

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Araglen House Nursing Home
Centre ID:	OSV-0000705
Centre address:	Loumanagh, Boherbue, Mallow, Cork.
Telephone number:	029 76 771
Email address:	araglenhouse@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Araglen House Nursing Home Limited
Provider Nominee:	Edward Noel Naughton
Lead inspector:	John Greaney
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	54
Number of vacancies on the date of inspection:	3

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 July 2016 09:15	13 July 2016 17:50
14 July 2016 09:25	14 July 2016 17:45

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Araglen House Nursing Home is a purpose-built residential centre, with accommodation for 57 residents. The centre is located close to the village of Boherbue and is situated on large, well maintained, landscaped grounds with ample parking facilities. All resident accommodation and communal space is provided on the ground floor, with staff facilities, including a staff education centre, situated on

the first floor.

This inspection was announced and took place two days. The purpose of the inspection was to inform a registration renewal decision and to monitor ongoing compliance with regulations and standards. As part of the inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident/incident logs, policies and procedures, complaints log and staff files.

The location, layout and design of the centre was suitable for its stated purpose and met the needs of the resident in a comfortable and homely way. The centre was clean, spacious and decorated to a high standard throughout. All areas were bright and well lit, with lots of natural light.

Residents' care was provided to a good standard and staff were seen to interact with residents in a respectful manner. Residents received a comprehensive assessment on admission and at regular intervals thereafter. A significant amount of work had been done on care plans since the most recent inspection in March 2016. Care plans were developed based on assessments, were personalized and provided good guidance on care to be delivered. Residents had access to the services of a GP, including out-of-hours, and to specialist/allied health services such as dietetics, speech and language and palliative care.

Prior to the inspection, questionnaires were forwarded to the centre for distribution to residents and relatives. Eleven completed questionnaires were returned from relatives and eleven were returned from residents. These were reviewed by the inspector and feedback was predominantly positive from both residents and relatives. Residents and relatives spoken with by the inspector were complimentary of the care provided.

A small number of improvements were required. These included the requirement to carry out fire drills at suitable intervals and to maintain records of these indicating the nature of the drill and any learning. Additionally, personal emergency evacuation plans needed to be enhanced to provide more detail of the most appropriate means of evacuation of each resident and their likely response to the need to evacuate. Other improvements related to audits of practice and the identification of the person responsible for ensuring that all complaints were adequately addressed.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of 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.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that accurately described the facilities and services to be provided to residents. It contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were adequate resources to support the effective delivery of care. There was a clearly defined management structure. The person in charge reported to a director of clinical operations and to a general manager, both of whom were directors of the company that owned the centre. The person in charge was supported by two clinical

nurse managers. The person in charge, the director of clinical operations or a clinical nurse manager were on duty each day, including weekends. The person in charge also worked one weekend each month and periodically worked a 10am to 10pm shift to observe out-of-hours practices.

There was a comprehensive programme of audits that included audits of medication management, diabetes care, care plans, health and safety, accidents and incidents, and activities. There was also an annual review of clinical indicators, such as the incidence of weight loss, pressure sores, skin tears, restraint and the use of sedation. Many of the audits were detailed and provided opportunity for learning, however, a small number did not adequately focus on care practices. For example, an audit of diabetes care indicated that all residents had their urine tested on admission, however, based on a sample of records viewed by the inspector, the results of these tests were not always recorded. Therefore, the source of the data used for the audit was not clear.

There was an annual review of the quality and safety of care against new standards published by HIQA. The review was completed by an external organisation and there was evidence of feedback to staff of the findings.

Judgment:
Substantially Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector reviewed a sample of the residents' contracts of care and found that each resident had an agreed written contract. Each contract outlined fees payable and also included the fees for additional services.

There was a residents' guide that included a summary of the services and facilities available, the terms and conditions of residency, the procedure respecting complaints and the arrangements for visits.

Judgment:
Compliant

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 suitably qualified and experienced person in charge, who worked full time in the centre. The person in charge was supported in her role by two clinical nurse managers and a director of clinical operations.

There was evidence that the person in charge demonstrated a commitment to her own continued professional development as evidenced by training records showing attendance at a number of recent training programmes including nutrition and dysphagia, cardiopulmonary resuscitation (CPR), care plan training, team building and responsive behaviour.

Residents, relatives and staff spoken with by the inspector stated that the person in charge had a daily presence in the centre and was available to answer any queries or concerns. Staff spoken to by the inspector were aware of the reporting relationships and there was evidence that the person in charge held regular staff meetings.

