

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Ashlawn House Nursing Home
<b>Centre ID:</b>	OSV-0000407
<b>Centre address:</b>	Limerick Road, Nenagh, Tipperary.
<b>Telephone number:</b>	067 314 33
<b>Email address:</b>	info@ashlawnnursinghome.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Ashlawn Nursing Home Limited
<b>Provider Nominee:</b>	Peter Curtin
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	36
<b>Number of vacancies on the date of inspection:</b>	4

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

**Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
29 February 2016 09:30	29 February 2016 17:00
01 March 2016 09:30	01 March 2016 14:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Compliant
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Compliant

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector focused on the care of residents in the dementia specific unit. The inspector met with residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff

and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

Overall, the inspector found the provider and person in charge were very committed to providing a high quality service for residents with dementia.

The dementia specific unit was purpose built and the provider had carried out on-going improvements to create an environment where residents with dementia could flourish. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspector found the residents were enabled to move around as they wished, and there was access to an enclosed safe garden area. The person in charge ensured the same staff were assigned to the unit to ensure continuity of care to the residents. The staffing levels and size of the unit allowed for supervision of and time to spend with the residents. Signs and colours had been used in the centre to support residents to be orientated to where they were.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. There was an activities coordinator on duty to meet the social needs of residents. All staff fulfilled a role in meeting the social needs of residents and inspectors observed that staff connected with residents as individuals. The environment was interesting with plenty of objects to engage and interest residents. The unit had a kitchenette and the domestic environment supported residents to engage in household tasks.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance, for example, clothing was coordinated and accessorised with scarfs and jewellery and residents hair was regularly attended to by staff and the in house hair dresser.

The collective feedback from relatives was one of satisfaction with the service and care provided.

Staff were offered a range of training opportunities, including a range of specific dementia training courses. Arrangements were in place to support the civil, religious and political rights of residents with dementia.

The centre was compliant in all six Outcomes.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services, tissue viability and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services, regularly reviewed and results of appointments were written up in the residents' notes.

There was a policy in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better.

The person in charge advised inspectors that the pre-admission assessment would consider if the centre would be able to meet their needs. When considering admissions to the dementia specific unit, they would consider if the residents needs would be met in that environment. The inspector observed that pre admission assessments were completed by the person in charge for all residents prior to admission.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing

pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, oral cavity, agitation and risk.

The inspector noted that care plans were in place for all identified issues. A comprehensive and informative daily life care plan was in place for all residents which outlined clear guidance for staff in areas such as washing and dressing, elimination, eating and drinking, mobilisation and safe environment, communication, controlling temperature, social, mental and emotional state, expressing sexuality, maintaining respect and dignity, sleeping and end of life care. Care plans guided care and were regularly reviewed. Care plans were person centered and individualised. There was evidence of relative/resident involvement in the review of care plans. There was also large print signage in the entrance area informing residents/relatives what a care plan was and that they were available for review and could be discussed at any time. There was evidence to show that care plans were reviewed regularly on a three monthly basis and more frequently if required. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs. Care staff were also included in the review and updating of residents care plans, they told the inspector that systems were in place to ensure that any changes or information relating to residents needs was used to update care plans.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. The inspector was shown the transfer letter template which included areas to record appropriate information about their health, medications and their specific needs. However, the inspector noted that copies of the transfer letters were not always kept on file, the person in charge undertook to ensure that a copy of same would be kept going forward.

The inspector reviewed the file of a resident who had recently returned from hospital and noted that assessments and care plans had been updated to reflect the residents changed needs. The residents medications had been reviewed on return from hospital and the resident had been reviewed by the physiotherapist and dietician.

Nursing staff advised the inspector that there were no residents with wounds at the time of inspection. Staff had access to support from the tissue viability nurse if required.

The inspector was satisfied that residents weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspectors confirmed this to be the case. Care plans in place were found to be person centered and very comprehensive. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There was a large colourful pictorial menu board which clearly displayed what food choices/dishes were available for each meal. Mealtimes in the dining room/kitchen were unhurried social occasions in a domestic style setting. Staff were observed to engage

positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal.

The inspector reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. The physiotherapist visited the centre on a weekly basis and reviewed all residents post falls. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds, crash mats, chair/bed sensor alarms and hip protectors were in use for some residents. The inspector noted that the communal areas were supervised by staff at all times.

Staff provided end of life care to residents with the support of their GP and the community palliative care team. The inspector reviewed a number of 'end of life' care plans that outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care. All residents had single rooms. There were no residents under the care of the palliative care team at the time of inspection. Many staff had undertaken training in end of life care.

