

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Archview Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000314
<b>Centre address:</b>	Drumany, Letterkenny, Donegal.
<b>Telephone number:</b>	074 912 4676
<b>Email address:</b>	archviewlodgenh@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Archview Lodge Nursing Home Limited
<b>Provider Nominee:</b>	Patrick Sweeney
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	30
<b>Number of vacancies on the date of inspection:</b>	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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
23 May 2017 10:00	23 May 2017 19:30
24 May 2017 08:30	24 May 2017 15:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

**Summary of findings from this inspection**

This inspection was announced and took place over two days. The purpose of the inspection was to inform a decision regarding the renewal of registration following an application made by the provider. The provider and person conveyed a commitment to ensuring the centre was in compliance with current legislation, that residents were

satisfied with their care and enjoyed life in the centre. The inspector observed the delivery of care, the service of meals and the activities provided during the two days of inspection. A range of documentation that included care plans, accident/incident reports and policies and procedures were reviewed. The inspector talked with residents, visitors, staff, the person in charge and nurses. The premises layout, standard of decoration and maintenance together with health and safety matters were also inspected.

The inspector found that standards of nursing and social care were satisfactory, met residents' needs in a meaningful way and ensured that residents had a good quality of life in the centre. The majority of residents were assessed as highly dependent and over 50% had problems associated with confusion, dementia or mental health issues. Residents were supported to maintain their independence and to do as much as possible for themselves. They were encouraged to undertake aspects of personal care independently and to maintain connections with family and their local community by attending family and other events. Ability in relation to independence was outlined in care plans to guide staff and ensure residents were supported appropriately to achieve maximum levels of independence. Residents had good access to primary care services and allied health professionals.

Care plans outlined health care needs and were based on a range of evidence based assessments. Care plans described the choices and preferences made by residents in relation to diet, personal care and how they spent their time. Staffing numbers and skill mix were adequate and took account of the needs of residents and the size and layout of the premises. Residents who had problems associated with confusion or dementia had appropriate assessments that informed their care plans and had opportunity to engage in meaningful activity that met their assessed needs. Staff demonstrated that they knew residents well and used this knowledge to encourage them to take part in activities and to recall past memories to preserve their sense of identity.

Archview Lodge Nursing Home is a purpose designed building located in a quiet residential area a short drive from the town of Letterkenny. It can accommodate 34 residents. The building has recently undergone a major refurbishment and additional communal space and a new laundry area was added to enhance the facilities. The centre has 11 single bedrooms, seven double bedrooms and three rooms that can accommodate three residents. Residents told the inspector that they found their rooms comfortable and said that they had enough space for their personal belongings. There are four communal sitting areas where residents could spend time during the day. The dining room was centrally located and noted to be used by the majority of residents at main meal times. The centre was in good decorative condition, comfortably furnished and all areas were well maintained. The standard of cleanliness and hygiene was good and no premises hazards were observed when the inspector viewed the building. There were adequate shower/bathroom and assisted toilets facilities throughout the building.

The inspector spoke with residents individually during the course of the two days to establish their views about the service. Other residents provided their views in written feedback. All residents described the service in positive terms. Staff were

described as “ kind and helpful” and “responsive when help is needed”. They were valued for their positive attitudes which was described as “happy, attentive and cheerful”. The food was described as “plentiful and tasty”. Residents confirmed that they had a choice of dish at meal times and alternatives were available if they did not wish to have whatever was on offer. Residents also said they were free to spend time as they wished and said they enjoyed activities such as reading the papers, discussing the news and sing songs.

Care, nursing staff and ancillary staff were able to describe their roles and responsibilities and conveyed a good understanding of residents' needs, wishes and preferences. The person in charge and nurses were able to describe how critical health care issues were managed, how staff were deployed and demonstrated good knowledge of the legislation and standards. Nurses that took charge in the absence of the person in charge were familiar with the legislative responsibilities of the person in charge. The inspector found that compliance with legislation and commitment to supporting residents to have a good quality of life was a priority for all staff.

