



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 Ltd
Address of centre:	Loumanagh, Boherbue, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	05 April 2024
Centre ID:	OSV-0000705
Fieldwork ID:	MON-0038410

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 91 residents. The centre is located close to the village of Boherbue on landscaped grounds with ample parking. The centre provides long-term, short-term, convalescence and respite care to both female and male residents with 24 hour nursing care available. The centre is divided into four units, Honeysuckle, Primrose, Daffodil and Bluebell. All of the bedrooms are en suite, single or double, with shower, toilet and wash hand basin. Bluebell is the designated dementia unit. It is self-contained with its own sitting and dining rooms. There is a large sitting room and dining room and other smaller communal rooms located throughout the centre. There is an oratory available for residents. Outdoor areas comprise a large secure garden and a number of well furnished courtyards, one of which is accessible from the dementia unit. These are furnished with colourful, raised flower boxes, planted by residents, as part of the extensive activity programme.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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
Friday 5 April 2024	09:45hrs to 18:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

There was a warm and welcoming atmosphere in Araglen Nursing Home which was apparent to the inspector when they arrived, unannounced, at the centre. During the day, the inspector spoke with all residents and with eight residents in detail. In addition, the inspector met with four family members who were visiting on the day. The inspector spent time observing residents' daily lives and the care practices of staff, in order to gain insight into the lived experience of residents. Residents reported that they felt very well cared for by staff and described staff as "very good" and "kind". All residents were observed by the inspector to be content and nicely groomed on the day of inspection. Family members also gave positive feedback and said they felt that their relatives had a good quality of life in the centre.

The designated centre is located near Boherbue, in north Cork, in a picturesque rural setting. The front gardens were landscaped and externally the centre had a very nice, modern, freshly painted appearance. There were adequate car parking spaces for staff and visitors in front of the single-storey building. On the day of inspection, there were 53 residents living there with 36 vacant beds. The vacant beds were mainly in the new extension which was ready for occupation. Following an introductory meeting with the person in charge, the assistant person in charge and the provider, the inspector was accompanied on a walk around the premises and external garden areas. Bedroom accommodation consisted of 75 spacious single, and eight, bright, twin rooms. All rooms had full en-suite facilities and were upgraded and renovated on an annual basis. The inspector saw that each resident had sufficient wardrobe and personal space in their bedroom, to store their belongings and personal items. All bedrooms were seen to be decorated with, for example, flowers, photographs, items of grand-children's art and other memorabilia from home.

Residents had access to a number of spacious, large, sitting and dining rooms as well as small family/visitors' rooms. The inspector observed that the centre was decorated in a modern style with, flat screen televisions with internet access, wooden flooring, comfortable colourful armchairs and fashionable interior design. All areas of the centre opened onto easily accessible, large, secure garden areas. One unit in the centre, the Bluebell unit, had been specifically designed for those with a diagnosis of dementia. The inspector noted that this area was fully self-sufficient for garden, dining and communal space, even though some residents joined the general population of residents for activities and meal times.

The inspector observed that there was a lively atmosphere in the centre throughout the day and a number of thoughtful and patient interactions were seen to occur, between staff and residents. Residents stated that their choices were respected and that the activities on offer to them, were enjoyable. Residents also said that they felt their opinions were listened to, and that their rights were respected. Minutes of residents' meetings confirmed that actions were followed up on, and the actions taken were discussed at the next meeting. Throughout the day activity staff

members were seen to accompany residents to the spacious oratory, to organise singing and music and to provide art activities, one to one conversations and support. The physiotherapist was present for the day also, on their routine weekly visit. This involved individual consultation for residents, in their rooms, and as well as assessments and a group exercise class. Residents who were present at the activities were observed to be fully engaged and interacted well with each other and with staff.

The inspector saw there was a well-equipped hairdressing salon in the centre, which was used every couple of weeks, or as requested by residents. A number of residents said they were supported to go on outings with their families, for shopping trips, to restaurants and to avail of overnight stays during celebratory weekends. Residents told the inspector that they were happy with the laundry service. Laundry personnel were described as "careful" and "thorough" and there were no open complaints about the service. Residents informed the inspector that they knew to approach if they had a complaint and they said they "felt safe" in the centre.

Residents spoke positively with regards to the quality of food in the centre. Food was observed to be carefully presented. Assistance was seen to be offered in a sensitive way, while encouraging independence. The inspector was informed that the dining experience was reviewed regularly and would be audited monthly, with the aim of continuous improvement. Residents, spoken with at mealtimes, said they appreciated the relaxed approach to dining as they felt they could take time to enjoy the food.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent and effectively monitored and safe for residents, were clearly defined. A number of areas of good practice were in evidence. For example, there were comprehensive audit and supervision systems set up, ensuring that good quality care was delivered to residents. The inspector found that improvements had been made since the previous inspection, mainly in complaints management, notification of incidents and nutrition.

