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## Araglen House Nursing Home, OSV-0000705, 20 May 2021

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Araglen House Nursing Home, OSV-0000705, 20 May 2021', [report], Health Information and Quality Authority, 2021-07-07, Nursing Homes, Designated Centre for Older People
Publisher	Health Information and Quality Authority
Download date	2026-03-13 14:48:08
Link to Item	<a href="https://hdl.handle.net/20.500.14765/108008">https://hdl.handle.net/20.500.14765/108008</a>



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Araglen House Nursing Home
Name of provider:	Araglen House Nursing Home
Address of centre:	Loumanagh, Boherbue, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	20 May 2021
Centre ID:	OSV-0000705
Fieldwork ID:	MON-0031102

## 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 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. 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 be used by residents if they would like to have some quiet, contemplative time away from the rest of the centre. Outdoor areas comprise a large secure garden and two courtyards, one of which is accessible from the dementia unit.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	54
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 20 May 2021	11:00hrs to 19:00hrs	Mary O'Mahony	Lead

## What residents told us and what inspectors observed

An unannounced inspection of Araglen House Nursing Home took place over one day and the inspector found that residents in the centre were experiencing a good, comfortable quality of life. The inspector met and spoke with the majority of the residents during the day. From what residents told the inspector and from what was observed it was evident that the home was a nice place to live where residents' rights were respected in relation to their daily lives and interactions,

The designated centre was located near the town of Boherbue in spacious rural grounds with adequate car parking spaces for staff and visitors. As the inspection took place during the COVID-19 pandemic, COVID-19 restrictions and protocols were in place. Consequently, when the inspector arrived at the centre the processes which were in place to ensure that visitors adhered to infection control measures, such as the use of hand sanitising gel, mask wearing and temperature checks, were adhered to by the inspector.

Following an initial meeting and document check the inspector was shown around the premises by the person in charge. The inspector met with residents at this time and saw that their accommodation and living spaces were well maintained, homely and spacious. All bedrooms and communal rooms were easily accessible to them. Bedroom accommodation comprised of 41 single and eight double bedrooms all of which were fully en-suite. The residents said that access to the individual shower and toilet facilities supported their privacy and dignity. The inspector viewed a number of residents' bedrooms which were seen to be personalised, bright and well decorated. The double rooms were spacious and well furnished with adequate wardrobe space for personal items. Each bedroom had a large TV and a radio and were decorated with items of furniture, pictures and photographs from home. Residents said that this personalisation helped to remind them of their past experiences and the photographs of family were a great comfort. Residents expressed their relief and happiness that visits from family and friends were now allowed four times a week, in line with the Health Protection and Surveillance Centre (HPSC) guidelines.

The centre was well maintained. The design and layout of the home promoted a good quality of life for residents. There were a variety of communal spaces for residents to enjoy, including sitting rooms, a spacious oratory, dining rooms and visitors'/quiet rooms. A specialised dementia care unit was set up in the centre with its own separate sitting area and dining area, and a number of these residents also availed of communal rooms in the main section. The inspector found that the communal rooms were comfortable, nicely decorated spaces. Residents were observed sitting there to enjoy music, watch television and chat. In one sitting room residents were seen to dance to music with the care assistants and sing happy birthday to one resident and to enjoy a game of bingo in another. Suitable signage was in place to orientate residents to their bedrooms and in the direction of communal rooms. Beautiful pictures were displayed around the walls which were

placed at an optimal height for residents' enjoyment. Drinks and a variety of snacks were offered throughout the day. Residents had access to an enclosed garden with colourful outdoor furniture and raised flower boxes planted by residents. Overall on the day of inspection, the inspector observed a person-centred, respectful approach to residents which was led by the senior managers.

Residents' accommodation and personal space was found to be clean and tidy. Staff were observed to be compliant with COVID-19 infection control precautions and the appropriate use of personal protective equipment (PPE). Twice daily temperature checks of residents and staff were documented and cleaning schedules had been adapted in response to the pandemic. Relatives were observed to be supported to complete hand hygiene protocol and temperature checks on arrival at the centre.

