



# 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:	12 September 2024
Centre ID:	OSV-0000705
Fieldwork ID:	MON-0044855

## 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 five units, Orchid, 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 are three large sitting rooms and two large dining rooms and other smaller communal rooms located throughout the centre. There is an oratory available for residents. Outdoor areas comprise three large secure gardens and six well furnished courtyards, three 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:	58
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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 12 September 2024	09:00hrs to 16:55hrs	Kathryn Hanly	Lead
Thursday 12 September 2024	09:00hrs to 16:55hrs	Niall Whelton	Lead

## What residents told us and what inspectors observed

Inspectors spoke with 10 residents and the general feedback was that the centre was a pleasant and safe place to live. Residents described the staff as kind, respectful and patient, and this made residents feel safe in their care. Residents spoke of exercising choice and control over their day and being satisfied with activities available.

All interactions observed on the day of inspection were person-centred and courteous. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Staff knocked on residents' bedroom doors before entering. They were familiar with residents' needs and preferences and greeted residents by name.

The premises was very well maintained, appropriately decorated, well lit, and warm. Finishes, materials, and fittings in the communal areas and residents' bedrooms struck a balance between being homely and being accessible, while taking infection prevention and control into consideration. Corridors were wide and spacious. There were appropriately placed hand rails to support residents to walk independently around the centre. The registered provider had decorated the communal areas with antique furniture and artwork which added to the homely feel.

There was open access to the secure enclosed external courtyards throughout the centre. The external garden and courtyards were well maintained with level paving and seating.

Araglen House Nursing Home is a purpose-built two-storey designated centre, built in 2011 and extended in recent years. It is registered to provide care for 91 residents on the outskirts of Boherbue village. There were 58 residents living in the centre on the days of the inspection. Bedroom accommodation comprised 75 single and eight twin bedrooms, all on the ground floor. Residents were supported to personalise their bedrooms, with items such as photographs and artwork. All bedrooms had accessible en-suite facilities that supported residents to move safely and freely to use their showers and toilet.

Staff facilities were located on the first floor and comprised male and female changing facilities, a staff canteen and a training room. These areas were found to be clean and tidy.

Ancillary facilities supported effective infection prevention and control. Staff had access to a dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment. Cleaning carts were equipped with a locked compartment for storage of chemicals.

Two treatment rooms were available for the storage and preparation of drugs, clean and sterile supplies. Each unit also had access to a sluice room which was

designed with infection prevention in mind. Single-use bedpans and urinals and their contents were disposed of via the pulp macerators, consequently eliminating the risk of cross contamination from reusable utensils. These rooms were also clean and tidy.

The infrastructure and equipment in the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. Washing machines and dryers were of an industrial type that included a sluicing cycle.

The main kitchen was clean and of adequate in size to cater for residents' needs. Toilets for catering staff were in addition to and separate from toilets for other staff.

Equipment and furniture view was generally clean with some exceptions. Details of issues identified are set out under Regulation 27.

Clinical hand wash sinks were accessible and located on the corridors within close proximity of resident bedrooms, in the treatment rooms and sluice rooms so that they were convenient for use. However, alcohol hand gel dispensers were not placed to ensure alcohol hand gel was available at point of care in resident bedrooms. Findings in this regard are detailed under Regulation 27.

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

## Capacity and capability

This was an unannounced risk inspection to monitor compliance with the care and welfare of residents in designated centres for older people, regulations 2013. This inspection focused on the infection prevention and control related aspects of Regulation 5: individualised assessment and care planning, Regulation 6: healthcare, Regulation 9: residents rights, Regulation 11: visits, Regulation 15: staffing, Regulation 16: training and staff development, Regulation 17: premises, Regulation 23: governance and management, Regulation 25: temporary absence and discharge, Regulation 27: infection control and Regulation 31: notification of incidence.

Overall, this was a well-managed centre with a clear commitment to providing good standards of care and support for the residents. The provider generally met the requirements of Regulation 5: individual assessment and care planning and Regulation 27: infection control, however further action is required to be fully compliant. Findings will be discussed in more detail under the respective regulations.

Araglen House is a designated centre for older people operated by Araglen House Nursing Home Limited, which was the provider. At the time of the inspection the

overall governance structure was well established. The director representing the provider, was present in the centre daily. The care team in the centre was comprised of the person in charge, two assistant directors of nursing (ADoN), two clinical nurse managers (CNMs) and a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff.