Araglen House Nursing Home, was set up in 2011. The provider is Araglen House Nursing Home Ltd., a company consisting of two directors. At the time of the inspection the overall governance structure was well established. The director representing the provider, was present in the centre daily and attended the feedback meeting at the end of the inspection day. The care team in the centre was comprised of the person in charge, two assistant persons in charge, clinical nurse

managers (CNMs), a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff. Complaints, and their management, were reviewed and discussed at meetings with the aforementioned director, in the interest of good communication and oversight of actions required to prevent a recurrence, and ensure learning was disseminated among the staff.

The annual review of the quality and safety of care for 2023 had been completed. The audit schedule covered all aspects of residents' care, including the use of suitable antibiotics, wounds, infections, and falls. The registered provider had a number of written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations. A sample of these were viewed by the inspector and they were seen to be based on best evidence-based practice, for example, the policy on safeguarding, the policy on fire safety and the policy on restrictive practice.

The service was well resourced. The training matrix indicated that staff received training appropriate to their various roles. External and internal trainers were employed, to deliver manual handling training, responsive behaviour training, safeguarding, hand washing and fire safety training. Staff handover meetings and staff meetings ensured that information on residents' needs was communicated effectively. Information seen in the daily communication sheet and in residents' care plans, provided evidence that relevant information was exchanged between day and night staff. Copies of the appropriate standards and regulations were accessible to staff.

Incidents and accidents were recorded and were notified to the Chief Inspector, as required. Complaints were well managed and documented. A new complaints policy had been developed, in line with the recently amended regulations, on complaints management in designated centres.

The inspector found that records required by Schedule 2, 3 and 4 of the regulations were available for review. A sample of staff personnel files were reviewed, and these were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff prior to commencement of employment.

Regulation 15: Staffing

Staffing levels on the day of inspection were sufficient to meet the needs of residents.

The skill mix on duty was appropriate and registered nurses were on duty over the 24 hour period.

The person in charge resolved to keep the levels of staff on night duty in the Bluebell unit under review, should the unit come to full capacity of 18 residents.

Currently there were five vacancies there with one nurse and one healthcare assistant (HCA) after 8pm for 12 residents.

The additional resident in the unit had one-to-one specialised care from a second HCA.

Judgment: Compliant

Regulation 16: Training and staff development

According to records seen, mandatory and appropriate training was delivered in the centre, and attendance at the sessions was recorded on the training matrix.

Training, appropriate to the sector, was found to be up-to-date.

Staff told the inspector that training was easily accessible. In-house, face-to-face training was delivered, by senior staff members, in for example, safeguarding, infection control and dementia care training.

Staff were appropriately supervised and supported to perform their respective roles. The inspector saw that performance improvement plans (PIP) were seen to have been commenced and supervision was increased, where any person did not fulfill the required standards for good care.

There was a comprehensive induction and appraisal programme in place underpinned by policies. which supported robust recruitment and retention of staff. Copies of these documents were available for review.

Judgment: Compliant

Regulation 21: Records

The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations were made available to the inspector and they were seen to be securely filed and stored.

The current roster was seen to reflect the staff numbers present on the day.

Copies of any medicine errors were maintained and staff involved attended appropriate refresher training and competency testing.

Staff files were well maintained and contained the regulatory documents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had an established governance and management structure in place where lines of authority and accountability were clearly defined.

Effective monitoring and oversight systems were in place to ensure the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on an annual basis.

It outlined the governance arrangements, the ethos of care, the complaints process and the arrangements for residents to be involved in their care plans and activity provision.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents were submitted in a timely manner, as set out by the regulations.

This included, sudden deaths or accidents requiring hospitalisation.

Records of these events were looked into during the inspection, and they were found to be investigated and followed up.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well managed in the centre.

There was a comprehensive complaints policy in place and this was displayed at the

entrance to the designated centre. Residents and families were made aware of the complaints policy and knew how to make a complaint if they wished to do so. Records of complaints were well maintained and investigated in line with the centre's complaints policy. These records were seen by the inspector.

Residents informed the inspector that they were advised to make a complaint if they were unhappy. The person in charge stated that they would be supported and said that senior management team members had been trained in complaints management.

Judgment: Compliant

Quality and safety

Overall residents in Araglen House Nursing Home were found to be facilitated to live a good quality of life which was respectful of their wishes and preferences. There was timely access to healthcare services and appropriate social interaction in evidence. A human rights-based approach to care was seen to be promoted, and the person in charge confirmed that all staff undertook training in applying a human rights-based approach to care. Findings on this inspection demonstrated good compliance with the regulations inspected.

The inspector was assured that residents' health-care needs were met. There was weekly access to local general practitioners, (GPs). Referrals to specialist services were facilitated, as required under Regulation 6: Health-care. Residents' records provided evidence that a comprehensive assessment was carried out for each resident, prior to admission, which underpinned the development of an individualised, relevant plan of care. Where issues were identified in complaints about care, this had been recorded in the documentation seen, and appropriate action had been taken to prevent recurrence. There was evidence available that learning was demonstrated following any investigation undertaken.

The registered provider had ensured that the premises was maintained to a very high standard. This had a positive impact on the quality of life of residents and their relatives, who praised the available space, the comfort of their rooms, the spacious external gardens and the variety of communal rooms available for relaxation.

