



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

## Issued by the Chief Inspector

Name of designated centre:	Archview Lodge Nursing Home
Name of provider:	Archview Lodge Nursing Home Limited
Address of centre:	Drumany, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	25 February 2022
Centre ID:	OSV-0000314
Fieldwork ID:	MON-0036031

## About the designated centre

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

Archview Lodge Nursing Home is committed to providing a pleasant, homely, safe environment for the 30 residents living in the home. Residents' individual nursing and personal needs are catered for and their privacy, dignity is upheld. We respect each resident's independence and recognise the importance of maintaining links with their families and friends in the resident's ongoing life in Archview Lodge Nursing Home. The centre provides accommodation for both female and male residents over the age of 65 yrs who may have the following care needs: General Care, Respite care, Physical Disabilities, Mental Disabilities, and the early stages of Alzheimers and Dementia. Terminal Care and other conditions such as Parkinson's disease are also catered for. Accommodation is provided in a range of single and twin rooms. Some rooms have en-suite facilities. There is a choice of communal bath or shower facilities. There are a variety of communal lounges and quiet seating areas provided for residents. All accommodation is at ground floor level.

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

Number of residents on the date of inspection:	26
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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 25 February 2022	09:25hrs to 17:21hrs	Nikhil Sureshkumar	Lead

## What residents told us and what inspectors observed

During this one day inspection, the inspector observed that the residents were supported to lead a good life in line with their abilities and choices. Visits were unrestricted in the designated centre and families were actively encouraged to be part of the residents' ongoing lives in the centre. A number of visitors were visiting on the day of the inspection and the inspector observed that appropriate measures were in place to ensure that visits were managed in a safe manner. The inspector spoke with a number of residents, and they commented that the centre was a lovely place to live.

On arrival, a staff member guided the inspector through the infection prevention and control measures necessary before entering the centre and residents' accommodation. This included a signing in process, hand hygiene and an electronic temperature check.

Following an introductory meeting, the person in charge accompanied the inspector for a walk about of the centre. The inspector observed that the atmosphere was relaxed and homely. Residents were spending their time in communal areas, and there was a sufficient number of television, newspapers, and radios available in the communal rooms for the number of residents. However, the inspector observed that televisions in some bedrooms were not well located and as a result could not be viewed by residents when they were in bed.

The inspector noted that the residents were appropriately supported to engage in meaningful activities. Staff interactions were supportive towards residents and the residents' needs were attended to promptly. The staff who spoke with the inspector demonstrated a keen interest in working with older people and were found to be knowledgeable about the care needs of the residents.

The centre had a safe and accessible rear garden. This garden was decorated and had enough seating and tables for residents. Inspector noted a large mural of the old Letterkenny town painted on a wall that faced the garden. The provider informed the inspector that the residents spend a lot of time in the garden on a good day, and the ambiance created in the garden area would allow the residents to relax and reminisce.

The inspector noted that the dining room had sufficient space for residents to dine comfortably whilst maintaining social distance. There were sufficient staff on duty to meet the residents' needs, and mealtime was observed to be a relaxed and social occasion. The food served was wholesome and nutritious, and the residents spoken with were highly complimentary about the food and the choices they were offered.

Signage was present on doors to inform residents of each room's usage in order to support residents to find their way around the units independently. Residents' bedrooms were personalised with photo albums and other belongings. Residents'

clothes were laundered in the centre, and the washed clothes were appropriately stored in residents' wardrobes. Inspectors observed an adequate number of grab rails and call bells near the shower and toilet areas.

Some residents' comments were that "This is a lovely place to retire to." It is a great place to live." "They could not do more for me." "I get to see my family" and "I like the place." A visitor commented that the centre was very homely.

The next two sections of the 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 care and services being delivered to the residents.

## Capacity and capability

Overall, the inspector found that this was a well-managed centre and noted that the residents were made central in the organisation of the centre and the daily routines. The centre had a good regulatory history, and the inspector acknowledged that the provider was committed to improving the quality of the care and services provided for the residents living in the designated centre. However significant non-compliances were found in relation to Regulation 28 Fire Precautions which required immediate actions by the provider.