Throughout the inspection the person in charge demonstrated an adequate knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The inspector was satisfied that the person in charge was a suitably experienced nurse with authority, accountability and responsibility for the provision of the service.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The records listed in Schedules 2, 3, and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were kept secure, readily available and easily retrievable. An up-to-date insurance certificate was available demonstrating insurance against accidents or injury to residents, staff and visitors. The policies listed in Schedule 5 of the regulations were available and up-to-date.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 06: Absence of the Person in charge</i> <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There had been no period when the person in charge was absent from the designated centre for 28 days or more. The person in charge informed the inspector that the director of clinical operations or clinical nurse managers were available to take charge in the event that the person in charge was absent from the centre.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 07: Safeguarding and Safety</i> <i>Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s):</p>

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

Findings:

There were adequate measures in place to protect residents from harm or suffering abuse. There was a policy in place that addressed prevention, detection, reporting and investigating allegations or suspicion of abuse. Training records viewed by the inspector indicated that all staff had attended up-to-date training in recognising and responding to abuse. All staff spoken with knew what action to take if they witnessed, suspected or had abuse disclosed to them. The person in charge and the provider were also very clear of their role if there were any allegations.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. Relatives of residents spoke highly of the care provided by the staff and their caring attitude.

There were policies in place about meeting the needs of residents with responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia) and restrictive practices. Policies were seen to give clear instruction to guide staff practice. Training records reviewed by inspectors indicated that staff were facilitated to attend training related to the care of people with dementia. There were care plans that set out how residents should be supported if they presented with responsive behaviour. Staff members spoken with were knowledgeable of individual resident's behaviour including how to avoid the situation escalating.

The only restraint in use in the centre were bedrails. Based on a sample of records viewed by the inspector, risk assessments had been completed for all of these residents. The alternatives to bed rails had been considered, for example low beds. Records were available of safety checks by staff when bedrails were in place.

The centre was not managing the finances of residents, however, petty cash was held on behalf of residents to cover day-to-day expenses such as hairdressing and chiropody. Records of all transactions were available that included signatures of a member of staff and the resident/relative, where appropriate or by two members of staff. Receipts were also available for all purchases.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was an up-to-date safety statement. There was a risk management policy and associated risk register that adequately addressed the identification and assessment of risks, including those specified in the regulations. The inspector viewed the accident and incident log and there was evidence of learning from accidents and incidents and feedback to staff at meetings.

There was an emergency plan in place outlining what to do in the event of an emergency and included the safe placement of residents in the event of a prolonged evacuation.

There were adequate procedures in place for the prevention and control of infection. Wash hand basins, hand gels, and disposable gloves and aprons were appropriately placed throughout the centre. There were adequate facilities for the secure storage and disposal of clinical waste.

There were reasonable measures in place to prevent accidents including safe floor covering, handrails on all corridors and grab rails in toilets and bathrooms and window restrictors on all windows. All staff members had received up-to-date training in moving and handling.

Suitable fire equipment was provided and there was adequate signage indicating what to do in the event of a fire. Records indicated that fire safety equipment was serviced annually and the fire alarm was serviced quarterly. Emergency lighting, however, was serviced annually and not quarterly as per relevant guidance. There were records of the daily inspection of the means of escape, weekly sounding of the fire alarm, and weekly checks of fire doors. All exits were seen to be unobstructed on the day of the inspection. Training records indicated that all staff had received up-to-date training in fire safety and evacuation procedures. Staff members spoken with by inspectors were knowledgeable of what to do in the event of a fire. The provider regularly reviewed fire safety practices with staff, however, records of fire drills at regular intervals were not available demonstrating the simulation of evacuation for the purpose of learning. Additionally, while there were personal emergency evacuation plans available for each resident, these detailed the level of assistance required to mobilise. They did not, however, describe the most appropriate means of evacuation in the event of an emergency, for example, when the resident was in bed.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There was a medication management policy for ordering, prescribing, storing and administration of medicines. Inspectors viewed a sample of residents' prescriptions and all contained appropriate information including a recent photograph of the resident; the name, dosage and route of administration for all medicines; and the maximum dosage for prn (as required) medications.

The inspector found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices.

There were regular medication audits carried out by a pharmacist and improvements as a result of issues identified. There was evidence of attendance at medication management training by nursing staff.

Medications requiring special control measures were managed appropriately. Records indicated that these were counted by two nurses at the end of each shift. Medications requiring refrigeration were stored appropriately and the temperature of the fridge was monitored and recorded. There was an adequate system in place for the return of unused and out-of-date medicines to the pharmacy.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Based on records viewed and discussions with staff, the inspector was satisfied that all notifications were submitted to HIQA within the required timeframes.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care.

The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

The inspector reviewed a sample of residents' records, which included comprehensive biographical details, medical history, nursing assessments and life histories.

Residents had access to general practitioners (GPs) of their choice, and to allied healthcare services including dietetics, speech and language, physiotherapy, occupational therapy, psychiatry, chiropody and palliative care. GPs visited the centre regularly and there was evidence that residents were reviewed regularly. Out-of-hours GP services were also available. A physiotherapist visited the centre for one afternoon each week to carry out individual assessments, where required, and also facilitated group classes. An occupational therapist usually also visited the centre for one afternoon every three weeks.

A dietician and speech and language therapist from a nutritional supply company visited the centre every three months or more frequently if required. Residents also had access to mental health of later life services, which was available in the local hospital and a community mental health nurse visited, if required.

A pre-admission assessment was completed by the person in charge or by the director of clinical operations. Residents and families were also invited to visit the centre prior to admission to determine if the centre was suitable to their needs. Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores and for the risk of malnutrition. Records indicated that these were reviewed at a minimum of every four months and more frequently, if required.

Care plans were developed for issues identified on assessment. These were seen to be comprehensive, person-centred and provided detailed guidance on the care to be delivered on an individual basis to residents.

There were opportunities for residents to participate in activities that were meaningful and purposeful to them and that suited their needs, interests and capacities. There were two activity coordinators employed in the centre, one of whom had overall responsibility for coordinating the programme of activities. On the days of inspection healthcare assistants were participating in one-to-one activities with residents. All residents have an activity profile completed on admission in order to identify their interests and capabilities in relation to activities. These profiles were detailed and provided a good overview of

residents' interests prior to admission. The programme of activities included activities such as Sonas (a therapeutic communication activity), arts and crafts, music, physiotherapy led exercises, flower arranging, balloon games, and board games. Most activities were done in groups, however, one-to-one activities were carried out with residents that either did not wish to partake in group activities or for which group activities were unsuitable. Outings were planned to a number of local attractions, however, some of these were weather dependant.

Judgment:
Compliant

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:

Araglen House Nursing Home is a purpose-built residential centre, with accommodation for 57 residents. The centre is located close to the village of Boherbue and is situated on large, well maintained, landscaped grounds with ample parking facilities. All resident accommodation and communal space is provided on the ground floor, with staff facilities, including a staff education centre, situated on the first floor and only staff members have access to this area.

On the days of inspection, the centre was bright, clean, spacious and decorated to a high standard throughout. Resident accommodation comprises 41 single and eight twin-bedded rooms, all of which are en suite with shower, toilet and wash-hand basin. The centre is divided into four sections: honeysuckle suite (14 beds), daffodil suite (16 beds), primrose suite (16 beds), and the designated dementia unit, bluebell suite (11 beds).

All bedrooms were spacious and were seen to be personalised. Some residents had brought their own furniture as well as pictures and ornaments. There was adequate space in the bedrooms for furniture such as a bed, a chair and bedside locker. The rooms also had enough space for equipment such as hoists to be used, with sufficient space to access the beds from either side.

The doors to the bedrooms in Bluebell, which is the dementia unit, had been painted

different colours to support residents identify their own room. Contrasting colours were also used throughout this unit to support residents identify areas such as their bathroom. Communal space in Bluebell comprised a sitting room, a sensory room, a dining room and there was also a small kitchen for use by residents. Along the main corridor in bluebell was a memorabilia cupboard, an old style phone booth and a couch.

Communal areas in the main part of the centre included a large reception area with comfortable seating, two sitting rooms, a main dining room and two smaller dining rooms, an oratory, a family room and two quiet rooms. There are a number of secure gardens, including a sensory garden, that are accessible from a number of corridors and from some bedrooms. Visual cues, such as dried flowers or familiar words, were placed in frames outside of the doors of bedrooms in other areas of the centre, also to support residents identify their bedroom. The use of contrasting colour that was evident in the dementia unit, had not yet extended to the main part of the centre.

There are two sluice rooms, five assisted toilets, one assisted bathroom and a visitors' toilet. The main nurses' station, treatment room and the office of the person in charge are located beside the reception. There was a hairdressing salon and a therapy room, which is predominantly used by physiotherapy and occupational therapy.

Access to rooms such as the treatment room, sluice room, cleaners' room were all secure on the day of inspection, however the doors to the hairdressing salon and the activity cupboard were unsecure.