All staff informed the inspector that many improvements had been carried out to ensuring that meaningful and interesting activities were provided for residents. The social care needs of each resident were assessed and records were maintained of each residents participation in activities. Detailed life histories had been documented for most residents and staff were observed to use this information when conversing with residents. A monthly residents newsletter was published and a residents life story was included each month. The February newsletter was displayed on the notice board.

There was a full time activities coordinator employed in the centre. The activities coordinator told the inspector that she carried out group and individual activities with residents in the dementia specific unit mostly in the morning and early afternoon time as a lot of residents liked to relax and some liked to go for a snooze in the afternoon. The inspector observed residents enjoying a variety of activities during the inspection including a Sonas music session and arts and crafts. Many of the residents actively partook while others joined in for shorter periods. Residents were observed to enjoy listening to music and comedy DVDs. Other activities that took place regularly included music and dance, cookery, sewing and knitting, card games exercise to music and gardening. Dog therapy was provided each Saturday, staff informed the inspector that many of the residents liked animals and many spoke about their own pet dogs at home. Some residents attended a local day care centre and others participated in activities in the main nursing home. Staff carried out 1:1 activities with residents including hand massage. The inspector observed staff encouraging residents to move around, having conversations, and engaging with different activities such as holding dolls or soft toys. During this time the staff were seen to interact with residents positively, speaking directly to people, responding to any verbal communication, kneeling by people and getting eye contact and some physical contact. Other staff walked and talked with residents or spent time sitting with them.

**Judgment:**  
Compliant

## ***Outcome 02: Safeguarding and Safety***

### **Theme:**

Safe care and support

### **Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

### **Findings:**

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on responding to allegations of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Further training was scheduled later this month. At the time of the inspection, no allegations had been made, but the person in charge was clear on what her role would be.

The inspector reviewed the policies on meeting the needs of residents presenting with challenging behaviour and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment, there were no bed rails in use at the time of inspection and the inspector saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

The inspector observed that residents appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm, noise free environment and allowing residents choice of daily routines. The inspector observed this taking place in practice. Nursing staff spoken with were clear they needed to consider the reasons people's behaviour changed, and would also consider and review for issues such as infections, constipation, and changes in vital signs.

The inspector reviewed a sample of residents files and noted that care plans which included distraction techniques were in place to guide staff in the care of residents with behaviours that challenged. There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services and ABC charts were used to record episodes



of behaviours in line with the centers policy.

For some residents 'as required' medication had been prescribed, and could be administered if residents remained anxious. A register of the use of 'as required' psychotropic medications which included the rationale for their use was maintained and reviewed regularly by the person in charge. Regular medication management audits including the use of psychotropic medications were also carried out by the pharmacist.

The person in charge told the inspector that residents finances were not managed in the centre, however small amounts of money were kept for safe keeping on behalf of a number of residents. The inspector saw that these accounts were managed in a clear and transparent manner. Separate account books were kept for each resident detailing all transactions. Two signatures were recorded for each transaction and receipts were kept for any purchases made on behalf of residents.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Relatives spoken with felt their relatives were being supported by excellent staff and receiving very good care.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents were consulted in the organisation of the centre, and that their privacy and dignity was respected.

Residents committee meetings were held on a regular monthly basis and were facilitated by the activities coordinator. Notice of upcoming meetings were displayed and relatives were invited to attend. Minutes of meetings were recorded, issues discussed included catering/food, activities and any other issues residents or relatives wished to discuss. The activities coordinator told the inspector that she was planning to organise some day trips to local areas of interest following recent requests from some residents. The provider stated that he was in the process of getting a dressing table for a resident who had recently requested same.

The activities coordinator was in the process of compiling the results from a recent resident/relative satisfaction questionnaire.

The inspector noted that the privacy and dignity of residents was well respected. All residents had single bedrooms with en suite toilet and shower facilities. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

Residents were treated with respect. Inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited fortnightly and some residents availed of the service while care staff also attended to residents hair.

The inspector found 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 or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents were observed to return their own cups to the sink in the kitchen organise the cutlery trays and other residents were supported to eat their meals at their preferred times. Staff told the inspector that breakfast times were at the residents choosing and late meals were provided for residents who missed lunch or supper. The inspector observed residents who preferred to sleep on the sofa being made comfortable and allowed to rest.

Residents' religious and political rights were facilitated. The local priest visited and said Mass weekly. Staff stated that many of the residents enjoyed attending mass and reciting the rosary. The person in charge told inspectors that residents of varying religious beliefs were facilitated as required. She also told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during the recent general election.

