

**Health Information and Quality Authority
Regulation Directorate**

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



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

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 October 2017 09:30 To: 04 October 2017 12:00

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

Outcome	Our Judgment
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of a single specific issue inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate. The provider had applied to vary the conditions of registration to increase the maximum number of residents who can be accommodated in the centre from 41 to 52. This inspection was announced and took place on one day. As part of the inspection the inspector met with the provider representative, person in charge and some residents.

The inspector reviewed documentation such as the risk register, emergency plan, staffing rosters, staff training plan and minutes of residents meetings. The provider representative and person in charge showed the inspector around the new extension.

The new extension comprised of 12 single bedrooms with en suite assisted shower facilities. The day and dining room facilities had been extended, a separate visitors room with kitchenette, a visitors toilet, assisted bathroom, clinical room, sluice room and storage rooms had been provided.

The new building was designed around a central, secure, enclosed garden courtyard area, which was easily accessible from the corridors. This area was provided with garden furniture and paved walkways. The building works had been completed to a high standard. This is discussed further under Outcome 12: Safe and suitable premises.

An updated statement of purpose had been submitted with the application to vary which outlined the changes to the numbers, size and function of additional rooms.

The risk register had been updated to include the building works in progress, there

was evidence of on-going review of risks.

The emergency and evacuation plan had been updated to reflect arrangements in place for the new extension.

There was evidence that residents and their families had been consulted with regularly in regard to the progress of the building works. Building progress was discussed at the monthly residents' committee meetings. All residents had been offered the choice of moving into one of the new bedrooms. Some residents have decided to move while other residents were still undecided.

The provider representative and person in charge were currently in the process of recruiting additional staff. The inspector was satisfied that safe recruitment practices were in place. This is discussed further under Outcome 18: Staffing.

The inspector had carried out an 18 outcome inspection in February 2017 which took place following an application to the Health Information and Quality Authority, to renew registration. There were no actions following that inspection.

There were no actions following this inspection.

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 Standards for Residential Care Settings for Older People in Ireland.

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises met with the requirements of the regulations and HIOA's Standards. Extensive building works to a new 12 bed extension was nearing completion.

The provider had applied to vary the conditions of registration to increase the maximum number of residents who can be accommodated in the centre from 41 to 52.

The new extension comprised of 12 single bedrooms with en suite assisted shower facilities. The day and dining areas had been extended, a separate visitors room with kitchenette, a visitors toilet, assisted bathroom, clinical room, sluice room and storage rooms had been provided. The building works had been completed to a high standard.

The new building was designed around a central, secure, enclosed garden courtyard area, which was easily accessible from the corridors. This area was provided with garden furniture and paved walkways.

The provider representative advised that one of the existing twin bedrooms was going to be used as a single bedroom once the new rooms were registered.

The inspector noted that the building project was nearing completion and the following works were in the process of being completed.

-The doors to the sluice room and clinical room had to be provided with secure locking mechanisms.

-Grab rails had yet to be provided adjacent to WC's in residents en suite bathrooms.

- Toilet seats had yet to be provided to all WC's.
- Self closing devices had to be provided to all bedroom doors.
- Bedrooms had to be fully furnished.

Following the inspection the provider confirmed by email that all of the above matters had been fully addressed.

Judgment:

Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that safe and robust recruitment practices were in place.

The provider representative and person in charge told the inspector that they were currently in the process of recruiting additional staff. They stated that they were awaiting Garda vetting (police) clearance for new staff and confirmed that new staff would not be allowed to work in the centre until Garda vetting was in place and full induction training was completed.

The person in charge confirmed that mandatory training would be completed by all new staff as part of their induction. She advised that manual handling training and fire safety training to include adaptation and evacuation for the new extension was scheduled to take place on the 10 October 2017 for new and existing staff. The assistant director of nursing who was an infection control nurse specialist was scheduled to complete infection control training with new staff as part of the induction process. Training on the use of cleaning chemicals was also scheduled for cleaning and housekeeping staff. Following the inspection, the provider confirmed by email that all mandatory training had been completed for new staff and that both new and existing staff had completed fire safety and evacuation training.

On the day of inspection there were 36 residents living in the centre, one resident was

in hospital and 12 of the residents were living in the dementia specific unit. There were two care staff on duty in the dementia specific unit throughout the day and evening time up to 22.00 hours and three care staff on duty in the main nursing home during the day and evening time up to 20.00 hours. An additional care assistant was allocated to one resident on a one to one basis. There were normally two nurses on duty for the entire nursing home during the day time. At night time, there was one nurse and three care assistants on duty up until 22.00 hours and one nurse and two care assistants on duty from 22.00 hours to 8.00 hours. The person in charge and assistant director of nursing were normally on duty during the week days.

The person in charge outlined that admissions to the new bedrooms would be on a planned phased basis with a maximum of two admissions per week. She provided the inspector with the proposed staffing roster which outlined a corresponding phased increase in staffing levels. The proposed increase in staff levels included nursing, health care assistants, catering and housekeeping staff. She also advised that additional hours would be allocated to the provision of activities for residents. The person in charge confirmed that she would constantly review staffing levels based on the dependency levels of residents.

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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