

**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>	ORG-0000407
<b>Centre address:</b>	Limerick Road, Nenagh, Co. Tipperary, Tipperary.
<b>Telephone number:</b>	067 31433
<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>Person in charge:</b>	Alene Curtin
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	35
<b>Number of vacancies on the date of inspection:</b>	6

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
23 October 2013 11:00	23 October 2013 17:30
24 October 2013 09:00	24 October 2013 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) to renew registration. As part of the inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority prior to inspection.

Overall, the inspector found that the provider and person in charge met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality

Standards for Residential Care Settings for Older People in Ireland. They promoted the safety of residents. A risk management process was in place for all areas of the centre. There was evidence of safe recruitment practices. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The dining experience was pleasant, and residents were treated with respect and dignity by staff.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided although some medication practices could increase the risk of error.

This is discussed further in the report and included in the Action Plan at the end of this report.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service that was provided in the centre and was kept under review by the person in charge and the provider and was available to residents.

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged. The inspector saw that they had recently been updated to provide additional clarity on what services were included in the fees.

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Alene Curtin is the person in charge. She is a registered nurse with the required experience in nursing older people and worked full-time and was on call out-of-hours and at weekends. She had previously undertaken a Further Education Training Awards Council (FETAC) level six course in Gerontology and was currently undertaking a level 8 module in Gerontology. She attended numerous clinical courses such as nutrition, medication management and infection control. During the inspection she demonstrated her knowledge of the Regulations and the Standards and outlined plans in place to further improve the service. The person in charge demonstrated good clinical knowledge and leadership in providing safe delivery of care. She was knowledgeable regarding the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

The inspector saw that the provider had adequate insurance against accidents or injury to residents, staff and visitors. In addition, adequate insurance cover was in place against loss or damage to the assets and delivery of the service.

**Outcome 05: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary. The person in charge is supported in her role by an Assistant Director of Nursing (ADON) who deputises for her in her absence. The inspector interviewed the ADON and found that she was aware of the responsibilities of the person in charge and had up-to-date knowledge of the Regulations and Standards.

**Outcome 06: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Findings:**

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector viewed the training attendance records and saw that all staff had received training on identifying and responding to allegations of abuse. The inspector read that additional training was scheduled for November. There were policies in place on the detection, investigation and response to allegations of abuse and staff were knowledgeable of their contents. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge was clear about the measures she would take if they received information about suspected abuse of a resident.

Residents spoken to confirmed to the inspector that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times.

Residents' monies continued to be managed in a safe and transparent way, guided by a robust policy.

## **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

### **Theme:**

Safe Care and Support

### **Judgement:**

Compliant

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

The action(s) required from the previous inspection were satisfactorily implemented.

### **Findings:**

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. A risk management policy had been updated since the previous inspection and now met the requirements of the Regulations. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. The fire alarm system was in working order. There was evidence of frequent fire drills taking place and all staff had attended training. There were two fire wardens in the centre. The inspector spoke with one who outlined her role in fire safety. She also showed the inspector various fire safety leaflets and tips which were on display around the centre.



All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately. An additional risk assessment on the use of the hoist was being developed at the time of inspection.

### **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Although some action had been taken, additional improvements were required to ensure that each resident is protected by the designated centre's policies and procedures for medication management.

Having reviewed prescription and administration records, the inspector was concerned that prescription times and administration times did not consistently correspond. The inspector was concerned that this practice could lead to medication errors and ineffective treatment regimes. This was discussed with the person in charge and ADON who agreed to rectify this.

Otherwise having reviewed procedures for the storage of medication including those requiring refrigeration and procedures for the management of medications that required strict controls, the inspector were satisfied that appropriate medication management practices were in place guided by a comprehensive policy. Previous action relating to transcribing and safe storage had been addressed.

Staff had received training and written evidence was available that three-monthly reviews were carried out.