Risks were assessed and an up-to-date risk register was maintained. The centre was very clean and fresh. Infection control procedures were seen to be followed with hand wash sinks and hand gel dispensers placed at intervals in each hallway. One of the management staff had recently qualified as an infection prevention and control lead person (IPC practitioner). Fire safety management was supported by a policy and by annual training for staff. This was described further under Regulation 28, in this report.

A safeguarding and prevention of elder abuse policy provided guidance to staff with

regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training, the types of abuse and their related responsibilities.

Residents' nutritional and hydration needs were met. Home baking was a daily feature of mealtimes and the kitchen was well equipped. Residents were seen to be consulted about their likes and dislikes. Systems were in place to ensure residents received a varied and nutritious menu and dietetic requirements such as, gluten free diet or modified diets were accommodated. Residents' nutritional status was assessed monthly and a dietitian was consulted where necessary. As described under Regulation 18, a nutritional audit had been carried out in recent months and this had resulted in an improved mealtime experience, as well as more accurate recording of food intake for any vulnerable resident.

It was evident that residents were consulted about the running of the centre, formally, at residents' meetings and through the daily interactions with the management and care team.

Regulation 10: Communication difficulties

Care plans had been developed for those with communication challenges particularly for those with dementia.

Staff training in communication skills had been rolled out and staff had been made aware of specific communication needs of residents.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of residents in the centre and set out in accordance with the statement of purpose.

The premises conformed to the matters set out in Schedule 6 of the regulations.

All communal areas of the centre were bright, spacious and had been furnished with comfortable and colourful furniture and soft furnishings. Suitable, directional signage was displayed throughout the centre, to support residents to navigate their environment.

Residents had access to enclosed gardens and patios with colourful, substantial, outdoor furniture and raised flower boxes and pots, planted by residents and staff.

Judgment: Compliant

Regulation 18: Food and nutrition

Food service and the quality of prepared, modified meals had improved, following audit.

Menus were written on large blackboards in the dining rooms, following advice from an expert auditor.

This external adviser had recently completed an audit, following concerns of management, and a follow up audit had indicated good improvements following advice, training and supervision.

On the day of inspection a choice was available at dinner, of either beef or fish, with some modified meals for relevant residents.

Residents declared that they were happy with the food on offer and were seen to have suitable cutlery, delph and condiments on each table.

There were adequate staff available to assist residents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken adequate precautions against the risk of fire:

Fire safety was well managed and fire evacuation drills took place regularly. Daily, weekly and monthly, fire safety checks were carried out, and an external company was employed, to service all fire safety equipment and maintain the efficacy of the fire-safe doors (doors that prevent the spread of smoke or flames for a defined period in the event of fire).

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans had been developed to support staff to meet the needs of residents:

A comprehensive assessment was seen to be carried out to assess residents' health,

personal and social care needs, prior to admission. Care plans were person-centred to each resident and based on appropriate clinical risk assessment tools.

A review of each care plan was carried out at intervals not exceeding four months or as necessary.

Judgment: Compliant

Regulation 6: Health care

Health care was generally well managed in the centre:

In a sample of residents' medical records viewed the inspector saw that recommendations from residents' doctors, and other health care professionals, were integrated into residents' care plans. This included advice from the dietitian, the speech and language therapist (SALT) and the physiotherapist.

While there were a number of pressure ulcers recorded, the care of these was seen to be carried out in line with professional guidelines from the tissue viability nurse (TVN) and the GP. These had been notified to the Chief Inspector, as required.

Pressure relieving mattresses were in use for each vulnerable resident and their care plans contained photographs of the wounds, indicating that healing was taking place. However, the importance of the prevention of these from occurring required further action, training and supervision. The person in charge stated that the importance of maintaining skin integrity and how to identify pressure areas at risk, would be taught and emphasised on induction training.

Judgment: Compliant

Regulation 8: Protection

The provider had taken all reasonable measures to protect residents from abuse:

Staff interactions with residents were seen to be kind and supportive. All staff had received training in the prevention, detection and response to abuse, according to the records seen. Staff spoken with were aware of what constituted abuse and how to make their concerns known to senior management.

Where any allegations had been made appropriate steps were taken to address this.

Finances were well managed and the centre did not act as a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector spoke with the majority of residents throughout the day. They said that they were happy in the centre and felt their choices were respected, for example, in relation to bedtime, food and activity involvement.

Residents reported that they felt safe in the centre and they attributed this to the kindness of staff. Most staff members were known to individual residents and they had an understanding of residents' backgrounds and interests. Visitors and residents both confirmed that they were treated with dignity, by the management staff and wider staff group.

Residents had access to social outings, activity, gardening, religious services, external and internal musicians and celebrations with family.

Residents felt that they could raise concerns about aspects of care in the centre and they felt that support was available from staff. A review of minutes of residents' meetings evidenced that, where residents made suggestions for improvement, these were acted upon.

Activities, in general, were meaningful and interesting and residents praised the choice on offer, as well as the staff leading the programme.

Judgment: 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant