

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Araglen House Nursing Home
Centre ID:	OSV-0000705
Centre address:	Loumanagh, Boherbue, Mallow, Cork.
Telephone number:	029 76 771
Email address:	araglenhouse@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Araglen House Nursing Home Limited
Provider Nominee:	Noel Naughton
Lead inspector:	John Greaney
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	53
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 September 2014 10:50 To: 16 September 2014 18:10

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

Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

Summary of findings from this inspection

This inspection report sets out the findings of a one day thematic inspection which focused on two specific outcomes, End of Life Care, and Food and Nutrition.

In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector met residents, staff and observed practice throughout the inspection. The inspector reviewed policies, training records, care plans, medical records and analysed survey questionnaires completed by relatives and received by the Authority prior to the inspection. The person in charge, who completed the provider self-assessment tools, had judged the centre to be in minor non-compliance under both outcomes.

Based on a sample of records viewed by inspectors, residents' needs were met to a high standard of nursing and medical care as they approached end-of-life. This was supported by feedback obtained from relatives of deceased residents who completed questionnaires on the care provided to residents at end-of-life. Nine questionnaires had been sent to relatives of deceased residents and eight had been returned to the Authority. All were very complimentary of the care provided.

Residents spoken with by the inspector were complimentary of the food provided. The menu was varied, food appeared wholesome and nutritious and residents requiring assistance received assistance in a respectful manner. However, improvements were required in relation to the system in place to ensure that residents received prescribed nutritional supplements. The inspector also found that nurses did not always sign the medication administration record to indicate that a

nutritional supplement had been administered, withheld or refused.

While the thematic inspection focused on two outcomes as described above, the inspector reviewed other outcomes in so far as they related to end of life care and food and nutrition. This is discussed in the body of the report.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

As discussed in Outcome 15 the medication administration record was not always signed by the nurse to indicate that a nutritional supplement had been administered, refused or withheld.

Judgment:

Non Compliant - Minor

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As discussed in Outcome 15, some care plans were personalised and provided detailed guidance on the care to be provided, others were generic and did not provide adequate guidance to staff. Additionally, care plans were not always developed to adequately outline the nutritional requirements for residents with very specific dietary needs.

Judgment:

Non Compliant - Minor

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

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

Findings:

There were written policies and procedures in place for end-of-life care and for the management of residents' resuscitation status. The inspector reviewed the nursing and medical records of two deceased residents, which indicated the provision of a high standard of nursing and medical care to residents as they approached end-of-life. All residents had a comprehensive assessment based on the activities of daily living that included expressed preferences in relation to spirituality and dying. Religious preferences were documented and there was evidence that they were facilitated. As residents approached end of life, a specific end-of-life care plan was developed outlining the care to be provided and their regular nursing progress notes documented the care delivered. Records indicated the on-going assessment of residents' comfort and anxiety level and the prescription and administration of analgesia as required.

The assistant director of nursing (ADON) informed the inspector that she discussed with residents and/or their families their preferred place of death, including the option to go home, however, to date all residents expressed a preference to remain in the centre. The majority of residents were accommodated in single rooms, so the option of a single room was usually available. Family and friends were facilitated to remain with the resident and there was a family room with two large comfortable reclining armchairs, should family members wish to remain overnight. Residents were reviewed regularly by their general practitioner (GP) and more frequently as they approached end-of-life. The ADON informed the inspector that there was good access to palliative care services, however, the service was not required for all end-of-life residents and was not utilised for the residents whose records the inspector reviewed.

All residents' resuscitation status was documented and there was evidence of discussion with the resident and/or family members, evidence of a process for on-going review, and the clinical rationale was documented and signed by the residents' GP. The centre had end-of-life packs that included specially designed handover bags for returning residents' property to family members, signage for doors to indicate to staff and visitors that a resident was approaching end of life and designated linen for beds. The centre had a large oratory that was furnished to a high standard and was available to residents and family members. Following the death of a resident, other residents were notified and funeral arrangements were displayed for visitors, residents and staff.

