



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Araglen House Nursing Home
Name of provider:	Araglen House Nursing Home Limited
Address of centre:	Loumanagh, Boherbue, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	10 April 2018
Centre ID:	OSV-0000705
Fieldwork ID:	MON-0020907

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Araglen House Nursing Home is a purpose-built, family run 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. The centre provides long-term, short-term, convalescence and respite care to both female and male residents over the age of 18 but primarily accommodates older adults. There is a large reception area just inside the front door, which is keypad controlled, and there are a number of administration offices close to the reception desk. For operational purposes the centre is divided into four units, Honeysuckle, Primrose, Daffodil and Bluebell. Honeysuckle comprises 14 single bedrooms; Daffodil comprises 13 bedrooms, of which three are twin rooms; Primrose comprises 13 bedrooms, of which three are twin rooms: and Bluebell comprises nine bedrooms, of which two are twin rooms. All of the bedrooms are en suite with shower, toilet and wash hand basin. Bluebell is the designated dementia unit. It is self-contained with its own sitting and dining rooms, and entrance and exit to this part of the centre is controlled by an electronic keypad. There is a large sitting room and a number of small sitting rooms located throughout the centre. There is a large dining room and a number of smaller dining rooms in each of the units. There is also a large oratory available for residents for prayer or can also be used by residents if they would like to have some quiet, contemplative time away from the rest of the centre.

The following information outlines some additional data on this centre.

Current registration end date:	09/11/2019
Number of residents on the date of inspection:	56

How we inspect

To prepare for this inspection the inspector or 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
10 April 2018	09:30hrs to 17:30hrs	John Greaney	Lead
11 April 2018	09:15hrs to 16:00hrs	John Greaney	Lead

Views of people who use the service

Over the course of the two days of this inspection the inspector spoke to a number of residents and visitors. Feedback from residents was extremely positive. Residents stated that they were happy living in the centre. Residents confirmed that they had control over their day and were supported to get up at a time of their choosing, could have their meals in the dining rooms or in their bedrooms and could go to bed whenever they wished. Several residents commented on the friendliness and helpfulness of staff. Residents were complimentary of the food, such as the choice of food available and the quality and quantity of food presented to them.

Residents stated that staff were very approachable and they would have no problem making a complaint should they have the need to complain. Residents talked about participating in activities external to the centre and transport was provided so that they could visit local amenities and attend concerts in Killarney. The Director of Clinical Operations, the Person in Charge and indeed all staff were seen to chat with residents informally to see how they were getting on. Residents were also consulted formally through resident council meetings and through surveys. Feedback through these forums from residents was very positive.

Capacity and capability

Overall, there were good governance and management systems in place to enable the provider and person in charge have adequate oversight of the centre and to support staff deliver a good standard of care to residents. While there was a good level of compliance demonstrated on inspection, some improvements were required in areas such as staff training, the policy on complaints, notification of incidents and garda vetting for newly recruited staff.

There was a clearly defined management structure, of which staff and residents were familiar. The person in charge reported to the Director of Clinical Operations and was supported by a recently appointed assistant director of nursing and two clinical nurse managers. All members of the management team, to which the inspector spoke, demonstrated a good knowledge of individual residents and their needs and it was evident that each member of management had clearly defined roles and responsibilities.

There were adequate numbers and skill mix of staff to meet the needs of residents. While recruitment practices were generally of a high standard and met the requirements of the regulations, one recently recruited staff member did not have garda vetting in place. There was a strong ethos of training in the centre and staff

were facilitated to attend training both within and external to the centre. This was further supported by the recruitment of an assistant director of nursing whose role included the provision of training to staff, particularly in the area of dementia. All staff had attended training in manual and people handling and in fire safety, however, a small number of staff required updated training in safeguarding residents from abuse and in responsive behaviour.

Residents were supported to raise concerns. Complaints were recorded in the complaints log and records indicated that complaints were responded to and the outcome of the complaint was recorded, including the satisfaction or otherwise of the complainant. The procedure for managing complaints was on display in the centre. Initially, the inspector found that the procedure was not easy to follow and the appeals process was unclear. This was rectified prior to the end of the inspection. The complaints policy also required review, as the procedure described to the inspector was not clearly outlined in the policy.

Regulation 16: Training and staff development

There was a comprehensive programme of training and staff were supported to attend a variety of education days. All staff had received up-to-date training in fire safety and manual and people handling. While most staff had received up-to-date training in responsive behaviour and safeguarding residents from abuse, a small number of staff were overdue attendance at this training. In addition to mandatory training staff had attended training relevant to their role such as medication management, dementia care, food hygiene, falls prevention and end of life care.

Judgment: Substantially compliant

Regulation 21: Records

Records set out in Schedules 2, 3, and 4 were kept in the centre and were available for inspection. Records were stored securely and were easily retrievable. While most of the requirements of Schedule 2 were met, a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was not available for a recently recruited member of staff.

Judgment: Not compliant

Regulation 23: Governance and management

There were adequate resources available to support the effective delivery of care.

