



# 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,<br>Tipperary |
| Type of inspection:        | Unannounced                        |
| Date of inspection:        | 23 August 2022                     |
| Centre ID:                 | OSV-0000407                        |
| Fieldwork ID:              | MON-0037718                        |

## 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: | 48 |
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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    |
|------------------------|----------------------|-----------------|---------|
| Tuesday 23 August 2022 | 09:00hrs to 16:00hrs | Kathryn Hanly   | Lead    |
| Tuesday 23 August 2022 | 09:00hrs to 16:00hrs | Brid McGoldrick | Support |

## What residents told us and what inspectors observed

Inspectors spoke with six residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided.

Inspectors completed a walk about of the centre together with a clinical nurse manager. There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre.

Visitors were seen coming and going throughout the day of the inspection. Visitors were not required to book visits. Inspectors observed that visitors used the door code to unlock the front door on arrival. A designated member of staff was in the reception area to ensure that visitors were signed in and completed safety checks in line with national guidance. Inspectors noted staff to be responsive and attentive without any delays with attending to residents' requests and needs.

The centre was situated in a scenic rural area. It was purpose built and provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. There were 40 private rooms with ensuite facilities and six twin rooms with ensuite facilities. Included in this was the dementia unit with 12 private rooms, all with ensuite facilities. There were a variety of communal areas for residents to use including two sitting rooms, two dining rooms, a library, relaxation room, hairdressing room and an oratory. Residents also had access to enclosed garden patio areas, which were easily accessible from several points around the centre.

The centre was well ventilated and spacious with surfaces, finishes and furnishings that readily facilitated cleaning. The corridors were wide and well lit. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean with few exceptions. For example one ensuite shower remained unclean for the duration of the inspection.

Call bells were available throughout the centre. Inspectors noted staff to be responsive and attentive without any delays with attending to residents' requests and needs. However inspectors found the call bell system to be loud distracting and not in keeping with an environment that is the resident's home.

Inspectors observed that sensor operated (hands free) alcohol hand gel dispensers were available at point of care within each room. However a small number of dispensers were out of order. Clinical hand wash sinks were available within the main unit. These sinks complied with the recommended specifications for clinical hand wash basins. However there were no clinical hand wash sinks dedicated for staff use within the dementia unit.

Infection prevention and control information and reminders were displayed on a designated notice board. However inspectors also observed that excessive infection

prevention and control COVID-19 signage was on display throughout the centre. These were removed during the course of the inspection.

There were two sluice rooms available in the centre. One of the bedpan washers was not effectively working on the day of inspection. Findings in this regard are further discussed under Regulation 27.

The housekeeping room was ventilated to the external air, contained a stainless steel janitorial unit, hand wash basin and lockable safe storage for cleaning chemicals. However access to the wash hand basin was restricted due to other equipment.

The kitchen provided was adequate in size to cater for resident's needs. There was plentiful supply of fresh vegetables and juices available for residents. Residents were complimentary of the food choices and homemade scones made on site by the kitchen staff. Inspectors observed that residents were supported to perform hand hygiene before meals.

However two issues were observed which increased the risk transmission of foodborne illness within the centre. Toilets for catering staff were not in addition to and separate from toilets for other staff. This finding was addressed on the day of the inspection. Inspectors also observed that access to the main kitchen was not limited to appropriate staff only. Several staff members were seen entering the kitchen to collect meals.

There were no designated staff changing rooms with a designated area for storage of everyday clothes. Staff changed into their uniforms in a staff toilet. Failure to appropriately segregate functional areas poses a risk of cross contamination.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The provider generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. Weaknesses were identified in infection prevention and control guidelines, multi-drug resistant organism (MDRO) colonisation and equipment hygiene.

The registered provider of Ashlawn House Nursing Home is Ashlawn House Nursing Home Limited, a company comprising two directors. It was a family owned and operated centre. The management structure was clear with the management team consisting of a person in charge, an assistant director of nursing and two clinical

nurse managers. 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.

There were 48 residents on the day of the inspection with 19 maximum dependency, eight high, 18 medium and three independent. During the inspection there appeared to be adequate number of suitably qualified staff on duty to meet the dependency needs of the residents. The registered provider was in process of recruiting registered nurses and care staff to plan for staff going on extended leave and for those who were returning to college. In the main from rosters reviewed, staffing was in line with the centre's statement of purpose and function.

Inspectors found that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection. The infection prevention and control programme was overseen by an infection prevention and control committee. The formation of this committee demonstrated progression towards a coordinated approach to infection prevention and control within the centre.

The provider had nominated a clinical nurse manager, with a postgraduate infection prevention and control qualification and protected hours allocated, to the role of infection prevention and control lead. The infection control lead demonstrated a commitment and enthusiasm for their role. The provider had also nominated the assistant director of nursing to the role of infection prevention and control link practitioner. Hand hygiene champions had been allocated to support hand hygiene training and promote effective hand hygiene practice within the centre. A review of documentation also found that there was regular access and support from infection prevention and control specialists within CHO3.

Monthly infection prevention and control audits were undertaken by the infection prevention and control lead. Infection prevention and control audits covered a range of topics including waste and linen management and environmental and equipment hygiene. Quality improvement plans were developed in response to audit findings. However audit scores were not recorded, tracked and trended to monitor compliance and improvements over time.

The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded mops and cloths to reduce the chance of cross infection.

Surveillance of healthcare associated infection (HCAI) and MDRO colonisation was routinely undertaken and recorded. However a review of acute hospital discharge letters and microbiology laboratory reports found that this surveillance had failed to identify all residents colonised with MDRO's. Findings in this regard are reported under Regulation 27.

Antibiotic use was also monitored. However inspectors found that the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. There were no antimicrobial stewardship audits available. There was no evidence that microbiological samples were routinely taken

and used to guide treatment options for residents colonised with MDROs.

Infection prevention and control guidelines were available. However guidelines did not give sufficient detail on the management of residents with MDRO's. Further clarity on laundry processes was also required in the laundry management guidelines.

There was a comprehensive programme of training, and staff were facilitated to attend training relevant to their role. The provision of mandatory infection prevention and control training was up-to-date for all staff. However additional training and education on MDRO prevention and control was required. Findings in this regard are further discussed under Regulation 27.

## Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. Visits were encouraged and practical precautions were in place to manage any associated risks. There were no visiting restrictions in place and national guidance on visiting was being followed.

Resident care plans were accessible on a computer based system. A review of care plans found that further work was required to ensure that all resident nursing assessments and care plans contained resident's current MDRO colonisation status. Details of issues identified are set out under Regulation 27.

The National Transfer Document and Health Profile for Residential Care Facilities was incorporated into the electronic document management system. This document contained details of health-care associated infections to support sharing of and access to information within and between services.

Inspectors identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Staff and residents were monitored for signs and symptoms of infection twice a day. Staff continued to avail of serial COVID-19 testing fortnightly. *Polymerase chain reaction* (PCR) testing was supplemented with daily antigen testing on a voluntary basis to facilitate prevention, early detection and control the spread of infection.

This centre was subject to a significant COVID-19 outbreak in April 2020 and a large number of staff and residents tested positive for the virus at this time. Serial testing had identified some isolated cases of COVID-19 among staff and appropriate controls were put in place to prevent a large outbreaks. A second outbreak occurred in June 2022. This outbreak was contained within the dementia unit. While it may be impossible to prevent all outbreaks, the early identification and careful management of this outbreak had limited staff transmission and prevented the



spread of infection to the other parts of the centre.

Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed with few exceptions and all staff were bare below the elbow to facilitate effective hand hygiene practices.

General and healthcare risk waste was seen to be managed in line with national guidelines.

There was a system to maintain segregation of clean and dirty linen. The laundry facility was well-ventilated and was clean and tidy. Inspectors were informed that most laundry was outsourced and the laundry was occasionally used to wash items of residents clothing in addition to tea towels used by catering staff.

## Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- Surveillance of MDRO colonisation was not comprehensive. There was some ambiguity among staff and management regarding which residents were colonised with MDROs. As a result appropriate MRDOs care plans were not available for several residents. This meant that appropriate precautions may not have been in place when caring for residents that were colonised with MDROs.
- Infection prevention and control guidelines did not give sufficient detail on the use of transmission based precautions to be implemented when caring for residents with known or suspected infection or MDRO colonisation.

Equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Five commode basins and a urinal in the sluice room were visibly unclean. Ineffective decontamination increased the risk of cross infection of MDRO's and healthcare associated infections.
- Several washbasins were observed in residents sinks during the course of the inspection. Inspectors were informed that used wash-water was emptied down residents sinks which posed a risk of cross contamination.
- Two cleaning trolleys and detergent spray bottles were unclean. Unclean equipment may impact the effectiveness of environmental cleaning.
- Hoists and individual moving and handling slings were stored within shared bathrooms. This increased the risk of cross contamination.

Judgment: Substantially 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>   |                         |
| <b>Quality and safety</b>        |                         |
| Regulation 27: Infection control | Substantially compliant |

# Compliance Plan for Ashlawn House Nursing Home OSV-0000407

Inspection ID: MON-0037718

Date of inspection: 23/08/2022

## 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 27: Infection control   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• Bed pan washers: The necessary services have been carried out the day after the inspection and both bed pan washers are in working order.</li> <li>• MDRO: An audit has been carried out on MDRO’s based on a review of the resident’s medical files which also included hospital discharge letters. Following on from the audit the results were utilised to update the KPI’s and MDRO register for current residents. All new admissions will have a full review of acute hospital discharge letters and microbiology laboratory reports to identify if they have been colonised with MDRO’s and if found, we will add them to our MDRO register and care plans will be devised.</li> <li>• Care plans have been created for residents identified with a history/contact of MDRO’s. These care plans outline the steps taken to ensure the residents needs are being met in terms of their MDRO status and reduce the risk of transmission in the health care setting.</li> <li>• Information on MDRO’s and in particular the specific MDRO’s most commonly found in long term care facilities has been compiled and is now situated on the IPC board for all staff to access. There is an updated list outlining residents with a known MDRO history now situated in the nursing station. All staff notified re the introduction of both of these actions. MDRO is also covered on the specific onsite in house IPC training.</li> <li>• Infection Control Policy- The MDRO guidelines in the policy have been updated to provide more in depth information on the use of transmission based precautions when caring for residents with a known or suspected MDRO.</li> <li>• New commode basins have been ordered to replace the five older Basin.</li> <li>• The staff were educated about the disposal of contaminated water in the wash basins following personal care. A safety pause is carried out at each handover. They are now being emptied in the shower in the resident’s individual en suite. As recommended, should a resident not have a showering facility directly in their own room, the water is then disposed of in the toilet. Once the wash basins are emptied they are then decontaminated and stored in the vanity space under the residents sink or on a storage unit in their bathroom.</li> <li>• Household staff have been educated re thorough decontamination of their hygiene trolleys after every use and to closely inspect that the trolleys are clean and free from</li> </ul> |                         |

any debris/staining.

- The cleaning schedule has been updated to include cleaning of spray bottles and the household staff have been reminded to maintain cleaning trolleys throughout the day.
- Hoist and slings are now stored in the equipment room.

## 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).

| <b>Regulation</b> | <b>Regulatory requirement</b>   | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|-------------------|---|-------------------------|--------------------|---------------------------------|
| Regulation 27     | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow             | 19/09/2022                      |