



# 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:	18 January 2023
Centre ID:	OSV-0000314
Fieldwork ID:	MON-0036670

## 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:	24
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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
Wednesday 18 January 2023	10:45hrs to 15:10hrs	Nikhil Sureshkumar	Lead

## What residents told us and what inspectors observed

The inspector observed the care practices in the centre and found that the residents were supported to receive a good standard of care. Overall, the inspector found that this was a good centre, and the residents who spoke with the inspector provided very positive feedback about the care they received and the services provided in the centre.

The residents commented that "this is a great place to live", "the food is great here", "I get plenty of activities. Staff are kind and are good people".

The centre is located near the main road to Letterkenny town and is close to local amenities. The centre is in a single-storey building, which can accommodate 30 residents, and there were 24 residents living in the centre on the day of inspection.

This was an unannounced inspection, and on arrival, the inspector was met by a member of staff who went through the infection prevention and control practices in the centre. This included a check for wearing a face mask and hand hygiene. The inspector then completed an introductory meeting with the person in charge and the representative of the provider. Following the introductory meeting, the inspector went for a walk around the centre.

The day rooms of the centre have a relaxing ambiance, and staff were available in the communal areas to supervise residents and respond to their needs promptly. All communal areas of the centre were bright and had comfortable furnishings. Residents appeared to be relaxed and comfortable in the company of staff and in their surroundings.

The residents who spoke with the inspector said they enjoyed the activities provided in the centre. The inspector observed that the staff interactions with residents were respectful, and the staff attended to the care needs of the residents with kindness and compassion.

Resident meetings were held at regular intervals, and relevant topics such as choices and satisfaction with food and social care activities were found to be discussed in those meetings.

The inspector observed that the dining tables were well organised with tablecloths, table settings and condiments. The inspector saw that residents were offered a choice for their food, and a menu was displayed where residents could easily see it. The food was attractively presented and served. There were enough staff to ensure residents requiring assistance were assisted appropriately.

Overall the centre was found to be clean and tidy, however, a storage room was visibly dirty and was not well maintained. Residents' unused continence products were stored in open packets in this room which posed a cross-contamination risk to

the residents. In other areas, some soft furnishings of specialised wheelchairs were seen to be torn, and this was brought to the attention of the person in charge. The person in charge informed the inspector that they had already made arrangements to replace the damaged equipment and seating.

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 the centre was well run and residents were made central in the organisation of the centre. However, the provider has failed to come into compliance with Regulation 28, and repeated non-compliances were found in relation to Regulation 28 on this inspection.

This risk-based unannounced 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 and the information submitted by the provider and the person in charge.

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, a clinical nurse manager and nursing and care staff. There was an established management team with clear roles and responsibilities, and clear deputising arrangements were in place when the person in charge was absent.

The provider has a range of quality improvement systems available in the centre. Management and staff meetings were held regularly in the centre, and a range of clinical and non-clinical issues was discussed. In addition, arrangements were in place to ensure that fire safety checks and care plan audits were carried out at regular intervals, however, they failed to identify the issues the inspector identified on the day of inspection. As a result, the provider's management systems were insufficient to ensure compliance with the Regulations.

## Regulation 15: Staffing

The number and skill mix of staff was found to be appropriate to the assessed needs of the 24 residents living in the designated centre at the time of the inspection and taking into account the layout of the building. The inspector reviewed a sample of

staff files and found that the provider took appropriate steps to ensure that suitable staff were recruited to the staff team. All staff had Garda vetting in place before they commenced employment in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Arrangements were in place to ensure staff had access to mandatory training such as fire safety and safeguarding training. The provider maintained a training schedule to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles.

Judgment: Compliant

### Regulation 21: Records

The inspector found that the records required under Schedule 2 and Schedule 3 of the Regulation were well maintained in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

Although the provider had a range of processes in place to review care and services to ensure they were safe, appropriate and consistent, however, the provider had failed to provide adequate resources since the previous inspection in February 2022 to fully address the risks associated with fire doors in the designated centre. These findings are addressed under Regulation 28.

In addition, the provider's care plan audits had failed to identify the non-compliance found on this inspection which is addressed under Regulation 5.

Judgment: Not 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 on the notice board at the centre's reception.

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.

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. Staff were knowledgeable about the residents' needs and preferences, with residents reporting that they felt safe and well cared for by the staff in the centre. However, more focus and effort were now required to bring the centre into full compliance with Regulation 28 to ensure that residents were protected in the event of a fire.

The inspector noted improvements in the centre's premises since the last inspection. The bedrooms had been repainted, and privacy locks were installed in communal toilets. Televisions were installed in twin-bedded rooms, and the residents' bedrooms were comfortable. However, additional improvements were required to bring the centre into full compliance with the Regulation, and this is detailed under Regulation 17.

Furthermore, the centre's infection prevention and control processes required improvement to ensure compliance with the Regulation. Although staff demonstrated good practices in relation to hand hygiene and wearing face masks, more focus and effort were now required in relation to the cleaning and storage of equipment and products. This is addressed under Regulation 27.

The provider had completed a number of actions in relation to fire safety following the previous inspection. However, the centre's fire precautions were not robust, and as a result, repeated non-compliances with Regulation 28 was found on this inspection. The provider engaged with their competent person to review the centre's fire precautions following this inspection.

The inspector reviewed a sample of care files and found that all residents had care plans in place. However, some care plans were not sufficiently detailed and did not reflect the current needs of the residents. In addition, when care plan reviews



occurred in the centre, changes in the care plans were recorded in a separate review sheet, and the residents' current care plans were not updated with the review findings. As a result, the residents' current care plan document was not up to date and did not provide the correct information for staff providing care for the resident.

Residents had access to general practitioners (GPs) of their choice. Records showed that residents saw their GP regularly. Residents had access to specialist medical and allied health care services, however, the inspector found that two residents had not had appropriate referrals to allied health professionals such as dietitians and physiotherapists when their health and well-being deteriorated. These findings are discussed under Regulation 6.

The atmosphere in the centre was calm and welcoming, with low levels of responsive behaviours displayed by residents. (How people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). However, some improvements were required to ensure that the arrangements to manage and respond appropriately to residents presenting with responsive behaviour were in line with national best practice guidance.

## Regulation 17: Premises

The centre's premises did not conform to the matters set out in Schedule 6 of the regulation. For example:

- Some of the assistive equipment the residents used were not always in a good state of repair. For instance, the soft furnishing of some assistive wheelchairs was found to be damaged and was not repaired in a timely manner.
- Grab rails were installed only on one side of some toilets and were insufficient, and this arrangement did not support residents' independence and safety while accessing the toilets.

Judgment: Substantially compliant

## Regulation 27: Infection control

The centre's infection prevention and control processes required improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. This was evidenced by the following:

- The clinical hand wash sinks in the designated centre did not comply with the

recommended specifications.

- Contingence products were being stored in opened packets in the electrical store which posed a risk of cross-contamination to residents.
- Urinals were stored in communal toilets. This arrangement did not ensure that the urinals were sufficiently cleaned after each use by residents.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider's fire safety precautions did not ensure that residents were adequately protected in the event of a fire in the centre. For example;

- The inspector were not assured of the likely fire performance of a selection of fire door sets. This was evidenced by:
  - Door closer mechanisms required for the fire doors to close automatically in the event of a fire emergency were missing for several doors in the centre.
  - Fire doors were fitted with domestic-style door locks with keyholes.
  - Screws were missing from the fire door hinges
  - Some fire doors only had two hinges fitted
  - Intumescent strips and fire seals were missing in two cross corridor fire doors.
- The fire zone floor plan identified one day room as a fire sub-compartment, however there were no fire doors fitted in the day room which meant that the compartment was not contained should a fire occur in this area.
- The provider had not installed a smoke detector in a toilet.

The floor plans that were on display in one area were not up-to-date and as such did not inform staff, visitors and residents the correct procedure to be followed in the event of a fire. In addition, two staff who spoke with the inspector could not identify the compartment boundaries required for horizontal phased evacuation.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

The behavioural care plans of four residents with responsive behaviours were not sufficiently developed following their admission. The care plans did not sufficiently detail the pattern of residents' responsive behaviour, including the de-escalation strategies for managing responsive behaviours specific to the residents.

A review of residents' care files indicated that behavioural assessment records were

not always completed in line with the centre's policy, following episodes of responsive behaviours.

Judgment: Substantially compliant

### Regulation 6: Health care

The provider had not made the necessary arrangements to ensure that the residents were referred to specialist health professionals to ensure they received the most appropriate care. For example:

- One resident at risk of malnutrition was not re-referred to a dietitian.
- One resident with a decline in mobility following a fall was not referred to a physiotherapist.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

A review of nursing records indicated that non-pharmacological interventions were not always trialled before administering chemical restraints when residents display responsive behaviours ( How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment.) As a result, the inspector was not assured that the resident's responsive behaviours were being managed in the least restrictive manner in line with national guidance.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff were familiar with the reporting structures in place. Residents who spoke with the inspector confirmed that they felt safe in the centre. There were appropriate measures in place to ensure that residents were protected from abuse. The measures included facilitating all staff to attend safeguarding training.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents have access to newspapers and television in the centre. Residents were appropriately supported to engage in meaningful activities. Residents' meetings were held regularly, and the meeting records indicated that they were consulted about the organisation of the centre.

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 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Archview Lodge Nursing Home OSV-0000314

Inspection ID: MON-0036670

Date of inspection: 18/01/2023

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The final phase of replacement of 5 FD30 fire door sets in the living/dining area will take place when the doors are delivered- expected time of completion 26th May 2023- In the interim Intumescent strips and fire seals have been installed in the existing fire doors for the safety of the residents as discussed to comply with regulation 28.</p> <p>We held a careplan workshop/training day with nurses, which was already planned as discussed on the day of inspection, it incorporated the importance of including the pattern of residents' responsive behaviour, the de-escalation strategies for managing responsive behaviours specific to the resident in their individual careplan. All careplans will be re-done by 7th April 2023</p> <p>As part of the training day the importance of always completing ABC charts was discussed as per our policy- complete</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A second grabrail has been installed in the toilet identified-complete</p> <p>Any assistive equipment with damaged soft furnishing has been repaired and will continue to be in a timely manner as discussed- Complete</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We currently have sinks with sensor taps and handsfree taps, we will consult with IPC Nurse Manager for CHO1 and have these changed if deemed necessary- this will be complete by 26th May 2023</p> <p>The four Continence pads found in a pack at the back of what is now the Electrical store, this room previously had a different use, were removed immediately- Complete</p> <p>Urinals are stored in the sluice room, on the day of inspection one urinal was present in the communal bathroom, staff were reminded to return urinal directly to the sluice room after each use- Complete</p> <p>Incontinence wear found in the communal bathroom was left for an independent resident use, this practice will now cease- Complete</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The final phase of replacement of 5 FD30 fire door sets in the living/dining area will take place when the doors are delivered- expected time of completion 26th May 2023- In the interim Intumescent strips and fire seals have been installed in the existing fire doors for the safety of the residents as discussed to comply with regulation 28.</p> <p>Smoke detector has been installed in the toilet- complete</p> <p>The floor plans are now up to date and copy was included in the re registration application- complete</p> <p>All staff are aware of the location of the seven fire compartments in the building, this was discussed at our annual fire training on 15th and 16th March 2023- Complete</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> <p>We held a careplan workshop/training day with nurses, which was already planned as discussed on the day of inspection, it incorporated the importance of including the pattern of residents' responsive behaviour, the de-escalation strategies for managing</p>	



responsive behaviours specific to the resident in their individual careplan. All careplans will be re-done by 7th April 2023

As part of the training day the importance of always completing ABC charts was discussed as per our policy- complete

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- The resident at risk of Malnutrition was seen by dietician no intervention required as BMI over 30-Complete
- The resident deemed to have a decline in mobility following a fall is awaiting a referral to physiothe

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

We endeavor at all times to provide a restraint free environment; 4 residents are prescribed PRN medications by the mental health team. Non Pharmacological interventions are always trialled before the administration of PRN medication, this is only administered as a last resort and in the best interest of the resident, however documentation of these interventions were not always being recorded, this is now being done by nursing staff- complete

## 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 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	31/01/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	26/05/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	07/04/2023

	consistent and effectively monitored.			
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	26/05/2023
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	Orange	26/05/2023
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	Orange	26/05/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and	Substantially Compliant	Yellow	26/05/2023

	emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	26/05/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	07/04/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident	Substantially Compliant	Yellow	07/04/2023

	concerned and where appropriate that resident's family.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	03/04/2023
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	23/01/2023