The responses to the action plans from the last inspection which was conducted on 15 September 2016 were reviewed. There were four actions outlined for attention. All with the exception of the action related to the communal bedrooms where space is not adequate to promote appropriate privacy and standards were complete. The remedial actions taken are discussed under the relevant outcomes. The outstanding action related to the bedrooms is due for completion in 2021 when the final phase of the refurbishment plan is due for completion.

Inspection findings including non-compliances from this inspection are discussed in the body of the report and are the areas that require attention are outlined in the action plan at the end of the report. Areas that require attention include: contract documentation that did not identify the room to be occupied, the risk management policy which did not include information on all the required risk areas, training on moving and handling for a small number of staff which was out of date and some reviews of residents’ care needs required attention as the documentation did not describe residents progress or changes since the previous review.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a written statement of purpose that described the service provided in the centre and the arrangements in place reflected the aims and objectives as described.

A copy of the statement of purpose was available in the centre and an up to date copy had been forwarded to HIQA as part of the registration renewal application.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There is management structure in place that includes the provider representative, person in charge and other nurses that take charge in her absence. The line of accountability was known to staff. The person in charge works full time and is supported

by two nurses who have worked in the centre several years. The provider representative also has a regular presence in the centre and has responsibility for health and safety issues including fire safety and maintenance matters.

The management and resource arrangements were noted to adequately address the business demands of the service and ensure appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed regularly. A range of audits and an annual review had been completed since the last inspection which was undertaken on 15 September 2016. Audit activity was found to inform practice improvements where shortfalls were identified. There was an improvement plan developed as part of the annual review.

The areas audited included infection control management, falls, the premises and care records. Areas where shortfalls in practice were identified were highlighted for remedial work. For example, the falls audit identified that that falls risk assessments were some times not updated following falls and that care plan assessments were not always reviewed and signed by nurses. These matters when identified were brought to the attention of staff and discussed at the staff meetings. The inspector noted that the improvements described in the last inspection report in relation to assessments and care plans have been sustained. The standards of care plans substantially met the requirements of regulations but some of the regular reviews undertaken required improvement as they did not provide an overview of residents' health and well being.

The audit activity included consultation with residents and their families as required by regulation 23-Governance and Management. A major building and refurbishment project was underway to improve the facilities. A new laundry area, clinical room and additional sitting space for residents had been completed during 2016. The final phase of the building programme is scheduled for completion in 2021 and this is targeted at removing the multiple occupancy rooms that accommodate three residents.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A resident's guide detailing a summary of the services provided and the required information specified in the regulations was available. Relatives and residents confirmed

in feedback forms to HIQA that they had been supplied with good quality information at the time of admission and were satisfied with the way staff provided details about the services at this time and following admission.

The inspector viewed a sample of three contracts of care issued to residents and found that there was an agreed written contract in place which included details of the services to be provided, the fee payable by the resident and any charges made for additional services. Services that incurred additional charges were specified.

The contracts had been revised to include details on the types of room available but some contracts reviewed did not specify what type of room was occupied by the resident.

**Judgment:**

Substantially Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge is a suitably qualified and experienced nurse that has authority and responsibility for the provision of the service in accordance with legislation. She works full time in the centre.

She displayed leadership ability, good clinical knowledge and a sound understanding of her legal responsibilities. She had engaged in continuous professional development and had attended courses on audit and research, restraint management, nutrition, wound care and dementia care during 2015 and 2016. She demonstrated good knowledge of audit practice and assessment. She undertook preadmission assessments of residents and was involved in day to day care practice.

Her mandatory training in adult protection, manual handling and fire safety were up to date. She had completed 4 modules of a leadership and management course in 2016 and is scheduled to finish this course during 2017.

**Judgment:**

Compliant



***Outcome 05: Documentation to be kept at a designated centre***  
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The centre had a well established and well organised administration system. The inspector reviewed a range of documents, including residents' care records, staff personnel records, the directory of residents, duty rotas, training records and health and safety records. All records viewed were found to be up to date and complete.

Records were maintained in an organised manner and were stored safely and securely. An action plan in the last report highlighted that the daily records completed by nurses required improvement as some did not convey the range of care provided each day for example the social care activities that residents attended and how they had responded and the records did not describe any changes in psychological health where residents were prescribed psychotropic medication or antidepressants. This action had been addressed. The inspector found that nurses had outlined when residents went out, how they had responded in activity sessions, their emotional health and changes that had occurred in wellbeing during the day and from day to day.

