<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ashlawn House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000407</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Limerick Road, Nenagh, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>067 314 33</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@ashlawnnursinghome.com">info@ashlawnnursinghome.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Ashlawn Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Peter Curtin</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Julie Hennessy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>35</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
</tr>
</tbody>
</table>
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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**
From: 20 August 2014 09:00
To: 20 August 2014 16:00

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

<table>
<thead>
<tr>
<th>Outcome 04: Suitable Person in Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 09: Medication Management</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**
This report sets out the findings of a thematic inspection which focused on two specific outcomes; end of life care and food and nutrition.

The report also included part or all of three additional outcomes; 'Outcome 4: Person in Charge', as a new person in charge had commenced two months prior to the inspection; one aspect of 'Outcome 9: Medication Management', to allow the inspector to follow up on an action from the previous inspection and one aspect of 'Outcome 16: Residents' rights, dignity and consultation' in relation to the use of CCTV in the centre.

In preparation for the inspection, providers attended an information seminar, received guidance and completed self-assessment questionnaires relating to both outcomes to determine the level of compliance of the service in their centre. In the self-assessment questionnaires on food and nutrition and end of life care, the person in charge had determined that the service in the centre was compliant. The inspector found that both outcomes were at the level of compliance.

Prior to the on-site inspection, the inspector reviewed the self-assessment questionnaires and policies relevant to both outcomes submitted by the provider nominee. On the day of the inspection, the inspector reviewed the centre's documentation pertaining to both outcomes and met with residents and staff and observed practice of the staff on the day. The inspector also reviewed survey questionnaires submitted by relatives of residents who had passed away in the centre. All questionnaires received indicated a high level of satisfaction with the care
that these relatives’ loved ones had received in the centre at the end of their lives.

On the day of the inspection there were 35 residents in the centre, including one resident in hospital. Significant work had been completed by the person in charge and the entire staff team since submission of the self-assessment questionnaires, particularly in the areas of end of life care planning and staff training.

The inspector found systems in place and evidence of good practice led by a high standard of nursing care within both outcomes. As a result, the residents’ end of life care and nutritional needs were substantially met.

The inspector found that the centre was being managed by a suitably qualified and experienced nurse who demonstrated knowledge of her responsibilities under the legislation. The inspector found that the action arising from the previous inspection in relation to medication management had been satisfactorily addressed. Actions required in relation to the use of CCTV in the centre were satisfactorily addressed immediately following the inspection.

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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a newly appointed person in charge in the centre since June 2014. The inspector found that the person in charge was a suitably qualified and experienced nurse with authority, accountability and responsibility for the service provided.

The post of the person in charge was full-time. The person in charge had worked in the centre as the Assistant Director of Nursing (ADoN) since 2011 prior to taking on the role of person in charge.

The person in charge was knowledgeable of the relevant legislation and her responsibilities under the legislation. The person in charge demonstrated her commitment to her own professional development and education, for example, she had completed a Level 8 course in Gerontology in 2013 and a Level 8 course in end of life care in 2014. She had also completed recent relevant short courses in relation to infection control, medication management, elder abuse and nutrition.
The person in charge outlined improvements she had made since commencing her post in the centre, including revision of care plans, preparation for this thematic inspection, review of the seating arrangements in the dining room and changes to the medication recording systems; all of which the inspector viewed and found contributed to the improvement of quality and safety of care of residents in the centre.

As part of the focus on end of life care and food and nutrition; the person in charge had sourced research articles relevant to end of life care and food and nutrition and printed these articles for nursing staff to read on a monthly basis. This encouraged nursing staff to remain up to date with evidence-based practice in these areas.

The person in charge was also supported in her role by the provider, who was actively involved in the governance and management of the centre.

Staff were able to identify the lines of authority and inspectors spoke with residents and relatives who identified the person in charge.

**Judgment:**
Compliant

---

**Outcome 09: Medication Management**
*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector followed up on an action arising from the previous inspection on 23 October 2013 and found that the action from the previous inspection had been satisfactorily implemented.