### **Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Care and Support

<p><b>Judgement:</b> Compliant</p>
<p><b>Outstanding requirement(s) from previous inspection:</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.</p> <p>The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.</p> <p>The inspector read the incident log and saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning.</p>

<p><b>Outcome 10: Reviewing and improving the quality and safety of care</b> <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</i></p>
<p><b>Theme:</b> Effective Care and Support</p> <p><b>Judgement:</b> Compliant</p>
<p><b>Outstanding requirement(s) from previous inspection:</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an on-going basis.</p> <p>The ADON took responsibility for this part of the service. She outlined the various audits she had undertaken and the plan in place to repeat these on a regular basis. Clinical data was used to identify possible trends and for the purpose of improving the quality of service and safety of residents. For example a falls audit was completed and it identified that there was no particular time of the day when falls were more likely to occur. The inspector saw that other interventions were also introduced for residents including footwear review, medication reviews and review by the physiotherapist. The overall incidence of falls in the centre had reduced. Similarly an audit on the use of bedrails identified that additional training was required for staff. This had been put in place and the inspector saw that the overall use of restraint had reduced.</p>

A resident satisfaction survey had been completed. The inspector saw where changes had been implemented as a result of this. In addition the ADON had analysed the data available having asked residents what was important to them. These were on display in the centre and included feeling safe, belonging, no selfishness and an appreciation of solitude sometimes.

### **Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs were set out in an individual care plan with evidence of resident or relative involvement at development and review.

The inspector reviewed the management of clinical issues such as wound care, nutritional care, falls management, dementia care including the management of behaviours that challenge and the use of restraint and found they were in accordance with evidence based practices and guided by robust policies.

Weight management is discussed in more detail under outcome 15.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral to the local hospital or privately including speech and language therapy (SALT), occupational therapy (OT) and dietetic services. A physiotherapist attended the centre to provide individual and group sessions for the residents. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Each resident has opportunities to participate in meaningful activities and the activity programme was based on residents' assessed interests and capabilities. An activity coordinator was employed and residents were seen enjoying various activities during the inspection. Each resident's preferences were documented in their care plan and this information was used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. A programme of events was displayed and included religious ceremonies, music, art and many more. The inspector spoke to several residents.

## **Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **Theme:**

Effective Care and Support

### **Judgement:**

Compliant

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

The action(s) required from the previous inspection were satisfactorily implemented.

### **Findings:**

The building is a single-story, purpose-built residential centre with 41 places. Bedroom accommodation consists of 27 single bedrooms twelve of which are in the dementia unit and 7 twin rooms. Extensive renovation work was underway at the time of inspection. Rooms that previously had an en suite toilet were being upgraded and extended to include a shower and wash-hand basin. There were three additional assisted bathrooms and toilets for residents, and two separate toilets for visitors and two staff toilets.

The dementia care unit was purpose-built, clean and bright. Accommodation in the unit consisted of 12 single en suite bedrooms. There was a separate assisted bathroom with specialised bath. There was a large bright day room which opened onto a well maintained enclosed secure garden area. There was also a separate dining room and activities room. Improvements had been made to this unit since the previous inspection. Attempts had been made to make the area more homely. A kitchenette had been provided where resident could go in for tea. The inspector saw one of the residents helping staff to clear the tables. Improvements had occurred to the design and décor of the unit since the previous inspection. Appropriate murals were painted on the walls. Other artwork was displayed in the day areas along with photographs of residents enjoying recent activities. The provider and person in charge told the inspector that they will continue to research appropriate design for dementia care units and continue to encourage families to bring in personal items for the bedrooms.

A smoking area provided for residents. The provider stated that he was currently examining this area as part of the current renovations to ensure that residents who did not smoke were safeguarded against passive smoking.

The premises were well maintained and nicely decorated. The communal areas such as the dining room and the day room had a variety of comfortable furnishings and were domestic in nature. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Heat, lighting and ventilation were adequate and the temperature of the building met requirements in bedrooms and communal areas where residents sat during the day.

The person in charge had prioritised infection control measures. Alcohol hand gels were available throughout the centre and staff had access to supplies of latex gloves and disposable aprons. Staff spoken with were very knowledgeable about infection control procedures with many having recently attended training.

A high level of cleanliness and hygiene was maintained in the centre. Cleaning staff were observed working in an unobtrusive manner which did not disturb residents. A sluice room was available and the inspector noted that the entrance area was kept locked to protect residents' safety.

The inspector observed that there was adequate specialist equipment to meet residents' needs, such as hoists, a chair weighing scales, specialist mattresses and wheelchairs. A service contract was in place for the regular service of all equipment.

Secure lockable storage space had been provided in all residents bedrooms since the previous inspection.