This risk-based un announced inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulation 2013 (as amended). The inspector reviewed the actions from the compliance plans of the last inspection, the information submitted by the provider and the person in charge, and other information.

The provider of the designated centre is Archview Lodge Nursing Home Limited and the person in charge of the centre was found to be supported by the representative of the registered provider, clinical nurse managers and other staff.

There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels. The staff were clear about their roles and to whom they reported. Deputising arrangements were in place for when the person in charge was absent.

There was a quality assurance programme in place that effectively monitored the quality and safety of the service. However, the inspector noted that the oversight arrangements to manage the fire safety risks in the centre required improvement. In addition the inspector noted that the staff supervision during residents' mealtimes required improvement in the centre.

## Regulation 15: Staffing

The number and skill mix of staff was found to be appropriate to the assessed needs of the residents, and was suitable for the design, and layout of the centre where residents were accommodated at the time of inspection. Rosters reviewed evidenced that there was a nurse on duty at all times in the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff supervision during meal times required improvement in the centre. The inspector observed that at meal times the nurse on duty was busy administering medications which meant that the staff who assisted the residents on modified diet were not appropriately supervised.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

The registered provider had maintained a directory of residents which was up to date and contained the information required in Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 21: Records

The inspector noted that the records mentioned under Schedule 2 and Schedule 3 of the Regulation were generally well maintained in the centre.

Judgment: Compliant

## Regulation 23: Governance and management

The oversight of risk management in the centre was not robust. The provider had

not identified a number of the fire safety risks that the inspector identified on the day of the inspection.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record of accidents and incidents involving residents that occurred in the centre was maintained. Notifications and quarterly reports were submitted to the Chief Inspector within the specified time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and available to staff. The complaints policy identified the nominated complaints officer and included an appeals process. A summary of the complaints procedure was displayed at the centre's reception. Procedures were in place to ensure that all complaints were logged and investigated and that the outcome of the investigation was communicated to complainants.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Any changes in these documents were communicated to staff in the centre's regular staff meetings.

Judgment: Compliant

## Quality and safety

Overall, the quality of care provided to residents was found to be of a good standard and to meet the needs of the residents. The inspector observed a resident-centred culture, with residents reporting that they felt safe and well cared for by the staff in



the centre.

Overall the premises was well laid out to meet the needs of the residents. Resident's bedrooms were comfortable and most residents had personalised their bedrooms with pictures and ornaments from home. The inspector observed that some bedrooms would benefit from redecoration and the provider was in the process of redecorating on the day of the inspection.

There was enough communal space where residents could socialise together and there were quiet areas such as the conservatory at the entrance to the designated centre where a resident could sit quietly and enjoy the garden views. There were sufficient bathrooms and showers for those residents who did not have en-suite facilities. However one communal shower room in the centre required improvement to ensure that they support the privacy and dignity of residents. In addition a grab rail installed in the communal bathroom was rusty. The provider informed the inspector that these issues would be addressed immediately.

The inspector noted that the residents were provided with good quality nursing care in the centre. The inspector noted that the residents were appropriately dressed and presented in their preferred attire. The residents' care records showed that residents were closely monitored for risk of malnutrition or dehydration, and where unintentional weight loss or low fluid intake was identified, appropriate action was taken by nursing staff.

On the day of inspection, the inspector noticed that the centre's fire precautions required some improvements. The provider responded well to the urgent compliance plan issued by the inspector and was found to be committed to improving the fire safety precautions in the centre.

## Regulation 11: Visits

Indoor visiting for residents by their families were promoted in the centre and they were in line with the Health Protection and Surveillance Centre (HPSC) guidance for long term residential care facilities. There were arrangements in place to ensure that visiting did not compromise residents' safety and that all visitors continued to have screening for COVID-19 infection completed in addition to completion of infection prevention and control procedures.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. The inspector noted that the adequate storage space was available to

residents in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

### Regulation 13: End of life

The inspector found that the residents received appropriate care and comfort when approaching their end of life. Anticipatory medications were made available in the centre to promote residents' comfort. The staff who spoken with the inspector were knowledgeable about various care interventions that were required to support residents when they were approaching end of life.

