



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Ashlawn House Nursing Home
Name of provider:	Ashlawn Nursing Home Limited
Address of centre:	Carrigatoher, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	20 November 2024
Centre ID:	OSV-0000407
Fieldwork ID:	MON-0045446

## 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:	49
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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
Wednesday 20 November 2024	09:30hrs to 16:30hrs	John Greaney	Lead

## What residents told us and what inspectors observed

There was a calm and relaxed atmosphere within the centre on the day of the inspection. It was apparent that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. All interactions by staff with residents were observed to be kind and considerate, while responding to resident's requests for assistance in a calm and unhurried manner. The inspector met with a large number of the residents living in the centre and spoke with seven residents in more detail, to gain insight to their lived experience in the centre. The feedback from residents was overwhelmingly positive.

Ashlawn House Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a rural area of County Tipperary, approximately seven kilometres from the town of Nenagh. It is a single storey facility, which was purpose-built and has been extended on two occasions to reach its current capacity of fifty two residents. It is a family owned and operated centre. Bedroom accommodation comprises forty single and six twin bedrooms. Most of the bedrooms are en suite with toilet, shower and wash hand basin; some are en suite with toilet and wash hand basin only. Two bedrooms are not en suite but have a shared toilet and there is a communal shower close by.

The person in charge was on leave on the day of the inspection and the assistant director of nursing (ADON) provided clinical oversight during the absence. Following an introductory meeting with the ADON, the inspector commenced a tour of the premises. The premises was observed to be clean and bright throughout and furnished to a high standard. There is adequate communal sitting and dining space for residents as well as quiet areas for residents to spend time alone or to meet with visitors away from their bedrooms. There is a secure outdoor area that is an inviting area to spend time when the weather is suitable. There is a 12 bedded dementia specific unit that predominantly accommodates residents with a cognitive impairment. All of the bedrooms in this area are single rooms with en suite shower, toilet and wash hand basins. It is self-contained with its own open-plan sitting and dining space. It has also got a secure outdoor space that is landscaped to a high standard and is readily accessible to residents.

There was a calm and relaxed atmosphere in the centre. Some residents were up and about and were spending time in the communal rooms while others were still in their bedrooms. Household staff were observed attending to residents' rooms while care staff were observed assisting residents with their personal care in a respectful manner. The inspector observed interactions between the staff and residents throughout the day and found that staff were respectful and caring. It was clearly evident that staff knew the residents well, and were knowledgeable about the level of support each resident required. Residents appeared well-cared for and were neatly dressed in accordance with their preferences.

There were adequate numbers and skill mix of staff on duty to meet the needs of

residents. Call bells were responded to in a timely manner. The inspector sat and observed a mealtime. Staff were observed sitting beside residents and assisting them with their meals. Residents were observed enjoying their meals and interacting with one another and staff. The food was attractively presented, including modified texture diets, and residents received their choice from the menu. Residents told the inspector that they enjoyed the food. The inspector did note, however, that the food was served at either Level 7, which is considered regular or Level 4, which is pureed. Level 5 (Minced and Moist) or level 6 (Soft and Bite-Sized) were not served even though these were prescribed for some residents.

Visitors were seen to be coming and going from the centre during the inspection, and there were no restrictions in place. Some residents were heading out on trips into the community with their visitors. Visitors spoke positively about the care provided to their relative.

The inspector observed residents enjoy the activities observed on the day of the inspection with plenty of friendly conversation and positive interactions between residents and staff. The inspector did note, however, that a small number of residents were left in one of the smaller sitting rooms for long periods. This was before lunch and these residents had limited stimulation, other than a television, to which they showed minimal interest. These residents were seen in the larger sitting room later in the afternoon while bingo was underway. While they were not actively participating in the bingo, it was evident that being in the midst of the activity acted as a distraction and provided stimulation to these residents.

The next two sections of this report present the findings of this inspection in relation to the governance and management of the centre and how these arrangements impacted on the quality and safety of the service provided to residents.

## Capacity and capability

This was an unannounced inspection, conducted by an inspector of social services, to assess ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, findings of this inspection were that this nursing home was a well managed designated centre, where residents received a high standard of care from staff, that were well trained and responsive to their needs.

The registered provider of Ashlawn House Nursing Home is Ashlawn House Nursing Home Limited, a company comprising two directors. The management structure was clear with the management team consisting of a person in charge (PIC), an assistant director of nursing (ADON) and a clinical nurse manager (CNM). In addition, there were two registered nurses on duty 24 hours a day, supported by health care assistants, activities staff, cleaning, catering, maintenance, and administration staff.

The management team had a positive attitude and were committed to ensuring that residents living in the centre enjoyed a good quality of life and received safe care.

The provider had effective management systems to monitor the quality and safety of the service. A review of documentation indicated that there were clear governance arrangements in place; for example, there were multiple meetings and committees, including the senior management team meeting, health and safety committee and regular staff meetings.

Clinical and environmental audits were conducted by the PIC, ADON and CNM. The audits reviewed on the day of inspection were comprehensive and detailed. The findings of the audits were discussed at senior management team meetings. Where areas for improvement were identified, action plans were developed and completed. There was an annual review of the quality of the service provided completed for 2023 and a quality improvement plan in place for 2024.

The inspector reviewed the record of staff training. The registered provider had a comprehensive training programme in place for staff. A review of the records indicated that staff had received up-to-date training in areas such as safeguarding residents from abuse, fire safety training, manual handling, infection control, medication management and dementia care.

### Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents and visitors, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents. At night, there were two registered nurses and three healthcare assistants on duty.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of training records indicated that there was a comprehensive programme of training in place. Staff were supported and facilitated to attend training relevant to their role. Fire safety, infection control, safeguarding residents from abuse, and managing behaviour that challenges training was up-to-date for all staff.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents that was maintained electronically, The directory contained all of the information set out in the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There were good governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored. There was good oversight of clinical practice by the person in charge, ADON and CNM with a member of nursing management on duty on a supernumerary basis over seven days of the week. The annual review of the service had been completed and this incorporated feedback from residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of records found that the person in charge submitted notifications to the Chief Inspector in accordance with the requirements of the regulations.

Judgment: Compliant

## Quality and safety

Overall, residents' health, social care and spiritual needs were met and residents were supported to maximise their independence in accordance with their current capacity. The centre itself was well-maintained, comfortable and appropriate to residents' needs. The person in charge and staff team were well-known to residents and were seen to provide person-centred care. Residents told the inspector that they were content living in this centre and felt safe. Some action was required in relation to food and nutrition and fire safety and these are outlined under relevant sections of this report.

Validated risk assessments were conducted to assess various clinical risks including risks of malnutrition, the risk of falls and the risk to skin integrity. Based on a sample of care plans reviewed, appropriate interventions were identified in



accordance with the level of risk identified. Care plans contained an adequate level of detail to guide staff in the provision of person-centred care. These were updated at a minimum of every four months and more frequently when required to reflect changes following incidents such as falls. Consultation had taken place with the resident or their representative to review the care plan.

Residents were provided with a good standard of healthcare and support in the centre. They had access to general practitioner (GP) services, who attended the centre when required and there was an out of hours on call GP service available. A review of residents' records found that there was regular communication with residents general practitioners (GP) regarding their health care needs. Referrals had been made in a timely manner to other health care professionals such as physiotherapy, chiropody, dietetics and speech and language therapy.

Medication practices were audited and medication policies were kept under review to ensure they aligned with current practices. A review of the medication management systems showed nurses were administering medication in line with prescribed medication, at the times stated in the Kardex.

Staff could describe how to detect and report a safeguarding issue. They were knowledgeable in their responses about varied situations that could arise. All had received training on this topic. Regular safety pauses were held each day and any concerns could be openly discussed.

The premises was generally clean, bright and suitably furnished. As part of the renovation of one of the smaller sitting rooms, the provider had removed a door leading on to a corridor. This had the potential to negatively impact on fire containment within the centre. This is further discussed under Regulation 28 of this report.

Residents were provided with nutritious and wholesome meals that were cooked in the centre. Mealtimes were sociable occasions with most residents choosing to dine in the dining room together. Residents were very complimentary of the food and there was choice offered at mealtimes. There was a need, however, to ensure that modified texture diets were prepared in accordance with what was prescribed by the speech and language therapist. This is outlined further under Regulation 18 of this report.

There was a detailed schedule of activities organised for the residents and this was on display in the nursing home. Residents were supported to go on occasional outings to events in the local community. The programme of activities also included entertainment from external groups such as musicians and school groups.

## Regulation 11: Visits

The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had suitable private visiting areas for residents to receive a visitor, if required.

Judgment: Compliant

### Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there and conformed to the matters set out in Schedule 6, of the Regulations, 2013 (as amended). The general environment, including residents' bedrooms, communal areas, toilets and ancillary rooms appeared visibly clean and well maintained. The location, design and layout of the centre was suitable for its stated purpose, and met residents' individual and collective needs.

Judgment: Compliant

### Regulation 18: Food and nutrition

While food was attractively presented and appeared nutritious, action was required to ensure that resident were provided with their prescribed diet. For example:

- all residents prescribed a modified diet were given Level 4 (Pureed) diet, even if they were prescribed Level 6 (soft and bite-sized) or Level 5 (minced and moist). While this did not pose a risk to residents, it had the potential to detract from the mealtime experience when their food was modified to a texture beyond what was prescribed
- the diet sheet used by staff to record residents' menu choice was not updated to reflect the residents currently prescribed diet.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

A door to one of the smaller sitting rooms had been removed as part of the renovations of the room. The room contained electrical equipment such as a television and opened onto a corridor that contained residents' bedrooms. Assurance was required that the removal of this door did not impact on fire containment within

the centre should there be a fire.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months, or earlier if required. There was evidence of consultation with the resident and, where appropriate, their family when the care plans were revised.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a doctor of their choice. Residents who require specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics and palliative care, could access these services in the centre upon referral. A physiotherapist visited the centre weekly. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

### Regulation 9: Residents' rights

A small number of residents were seated in a small sitting room with limited stimulation for long periods. There was a need to ensure that all residents were provided with an opportunity to participate in the programme of activities in

accordance with their interests and capacities.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Ashlawn House Nursing Home OSV-0000407

Inspection ID: MON-0045446

Date of inspection: 20/11/2024

## 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 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The Person in Charge (PIC) and the provider assure the Chief Inspector that the residents' diet sheet, used to record menu choices, has been updated to accurately reflect current dietary prescriptions. To maintain accuracy, the diet sheet will now be reviewed and verified on a weekly basis by an assigned senior staff member. Additionally, a comprehensive review of all prescribed modified diets has been completed to ensure that every resident requiring a modified diet is receiving the appropriate nutritional support in line with their needs.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Registered Provider and Person in Charge (PIC) assure the Chief Inspector that the provider has been assured that the removal of the door will not compromise fire containment within the designated compartment. Notwithstanding To further enhance fire safety measures, the provider has committed to installing doors in the recreation room. This work is scheduled to be completed by the end of April 2025.</p>	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Registered Provider and Person in Charge assure the Chief Inspector that residents using the smaller sitting room are actively supported and encouraged to participate in the larger group activity program, promoting inclusivity and meaningful engagement. Additionally, a rotational schedule has been implemented to facilitate smaller, focused activity sessions when appropriate. This approach ensures that all residents have equitable opportunities to participate in activities tailored to their individual interests and abilities.



## 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 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	03/01/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/04/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and	Substantially Compliant	Yellow	03/01/2025

	capacities.			
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