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge if absent for a continuous period of 28 days.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Staff conveyed an informed awareness of the factors required to ensure residents are protected and safe in the centre. They described being familiar with their care needs, their capacity to communicate and having awareness of signs of distress that could indicate an abuse situation. The person in charge confirmed that all staff had been provided with training on the prevention and detection of abuse. Staff were confident that they would be able to identify an abuse situation and knew the steps required if they had to make a report on an incident of abuse or suspected abuse .

The person in charge and provider were familiar with the role of the Health Service Executive (HSE) adult protection teams and the case worker role. The inspector viewed records confirming there was an ongoing program of refresher training in elder abuse and the protection of vulnerable adults. The centre had a policy and associated procedures to guide staff on the detection and management of elder abuse. The inspector found that where protection plans were in place these provided appropriate safety for the residents concerned and were reviewed regularly. The issues relevant to the protection plans did not concern staff in the centre.

The inspector discussed the needs of residents with staff and this included how responsive behaviours were managed. Staff knew the patterns of behaviours that residents exhibited which were related to dementia and only presented as an occasional minor problem. They had measures in place to ensure residents' safety that met good practice guidance. Staff confirmed that they had attended training in dementia care and were aware of how to address behaviours associated with dementia or cognitive impairment. Records confirmed that changing behaviour patterns such as a tendency to walk around were described in care records and there were records of all episodes of behaviour that required intervention.

Residents' feedback and conversations confirmed they were "safe and well cared for", "happy with everything" and "able to talk to staff at any time". They knew that staff were available during the day and night and said that bells were answered promptly when they called for assistance.

There was a protocol in place to guide staff when restraint measures were considered. There were safety measures used to prevent falls such as sensor alarms and low level beds and if bedrails were required they were only put in place when other measures had not provided adequate safety or if residents requested a bedrail as an enabler to help them move in bed. There was a low use of bedrails with four in use regularly. The person in charge said that bedrail use is reviewed to ensure that the measures in place are needed and appropriate.

There was a visitors' record located at the entrance to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be complete and was signed by visitors to the centre on arrival

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

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

**Findings:**

The health and safety of residents, visitors and staff was generally promoted well in this centre. A health and safety statement that had been revised in March 2017 was supported by clinical and general risk assessments. The risk assessment documentation required review to include the identification and management arrangements in place for the specific risks-abuse, self harm, aggression and violence identified in regulation 26- Risk Management. There were policies available to guide staff on these issues however the risk management document did not identify them as risk areas. Clinical risk assessments focused on vulnerability to falls, compromised nutrition, and pressure area risks. There were measures in place to prevent complications from the risks identified. For example there were position change measures in place to reduce the risk of pressure area problems developing and enhanced nutrition in the form of fortified diets or supplements to diets was provided to prevent weight loss. Residents who had falls were observed and monitored closely including maintaining neurological observations to detect further deterioration and monitor neurological function.

The inspector reviewed the health and safety procedures including the organisation of fire safety measures, infection control procedures, moving and handling assessments and manoeuvres to determine how health and safety was addressed in practice. Good practice in relation to infection control was in evidence. Staff were observed to handle laundry safely, to wash hands frequently and to use hand gels when they moved from one area to another. Staff had attended training in infection control and hand hygiene. Regular audits of hygiene practice were undertaken and errors in practice such as staff not washing hands when gloves were removed or gels used when hand washing was indicated had been brought to the attention of staff and further training completed. The inspector found that the PIC and staff were particularly vigilant about practice in this area following the outbreak of norovirus earlier in the year. This had been reported to HIQA and to the local public health team as required.

The water system was cleaned annually and all rooms were occupied and water outlets activated daily to inhibit legionella bacteria build up. An action plan outlined in the last report required that the accessibility of personal protective equipment was reviewed so that it did not pose a risk to residents had been addressed. This equipment was not readily accessible in resident areas.