Judgment: Compliant

### Regulation 17: Premises

Décor in several of the bedrooms in the centre required improvement. For example, some walls in residents' bedrooms were found to be discoloured and needed a fresh coat of paint.

Judgment: Substantially compliant

### Regulation 26: Risk management

The inspector reviewed the centre's risk management policy and noted that they required improvement. For example, the centre's risk management policy did not sufficiently detail the risk assessment process in the centre.

Judgment: Substantially compliant

### Regulation 27: Infection control

The inspector noted that some radiators in bedrooms and a grab rails in communal shower room were rusted, and did not support effective surface cleaning to prevent health care associated infections.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The inspector noted that the provider had not sufficiently reviewed the fire precautions in the designated centre. The inspector identified several significant fire safety risks on the day of the inspection. For example, four sub-compartment fire doors in the centre did not have intumescent strips or smoke seals which are essential to create effective fire compartmentation when the fire doors close. Records showed that the centre's weekly and daily fire checks had not identified these issues.

In addition these fire doors did not meet the required fire door specification as they were fitted with domestic style door locks with keyholes. This type of ironmongery did not ensure effective smoke seals would be in place in the event of a fire in the area.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Care plans the inspector reviewed on the day of inspection were personalised and were updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed that informed the care plans.

Judgment: Compliant

### Regulation 6: Health care

The residents' nursing care and health care needs were met to a good standard. Residents were supported to attend outpatient and other appointments in line with public health guidance. Inspector noticed on the day of inspection that the residents have access to general practitioners (GPs) from local practices, allied health professionals and specialist medical and nursing services.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff who spoke with the inspector were knowledgeable about how to react positively to residents who may display responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records showed that where restraints were used, these were implemented following risk assessments, and alternatives were trialled prior to use.

Judgment: Compliant

## Regulation 8: Protection

there were appropriate measures in place to ensure that residents were protected from abuse. The measures included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place. Residents who spoke with the inspector confirmed that they felt safe in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

There were no door locks on the door or privacy curtains installed in one communal shower room to ensure privacy of residents who used this room.

In a number of the twin bedrooms, residents were not able to watch television from their beds.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially 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 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Archview Lodge Nursing Home OSV-0000314

Inspection ID: MON-0036031

Date of inspection: 25/02/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Medications were administered at prescribed times, following consultation with GP's Medication round no longer starts until the residents have finished their meals.</p> <p>- Complete</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Risks identified by inspector on day of inspection have been addressed and complete thus ensuring compliance with Regulation 23</p> <p>- Complete</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The painter/ decorator was working on the premises on the day of inspection, this is now complete and we will continue to adhere to our annual refurbishment plan as per our</p>	

Annual Report Jan 2022. We will also continue to refresh any paintwork as necessary -Complete	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: The risk assessment process is now detailed in the risk management policy - Complete	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Grab rails in communal shower room have been replaced - Complete  As part of the ongoing major upgrade of the heating system, which was underway on the day of inspection, any radiators in need of replacement will be replaced - works will be complete by 31st May 2022	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The replacement of the four fire doors, which was in progress on the day of inspection, is now complete. These doors have intumescent strips and smoke seals as required. All Iron Mongery is fire rated. New locks with no keyholes have been fitted to all doors as requested and thus now complying with Regulation 28 - Complete	



Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Door lock and privacy curtain have been installed in communal shower room - Complete Additional Televisions will be installed in the sharing rooms -Installation of additional Televisions will be completed by 31st May 2022	

## 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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	08/03/2022
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	10/03/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	04/03/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management	Substantially Compliant	Yellow	07/03/2022

	policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.			
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	31/05/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	04/03/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	04/03/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for	Not Compliant	Red	04/03/2022

	reviewing fire precautions.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	08/03/2022
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/05/2022