Records indicated a process of on-going training for staff to support them in the provision of end-of-life and palliative care. Based on the records reviewed there were adequate numbers of staff and skill-mix to meet the needs of residents. The ADON

informed the inspector that syringe drivers were rarely used, however, there was no centre specific policy guiding staff on the management of syringe drivers.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were a number of policies and procedures to guide practice in relation to the management of nutrition, including the provision of therapeutic and modified diets, management of hydration, enteral feeding and meals and mealtimes. Residents received a comprehensive assessment on admission and at regular intervals thereafter, including a nutritional assessment. Residents were weighed regularly and an evidence-based tool was used to assess residents' nutritional status.

There was good access to allied health/specialist services such as dietetics, speech and language therapy, dental, and chiropody, and there was evidence of appropriate referral and review.

The ADON informed the inspector that the centre had recently transitioned from paper to electronic care plans and nursing records. Training had been provided to staff and further training was scheduled. Care plans were developed based on residents' assessments, however, some improvements were required. While some care plans were personalised and provided detailed guidance on the care to be provided, others were generic and did not provide adequate guidance to staff. For example, the care plan of one resident with diabetes detailed the frequency at which blood glucose levels and urine should be tested, another residents care plan only stated that they should be tested but did not outline the frequency. Staff members spoken with were able to verbalise the frequency of these tests and records indicated they were performed as required. It was also identified that care plans did not always adequately address all nutritional requirements, for example the dietary regimen for one resident with very specific dietary needs.

The inspector was present in the centre to observe lunch and evening tea. Residents were offered a choice of food mealtimes, including residents on modified consistency diets. Food appeared to be wholesome and nutritious and available in sufficient quantities. Catering staff were familiar with residents specific diets and food preferences

and individual needs were catered for. There was an adequate system in place to enable catering staff to be kept up-to-date with residents' diets and preferences. Most residents had breakfasts in their bedrooms but had their lunch and supper in the dining rooms, of which there was one large and three small, however, residents that chose to dine in their bedrooms were facilitated to do so. Breakfast was served for most residents from 07:00hrs to 09:00hrs, lunch was served from 12:00hrs to 13:30hrs, and supper was served from 17:00hrs to 17:30hrs. Residents that chose to have their meals outside of these hours were facilitated to do so. Fluids were available throughout the day and tea/coffee and snacks were served at 10:30hrs, 19:00hrs and 21:30hrs.

On the day of the inspection there were adequate numbers of staff on duty to assist residents with their meals. Residents requiring assistance were assisted by staff in a respectful and dignified manner. Staff members spoken with were knowledgeable of residents individual diets and specific needs, such as the quantity of thickener to be added to fluid for residents prescribed thickened fluids. Personal protective equipment was colour coded to identify when staff were assisting with food related activities from health/general activities for infection control purposes.

Improvements were required in the system for administering nutritional supplements. The inspector reviewed a sample of prescription records which indicated that food supplements were appropriately prescribed. However, the list used by care staff outlining the supplements to be given to residents did not correlate with prescription records and did not accurately reflect all prescribed supplements. Additionally, the medication administration record was not always signed by the nurse to indicate that a nutritional supplement had been administered, refused or withheld.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

Action Plan

Provider's response to inspection report¹

Centre name:	Araglen House Nursing Home
Centre ID:	OSV-0000705
Date of inspection:	16/09/2014
Date of response:	10/10/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The medication administration record was not always signed by the nurse to indicate that a nutritional supplement had been administered, refused or withheld.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist

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

regarding the appropriate use of the product.

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

The Medication Administration Records are changed every month. The change over took place on the day prior to inspection. While the policy of the house is to sign all Nutritional Supplements administered, the omission has been corrected by reminding all nurses to adhere to the policy with immediate effect.

Proposed Timescale: 17/09/2014

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While some care plans were personalised and provided detailed guidance on the care to be provided, others were generic and did not provided adequate guidance to staff.

Care plans were not always developed to adequately outline the nutritional requirements for residents with very specific dietary needs.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All care plans are in the process of being transferred from paper to an electronic system. Any deficiency arising will be corrected during the implementation process which will eradicate any outstanding generic records. Nurses are due to attend further training shortly on person centred care plans.

Proposed Timescale: 30/11/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The list used by care staff outlining the supplements to be given to residents did not correlate with prescription records and did not accurately reflect all prescribed supplements.

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

This list was amended accordingly and will be reviewed on a more regular basis.

Proposed Timescale: 17/09/2014