During the previous inspection, it was found that prescription times and administrative times of medications did not consistently correspond in that there were significant differences between the description and administration times in some cases. This practice was not in line with An Bord Altranais guidance in relation to ensuring administration of medication at the right time, which can be critical for maintaining therapeutic blood-drug levels and avoiding interactions with other medications.

The inspector found that a new system had been introduced, including new medication charts that clearly documented the times at which each medication was to be given and the times the medication was actually administered to the resident. The nurse outlined how any significant discrepancies between prescription and administration times were
reported to the resident's general practitioner (GP).

**Judgment:**
Compliant

**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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that care provided to residents at the end of their lives met the residents' expressed needs, took into account their individual wishes and was delivered in a respectful way.

The centre had a written end of life policy that was in date, comprehensive and good guidance to staff on the care of residents at the end of their lives. There was a system in place to ensure that staff read and were familiar with the policy.

End of life care plans had been completed over the previous few months for all residents. Care plans reviewed by the inspector had been completed or updated within the previous four months, as required by the Regulations.

The inspector reviewed a sample of care plans, both for current residents and archived care plans for residents who had recently passed away. Information in care plans of residents who had recently passed demonstrated that the resident's physical, emotional, psychological and spiritual needs of the residents had been fully met around the time of end of life. The needs of the residents had been closely monitored and the care plans reviewed to reflect any changing needs. For example, increasing needs relating to nutrition, hydration and ensuring comfort was documented and informed practice. There was evidence of medical and palliative care input in relation to pain control. The resident was visited by the priest, as requested. Family and friends was supported and facilitated to be with the resident at this time.

The inspector spoke with a number of residents who confirmed that they were involved in decisions about their own care and had been given the opportunity to express their preferences and wishes and also, to change their mind about their care or treatment options should they choose to do so. There were no complaints relating to end of life care in the complaints book or in the minutes of the residents' meetings.

The inspector found that arrangements were in place to avoid unnecessary transfer to hospital, including careful monitoring of the resident by nursing staff and liaison with
palliative care services, the resident’s GP and access to an out-of-hours GP service.

The person in charge described how a syringe driver directive had been recently written up for a resident at end of life. The use of syringe drivers was supported by palliative care nurses as staff were not trained in this area. However, the centre did not have a policy on the use of syringe drivers which is necessary to provide guidance to staff in relation to practices that staff would be responsible for, such as, monitoring of the syringe driver, what to do in the event of the syringe driver becoming blocked or if the resident experiences increasing pain.

Where a resident refused care or treatment towards the end of their lives, this was respected and clearly documented.

The inspector found that the religious needs of residents in relation to end of life were fully facilitated. A priest visited the centre and said weekly mass. Where residents towards the end of their lives chose to be visited by a priest or minister, this was facilitated. Residents confirmed that prayers were offered at the weekly mass for any resident who had passed away the preceding week. There was a pleasant and peaceful oratory in the centre.

Residents had a choice as to their place of death where possible. Relative surveys reviewed by the inspector confirmed that residents had been offered choice as to their place of death. Residents’ preferences about whether they would be happy to go to hospital should their condition deteriorate were documented and the inspector spoke with residents who confirmed such conversations had taken place. The resuscitation status of all residents had been discussed with each resident and/or their representative, as appropriate, and documented.

Family and friends were accommodated to be with their loved ones in their final days. Although there were a number of shared rooms in the centre; every effort was made to facilitate relatives to stay overnight should they so wish. The centre had a policy of non restrictive visiting times. Relative surveys reviewed by the inspector confirmed that relatives had been offered the opportunity to stay overnight and had been offered refreshments.

Support and input from the palliative care team was available for residents who met the criteria for palliative care. The person in charge told the inspector that the palliative care team was very supportive. Records reviewed by the inspector confirmed the involvement of the palliative care team when required.

There were arrangements in place following a death of a resident and there were clear procedures in place to follow in relation to the verification and certification of death, including an unexpected death.