There were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The provider had nominated an ADoN to the role of infection prevention and control link practitioner, to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

Infection prevention and control audits were undertaken and covered a range of topics including environment hygiene, waste and laundry management, hand hygiene and the use of personal protective equipment (PPE). Audits were scored, tracked and trended to monitor progress. Detailed audit reports that included time bound action plans to address any issues identified. The high levels of compliance achieved in recent audits was reflected on the day of the inspection.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. However, there was some ambiguity regarding the colonisation status of a small number of residents. Findings in this regard are presented under Regulation 27.

All staff and residents were offered vaccinations in accordance with current national recommendations. The person in charge had recently completed an audit of resident COVID, influenza and pneumococcal vaccination uptake and had arranged for vaccines to be administered to eligible residents with consent.

A review of notifications submitted to the Chief Inspector of Social Services found that the outbreaks were reported in a timely manner. The centre had experienced a COVID outbreak in August 2024. This was the only outbreak in this centre in 2024 to date. A total of 16 residents and three staff tested positive for infection. The outbreak was managed in line with the centres outbreak management plan. A formal review of the management of the outbreak of COVID-19 had commenced.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. Training was provided on site using a blended learning approach that incorporated interactive face to face sessions and e-learning. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training.

There were also sufficient numbers of housekeeping staff assigned to each area to meet the needs of the centre on the day of the inspection. Staff members were found to be knowledgeable in cleaning practices and processes within the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths to reduce the chance of cross infection.

Surveillance of MDRO colonisation was undertaken. However, there was some ambiguity among staff and management regarding which residents were colonised with MDROs. A review of documentation and discussions with staff found that staff were unaware of a small number of residents that were colonised with Extended Spectrum Beta-Lactamase (ESBL). As a result, accurate infection prevention and control and antimicrobial stewardship information was not recorded in these residents care plans to effectively guide and direct their care. Findings in this regard are presented under Regulation 5.

### Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. The skill-mix on duty was appropriate and registered nurses were on duty over the 24 hour period. The person in charge confirmed that there were no staff vacancies in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training every two years. A review of training records indicated that all staff were up to date with infection prevention and control training.

Judgment: Compliant

### Regulation 23: Governance and management

Inspectors found that the registered provider was committed to the provision of a well resourced, safe and high-quality service for the residents. The provider had clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. The person in charge ensured that service delivery was safe and effective through ongoing infection prevention and control audit and surveillance.

Judgment: Compliant



## Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

## Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. These included bingo, arts and crafts, coffee mornings and baking. Access to daily newspapers, television and radio was available. Mass was offered every week in the spacious oratory which was located near the main reception.

Visits and social outings were facilitated and encouraged. Inspectors were informed that arrangements had been put in place during a recent outbreak to ensure there were minimal restrictions to residents' families and friends visiting. Practical precautions were in place to manage any associated risks to ensure both residents and visitors were protected from the risk of infection. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection.

Residents were provided with good standards of nursing care and timely access to health care to meet their needs. Residents' records and their feedback to the inspectors confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services and allied health professionals as necessary.

A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, a review of MDRO care plans found that sufficient information was not recorded to effectively guide and direct the care of four residents that were colonised with MDRO's.

All residents with indwelling urinary catheters had care plans which detailed catheter change dates and catheter size. However, further detail was required in these care plans to minimise the risk of urinary tract infection. Findings in this regard are presented under Regulation 5.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of healthcare associated infections and colonisation to support sharing of and access to information within and between services.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The provider had implemented a proactive maintenance programme to ensure the safety, comfort and well-being of residents. The person in charge undertook weekly health and safety walkabouts to ensure all areas were maintained to a high standard.

The provider had implemented a number of *Legionella* controls in the centres water supply. For example, unused outlets/ showers were run weekly, water temperature was maintained at temperatures that minimised the proliferation of *Legionella* bacteria and water storage tanks were regularly cleaned. However, routine testing for *Legionella* in hot and cold water systems was not undertaken to monitor the effectiveness of the controls.

Inspectors identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of waste and used linen. However, the provider had not introduced safety engineered sharps devices as an alternative to sharps without safety engineered features. Findings in this regard are detailed under Regulation 27.

Antimicrobial stewardship initiatives reviewed provided ongoing assurance regarding the quality of antibiotic use within the centre. For example, antimicrobial resource folders were available at nurses stations to enhance awareness of antimicrobial stewardship. The volume, indication, duration and effectiveness of antibiotic use was monitored each month.