There was an open visiting policy in place. The dementia specific unit had its own separate entrance and the inspector observed that regular family visitors knew the key code and visited as they wished. Residents could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of the home. Residents had many visitors during the inspection and relatives spoken with were very complimentary of the service provided.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place for a half hour on each of the inspection days. An overview of the observations is provided below:

The inspector found that for 75% of the observation period (total observation period of 60 minutes, 30 minutes each day) the quality of interaction score was +2 (positive connective care). Staff knew the residents well they connected with each resident on a

personal level. Staff made eye contact and greeted residents individually by their preferred names, staff offered choice such as choice of preferred drinks, staff spoke to residents about what was on the menu for evening supper and asked by showing them both options, staff reassured a residents who was worried about having no money, staff carried out activities together with the residents such as getting the cups ready for tea. Staff sat beside residents and were observed offering assistance in a respectful and dignified manner to residents who required assistance with eating. Residents were observed to enjoy the company of staff, some smiling, laughing and being affectionate towards staff.

**Judgment:**

Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found evidence of good complaints management.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer and details of the appeals process.

The inspector reviewed the complaints log which was recorded on the computerised system. There were no open or recent complaints. Four verbal complaints were received during 2015 , all complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused as all staff provided care to the residents.

The inspector found there was an appropriate number and skill mix of staff on duty to meet the holistic and assessed needs of the residents. Relative's and staff spoken with felt there was adequate levels of staff on duty. Staff were supervised to their role and appraisals were also conducted. There were two care staff on duty in the unit during the day and evening time up to 22.00 hours and two nurses on duty for the entire nursing home during the day time. There was one nurse and two care assistants on duty at night time for the entire nursing home.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included activity coordinator, catering, housekeeping, administration and maintenance staff. The person in charge ensured care staff were generally assigned to the unit to ensure continuity of care to the residents. Many of the care staff spoken with had worked in the unit for several years. The centre did not use agency staff as it had sufficient numbers of staff to provide cover.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, and fire safety.

The staff also had access to a range of education, including training in specific dementia care training courses, restraint management, dealing with behaviours that challenge, infection control, medication management, end of life care, continence and nutrition. The activities coordinator had completed training in Sonas and art therapy for the older person.

There were robust recruitment procedures in place. Staff files reviewed were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files. There were no volunteers attending the centre.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The layout and design of the centre was suitable for its stated purpose and met the needs of the residents. The design and layout promoted the dignity, well being and independence of residents with a dementia.

The unit was purpose built and had 12 single bedrooms with en suite toilet and shower facilities. There was a separate bathroom with specialised bath.

There was a variety of communal day space including a large bright dayroom, a dining room with kitchen, an activities room and a large entrance foyer area with seating. The communal areas were suitably furnished, the décor was attractive with a domestic homely style. The provider had recently installed a new fireplace with electric fire effect flames in the main day room. Residents were observed sitting around the fire which was now the focal point in the room.

The kitchen area was domestic in size and style and well equipped. Staff could reheat meals and provide refreshments for residents. It had hot drink making facilities also. Residents were able to use it for refreshments at times that suited them. The inspector observed that some residents enjoyed pottering about the kitchen, washing cups and cutlery.

Residents had access to a large well maintained and landscaped external garden area. The garden was accessible from the main day room and also from the bedroom corridor. The garden had paths for walking and seating areas. The doors leading to the garden area were easily opened and residents could access the garden if they wished.

The corridors were wide and bright and allowed for freedom of movement. There were pictures and textured paintings positioned on the corridors at eye level for residents to engage with. 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. The management team had identified that the flooring in the corridors was not conducive to some residents with a dementia in that it was not consistent in colour which could cause possible illusions which may lead to confusion for some residents. The provider spoke about the issue and was considering how the dark squares in the flooring could be replaced.

Appropriate signage was provided on doors, there was a sign with a word and a picture for bathrooms and other rooms residents would use. Each bedroom had a picture of residents' choice on their door. Residents had chosen pictures of specific significance to themselves, the aim of these were to provide visual cues for people to recognise their own bedroom.

All bedrooms were seen to be personalised. Some residents had brought their own furniture such as tables, lamps as well as pictures and ornaments. It was observed that

there was adequate room in the bedrooms for furniture including a bed, a chair and storage. The rooms also had enough space for equipment such as hoists to be used.

Call bells were accessible in all bedrooms and bathrooms.

The provider had recently installed contrasting colours to all grab rails and toilet seats in all bathrooms to help residents with dementia orientate better.

There was a range of equipment in the centre to aid mobility. Hoists and other equipment seen in the centre were in working order, and records showed they had been regularly serviced. Staff records showed that staff had completed manual handling training in relation to the equipment available in the centre.

**Judgment:**

Compliant

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

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