:30hrs	John Greaney	Lead

## What residents told us and what inspectors observed

On the day of the inspection the inspector observed that residents were supported to enjoy a good quality of life by staff who were kind and caring. The overall feedback from the residents was that they were happy with the care provided by staff. Many of the residents who spoke with the inspector said they were happy with their life in the centre, which was homely and welcoming.

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 was welcomed to the centre on arrival and guided through the infection prevention and control measures in place. All visitors to the centre completed these measures themselves, which included a temperature check, hand hygiene, completion of a questionnaire and face covering before entering the centre. The inspector observed that visiting was normalised and visitors were observed to use the door code to unlock the door and were familiar with the infection prevention and control procedures to be completed on arrival.

The inspector completed a walk about of the centre together with the person in charge and observed a friendly, relaxed and calm atmosphere throughout. The inspector spoke with a number of residents during the inspection who said that they were happy in the centre and that the staff were always kind and helpful to them. A number of residents were living with dementia and therefore conversations with some residents were limited. Those residents who were unable to communicate verbally were observed by the inspector to be content.

Overall, the inspector found the premises was laid out to meet the needs of the residents and to encourage and aid their independence. The centre was clean and bright throughout and it was evident that management and staff made great efforts to create and maintain a homely atmosphere. The entrance area was bright, airy and welcoming. The communal areas were tastefully decorated with comfortable furnishings. The corridors were wide and well lit. Grab rails were available along the

corridors to assist residents to mobilise safely.

The laundry facility was well-ventilated and was clean and tidy. Most laundry was outsourced and the laundry was predominantly used by housekeeping staff to wash mops on a daily basis and curtains when bedrooms were being deep cleaned. There was a system to maintain segregation of clean and dirty linen.

The resident bedrooms were clean and bright and many were furnished with personal items such as photographs and ornaments to create a comfortable, homely environment. A number of bedrooms had the benefit of large windows providing beautiful views of the countryside. The residents who spoke with the inspector were happy with their rooms. There was sufficient space for residents to live comfortably including adequate space to store personal belongings. There was access to a television in all bedrooms. Call bells were available throughout the centre and the inspector observed that these were responded to in a timely manner.

Throughout the day residents were observed in the various areas of the centre and were seen to be happy and content as they went about their daily lives. Staff knew residents well and all interactions by staff with residents were seen to be respectful.

The centre employed an activity coordinator to provide a range of activities throughout the week. The daily schedule of activities for the residents was displayed in a prominent place. Activities included bingo, arts and crafts, baking and exercises. On the day of the inspection a Sonas session was held in the dementia wing in the morning and in the main part of the centre in the afternoon. Books were sourced from the local library and these were exchanged on a regular basis. Residents also had access to television, radio, and newspapers. Visiting was facilitated in line with current guidance and there were no restrictions on visitors except at meal times and when personal care was being delivered.

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 that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. Issues requiring improvement from the previous inspection had been addressed.

The registered provider of Ashlawn House Nursing Home is Ashlawn House Nursing Home Limited, a company comprising three 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 person in charge demonstrated a clear understanding of her role and responsibility and was a visible presence in the centre. The person in charge was supported in the role by an assistant director of nursing and a clinical nurse manager. At least one member of the management team was present in the centre each day on a supernumerary basis, including weekends, to provide clinical supervision and support to staff. The person in charge was also supported by the owners of the centre, who were usually present in the centre daily.

On the day of the inspection there were adequate resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. Staff had the required skills, competencies and experience to fulfil their roles. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection. Staff had access to education and training appropriate to their role. Staff with whom the inspector spoke were knowledgeable of residents and their individual needs.

Policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents. The inspector reviewed the policies required by the regulations and found that all policies were reviewed and up-to-date. A sample of four staff personnel files were reviewed by the inspector and found not to have all the information required under Schedule 2 of the regulations. This will be discussed further under Regulation 21.

A range of environmental and clinical audits were carried out by nursing management to ensure there was adequate oversight of the quality and safety of care delivered to residents. Issues that were audited on a regular basis included infection prevention and control, care planning, medication management and complaints. There was an action plan associated with each audited that identified the actions to be addressed. Clinical data was collected which was reviewed monthly in areas such restrictive practices, infections, the use of psychotropic medications, responsive behaviours, pressure- related skin issues and weight loss.