<p>There was a clearly defined management structure with clear lines of authority and accountability. While an annual review of the safety and quality of care had been completed by an external organisation, responsibilities and time lines had not been included to identify who was responsible for each action by what date it should be completed.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 24: Contract for the provision of services</p>
<p>Each resident had a written contract of care that included details of the services to be provided and the fees to be charged, including fees for additional services.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>A review of records indicated that not all notifications required to be submitted to HIOA were submitted as required. For example, two incidents whereby residents received injuries requiring medical interventions were not submitted as required.</p>
<p>Judgment: Not compliant</p>
<p>Regulation 34: Complaints procedure</p>
<p>There was a policy and procedure in place for the management of complaints. The procedure for managing complaints outlined in the policy required review to ensure that it reflected the process being followed in the centre. The procedure for making a complaint was on prominent display and this was amended prior to the end of the inspection to identify for residents and visitors how complaints were managed in the centre</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 4: Written policies and procedures</p>
<p>All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the</p>

policies which guided practice in the centre.

Judgment: Compliant

Quality and safety

Overall, residents received care to a good standard and were protected by appropriate governance arrangements that had been put in place by the provider and person in charge. Some improvements were required in relation to the exploration of needs of residents that shared a room at end of life, the management of stock medications and ensuring that all residents received their prescribed diet.

Residents quality of life and healthcare needs were supported through regular assessments using recognised assessment tools. Care plans were developed based on these assessments and these were seen to be personalised, supporting staff to provide care to residents based on each resident's individual needs. Residents' healthcare needs were met through access to a general practitioner (GP) of their choice and records indicated that residents were regularly reviewed. Residents also had access to the services of a physiotherapist who visited the centre weekly to carry out group exercise activities and also one-to-one assessments. Residents identified at risk of malnutrition were reviewed by a dietitian and residents identified as having swallowing difficulties were reviewed by a speech and language therapist.

Residents well-being and safety was promoted through staff awareness. Residents spoken with by the inspector stated that they felt safe in the centre. Staff spoken with were clear on what they would do if they had suspected or had abuse reported to them. The inspector observed that staff interacted with residents in a positive manner and respected the privacy and dignity of residents.

Restrictive practices in the centre predominantly took the form of bedrails. Where bedrails were being used, there were adequate risk assessments completed prior to the use of bedrails, there were explorations of alternatives to bedrails and there were safety checks when bedrails were in place. There was minimal use of chemical restraint and when it was used, it was in line with national policy.

In general, residents were protected through medication management practices that were in line with relevant professional guidance. The pharmacist was supported to meet their obligations to residents by carrying out a review of each resident's prescription and by auditing medication management in the centre. Some improvements, however, were required in relation to the management of a small amount of stock medicines stored in the centre for emergency use. While there was a system in place to monitor the stock, it was not detected that some antibiotics had recently expired.

The social care needs of residents were met to a good standard. There were two activity coordinators employed in the centre and there was a programme of activities that was tailored to the needs of residents. The programme of activities included group activities and also one-to-one activities, such as hand massage. Integration into the local community was promoted and some residents attended an afternoon dance that was held in the local community centre monthly from May through to September. Residents were also supported to attend concerts in Killarney, the pantomime at Christmas and local amenities and parks.

Meal times were seen to be sociable occasions and most residents eat in the various dining rooms located throughout the centre. Food was attractively presented and available in sufficient quantities. There was a tea party taking place on the first day of the inspection and residents appeared to very much enjoy the event. These are monthly occurrences and the chef prepares a variety of foods for the residents, including pastries, as a special treat for residents. Residents requiring assistance at meal times are assisted appropriately by staff and a special table is available for residents that have large speciality chairs. While there was an adequate system for nursing staff to communicate speciality diets with catering staff, it was noted by the inspector that for one resident the diet sheet in use did not reflect the prescribed diet.

It was evident that residents received a high standard of care as they approached end of life. Nursing and care staff spent additional time with residents to ensure that their care needs were met. Care plans on end of life were comprehensive, and focused on factors that were known to be important to residents and their families at end of life. From discussions with staff it was clear that most residents were facilitated with a private room at end of life. However, preference for a private room was not adequately explored with all residents, family members or indeed with residents that may be sharing a room with a resident approaching end of life.

The centre was generally clean and bright throughout. There was a large sitting room and also a number of small sitting rooms for use by residents. These were decorated to a high standard and contained comfortable seating. All of the bedrooms were en suite with shower, toilet and wash hand basin. There was a designated dementia unit that was accessed through a door on either end of the unit that were electronic keypad controlled. Residents are allowed freedom within the unit, with access to sensory and other gardens. Dementia friendly aspects of the unit included an old phone box located on the main corridor, there was a memory corner called "Fadó Fadó" made up of shelves with various memorabilia and bedrooms doors were painted in various colours to assist residents to identify their own bedroom.

Regulation 10: Communication difficulties

Staff were knowledgeable of the communication needs of residents including non-

verbal approaches to communicating with residents. Communication needs were clearly set out in care plans, which were kept under regular review.