There were moving and handling assessments available for all residents. The majority of staff had up to date training in moving and handling and in the use of the hoists however training was found to be out of date for a small number or had been completed and not recorded according to the information provided. This is highlighted for attention in outcome 18- Suitable Staffing. Staff were observed to undertake transfers from wheelchairs to armchairs safely and to adhere to safe practice when wheel chairs and hoists were in use.

All accidents and incidents were recorded and the information available was noted to be factual and substantiated. The accident/incident was described, the date the event occurred, the name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. Evidence of prevention strategies for example a review of moving and handling needs and the provision of additional equipment such as sensor alarms was available.

The inspector viewed the fire safety measures and found that the arrangements in place met legislative requirements. The training records confirmed that all staff had received fire safety training and this was confirmed by staff. Staff that the inspector talked to knew what to do in the event of a fire. The fire training was supplemented by periodic fire drills which were scheduled for different times of the day to reflect the centres activity and staff numbers on duty. Fire drill records indicated that varied fire safety actions were rehearsed and included checking the fire panel, progressive evacuation and the use of evacuation equipment. There were fire safety action signs on display with route maps to indicate the nearest fire exit. The fire safety plan had been updated in May 2017.

There were evacuation plans in place for all residents that indicated the number of staff required to assist them and conditions that needed to be considered in an emergency such as cognitive impairment or mobility problems. Fire and maintenance records showed that fire equipment had been regularly serviced. The fire alarm was serviced

quarterly as required and emergency lights and extinguishers were serviced annually on a contract basis. The inspector found that all fire exits were clear and unobstructed during the inspection. There were procedures to undertake safety checks of fire extinguishers, the fire panel and the fire escape routes. The records indicated that the daily checks of fire exits, fire doors and the fire panel were up to date.

The provider has contracts in place for the regular servicing of equipment and the inspector saw that the generator, hoists, slings, specialist beds, wheelchairs and clinical equipment were regularly checked and serviced.

There were a sufficient number of cleaning staff available each day to ensure adequate cleaning of rooms and communal areas. Staff were observed to work safely. They ensured that trolleys with hazardous substances and cleaning materials were not left unattended and also kept equipment and cables from causing trip hazards.

The centre had an emergency plan was available that had been updated in May 2017. A range of situations that could prompt an emergency were described. There were forms for staff to complete if residents had to be moved to other locations to ensure their health and well being was protected.

**Judgment:**

Substantially Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were safe systems in place for the management of medicines. An area where the medicines trolley and supplies of medication could be securely stored and where nurses had a quiet space to check and manage medication been created since the last inspection. This had been identified for attention at the last inspection.

Nurses were well informed about residents' medicine regimes and said that they ensured that medication was reviewed regularly. Medicines were supplied in the original containers for each resident. Medication was administered and stored in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines.

Medicines management training was provided in January and February 2017 and all nurses were provided with the opportunity to refresh their knowledge annually. There were policies relating to the ordering, prescribing, storing and administration of

medicines to residents. The person in charge and nurses completed audits of medication management regularly. A high level of compliance with good practice had been found across the audits completed.

The prescription sheet included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum does of PRN (as required) medication was recorded.

Medications that required special control measures were appropriately managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. A random sample of medication stored was checked against the register and the quantities available were in accordance with the balance recorded in the register.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a record of incidents and accidents that had occurred in the centre and cross referenced these with the notifications supplied to HIQA. Staff adhere to the legislative requirement to submit relevant notifications to the Chief Inspector.

**Judgment:**

Compliant

***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:**

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

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

**Findings:**

There were 30 residents accommodated at the time of the inspection. The majority of residents were noted to have a range of complex healthcare issues and were being treated for more than one medical condition. Some residents had rapidly changing medical conditions which the inspector found were observed closely and addressed promptly. Over 50% of residents had been assessed as having a dementia related illness, confusion or a mental health problem.

The arrangements to meet residents' assessed needs were set out in individual care plans. These care plans were based on recognised evidence based assessment tools that were used to evaluate care needs and risk factors related to vulnerability to falls, nutritional care, risk of developing pressure area problems and moving and handling requirements. Assessment of dependency related to dementia was also undertaken. The inspector saw that orientation was assessed and the impact of cognitive impairment on ability to undertake daily activity, safety and recognise surroundings was recorded. A review of residents' care plans focused on the management of nutrition, dementia care, mental health and complex health problems.