An annual review of the quality and safety of care had been completed for 2020 and the review for 2021 was in progress. Improvements had been noted in the management of complaints since the previous inspection. Of a sample of complaints reviewed, records indicated that each complaint was investigated and the outcome of the complaint process was recorded. there was a need, however, to ensure that the notice on display was contained up to date information on the complaints process, including the independent appeals process.

## Regulation 14: Persons in charge

The person in charge meets the requirements of the regulations in terms of qualifications and experience. Residents were familiar with the person in charge and

it was evident that she was involved in the day to day operation of the centre.

Judgment: Compliant

### Regulation 15: Staffing

There were adequate numbers and skill mix of staff to meet the assessed needs of residents on the day of the inspection. Staff spoken with were knowledgeable of residents and of their individual needs.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were supported and facilitated to attend training. A review of training records indicated that all staff had completed up to date training in mandatory areas such as challenging behaviour, manual and people handling, fire safety and safeguarding residents from abuse.

Judgment: Compliant

### Regulation 21: Records

Records were stored securely but easily retrievable. A review of a sample of staff personnel files indicated that most of the requirements of Schedule 2 of the regulations were met. However, of four personnel records reviewed there was a gap in the employment history of one for which an explanation was not recorded.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was an effective governance and management arrangements in place and clear lines of accountability. Management systems in place enabled the service to be consistently and effectively monitored to ensure a safe and appropriate service.



Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

The notice on display outlining the complaints procedure was out of date in some areas of the centre and did not identify the current complaints officer.

While the complaints policy referenced an independent appeals process, adequate information was not provided on the complaints notice of how to access the independent appeals process.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were in place and were updated in accordance with changing guidance.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the care and support provided to the residents in the centre was of good quality. Residents stated that they felt safe and well-supported in the designated centre.

Pre-admission assessments were conducted by the person in charge in order to ascertain if the centre could meet the needs of residents prior to admission.

Residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirement. Care plans were personalized to resident's individual needs and provided good guidance on the care to be delivered to each resident. There was evidence of discussion with residents and/or their family members.

Residents had good access to medical care and records indicated that residents were reviewed regularly. Residents also had good access to allied and specialist services such as speech and language therapy, dietetics, physiotherapy and occupational therapy. Medical records reviewed included detailed notes of residents' care. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these.

The centre was observed to be generally clean on the day of the inspection. Hand sanitisers were placed at appropriate locations to promote hand hygiene. The inspector reviewed cleaning records and found that staff maintained adequate records of routine cleaning and there was also a schedule of deep cleaning.

Overall, the residents were happy with the quality and choice of food available to them. The inspector observed residents dining experience and found that the food served appeared to be wholesome, nutritious and appropriate to residents' dietary needs.

Visiting was unrestricted and there was a good level of visiting activity throughout the day. Visitors complied with infection prevention and control guidance on entering the centre. Visiting took place in residents bedrooms but there was also communal visiting rooms, should residents have a preference for receiving visitors away from their bedroom.

The inspector reviewed a sample of residents' prescription charts and saw that they contained all the required information about the resident and medications. Prescriptions were transcribed by nursing staff and a sample of prescriptions reviewed indicated compliance with recommended transcription practice.

While there was a clear focus on fire safety within the centre, some improvements were required. There were personal emergency evacuation plans in place for all residents detailing the optimal mode of evacuation and support required in the event of a fire. There was a programme of preventive maintenance of fire safety equipment including the fire alarm, emergency lighting and fire extinguishers. The frequency of fire drills simulating the evacuation of residents extended beyond the frequency required by the regulations. There was also a need to ensure that all staff were knowledgeable of what to do in the event of a fire. This is discussed in more detail under Regulation 28.

The inspector observed that the residents were comfortable and that staff respected their privacy and dignity. Residents' rights and choices were respected. The residents' committee was active and the minutes of these meetings showed they discussed a range a topics. There were also opportunities for residents to participate in meaningful activities.

## Regulation 11: Visits

Visiting was facilitated in line with current guidance for the Health Protection and Surveillance Centre. There were adequate facilities for residents to receive visitors in private.

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

Improvements required in relation to risk included:

- the risk assessment completed for residents that smoke was generic and did not assess the risk on an individual basis of the level of supervision required for each resident
- there were inadequate arrangements for the supervision of residents while they were in the smoking room

Judgment: Substantially 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.

There were two cleaning staff on duty daily, and each one had responsibility for designated areas of the centre. They were knowledgeable about infection control

practices and had appropriate equipment for the individual cleaning of rooms and bathrooms.

The centre had a comprehensive preparedness plan in place should there be a further outbreak of COVID-19.

Judgment: Compliant

### Regulation 28: Fire precautions

Some improvements were required in relation to fire safety, including:

- not all staff were fully aware of horizontal evacuation procedures
- not all staff were knowledgeable of what to do should a resident's clothes catch fire
- there is a need for more frequent fire drills to ensure that all staff are aware of the procedure to be followed in the event of a fire

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medicine management practices observed and described to the inspector were found to be safe. Nurses maintained a register of controlled drugs, which was checked and signed twice daily by two nurses. Medication reviews and pharmacy audits took place on a regular basis.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs such as their risk of falling, malnutrition, pressure related skin damage and mobility assessments, among others. These assessments informed the care plans developed to meet each resident's assessed needs.

The inspector examined a sample of residents' care documentation. Each resident had a care plan, based on an ongoing comprehensive assessment of their needs. Care plans were updated on a regular basis to take account of each resident's

changing needs and advice from medical and allied health services.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents had timely access to medical services. Records demonstrated residents were regularly reviewed by their GP. Residents had access to allied health professionals such as speech and language therapy and dietetics following referral.
Judgment: Compliant
<b>Regulation 7: Managing behaviour that is challenging</b>
Care plans contained guidance for staff on resident's preferences and individual needs. There were seven 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
<b>Regulation 8: Protection</b>
The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures or suspicions of abuse.  There was a policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. All staff had attended training and staff spoken with were knowledgeable regarding the procedures in place should there be an allegation of abuse.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
Opportunities for residents' feedback and to ask questions were in place, which were acted on by the provider. Residents had access to the services of an advocate.

There were no restrictions on resident's movements within the centre. Residents were fully informed of and understood the updated visiting guidelines. On the day of inspection residents were receiving visitors in their bedrooms in line with updated HPSC visiting guidelines.

There was a variety of activities available to residents that included group and one to one sessions. Residents were seen to be taken on walks outside. Feedback from residents was that there were things to do throughout the day but also time to relax, should they so wish

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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	Compliant

# Compliance Plan for Ashlawn House Nursing Home OSV-0000407

Inspection ID: MON-0031316

Date of inspection: 23/09/2021

## 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 staff file as identified and the CV is now updated with gaps explained.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The PIC and Provider give assurances to the Chief Inspector that the nursing home has removed the out-of-date Complaints Procedure. There is an updated 'Procedure for Handling Complaints' notice in a prominent place within Ashlawn, which includes the process of how to access the nominated independent appeals person.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: The PIC and Provider give assurances to the Chief Inspector that the nursing home has implemented new risk assessments for residents that smoke which identifies the level of supervision required for each resident. There is now a schedule in place to ensure adequate supervision of residents while in the smoking room.</p>	

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 is providing ongoing training in fire safety to include evacuation procedures in daily morning briefings in addition to steps to take should a residents clothing catch fire.</p> <p>Fire drills have been scheduled to cover day and night evacuations with diary in place. This will ensure that all staff are aware and familiar with the procedure to be followed in the event of a fire.</p> <p>Next evacuation scheduled week beginning 11th October 2021.</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	24/09/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	05/10/2021
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	Substantially Compliant	Yellow	05/10/2021

	procedures, including 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(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	05/10/2021
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon	Substantially Compliant	Yellow	23/09/2021

	as is practicable after the admission of the resident to the designated centre concerned.			
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	05/10/2021