Feedback from residents was that staff were very kind and caring. Residents seemed confident in their presence. Staff were observed to interact with them in a kind manner. Throughout the day of the inspection residents were seen mobilising freely around the centre and sitting in the various communal rooms or relaxing in their bedrooms. The atmosphere in the centre was very relaxed and staff continued on with their usual routine during the inspection. The inspector observed a number of meaningful moments between staff and residents including the birthday celebration and dancing. Call bells were answered promptly, on the whole, and staff were heard knocking on bedroom doors prior to responding to a call bell. In the late evening call bells were heard to ring on a more frequent basis. Management were asked to audit the work practices at that time of the day to ensure optimal staff deployment and adequate staffing levels.

Staff spoken with on inspection were knowledgeable of their role and of individual residents' needs. Residents were familiar with the names of the person in charge and the provider. They said that they were approachable and would address any concerns brought to their attention. One resident remarked that the variety and choice of food on offer was lovely. She credited the new owner within a lot of improvements and also complimented his accessible nature. Residents said that they felt safe in the centre. External advocacy information was on display should this be required by a resident or family member. Staff were scheduled to do on-line training on human rights-based care to ensure that all staff understood and actioned residents' rights to autonomy, choice and self determination.

A number of residents told the inspector that they were very happy to have been vaccinated and they were looking forward to the summer time with hopes that some semblance of normal life would return. Residents said that they had missed their families and friends during the 'lockdown' but were very understanding of why this had happened. They were very grateful to staff that the centre had remained free from COVID-19 since the start of the pandemic. The inspector observed a steady flow of visitors in the designated visitors' area. Staff were seen to clean this area between use and records were maintained of this. Compassionate visiting was facilitated as required during the restrictions whenever residents were very lonely or at the end of life. Examples of when this had occurred were discussed and these demonstrated a sense of empathy towards family members and efforts to sustain the mental health of residents. While residents stated that they found the COVID-19

restrictions difficult, they said that staff made sure that they felt safe, particularly with regard to the risk of the virus. The inspector observed residents making phone calls to families and a group of residents confirmed that they had regular contact with family and friends by phone or via video call.

Residents were complementary about the meals and the choice available to them. Residents were seen to enjoy coffee, tea and scones, mid-morning. Residents told the inspector that the meals were very tasty and that there was always a choice available to them. Records of residents meetings indicated that residents had asked for new choices which had been facilitated, The inspector observed residents' dining experience and found that the dining room had been nicely decorated. There were some arrangements in place to facilitate social distancing, however, this was not always maintained in the convivial atmosphere of the busy dining room. The provider and person in charge undertook to review the seating arrangements in line with HPSC guidelines. Residents were observed enjoying their dinner, snacks and chats. They were assisted appropriately where required. Some residents chose to remain in their bedrooms for meals and this choice was respected.

A good proportion of residents spent their day in the large sitting room. It was furnished with comfortable couches and chairs. There was a new carpet in this room which was coated with a special antimicrobial layer to enhance the infection control systems. This room was observed to be a popular area for residents to sit together in a safe and socially distanced way. Residents said that bingo, gardening and art work were some of the favourite activities. This communal area was supervised at all times and staff were observed interacting with residents in a positive and person centred manner. It was evident that staff had good knowledge of residents' life stories and previous jobs as they were heard talking with residents about this. Nevertheless the layout of the room did not provide a natural arrangement for seating and this was discussed with the provider and person in charge in relation to the addition of tables and a new seating plan to enhance privacy, social groupings and a home-like atmosphere. Overall, there was a good-humoured atmosphere in the sitting room and residents informed the inspector that they enjoyed talking with staff who told them the news from the locality.

The inspector observed that residents were content living in the centre. There was a lively mood in Araglen House Nursing Home with a focus on the holistic care of residents. Staff and management said that they strived to improve and enhance residents' lived experience.

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

## Capacity and capability

At the time of this inspection there were 54 residents accommodated in Araglen

House Nursing home. One resident was in hospital and there were two vacant beds. The inspection was an unannounced risk based inspection to monitor compliance with the regulations. On the day of inspection, the inspector found that there were clear lines of accountability and responsibility set up in relation to the governance system in the centre, which ensured that the service for residents was safe, appropriate, consistent and effectively monitored.

The person in charge was known to residents, their families and staff and facilitated the inspection process. At a governance level the senior management team included the person in charge, the registered provider representative, who was the owner, and the operations and human resources manager. The person in charge was also supported by an assistant person in charge, the clinical nurse manager (CNM), nurses, health care assistants (HCAs), activity staff, housekeeping, maintenance, catering and full time administration staff. Senior management personnel said that throughout the pandemic lockdown restrictions they had strived to ensure that residents and their family members were supported. In addition, they said they were very proud of the fact that the resident population had remained free of COVID-19. Discussions with staff and a review of documentation indicated that staff had been afforded a range of appropriate training such as the correct wearing of personal protective equipment (PPE), cleaning processes and hand hygiene protocol. It was evident to the inspector that resources had been invested recently in the installation of a number of clinical hand washing sinks which were located at intervals in the hallways. This meant that both residents and staff had accessible facilities available to ensure effective and ongoing compliance with hand hygiene. Staff and residents said that the sinks were conveniently located and for this reason they were encouraged to hand wash even more frequently than usual. In addition the kitchen, laundry rooms and bathrooms were been fitted with anti-microbial 'sheet rock' at the time of inspection to further minimise the risk of infection.

Serial testing of staff, for the COVID-19 virus, was carried out within the guidelines from the Health Protection and Surveillance Centre (HPSC). Staff and residents expressed their relief at being vaccinated. Up-to-date infection prevention and control policies were in place and these were based on the most recent national guidelines. The infection prevention and control audits seen covered a range of topics including donning and doffing PPE, mask wearing and correct hand hygiene. The provider also had a number of effective assurance processes in place in relation to the good standard of hygiene in the centre. These included cleaning specifications and checklists, which were reviewed on inspection, colour coding of cleaning clothes, information notices, and audits of equipment and environmental cleaning. Audit results seen indicated that there was a high level of compliance with best practice in infection prevention and control. This was also reflected in the findings on the day of inspection.

Records and minutes were maintained of communication and meetings between the nursing management team and the provider. Meetings were held on a rotational basis with managers, staff of all grades, kitchen staff and residents. A range of issues pertinent to the group in question were discussed and the records indicated a transparent open approach to resolving issues and putting systems in place to action any suggestions and improvements. Records required to be available for inspection

were easily accessible. The person in charge was collating key performance indicators (KPIs) and ongoing action plans connected to these findings demonstrated improvements in the quality and safety of care for residents. There were robust recruitment arrangements in place which included an induction, probationary and appraisal process. This enabled early identification of training needs and ensured that staff felt supported in providing person-centred care. A sample of staff files reviewed by the inspector were found to be correctly maintained and they contained the requirements of Schedule 2 of the regulations. The management team provided assurance that staff had appropriate Garda (police) vetting clearance in place prior to commencing employment. This meant that all efforts were made to safeguard residents by recruiting suitable staff.

The inspector viewed records of all accidents and incidents that occurred in the centre and found that appropriate action had been taken in response to these. The notifiable incidents, as set out in the regulations, had been submitted to the office of the Chief Inspector within the required time frame. The provider had a system in place to manage complaints which were clearly documented and identified areas of quality improvement where necessary.

The annual review of the quality and safety of care had been completed for 2019 and 2020. This had been compiled in consultation with residents and was available to the inspector. The regulatory policies, including policies on the prevention of abuse, nutrition, medicine management and recruitment were available in the centre to guide practice and support safe care. It was evident to the inspector that staff were generally knowledgeable of these policies as demonstrated by the good care systems in place, the associated relevant care plans and very attentive health care provision. The staff roster seen by the inspector correlated with the staffing levels discussed with residents, the person in charge and staff throughout the day of inspection.

The centre had robust procedures in place to manage residents' finances and the provider did not act as pension agent for any resident.

#### Regulation 14: Persons in charge

The person in charge was very well experienced in older adult care. She demonstrated knowledge of the regulations and standards. She had the required management qualifications. She was aware of residents' individual needs and their preferences. She led a team of caring and knowledgeable staff.

Judgment: Compliant

#### Regulation 15: Staffing

During the day of inspection there were sufficient staff and managers on duty to meet the needs of residents.

Staff confirmed that they had received induction training. Staff appraisals were undertaken also and samples of these records were seen. These forms were being revised by the management staff at the time of inspection to ensure that they were user-friendly and captured all the relevant details.

The management team stated that they had assessed residents' needs and the current staffing levels were based on these needs. They demonstrated a willingness to revise staffing levels at busier times of the day such as the late evening and early night. A nurses station had been developed in two different sections of the centre to ensure that there was always a member of the nursing staff close to the point of care for supervision and support of residents and the HCAs .

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training records were made available to the inspector.

The training matrix indicated that staff had attended a range of training modules related to infection control processes, hand hygiene procedures, COVID-19 information and the wearing of personal protective equipment (PPE). Staff had undertaken mandatory and appropriate training such as, safeguarding training, fire safety, behaviour management in dementia care and manual handling.

Staff confirmed their attendance and knowledge of this training on the day of inspection.

Nevertheless, other appropriate training such as wound care training, falls prevention and end of life training had yet to be scheduled for the majority of staff. The person in charge said that this would be scheduled following the inspection.

Judgment: Substantially compliant

### Regulation 21: Records

The records required to be available in the centre were accessible and easily retrievable.

For example:

- Staff files including the required Garda (police) vetting (GV) clearance

certificates.

- Medical records and signed prescriptions were maintained.

Judgment: Compliant

### Regulation 23: Governance and management

There were clearly defined roles and responsibilities set out for the governance and management arrangements in Araglen House Nursing Home. Staff were aware of the line management reporting protocol. Managers and staff were found to be knowledgeable, suitably qualified and competent.

Weekly management meetings were held to discuss all relevant issues. Records were reviewed which demonstrated a clear, comprehensive exchange of information between all grades of staff.

Resources had been made available for a plentiful supply of good quality PPE, the provision of suitable changing rooms and plentiful assistive equipment for residents.

There were sufficient staffing resources in place for the needs of current residents and it was evident that this was under constant review,

The annual review was available. A number of actions had been completed and an action plan for the remaining items was in place.

Judgment: Compliant

### Regulation 31: Notification of incidents

All the specified notifications had been submitted to the Chief Inspector in line with the regulations: these included sudden death and serious injury requiring admission to hospital

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a policy in the centre on complaints management and this was seen to be followed when addressing complaints.

A number of recent complaints were reviewed. Each complaint had been dealt with appropriately and meetings were held with the complainants.

The satisfaction of the complainant was recorded in the sample of complaints reviewed.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations had been developed and updated on a three yearly basis in line with regulatory requirements.

There was a suite of infection prevention and control policies, a risk register and a relevant COVID-19 contingency plan in place.

Judgment: Compliant

#### Quality and safety

The inspector found that the quality and safety of care was of a good standard in the centre. This ensured that residents' rights and their safety were promoted. Areas of responsibility had been clearly defined, for example there was an assistant director of nursing, a clinical nurse manager and an operations manager available on the day of inspection. These staff supported the person in charge in the duties assigned to them such as, staff supervision, health and safety, audit, medicines and financial management.

A team of GPs provided medical services to the centre and residents also had the choice to retain the services of their own GP. Specialists' appointments were facilitated. There was evidence of regular reviews of residents' care plans and medical interventions such as blood tests were facilitated. Regular access to a physiotherapist was described as very beneficial to residents and staff, in relation to correct handling of vulnerable residents. Residents had access to geriatrician review when required. The dietitian and to the speech and language therapist (SALT) were generally accessible through the nutrition company which supplied nutritional drinks. Access the dentist, consultants and the chiroprapist was facilitated.

Interaction and sociability for residents was enhanced by the choice of meaningful activities suitable for their preferences and abilities. It was evident to the inspector that there was a strong emphasis on art and outdoor activities as residents referred to this in conversation with the inspector. The inspector found that residents were encouraged to participate in decisions about their care plans and daily routines. This is discussed under Regulation 9: Residents' rights, in this report.

Residents' rights and safety were safeguarded by comprehensive systems such as a

review of the key performance indicators (KPIs) and a programme of audits and relevant actions. This meant that there was a culture of continuous improvement and learning in the centre with the resultant positive impact on residents' lives. The provider had put a number of systems in place to manage risks and ensure that the health and safety of residents was promoted. The health and safety statement was seen to have been reviewed. The COVID-19 contingency plan was regularly updated. Minutes of staff meeting confirmed that this was discussed. Infection prevention and control strategies had been implemented to effectively prevent the emergence of the COVID-19 virus in the centre. An emergency plan had been developed and an appropriate response was in place for emergency situations. Residents had personal emergency evacuation plans (PEEPS) in place, identifying the most appropriate means of evacuation at both day and night time. Fire drills were conducted frequently and there were good records maintained of the scenarios simulated. This meant that staff were familiar with each resident's evacuation needs and the times for evacuated had improved at each practice.

All residents stated that they felt safe in the centre. The inspector found that bed rail use was risk assessed and continuously reviewed. Alternatives to bed rails, such as low-low beds (where assessed as suitable) and chair sensor alarm mats were seen in use and were also risk assessed. These were in use for those residents at risk of falls and appropriate assessment tools were used to evaluate the risk of falling.

Residents were facilitated to use mobile phones to talk with family members. Electronic tablets were available to enable video calls. Residents were kept up to date with news from the community by staff and through phone calls with relatives. Residents were updated daily about the virus and were well able to discuss this with the inspector. There was a TV in each bedroom. Residents informed the inspector that they could choose to watch the news or alternatively a favourite programme such as gardening or travel programmes for relaxation. Residents' meetings were facilitated and minutes of these were available. The complaints process was on display for residents.

## Regulation 10: Communication difficulties

An appropriate care plan was in place to guide staff on supporting the identified communication needs for residents. The person in charge said that psychotropic drug use on a PRN basis (give when required) was kept under review and non-pharmaceutical approaches were favoured for the behaviour and psychological symptoms of dementia (BPSD), where this was appropriate. Care plans seen and staff practices observed during the inspection supported this finding.

Judgment: Compliant

## Regulation 11: Visits

Visitors were encouraged and a steady flow of visitors, who conformed willingly to the infection control protocols, were seen during the inspection.

Judgment: Compliant

## Regulation 26: Risk management

A COVID-19 risk register was maintained along with individual clinical and non-clinical risk assessments. The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks.

Judgment: Compliant

## Regulation 27: Infection control

Two housekeeping staff were seen to be on duty on the day of inspection. When spoken with they were found to be knowledgeable of the infection control processes and other aspects of training in older adult settings.

Guidance documents from the HSE and the health protection and surveillance centre (HPSC) were available for all staff. COVID-19 precautions were displayed throughout the centre for staff, residents and visitors.

Specific training had been implemented and the COVID-19 contingency plan was comprehensive.

There was plentiful PPE available to staff and hand-washing and sanitising facilities were plentiful.

Information had been added to the statement of purpose in relation to the COVID-19 precautions in the centre and all relevant policies had been updated since the beginning of the pandemic.

Infection control standards were available to staff and these were used to inform the centre's approach to infection control.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Medicine management was generally good.

In the sample of medicines seen the inspector found that documentation for returning one item of medicine to pharmacy was awaiting a signature to confirm the return of the unused medicines.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Staff used a variety of accredited assessment tools to support the identification of individual resident's needs. These included the risk of falling, malnutrition, skin integrity, depression, mobility and cognition. Residents were closely monitored for any deterioration in their health and well-being or any indication of infection. Care plans were developed to inform staff of the assistance each resident needed as well as strategies on how to support and relate to residents. The information in the sample of residents' care plans reviewed by the inspector was written in a person-centred manner and was informed by each resident's individual preferences and choice regarding their care. Residents' end of life wishes were recorded and accessible. These plans were reviewed when necessary and care plans were in place where appropriate.

Judgment: Compliant

## Regulation 6: Health care

in the sample of residents' care plans reviewed one resident who had some swallowing challenges had not been seen by SALT since 2018. This was significant as the resident had a chest infection at the time of inspection. A review by the SALT team would have provided assurance that her current fluid and diet consistency were not contributing to the chest infection.

In addition, a more detailed food and fluid balance record was required for a resident who was confined to bed and who was losing weight. Records on the electronic system of recording food intake were not specific or detailed enough to enable the inspector, or staff, to evaluate daily food and fluid intake to maintain the resident's well being.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

Care plans were in place for residents who experienced behaviour changes as a result of the effects of dementia or other neurological injury.

Staff were afforded appropriate training to safely and effectively manage residents experiencing this behaviour, in a non-pharmaceutical manner where possible.

Judgment: Compliant

## Regulation 8: Protection

The registered provider had taken a number of measures to protect residents from abuse.

- All staff had received training in relation to the detection, prevention and response to abuse. These records were available to the inspector.
- Staff were aware of how to report concerns.
- There were adequate arrangements in place to investigate any incident or allegation of abuse.
- A number of residents spoken with said that they felt safe in the centre.
- A visitor stated that she had confidence that her family member was in a safe place.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents said that they were afforded opportunities to participate in a wide range of activities facilitated by two activity staff members. They spoke with the inspector and confirmed that family contact was maintained through telephone, video calling and letters throughout the pandemic lockdown. Very comprehensive records were seen to be maintained by these staff members which described the daily activity sessions for each individual.

It was evident that residents had been consulted about the public health measures in place. They spoke with the inspector about their understanding of the need for mask wearing and hand washing.

Minutes of residents' meetings indicated that staff members were acting on the requests of residents, including dietary suggestions and activities. Residents had

been surveyed and in response to the survey, issues raised were seen to have been addressed.

People in the community had sent in gifts and children from the locality had written personal letters to residents when family visits were restricted. A number of 'thank you' cards were seen which were complimentary of the staff and how they communicated with residents and their relatives.

Interesting and appropriate activity sessions were observed during the inspection for example bingo, quiz, music and celebrating a birthday party. Photographs of other interesting events were on display around the centre. Residents were heard to contribute to conversations based on their experience and personal knowledge.

Residents said that they felt such a meaningful and personalised activity programme demonstrated to them that their present and past lives were valued and celebrated.

Judgment: Compliant

### Regulation 17: Premises

Premises required some reconfiguring as follows:

- Painting and finishing of two small store rooms following the removal of old sinks (ongoing during the inspection).
- Replacement of fabric covering on large recliner chairs.
- The provision of more dedicated storage places for large assistive equipment (scheduled) as this would free up the small quiet rooms which were currently used for storing equipment.
- The addition of a magnet to hold the doors (fire safe doors) of the quiet rooms open, to encourage use by residents.
- Additional chairs to be added to the snoozelan (relaxation technique) room to encourage the use of the room for activities and snoozelan.
- Replace flooring in small dining room (scheduled).

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Substantially compliant

# Compliance Plan for Araglen House Nursing Home OSV-0000705

Inspection ID: MON-0031102

Date of inspection: 20/05/2021

## 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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Wound Care Training commenced in mid-May and Falls Prevention and End of Life Care Training has been rebooked.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Ongoing nurse training on the correct completion of medical records is taking place.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: A "Zoom" type review of all residents on modified diets is being made and will take place before 01 September 2021.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Painting and completion of storerooms will be completed by 01/08/2021.</p> <p>The chair has been replaced with a suitable alternative.</p> <p>A 2nd dedicated hoist store has now been allocated.</p> <p>A schedule of doors requiring swing free closers has been completed. Works will commence shortly with completion prior to 01/09/2021.</p> <p>Additional chairs have now been added to the Snoozelan.</p> <p>Dining Room – This area will be part of the forthcoming building and refurbishment works which are due to commence on 01/09/21. This will be completed as part of this program by 01/09/22.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/09/2022
Regulation 29(6)	The person in charge shall ensure that a 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	Substantially Compliant	Yellow	01/06/2021

	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.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	01/09/2021