### **Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

#### **Theme:**

Person-centred care and support

#### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

#### **Findings:**

The complaint's policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints policy was on display in the centre. Residents, relatives and staff who spoke with the inspector knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. A complaints log was maintained and the inspector saw that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome. Frequent audits were carried out to ensure compliance with the centre's policy and that learning was shared with staff.

#### **Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre. This practice was informed by the centre's policy on end of life care.

The inspector saw where if the bereaved relatives so wished, the resident's remains could remain in the centre. An oratory was available for the religious ceremony for those residents who wished the removal to be held in the centre following death. Additional facilities were set aside for the relatives and refreshments were provided. The local palliative care team provided support and advice when required.

The inspector saw that improvements had recently been undertaken as regards the use of appropriate care plan documentation which was computerised. A comprehensive end of life section was in place with specific prompts to guide staff. The person in charge told the inspector about work currently underway in developing a more in depth care plan for use.

#### **Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

Residents' dietary requirements were met to a high standard. The catering staff discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff and from speaking directly to residents. The inspector noted that the catering staff spoke with the residents during the meal asking if everything was satisfactory. Residents confirmed that they enjoyed the food.

Extensive development work had been undertaken in this area. Meals and mealtimes were examined. Staff were worried as some residents did not seem to finish their dinner. This consisted of three courses, soup, dinner and dessert. Following meetings with staff, residents and the dietician, soup was now served mid morning with an overall improvement in residents appetites. Residents spoken with confirmed that this suited them much better. Some residents required assistance with their meals and staff were seen to assist residents discreetly and respectfully. The inspector saw that particular care was given to the presentation of meals that required an altered consistency.

The kitchen was clean and well organised and appropriately stocked with adequate supplies of meat, fruit and fresh vegetables. The inspector saw residents being offered a variety of snacks and drinks and staff regularly offered drinks to residents. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a monthly basis. The inspector reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*



**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident's privacy and dignity was respected. The provider had already identified that there was insufficient screening in the twin rooms to ensure that residents could undertake personal activities in private. He told the inspector that he had the rails and screens and was ready to install them.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available. Mass took place on a weekly basis. In addition there was a daily televised Mass which residents confirmed they really appreciated. The provider and person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A residents' committee had been established and met on a monthly basis. The inspector read the minutes of some of these meetings and noted that suggestions made by residents had been addressed by the person in charge. For example, they had asked that the timing of the music sessions be changed and this had been acted upon.

The inspector read a copy of the centre's newsletter which was available on a monthly basis. This included an in depth story on a resident, upcoming birthdays and general news about planned activities etc. Residents told the inspector how much they had enjoyed reading these and one resident told the inspector how much he had enjoyed telling his story.

The person in charge told inspectors how she promoted links with the local community. Residents were facilitated to maintain contact with their clubs and groups with several residents continuing to attend their local day centres.

**Outcome 17: Residents clothing and personal property and possessions**

*Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*



**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Residents could have their laundry attended to within the centre. The laundry was well equipped. no specific staff member was assigned to this area but the inspector found that staff she spoke with were about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided.

Adequate storage space was provided for residents' possessions. The provider had recently provided new wardrobes for the twin rooms. There was one outstanding order and one resident in that room told the inspector that storage space was tight.

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Workforce

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. The inspector examined a sample of staff files and found that all were complete.

The inspector confirmed that up-to-date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The inspector was satisfied that there was sufficient staff on

duty to adequately provide care to the residents.

The person in charge promoted professional development for staff. Training was tailored to meet residents' needs. Staff appraisal was carried out for all staff on a yearly basis and this information was used to identify any additional training requirements. Staff told the inspector they had received a broad range of training which included caring for the person with dementia, challenging behaviour and nutrition. The inspector saw that a training plan was in place for 2013 and included infection control, moving and handling and elder abuse.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

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

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Ashlawn House Nursing Home
<b>Centre ID:</b>	ORG-0000407
<b>Date of inspection:</b>	23/10/2013
<b>Date of response:</b>	15/11/2013

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 08: Medication Management

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Prescription times and administration times did not consistently correspond.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Please state the actions you have taken or are planning to take:**

New medication prescription and administration charts have been devised and introduced. The new system will ensure consistency between prescription and administration times.

**Proposed Timescale:** 28/11/2013

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.