The inspector found that standards of personal and nursing care were safe and care practice was supported by timely medical and allied health professional input when required. The risk assessments completed were suitably linked to care plans where a need/risk was identified. The inspector observed that residents who had fluctuating conditions were observed closely and medical advice sought promptly when changes were noticed.

Staff conveyed good knowledge of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. Residents confirmed to the inspector and in feedback forms that their personal choices were respected and known to staff. Residents said they could get up at times of their choice and were free to remain in bedroom areas or go to the communal rooms as they wished. . There was information on ability to communicate to guide staff interactions and the inspector saw that staff took time to talk to residents and gave them plenty of time to respond where communication problems were evident. Information that informed day to day care such as ability to dress independently and to manage personal care was outlined in care plans.

The inspector saw that some residents who remained in their rooms during the day reading papers, listening to the radio or watching television were regularly checked by staff to ensure they did not become isolated. The sitting areas also had an appropriate staff presence and were supervised throughout the day. Staff were observed to relate to residents in a positive and friendly manner.

Care plans maintained provided a good overview of residents' care and provided good direction on how care was to be delivered. On admission, there was a comprehensive nursing assessment and additional risk assessments were completed for all residents. Care plans were updated at the required intervals and in a timely manner in response to a change in a resident's health condition or following recommendations from allied health professionals. Residents had access to medical services and the inspector saw that many residents had been reviewed multiple times due to rapid fluctuations in health needs. Access to allied health professionals such as speech and language therapists, dietitians, occupational therapists and community mental health nurses was available. There was evidence that residents and where required relatives were involved in the completion of care plans and contributed to information that enabled staff to deliver person centred care. For example past occupations were described and residents were supported to carry out tasks or chores in the centre that would have been part of their previous life style.

Care plans for residents with dementia described the condition, orientation to surroundings and communication capacity. An action plan in the last report where information on the impact of dementia and mental health difficulties on daily life to inform care practice was not evident had been addressed. The inspector saw that mood and behaviour patterns were outlined and staff used this information well in their day to day support of residents. Staff were aware of when to encourage residents when they wished to be engaged in activity and when to leave them to be alone listening to the radio for example. Staff were aware of visitors that residents looked forward to seeing and were able to reassure and advise them in relation to their visits to reduce anxiety. Mental health conditions such as depression or bipolar conditions were outlined with associated treatments. Reviews and evaluations of care were completed at the required intervals however there were some care plans where the information recorded did not indicate if any changes had occurred since the last review, if residents were stable and some did not for example indicate if weight changes had stabilised although there was information in weight records that indicated this was the case.

There were processes in place to ensure that when residents were admitted to or transferred or discharged from the centre that relevant and appropriate information about their care and treatment was made available in accordance with regulation 25- Temporary absence or discharge of residents. The inspector saw that current health care needs and information on changes that prompted admissions was provided for hospital staff. There was a process for medication reconciliation in place following transfer back to the centre.

Residents had opportunities to participate in a range of activities that suited their needs, interests and capacities. All staff had responsibility for ensuring that the scheduled morning and afternoon activity took place. The schedule included reminiscence activity, reading papers, singing, talking about the news and music sessions. Residents had local and national newspapers delivered daily.

Allied health professionals such as speech and language therapists, dietitians and occupational therapists were available and their assessments and recommendations were included in care plans and advised to care staff. The inspector was told by relatives that staff consulted them, advised them promptly of changes in health and well being



and were always approachable if they had concerns about their relatives care.

**Judgment:**

Substantially Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

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

**Findings:**

A major building programme that started in 2016 had been completed. The final phase of the overall project had not started and the provider representative and person in charge said that a break from works activity was needed to consolidate what had already been done and ensure familiarity with the new facilities. The facilities that had been added included new bedrooms with ensuites, an additional communal area, a new laundry area and the installation of new fire doors. Phase three of the project which was due to commence includes the addition of a further eight bedrooms with ensuite facilities which will enable the provider reduce the occupancy in bedrooms that currently accommodate three residents. As highlighted in previous reports, the space in these rooms only allow beds to be arranged in a linear manner and this makes it difficult to provide adequate levels of privacy at all times. These rooms and rooms that had poor light levels were subject to action plans in previous inspection reports. A condition is applied to the current registration that requires that this work will be complete by 31 December 2021.