Respect was shown for the remains of a deceased resident. Specific arrangements were in place to ensure dignity and respect during such times. There were arrangements in place to ensure that the removal of remains occurred in consultation with families. Relatives were facilitated to remain with their loved one until their remains were brought from the centre, should they so wish. Residents could lie in repose after death and a
relative described to the inspector how this had been very meaningful to her.

The inspector reviewed relative surveys that confirmed that information on how to access bereavement care and support had been offered. Where residents’ had been under the care of the palliative care team, follow-up and support by the palliative care team was also provided. The person in charge described how she would contact relatives two or three weeks following the passing of a resident and would answer any questions or provide information needed by the relative during such calls.

There were arrangements in place for the respectful packing and return of resident’s belongings and this was done in an unhurried way and in accordance with the wishes of relatives.

The inspector viewed training records that demonstrated that the person in charge was committed to providing training in end of life care across all staff grades. All nursing staff had received training in end of life care, a number of care staff (8 of 22) had also received training and further training was scheduled this year. The inspector spoke with staff who were able to demonstrate learning from such training and what they would do differently following the training. The person in charge had completed a Level 8 End of Life Care course this year.

The inspector spoke with staff who confirmed that they were supported by the senior nursing staff and person in charge following the death of a resident. Staff members were facilitated to attend the removal or funeral mass of a resident. Support was available to other residents, staff and the deceased resident’s family from the person in charge or the provider.

Memory cards of residents who had passed were displayed outside the oratory and a celebratory (memorial) Mass was held every Christmas, during which residents who had passed were remembered.

On the day of inspection, the inspector observed sufficient numbers of staff on duty to meet the needs of the residents and observed that the care and interactions provided was appropriate and unhurried.

**Judgment:**
Compliant

**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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that the nutritional intake and needs of the residents were monitored and met to a high standard.

There were policies in place to guide staff in relation to meeting the nutritional needs of residents. Policies related to diet and nutrition, hydration and fluid maintenance, enteral feeding, meals and mealtimes and nutritional status. The policies were concise and informative. Staff had signed to say they had read, understood and will comply with policies. The inspector spoke with staff and found that the policies informed staff practices.

The inspector reviewed a sample of residents’ files and found that each resident’s food, nutrition and hydration needs were assessed or screened at admission and the assessment included an oral health assessment. The person in charge had recently introduced a formal system for ongoing oral health assessment at three-monthly intervals.

Risk assessments for malnutrition were up to date and were completed at a minimum every three months, as per the centre’s policy. Monthly weights were recorded for all residents. Fluid intake charts were maintained for residents who required monitoring of their fluid intake.

Care plans were completed for residents with needs relating to food and nutrition, for example, for residents with diabetes, at risk of dehydration or malnutrition, renal failure and those on modified consistency diets. There was evidence of access to medical and allied health professionals. including to occupational therapy, dietetics and speech and language therapy (SALT). There was evidence that input from relevant health professionals informed practice, for example, there was evidence that advice from a renal dietician informed the care delivered for that resident and that advice from a speech and language therapist had been sought and informed practice relating to a resident at risk of aspiration.

The inspector spoke with staff and found that they were able to describe signs and symptoms related to malnutrition or dehydration that might give cause for concern and the importance of reporting and recording such observations. For example, staff were able to describe the signs and symptoms of dysphagia.

The inspector found systems in place for the communication of residents’ preferences and any specific dietary needs to kitchen staff. For example, information about residents on special diets and residents' preferences was kept in the kitchen and staff offices and staff confirmed that any changes were updated to all lists simultaneously. The cook confirmed that information relating to new residents likes and dislikes was sought from any new resident or their relative and relayed to her.

The person in charge described some changes that had been implemented in relation to food and nutrition in the recent months for the benefit of residents. Residents were encouraged to eat in the dining room for the social experience. A hot trolley was now
brought by the cook to the dining area and food was served directly from the trolley; this allowed for the cook to interact with the residents and seek their feedback.

The inspector reviewed the complaints book, relatives surveys and minutes of residents meetings and found that any suggestions or complaints relating to food had been addressed or were in the process of being addressed. For example, a hot and cold desert for the main meal was being introduced as a response to a suggestion that a resident did not enjoy cold deserts.