There was a wireless call bell system, so residents have access to a call bell in communal areas. Windows have restrictors applied and each room has its own thermostatic control.

The centre has a barrier laundry system whereby the washing machine has two doors, one of which opens into an ante room and the other into a clean room. Dirty laundry is sorted and placed into the washing machine from an ante room, and once washed, it is removed via the door in the washing machine that opens into the clean room. This ensures that clean and dirty laundry is completely segregated and minimises the risk of cross contamination. There are hand washing facilities strategically located between the ante room and the clean room.

There was a large well-equipped kitchen with adequate hand hygiene and changing facilities for staff. The most recent inspection report from environmental health was available and demonstrated an adequate level of compliance. There was evidence of good practice in relation to the management of clinical and domestic waste.

There were up-to-date records of the maintenance of equipment such as beds, clinical equipment, speciality chairs and hoists.

Judgment:
Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre had an up-to-date policy and procedure on the management of complaints. The person in charge was the nominated person for managing complaints and the activities coordinator was identified as the person responsible for independent appeals. The policy, however, did not outline who was responsible for overseeing the complaints process to ensure that all complaints were adequately addressed. The complaints process was on prominent display in the centre.

The inspector viewed the complaints log containing records of complaints, the results of any investigations, any actions taken and whether or not the complainant was satisfied with the outcome of the complaint.

Judgment:

Substantially 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:

There were written policies and procedures in place for end-of-life care, including the management of residents' resuscitation status. Staff were supported in the provision of end of life care by the residents' GPs and the community palliative care team, to which there was good access.

Religious preferences were documented and there was evidence that they were facilitated. The centre had a large oratory that was furnished to a high standard and was available to residents and family members. In the event of the death of a resident, other residents were notified and funeral arrangements were displayed for visitors,

residents and staff. Records indicated that end-of-life preferences were discussed with residents and/or their relatives and these were documented in residents' records. A specific "Order for Life Sustaining Treatment" form was completed for residents to indicate the type of care they would like in the event of an acute illness ranging from transfer to hospital for full medical intervention to remaining in the nursing home for comfort measures only.

The centre had end-of-life packs that included specially designed handover bags for returning residents' property to family members, signage for doors to indicate to staff and visitors that a resident was approaching end of life and designated linen for beds. The majority of residents were accommodated in single rooms, so the option of a single room was usually available. Family and friends were facilitated to remain with the resident and there was a family room with two large comfortable reclining armchairs, should family members wish to remain overnight. The inspector observed that respect was shown for the remains of the deceased person following death.

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:
There were policies and procedures to supporting the management of nutrition. There were adequate systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were weighed and assessed for the risk of malnutrition on admission and at regular intervals thereafter.

Most residents had breakfasts in their bedrooms but had their lunch and supper in the dining rooms. Breakfast was served for most residents from 07:30hrs to 09:00hrs, lunch was served from 12:00hrs to 13:30hrs, and supper was served from 17:00hrs to 17:30hrs. There was an adequate system of communication between nursing and catering staff to support residents with special dietary requirements. Residents were offered a choice of food at mealtimes, including residents that were prescribed modified diets. Alternatives to what was on the menu were also provided to residents that requested this. The inspector noted that residents prescribed specific diets received the correct diet and modified meals were attractively served. Food appeared to be nutritious, was attractively presented and available in sufficient quantities. Fluids were

available throughout the day and tea/coffee and snacks were served between meals.

On the day of the inspection there were adequate numbers of staff on duty to support residents with their meals. Residents requiring assistance were assisted by staff in a respectful and dignified manner.

Residents had access to speech and language therapy (SALT) and dietetic services from a nutritional supply company and there was evidence of referral and review.

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):

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

Findings:

Each resident had a "Key to Me" completed, which provided an overview of residents' interests. Residents also had a meaningful activities assessment and activity plan completed. There were two activities co-ordinators employed in the centre and at least one was available in the centre each day from Monday to Saturday. A range of activities were available each day such as balloon games, flower arranging, arts and crafts, music, board games, reading and trivia. While there was a programme of activity scheduled for the week, this could change depending on residents' wishes. There were also one-to-one activities for residents that do not participate in group activities that included beauty therapy and hand massage.

The preferences of all religious denominations were respected and facilitated. There was a large oratory available in the centre that was decorated to a high standard. Religious ceremonies were celebrated in the centre that included daily prayers and weekly mass for catholic residents. Outside of religious ceremonies, the oratory was available as a quiet space for residents to pray and reflect. Each resident had a section in their care plan that set out their religious or spiritual preferences.

There was an in-house advocate available to residents. Contact details were also available of an independent external advocate that was available to the residents. The independent advocate was a former member of staff who visited the centre periodically to meet with residents.

Resident surveys were carried out annually and records of the most recent survey in May 2016 highlighted predominantly positive feedback on care and the environment. There was a comments and complaints box located in reception. Residents' council meetings were held regularly and were facilitated by the activities coordinator, who is also the residents advocate.

Inspectors observed staff interacting with residents in an appropriate and respectful manner. Residents' privacy was respected and the inspector observed staff knock on doors before entering residents' bedrooms.

There were no restrictions on visiting times and there was adequate space for residents to meet with relatives in private, separate from their bedrooms. Most residents had private bedrooms and where bedrooms were shared there was adequate screening between beds to support privacy.

There was a pet dog that spent his days in the centre and appeared to be very popular with the residents. Residents choose what they liked to wear and inspectors saw residents looking well dressed, including jewellery and makeup.

Residents had access to television, newspapers, telephone facilities and were provided with information on events in the local community. Residents were facilitated to vote in local and national elections.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
There was an up-to-date policy on the management of residents' personal property and possessions. An inventory of residents' property was recorded on admission.

There was adequate storage for residents' personal belongings, including lockable storage. There were adequate arrangements in place for the regular laundering of linen and clothing, and the safe return of clothes.

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):

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

Findings:

An actual and planned roster was maintained in the centre with any changes clearly indicated. Residents, relatives and staff spoken with felt there was adequate levels of staff on duty. This was supported by observations of the inspector who was satisfied that there were satisfactory numbers of staff and skill mix to meet the needs of residents and to the size and layout of the designated centre. During the inspection, residents were seen to receive attention from staff based on their care requirements, for example, assisting residents to the bathroom.

Staff members were seen to interact with residents in a caring and respectful manner. Where support to eat and drink was being provided, it was done in a discreet way.

The person in charge was supported by a director of clinical operations, who was also a nurse and was the former person in charge. There were also three clinical nurse managers. The person in charge, the director of clinical care or a clinical nurse manager were on duty each day, including weekends. The staffing complement included two activity coordinators, catering, housekeeping, administration and maintenance staff. The centre did not use agency staff as it had sufficient numbers of staff to provide cover.

There was a varied programme of training for staff. Records viewed by the inspector confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse; manual handling; and fire safety and evacuation. Staff also had access to a range of education on areas such as, dementia, responsive behaviour, nutrition, medication management, end of life care and infection control.

There was evidence of a robust recruitment process including a process for verifying the authenticity of references and induction of staff. The inspector reviewed a sample of staff files and found that all the information required by the regulations was readily available and accessible. A record of current registration with the relevant professional body was available for all nursing staff.

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:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Araglen House Nursing Home
Centre ID:	OSV-0000705
Date of inspection:	13/07/2016
Date of response:	24/08/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

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

There was a comprehensive programme of audits that included audits of medication management, diabetes care, care plans, health and safety, accidents and incidents, and activities. Many of the audits were detailed and provided opportunity for learning, however, a small number did not adequately focus on care practices.

1. Action Required:

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

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The method of conducting audits are being evaluated and all staff carrying out audits are instructed on how to effectively complete an audit, ensuring that an accurate evaluation of the service is the outcome. Any deficiencies arising from these audits can then be corrected therefore making a safer more effective service.

Proposed Timescale: 24/08/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Emergency lighting was serviced annually and not quarterly as per relevant guidance.

2. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

The three monthly emergency lighting tests will take place in future

Proposed Timescale: 31/10/2016

Theme:

Safe care and support

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

The provider regularly reviewed fire safety practices with staff, however, records of fire drills at regular intervals were not available demonstrating the simulation of evacuation for the purpose of learning.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Simulation of evacuation for learning purposes is now planned.

Proposed Timescale: 30/09/2016

Theme:

Safe care and support

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

While there were personal emergency evacuation plans available for each resident, these detailed the level of assistance required to mobilise. They did not, however, describe the most appropriate means of evacuation in the event of an emergency, for example, when the resident was in bed.

4. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

The residents emergency plans have been adjusted to include the appropriate means of evacuation e.g removing residents in their own bed directly through bedroom extra width doors or emergency sheets.

Proposed Timescale: 24/08/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complaints policy did not outline who was responsible for overseeing the complaints process to ensure that all complaints were adequately addressed. The complaints process was on prominent display in the centre.

5. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

The policy has been altered to more clearly outline the person responsible for overseeing the complaints process.

Proposed Timescale: Immediate

Proposed Timescale: 24/08/2016