The bedroom accommodation is comprised of 11 single rooms, seven double rooms and three rooms that accommodate three residents. Bedrooms were appropriately furnished, were clean and well organised. Bedrooms were personalised with photographs, ornaments and pictures that residents and their families had taken in to the centre. There were three sitting rooms and a dining area for residents' daily use. All areas had good levels of natural and artificial light. Residents said that they enjoyed having a choice of place to spend time during the day and especially liked the area they could use when visitors came to see them. All areas viewed were in good decorative condition and decorated in a comfortable home like way.

There was appropriate equipment in place to support and promote the independence of

residents. This was maintained appropriately and associated service records were available. Walking aids and appliances such as hoists and wheelchairs were observed to be in good condition. Call bells were readily accessible and there were readily visible hand rails in hallways.

A new courtyard garden provided safe outdoor space for residents. This had been provided with seating, had a safe level surface and plants provided interest for residents. There was a large parking area to the front of the building. Some of the exterior surfaces had been resurfaced and were level and safe for people with mobility problems or people using walking frames.

**Judgment:**

Non Compliant - Moderate

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a system in place to enable residents or anyone acting on their behalf to make a complaint. A complaints policy which met the regulatory requirements was in place. A copy was on display in the centre and the arrangements were described in the residents guide.

Residents told inspectors that they would complain to the person in charge or any of the staff team. A review of the complaints recorded showed that they were all dealt with expediently. A range of matters had been addressed and these included food choices, items in a room being moved, misplaced clothing and noise from the building work. The outcome of complaints and the resolution to the satisfaction of complainants where this could be determined was recorded. There was an appeals process and a summary of the complaints procedure was described in the residents guide.

The inspector found that the person in charge and staff team had a positive attitude towards complaints. They welcomed complaints and comments as a way of ensuring residents were happy in the centre and to prompt improvements where needed.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

This outcome was found to be compliant during the last inspection and this continues to be the situation. Staff had good standards in place for end of life care and there were appropriate policies and procedures in place to guide and inform staff on their practice.

There was an end-of-life care policy that described the procedures related to end of life care. The policy of the centre is that all residents are for resuscitation unless clinical decisions have been made that indicate otherwise and all such decisions were documented. Staff had completed the Irish Hospice Foundation 2 day training to guide and inform practice. This multidisciplinary training had included carers, nurses and catering staff and a subsequent audit of practice had indicated that an excellent standard had been achieved.

Resident's end-of-life care preferences, personal and spiritual wishes were described in the sample of care records reviewed. It was evident that appropriate support and specialist care from palliative services would be provided to residents and their families at this time if required. Staff said that there was no difficulty accessing clergy to provide spiritual care at any time including end of life.

There was good access to the palliative care team who provided advice on monitoring physical symptoms to ensure appropriate comfort measures. There were two residents who were considered to have end of life care needs at the time of this inspection. Records reviewed conveyed that they were regularly reviewed by doctors and had care plans in place to meet their needs.

**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:**

The inspector found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences were satisfactory. The menus were analysed by a dietician to ensure that they were adequately nutritious and varied. Staff had systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents that were at risk of nutrition shortfalls were identified and monitored closely. There was a food and nutrition policy in place that provided guidance to staff and was supported by a range of procedures that included the management of fluids and hydration, the care of residents with percutaneous endoscopy nutrition systems, medication management and the care of residents with specific conditions such as diabetes.

Residents told the inspector that the food was "lovely with fresh vegetables and baking every day" and also said "there is choice and we can have what we want really". Another resident said "there is plenty of food and drink". Residents' food likes and dislikes were recorded together with the varied modifications that were made to ensure choices and therapeutic needs were met.

The inspector observed that meals were well presented, served in individual portions and residents who needed assistance had appropriate and timely support. Staff were observed to assist residents in a manner that protected their dignity and ensured their well being during meal times. There was an appropriate number of staff available to serve meals and assist residents. Staff were observed to sit beside residents who needed prompting or assistance to eat and reminded them of they were being offered and took time with meals. Relatives were welcomed to help out at meal times if they wished to visit at this time. Some relatives were observed to do this and said it was something they valued being able to do. They were provided with a quiet space to support their relative and ensure their privacy at meal times. The dining room was attractively organised and home like. Some residents arranged the table layouts and staff said that this helped residents with dementia in particular as they were engaged in a purposeful activity.

Snacks, beverages and cold drinks were available throughout the day. Residents could have tea, coffee and other drinks when they wished and the inspector saw that residents were prompted to drink throughout the day.

Records reviewed showed that residents' nutritional status was assessed using a recognised evidence based tool and reviewed as necessary. There were four residents being monitored closely due to changes in weight. Care plans to address specific nutritional needs were in place and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. The monitoring arrangements included monthly weights and more frequent weekly monitoring was put in place where significant fluctuations upwards or downwards were noted. Residents have access to speech and language therapists and dieticians and their recommendations were noted to have been incorporated into care plans and to daily

care practice.

**Judgment:**  
Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**  
Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents were treated with dignity and respect and that there were good relationships between residents and staff. Feedback provided by relatives and residents conveyed that residents were aware of their rights in relation to privacy, confidentiality and respect. They confirmed that they had been given information when admitted that outlined their rights and the service they should expect.

There was information in care records that described communication capacity and obstacles to communicating effectively such as difficulty hearing, vision problems or cognitive impairment. The inspector observed that staff engaged and acknowledged residents when they met, when they entered and left rooms and during times when care was in progress. Interactions were noted to be respectful, friendly and good humoured with plenty of general conversation in evidence.

Residents who had dementia were noted to be well supported and staff could describe how they helped residents orientate to their environment and participate in day to day life to their maximum ability. Residents were observed to help with laying tables, with organising cutlery and crockery and with tidying up. Staff described how they determined what residents could do and ensured that they were invited and encouraged to contribute to life in the home.

There were arrangements in place for consultation with residents on the operation of the service and the records of meetings confirmed that residents' views were respected and their suggestions listened to and used when changes were made. There was a well established network with residents' families and they were regularly asked to provide feedback on the service during individual care plan reviews and as part of the regular audits of the service.

Residents said that they could follow their religious beliefs and said that they could

attend mass and have priests or other clergy visit them in the centre. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections.

Visitors were welcomed throughout the day and there were no restrictions on visits except this was in the residents' interest or requested by residents. Many relatives said they enjoyed the freedom to come and go and said that staff accommodated their wishes. Residents had access to the television, radio and to daily and local newspapers. Staff said that residents liked hearing and discussing local news and said they kept them up to date with community news.

There was a range of social activity and the inspector found that social care options were available daily. Music sessions that included old time music and singing were popular. Residents records conveyed that residents' social needs had assessed and their interests recorded. Care staff were noted to engage in one to one activity with residents who could not take part in a group activity and this was noted to be a regular aspect of care interventions.

There was evidence that the person in charge encouraged good communication among residents, the staff team and relatives. There was a relaxed atmosphere in the centre and the additional communal area that had been created provided a quiet space where residents were observed to sit and relax or see their visitors.

**Judgment:**

Compliant

***Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The property of residents was recorded, items were found to be well cared for and residents were informed that they could bring personal items into the centre as a way of supporting their comfort and well being.

There was a system in place to ensure all clothes were labelled to prevent loss. The centre provided a laundry service and except family members wished to do personal laundry clothing was laundered on site. There were staff assigned to the laundry each day of the week and there was appropriate equipment available to ensure that laundry

was washed at appropriate temperatures and pressed effectively. Clothing delivered to rooms was noted to be well laundered and folded neatly.

Residents were encouraged to personalise their rooms and the inspector saw that many rooms had photographs, pictures and other personal belongings on display.

There was a policy on the management of residents' personal property. The person in charge confirmed that the centre does not act as agent for any resident.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there was an adequate complement of consistent nursing and care staff on duty each day and night. There were two nurses on duty with the person in charge daily. Care staff numbers were varied throughout the day to meet the needs of residents and there were usually 3 or 4 carers on duty. The care team was supported by the provider representative who had responsibility for general business matters, maintenance and fire safety and who worked daily in the centre. Cleaning, laundry and catering staff were also on duty each day. At night there was one nurse and two carers until 23.30 when the staff complement reduced to one nurse and one carer. Staff were noted to be deployed effectively and were available in adequate numbers during the early morning and evening when residents were getting up and going to bed.

Staff had the appropriate skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The exception to this was the deficit described in outcome 8-Health and Safety where a small number of staff did not have up to date moving and handling training. The inspector was told the record viewed included two staff who have left employment and the remaining two staff who require training are scheduled to attend this in June. All staff were found to be competent, well informed about residents personal and health

care needs and were observed to carry out their duties efficiently. They were knowledgeable about the regulations and standards that govern designated centres and knew where to locate documents, policies and procedures when they needed them.

There was a policy for the recruitment, selection and vetting of staff to work with vulnerable people. The policy guidelines were reflected in practice and evidence was available in the staff files reviewed that recruitment practice met legislative requirements. Interviews were conducted for all posts, there was a formal process that underpinned interviews and references, full employment records and appropriate vetting were available for all staff.

There was a training matrix available where staff training was recorded. In addition to mandatory training on fire safety, moving and handling and elder abuse staff had also attended training on the following topics:

- Infection control
- Nutrition
- End of life care
- Falls prevention
- Wound care
- Cardiopulmonary resuscitation and
- Continence management
- Dementia care.

The inspector was told that a good team spirit had been fostered and staff said they were well supported by the provider and person in charge who provided good leadership and guidance. There was an appraisal system in place to review progress and identify training needs. The pic and nurses also had regular clinical governance meetings which were used to review and plan care and assess the training needs of the staff team. The minutes of the February and May meeting were provided to the inspector. The inspector saw that training was reviewed plus the response to the norovirus outbreak earlier in the year.

Residents and staff were observed to have friendly relationships and residents said they valued the way staff cared for them, remembered their preferences and the ways they liked their daily routines and personal care to be undertaken. The inspector observed that call-bells were answered promptly, staff were available to assist residents and there was appropriate supervision in the dining room and sitting rooms throughout the inspection period.

**Judgment:**  
Substantially Compliant

## 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:***

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Archview Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000314
<b>Date of inspection:</b>	23 and 24 May 2017
<b>Date of response:</b>	28 June 2017

### 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 03: Information for residents

#### Theme:

Governance, Leadership and Management

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The type of room to be occupied was not always specified in the sample of contracts reviewed that had been issued to residents.

#### 1. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident

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

shall reside in the centre.

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

Contract documentation is now including the room type to be occupied by the resident.

**Proposed Timescale:** 28/06/2017

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy required review to include the risks specified in regulation 26-abuse, self harm and aggression and violence.

**2. Action Required:**

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

The Risk Management Register reviewed to include the identification and management arrangements for risks of abuse, self-harm, aggression and violence.

**Proposed Timescale:** 28/06/2017

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

Some care plan reviews did not indicate what aspects of care had been reviewed and did not provide an overview of residents' health and condition from one review to another.

**3. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Care Plans being reviewed will now record what aspects of care have been reviewed and changes occurring since the last review.

Proposed Timescale: 31st August, 2017

**Proposed Timescale:** 31/08/2017

### **Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Three bedrooms did not have appropriate usable space for the number of residents accommodated taking in to account privacy and dignity needs. The space in these rooms only allow beds to be arranged in a linear manner and this makes it difficult to provide adequate levels of privacy at all times .

**4. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Phase 3 of the extension works comprising 8 en-suite bedrooms to accommodate the residents who will be relocated from the 3 three-bedded bedrooms is now being re-costed and bank loans being sought to allow work to go to tender.

Works would be envisaged to commence early 2018 with a completion date on or before 31st December 2021 in accordance with regulation 8 as applied to the current registration.

Proposed Timescale: 31st December, 2021.

**Proposed Timescale:** 31/12/2021

### **Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Some staff did not have up to date moving and handling training according to the training record provided.

**5. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Staff who did not have up to date Moving and Handling will receive this training.

Proposed Timescale: 7th July, 2017

**Proposed Timescale:** 07/07/2017