Staff had access to relevant laboratory results required to support timely decision-making for optimal use of antibiotics. A dedicated specimen fridge for the storage of samples awaiting collection was available. A review of residents' files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required.

## Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Staff confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the many communal spaces through out the centre.

Judgment: Compliant

### Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises were well maintained and conformed to the matters set out in Schedule 6 Health Act Regulations 2013. Communal areas were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Outdoor space was independently accessible and safe for all residents living in the centre.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Where a resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

### Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- Alcohol hand gel dispensers were available on corridors. However, it was not readily available at point of care (inside or directly outside every bedroom). This may impact effective hand hygiene.
- A range of safety engineered needles were not available. Inspectors saw evidence (used needles recapped in the sharps disposal bin) that needles

were recapped after use. This practice increased the risk of needle stick injury.

- Equipment was generally clean with some exceptions. For example, two commode chairs, an assisted bath and two cleaning trolleys were unclean.
- While *Legionella* controls were in place, water was not routinely tested to monitor the effectiveness of the Legionella control programme.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced-based interventions to meet the assessed needs of residents. However, further action is required to be fully compliant. A review of care plans also found that accurate information was not recorded in four resident care plans to effectively guide and direct the care residents colonised with MDROs. Lack of awareness meant that appropriate precautions may not have been in place to prevent the spread of the MDROs within the centre.

Some COVID-19 care plans contained out of date public health advice. For example, one care plan advised that the resident was allowed four visits per week. Staff confirmed that there was no restriction on the number of visits allowed.

Furthermore urinary catheter care plans did not contain guidance on the prevention of catheter-associated urinary tract infections such as routine bag changes, flushing regimes (where applicable) to prevent blockage and personal hygiene.

Judgment: Substantially compliant

### Regulation 6: Health care

Some examples of good antimicrobial stewardship practice were identified. For example, antibiotic use was monitored and analysed each month. Prophylactic antibiotic usage was also monitored and records indicated that there was a low level of prophylactic antibiotic use within the centre, which is good practice. Antimicrobial reference and information folders were available for staff at each nurses' station.

Judgment: Compliant

### Regulation 9: Residents' rights

All residents who spoke with inspectors reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Residents' rights and choice were respected in the centre and the service placed an emphasis on ensuring residents had consistent access to a variety of activities, seven days a week.

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, restrictions during the recent outbreak were proportionate to the risks. Individual residents were cared for in isolation when they were infectious, while and social activity between residents continued for the majority of residents in smaller groups with practical precautions in place. Visiting was also facilitated during the outbreak with appropriate infection control precautions in place.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Araglen House Nursing Home OSV-0000705

Inspection ID: MON-0044855

Date of inspection: 12/09/2024

## 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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The correct safety needles have been purchased and replaced in all units. Action completed: 17th September 2024.</p> <p>Water testing for legionellosis is scheduled every six months with Water Technology LTD. The first test sample was sent on 30th September 2024, and we are awaiting the result. The risk register has been updated accordingly.</p> <p>The cleaning schedule has been audited and updated, and the issue was discussed with all staff. Action completed: 17th September 2024.</p> <p>Alcohol hand gel wall dispensers have been ordered and will be placed in each resident’s bedroom by the end of October 2024. In the meantime, all staff members have been provided with small pocket hand sanitizers. Alcohol hand gels are available throughout the centre, positioned every 6 meters outside residents’ bedrooms.</p> <p>Regular audits will continue to ensure sustained compliance and address any areas for improvement as part of our continuous quality improvement efforts.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p>	



All residents' files have been audited for MDROs, and the list of residents with MDROs has been updated.

Action completed on 20th September 2024.

An audit for prophylactic antibiotics was conducted, and a list of residents was created and reviewed by the GP.

Action completed on 27th September 2024.

All care plans related to MDROs, and prophylactic antibiotic usage have been updated.

Action completed on 20th September 2024.

Catheter care plans were updated to include guidance on the prevention of catheter-associated UTIs, daily catheter care, and catheter maintenance.

Action completed on 20th September 2024.

Nurse managers conducted follow-up audits on MDRO care plans, prophylactic antibiotic usage, and catheter care plans. These audits showed high levels of compliance.

Regular audits will continue to ensure sustained compliance and address any areas for improvement as part of our continuous quality improvement efforts.

## 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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	27/09/2024