Judgment: Compliant

Regulation 11: Visits

There were flexible visiting arrangements and visitors were seen to come and go throughout the days of the inspection. A record of visitor's was maintained and staff were seen to remind visitors to sign the visitor's record when they entered the premises. There were adequate areas for residents to meet with visitors in private separate from their bedrooms.

Judgment: Compliant

Regulation 13: End of life

Preference for a private room was not adequately explored with all residents, family members or indeed with residents that may be sharing a room with a resident approaching end of life.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was bright, clean, spacious and decorated to a high standard. Residents had access to adequate communal space, sanitary facilities and suitable outdoor space. Records indicated a programme of maintenance that included preventive maintenance of equipment such as beds, hoists and wheelchairs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered a choice of food each day, including residents that were prescribed a modified diet. Food appeared nutritious, was attractively presented and was available in sufficient quantities. There was a large dining room and a number of small dining rooms located in different parts of the centre and most residents had

their lunch and tea in the dining rooms. There was a system of communicating prescribed diets to catering staff and the system of communication appeared to be effective. It was, however, noted by the inspector that one resident's diet sheet did not adequately reflect the texture of diet prescribed for that resident.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of a sample of care plans and medical records indicated that required information was shared when a resident was transferred to hospital or another facility.

Judgment: Compliant

Regulation 26: Risk management

There were adequate procedures in place for the management of risk. Risks were identified and included in the risk register, which identified the hazard, the measures in place to mitigate the risk identified and additional measures that may be required for further mitigation. Accidents and incidents were recorded and actions were identified to minimise recurrence of the incident. There was also an overall audit of accidents and incidents to identify trends as an opportunity for learning.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate procedures in place in relation to fire safety. All staff had up-to-date training in fire safety. Staff spoken with were familiar with what to do in the event of a fire and of the procedure for horizontal evacuation. There were regular fire drills and staff spoken with confirmed participation in fire drills. There were records of preventive maintenance for fire safety equipment, fire alarm and emergency lighting.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration practices observed by the inspector were in compliance with relevant professional guidance. Medicines were stored securely. Medications requiring special control measures were counted at the end of each shift and following administration by two registered nurses. A small stock of antibiotics was maintained for use in the event of being prescribed out-of-hours when the pharmacy was closed. While there was a system in place for recording these medicines, some of the antibiotics had recently expired and this was not identified through the stock management system.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents were assessed on admission and at regular intervals thereafter using recognised assessment tools. Care plans were then developed for issues identified on assessment. These care plans were personalised and identified on an individual basis the care needs of each resident.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to GP services and there was evidence of regular review. There was also good access to allied health and specialist services such as physiotherapy, dietetics, speech and language therapy and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Behaviours associated with dementia were identified in care plans and staff demonstrated knowledge of causes of this behaviour and interventions to prevent the behaviour escalating. There were risk assessments completed prior to the use of bedrails and safety checks completed while they were in place. There was minimal use of chemical restraint and when it was used there was evidence of the exploration of alternatives.

Judgment: Compliant

Regulation 8: Protection

There were adequate measures in place to protect residents and safeguard them from abuse. Staff were facilitated to attend training in safeguarding to enable them to recognise and respond to suspicions or allegations of abuse. Residents spoken with by the inspector stated that they felt safe.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated to exercise choice in their daily routine, such as when to get up in the morning, when to go to bed, and where to have their meals. Residents were cared for by staff and all interactions were observed to be respectful. Recreational activities in the centre were suitable and adapted to the interests and capacity of residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Araglen House Nursing Home OSV-0000705

Inspection ID: MON-0020907

Date of inspection: 10/04/2018 and 11/04/2018

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The small Number of new staff will have completed responsive Behaviour and Safeguarding of Residents from abuse by June 30th 2018.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>This was completed by the 20th April for the New staff member and is now fully Compliant.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Responsibility for Audits is always recorded on – In-house Audits. This was overlooked by the External Organisation. However the results and improvements were recorded in all the meetings following that particular audit. It will be recorded in the next external review.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>This was an oversight and has been amended immediately. There are now two designated Senior Managers to complete notifications.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The procedure for managing complaints outlined in the policy and has been reviewed and completed.</p>	
Regulation 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life:</p> <p>All our End of life residents and their families are offered a Private Room. On a few occasions this has been declined. The particular resident who was at End of Life during the inspection was transferred to a private room in the last few days of their life. There are 41 private rooms in the centre.</p>	
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>Diet sheet for that one resident was updated immediately.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Pharmacy had sent antibiotics with very short shelf life. Following discussion with Pharmacy new check sheets have a column for expiry date for better clarity.</p>	

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.	Substantially Compliant	Yellow	12/04/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2018
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate	Substantially Compliant	Yellow	12/04/2018

	quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	20/04/2018
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	13/04/2018
Regulation 29(6)	The person in charge shall ensure that a	Substantially Compliant	Yellow	12/04/2018

	<p>medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.</p>			
Regulation 31(1)	<p>Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.</p>	Not Compliant	Orange	12/04/2018 Immediate
Regulation 34(1)(a)	<p>The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and</p>	Substantially Compliant	Yellow	11/04/2018

	their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.			
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