There were two different main dining areas in the centre; one in the main nursing part of the nursing home and the other was in the separate dementia-care unit. The inspector observed breakfast and lunch in the different areas.

The dining areas were observed to be homely. The atmosphere was pleasant and unhurried. Residents had the choice of where they dined, with some residents choosing to eat in their bedrooms. Choice was offered on the menu and staff were observed to offer choice to residents in relation to how liked their food or drinks prepared and served. Food was served hot where required and was well-presented. Where residents required assistance, this was done in an appropriate and discreet manner. Staff checked whether residents were satisfied with their meal and particulars such as whether they wanted sauce and had enough to eat. The inspector noted that the independence of all residents was maximised.

In the dementia care unit, menus and different food and drink options were displayed in pictorial format. The activities coordinator outlined a number of relevant activities including a cookery session held weekly, after which the residents eat what they make at tea-time and 'fruit tasting sessions' that form a part of Sonas (a communication programme for people living with dementia) for the purposes of sensory stimulation.

The inspector completed a number of surveys on the day and spoke with residents who confirmed that meal times suited them and that snacks and drinks were available throughout the day and night.

The kitchen was clean and well organised. The fridge and freezer were well stocked with fresh meats, chicken, fish, fruit, vegetables and dairy products. Home baking took place on a daily basis and there were freshly baked scones on the day of the inspection. Menus demonstrated that the residents received a varied diet. Food was nutritious, for example, meat and vegetables were sourced locally. The person in charge had recently contacted the dietician for advice relating to how to increase variety for residents on modified diets.

The menu for the day was displayed. The food options on the day corresponded with the menu for that day and there was a system in place to ensure that residents had a choice of foods or could have something of their own choosing.

Celebrations such as birthdays and other occasions were facilitated according to the resident’s wishes. There were facilities available to cater for different groups, with a spacious sitting room, which family and friends could use.
There was sufficient staff on duty to meet the needs of the residents on the day of the inspection. Staff moved between the dining areas, the relaxation room and the bedrooms to ensure that all residents needs were adequately met around mealtimes.

The inspector viewed staff training records and found that a programme was in place to deliver training relating to food and nutrition relevant to staff roles. For example, training in nutrition had been received by most (five of eight) nurses and many care assistants (13 of 22). The person in charge confirmed that the system for training was ongoing.

The inspector spoke with the cook and found that she was very knowledgeable about the dietary preferences of the residents and was able to describe the special dietary needs of individual residents. The inspector spoke with carers and nurses who were knowledgeable about residents’ needs, likes, dislikes and preferences. Staff were able to describe different types of diets, signs and symptoms of dysphagia and how to correctly use thickening agents (when required).

The inspector viewed the most recent environmental health officer reports that found a good standard of hygiene with up-to-date food safety records and a food safety management system in operation. Catering audits were completed by the person in charge. The most recent audit was February 2013 and all audits contained action plans. A new chef was due to replace the cook and a further audit was scheduled to take place.

Judgment:
Compliant

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

Residents are consulted with and participate in the organisation of the centre. Each resident’s 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector looked at one aspect of this outcome relating to the protection of privacy of residents and specifically, the use of CCTV in the centre.

The inspector observed that CCTV cameras were in use in the centre solely as a security measure and monitored all entrances and exits. There was signage in place to inform residents, visitors and staff of the use of CCTV. However, the inspector observed that
CCTV in the dementia care unit also monitored the resident’s living area, where residents would have a reasonable expectation of privacy. Also, there was no policy in place relating to the use of CCTV.

There was a draft policy relating to the use of CCTV in the centre, which the inspector viewed. The person in charge finalised this policy and submitted it to the Authority immediately following inspection. The person in charge confirmed that the policy was now in use and had been circulated to all staff to sign. The person in charge confirmed that the provider has contacted the company that installed the CCTV system to move the camera in the dementia care unit to protect the privacy of the residents in the living area and that a date for this work to be completed had been arranged for 5/9/2014. The inspector was satisfied that appropriate action had been taken since the inspection to address the issues identified.

**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:**

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority