



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

## Issued by the Chief Inspector

Name of designated centre:	Archersrath Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Archersrath, Kilkenny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	04 June 2025
Centre ID:	OSV-0000191
Fieldwork ID:	MON-0038592

## About the designated centre

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

Archersrath Nursing home is situated in an rural setting near Kilkenny city. The centre is purpose built and has been extended over time and now has accommodation for 61 residents. The centre accommodates residents over the age of 18 years, both male and female for long term care residential care, respite, convalescence, dementia and palliative care. Services provided include 24 hour nursing care with access to community care services via a referral process including, speech and language therapy, dietetics, physiotherapy, chiropody, dental, audiography and ophthalmic services. The centre caters for residents of varying levels of dependency from low to maximum including residents with dementia. The services are organised over one floor and bedroom accommodation consists of five twin rooms and 51 single rooms, all en-suite. Communal rooms include dining rooms, four day rooms, smoking room, hairdressing/therapy room and spacious front reception area. There are internal courtyards which are accessible by residents. The centre employs approximately 60 staff.

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

Number of residents on the date of inspection:	57
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## How we inspect

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 4 June 2025	10:00hrs to 18:40hrs	Mary Veale	Lead
Wednesday 4 June 2025	10:00hrs to 18:40hrs	Catherine Furey	Support

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Over the course of the inspection, the inspectors spoke with residents, visitors and staff to gain insight into the residents' lived experience in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspectors spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. All interactions observed were person-centred and courteous on the day of inspection. Overall, staff were observed to be responsive and attentive without delay while attending to residents' requests and needs on the day of inspection.

Residents' told inspectors that they could approach any member of staff if they had any issue or problem to be solved. There was a high number of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs, appeared to be relaxed and enjoyed being in the company of staff.

Archersrath Nursing Home is a purpose built two storey designated centre registered to provide care for 61 residents on the outskirts of Kilkenny city. There were 57 residents living in the centre on the day of the inspection.

All residents' accommodation and communal space is on the ground floor. Residents had access to communal spaces which included three day rooms on the day of inspection. Residents had access to a hair salon and a smoking room. Residents had limited or no access to a number of communal spaces on the day of inspection. For example; residents did not have access to both dining rooms outside of meal times, the door to the oratory room was locked and the room was observed as a storage room. The smoking room had a table as the only item of furniture which did not provide a usable space for the residents. As no chairs were available residents and visitors would have had to stand in the smoking room. The visitors room beside day room 3 was in use as an admin office. Inspectors requested numerous times throughout the inspection day to have the visitors room converted back to its registered use as communal space for residents but this room was not unlocked or converted back to a visitors room. This was also observed on the previous inspection in January 2025.

There were 51 single bedrooms and five twin rooms. All of the bedrooms were en-suite with a shower, toilet and wash hand basin. The centre had a production kitchen, maintenance room and laundry on the ground floor. The provider had refurbished and decorated both dining rooms, a sluice room, assisted bathroom, smoking room, treatment room, and oratory. Some corridor areas had been

decorated and some bedrooms had been painted and flooring had been replaced. The provider had installed clinical wash hand basins throughout the centre.

Notwithstanding these upgrades, further improvements were required in respect of premises and infection prevention and control, which were interdependent. For example, décor and flooring in many bedrooms and day rooms were showing signs of wear and tear. The inspectors were informed that the provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing flooring replacement and painting. Dust was observed in high to reach areas such as light shades and ceiling areas. Dust was also observed under some beds and skirting's throughout areas of the centre. Some other areas of the centre required review to ensure that they were suitably decorated. For example, a communal bathroom used by residents had no mirror and was plainly tiled with no decoration. An area designated as a resident seating area on the centres floor plan contained no seating and on the day of inspection was observed to accommodate medical equipment in this area. Some corridors had very little wall decoration and the décor was dated in some communal areas.

Ancillary facilities such as the sluice room, storage rooms, treatment rooms, and cleaner's room did not support effective infection prevention and control. For example, the sluice rooms and store rooms very dirty and dusty, the treatment room for the storage and preparation of medications, clean and sterile supplies had boxes of sterile supplies on the floor. The medication fridges contained water accumulation.

Conveniently located alcohol-based product dispensers within resident bedrooms and on corridors facilitated staff compliance with hand hygiene requirements. Clinical hand hygiene sinks were also available within easy walking distance of resident's bedrooms.

Residents had access to the two internal courtyards from corridors. The courtyards had level paving, comfortable seating, and flower beds. Both courtyards were easily accessible for residents, however; residents could not access the centre from the courtyards as the doors from the courtyards had no door handles on the exterior of the doors. The inspectors observed one resident who could not gain access to the centre from a courtyard on a few occasions in the afternoon. The inspectors opened the door for the resident as staff were not aware that the resident was trying to gain entry back into the centre. This was brought to the attention of staff on the day. The front door had an electronic locking system in place.

As the inspectors walked through the centre, residents were observed to be content as they went about their daily lives. The inspectors spent time observing staff and residents' interaction. Residents sat together in the communal rooms chatting, participating in arranged activities, or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were observed to be socially engaged with each other and staff. A small number of residents were observed

enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected.

Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. Staff who spoke with the inspectors were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspectors observed that staff were kind, patient, and attentive to their needs. There was a very pleasant calm atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

The inspectors chatted with a number of residents about life in the centre. Residents spoke positively about their experience of living in the centre. Residents commented that they were very well cared for, comfortable and happy living in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

Inspectors spoke to family members visiting residents during the day. The feedback was mixed, with some having very positive comments on the care and support provided in the centre. One visitor said they were delighted with how well their loved one was looked after. Another said that everything was excellent. One visitor said the place "could do with a lick of paint", another echoing that comment and saying they were not satisfied with the cleanliness of the place.

The centre employed activities staff who facilitated group and one-to-one activities throughout the day. Residents told the inspectors that they were free to choose whether or not they participated. On the day of the inspection, the inspectors observed a small number of residents enjoying bingo in the morning and a rosary recital in the afternoon. The inspectors observed some residents spending long periods of time in their bedrooms, particularly in the morning watching television. Residents also had access to radios, newspapers and books. Further improvements were required in activities, this discussed further under Regulation 9: Residents rights.

The inspectors observed the dining experience at dinner time and saw that there were two sittings for dinner. The first sitting was for residents who required assistance and the second sitting was for residents' who were independent. The inspectors observed that the meals provided appeared appetising and served hot. Residents were complimentary about the food and confirmed that they were always afforded choice and provided with an alternative meal should they not like what was on the menu. Adequate numbers of staff were available and were observed offering encouragement and assistance to residents. A large number of residents were observed to have their meals in their bedrooms on the day of inspection.

The centre provided a laundry service for residents. All residents' whom the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

This unannounced risk inspection was carried out by inspectors of social services to;

- Follow up on the actions taken by the provider to address issues of non-compliance identified on the last inspection in January 2025.
- Follow up statutory notifications received by the Chief Inspector of Social Services since the previous inspection.
- Follow up an application to vary condition 1 of the centres registration to convert part of the centre to a memory care centre.
- Follow up an application to renew the centres registration.

The findings of this inspection were that the provider had failed to ensure that systems were consistently and effectively implemented to ensure the premises was cleaned, maintained and utilised as it registered use by the residents. Therefore; improvements were required in the oversight of the service to ensure safe and consistent systems were effectively monitored to ensure that the residents had choice in the use of communal space and the centre was cleaned to an appropriate standard. Although residents told the inspectors that they were content living in the centre and felt safe further action was required by the provider to comply with care planning, premises, governance and management, infection prevention control and submitting of notifications. Areas of improvement were required in staffing, residents' rights, training and staff development, and medication management.

Mowlam Healthcare Services Unlimited Company is the registered provider for Archersrath Nursing Home. The company is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. There had been a change in the person in charge since the previous inspection. The person in charge reported to the regional healthcare manager, who reported upwards to the director of care and then to the registered provider. The person in charge worked full time and was supported by clinical nurse managers, a team of nurses and healthcare assistants, activities co-ordinators, catering, housekeeping, administration and maintenance staff. The person in charge had access to facilities available within the Mowlam Healthcare group, for example, human resources. To support the application to vary to establish a memory care unit, the provider had provided an additional post of a clinical nurse manager and activities co-ordinator.



Overall, the staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support. However further improvements were required in staff resources. This is discussed further under Regulation 23: Governance and management.

Staff were supported and facilitated to attend training appropriate to their role and there was a high level of staff attendance at training in areas such as fire safety, safe guarding, dementia training which included managing behaviour that is challenging, and infection prevention and control. Improvements were required in the supervision of staff, this is discussed under Regulation 16: Training and staff development.

The inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Since the previous inspection, care planning audits, medication audits, and infection prevention and control audits had been completed. A draft annual review for 2024 was available, it outlined the improvements completed in 2024 and improvement plans for 2025. Improvements were required in the oversight of care planning, residents rights, audit tools, the premises and infection prevention and control which are discussed further throughout this report. There were repeating findings from the inspection carried out in January 2025.

Records and documentation, both manual and electronic were well-presented, organised and supported effective care and management systems in the centre. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

There was a record of accidents and incidents that took place in the centre. Improvements were found in the three day notifications which were submitted appropriately to the Chief Inspector. However, the notifications for quarter one of 2025 had not been submitted. Subsequent to the inspection these notifications were submitted retrospectively. This is discussed further in this report under Regulation 31.

The inspectors reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents who spoke with the inspectors were aware of how to make a complaint and to whom a complaint could be made.

## Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner and were under review at the time of inspection.

Judgment: Compliant

### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to vary conditions of their registration, to convert part of the centre to a memory care unit. The application to vary was under review at the time of inspection.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and had a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

### Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of two registered nurse on duty at all times for the number of residents living in the centre. However; action was required in staffing resources which is outlined in this report under Regulation 23: Governance and management.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, and managing behaviours that are challenging. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Notwithstanding this

good practice further action was required to ensure staff were appropriately supervised. For example;

- Supervision of cleaning procedures was required to ensure that all parts of the centre are clean.
- Enhancement in the supervision of the dining rooms was required. It was an accepted practice that dining rooms were locked between meals and could not be accessed by the residents. 17 residents were observed having their lunch time meal in the main dining room. A large number of residents were observed in their rooms on the day of inspection which had the potential to cause the residents to isolate themselves from other residents as they had restricted access to some of the communal spaces in the centre.

Judgment: Substantially compliant

### Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

### Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

### Regulation 23: Governance and management

The overall governance and management of the centre was not fully effective. Management systems were not sufficiently robust to ensure the service was safe, appropriate, consistent and effectively monitored. For example:

- There were inadequate systems of oversight in place to monitor and respond to issues of concern found by the inspectors, particularly in relation to care planning, residents rights, the premises, infection prevention and control, and medication safety. These issues are discussed further under Regulations 5: Individual assessment and care planning, Regulation 9: Residents' rights,

Regulation 17: Premises, Regulation 27: Infection prevention and control and Regulation 29: Medicines and pharmaceutical services.

- The centres audit system and processes required review. For example: High levels of compliance had been achieved in recent audits such as care planning, infection prevention and control and medication management audits. This did not reflect in the findings on this inspection. The high level of compliance achieved in care planning, infection prevention and control, and medication management audits did not reflect the findings on this inspection, this is discussed further under the relevant regulations throughout this report.

While there were sufficient staff working in the centre on the day of inspection to meet the needs of the residents, the provider was required to maintain staffing in line with the statement of purpose Mowlam Healthcare Services Unlimited Company was registered against. For example:

- Rosters provided to the inspectors on the day of inspection evidence that there were staff vacancies in healthcare assistants roles. The statement of purpose which Mowlam Healthcare Services Unlimited Company was registered against states that there should be a 27.6 whole time equivalent (WTE) health care assistant posts. There were 8 WTE healthcare assistant posts vacant at the time of inspection.

Changes made to the premises were not in line with the statement of purpose and floor plan, which Mowlam Healthcare Services Unlimited Company was registered against premises and had not been communicated to the Office of the Chief Inspector. For example:

- The visitors room was observed as an administration office on the inspection day. This was a repeating finding follow the January 2025 inspection.
- The Oratory was observed in use as a store room on the day of inspection. This was a breach of condition 1 of the centres registration.

Judgment: Not compliant

### Regulation 31: Notification of incidents

The required three-monthly notifications had not been submitted for the first quarter of 2025, for example, the notification of restrictive practice use and the notification of expected deaths.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place which clearly outlined the procedure for making, and responding to a complaint. A review of the complaints records in the centre found that there were seven open complaints which had not been addressed within the 30-day timeline outlined in the regulations and in the centre's own policy.

Judgment: Substantially compliant

## Quality and safety

While the inspectors observed kind and compassionate staff treating residents with dignity and respect, enhanced governance and oversight were required to improve the quality and safety of service provision. Action was required concerning care planning, residents rights, premises, infection control and medicines and pharmaceutical services.

Residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. The centre had access to GP's from local practices and the person in charge confirmed that GP's called to the centre. Residents had access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital. Residents had access to nurse specialist services such as community mental health nurses, specialist nurse, and tissue viability nurses. Residents had access to local dental and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

Works were ongoing in the centre in order to improve the premises. Improvements had been made since the previous inspection, for example the area which was proposed as a memory care unit have been refurbished and the main dining room had been painted. However; there were many areas of the centre that required refurbishment and repair in order provide a safe and suitable environment for residents. There were many examples observed by inspectors where repair, repainting and replacement were required. For example, some armchairs had tears, and walls, skirting boards and doors were scuffed or damaged. Not all residents had access to a call bell. Actions required to the centres premises are discussed further under Regulation 17: Premises.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. However, the environment and equipment was not consistently managed in a way that minimised the risk of transmitting a healthcare-associated infection. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Inspectors identified many examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and

their co-workers, such as hand hygiene, appropriate use of personal protective equipment and the safe handling and disposal of used waste and linen.

Notwithstanding the good practices observed, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, some ancillary rooms had not been cleaned to an acceptable standard and several items of equipment were also observed to be visibly unclean. Findings in this regard are presented under Regulation 27: Infection prevention and control.

Improvements were found in protection since the previous inspection. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions by staff with residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The centre acted as a pension agent for a small number of the residents. There were robust accounting arrangements in place and monthly statements were furnished.

The inspectors viewed a sample of residents' electronic nursing notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by inspectors required review as some care plans viewed by the inspectors were not person-centred and had insufficient information recorded to effectively guide and direct the care of these residents. Details of issues identified are set out under Regulation 5.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving. Further improvements were required in medication administration and the storage of medications, this is discussed further under Regulation 29: Medicines and pharmaceutical services.

## Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Areas of the premises were not sufficiently maintained internally and some areas of the centre required painting and repair. For example, the inspectors observed, scuffed doors, chipped paint on walls, wooden skirting and handrails. Flooring on some corridors and bedrooms were marked preventing effective cleaning. This was a repeated finding on the previous two inspections.

- A review of call-bells devices in the bedrooms was required. A number of residents did not have access to a call-bells as the device had been removed, and the call-bell could only be pressed in the unit on the wall. This was a repeated finding on the previous inspection.
- A review of access to lockable storage in all bedrooms was required as a number of residents did not have access to a lockable space. This was a repeated finding on the previous inspection.
- A review of electrical sockets available in the bedrooms was required as the inspectors observed an extension lead in use. This had the potential risk of overheating if overloaded which could be a fire safety hazard.
- The external doors from the courtyards did not have an external door handle which meant that residents could not regain access into the centre if the door was closed.
- The smoking room did not contain any seating.

Judgment: Not compliant

## Regulation 27: Infection control

Action was required to ensure residents were protected from the risk of infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018). The environment and equipment was not managed in a way that promoted good infection control practices. Areas of the centre were not cleaned to an acceptable standard. This was particularly evident in store rooms, clinical rooms, sluice rooms and the reception desk. Examples include;

- A sluice room was not clean. The floor was stained and contained loose debris, there was a build-up of dust and grime on surfaces and there was inappropriate items stored within, for example, a bed rail bumper was placed on the bedpan racking. A stained urinal was observed on the bedpan washer.
- Two clinical handwash basins, one in a sluice room, and another on a corridor, contained a layer of dust which provided evidence that they were not frequently used.
- Store rooms and a linen room, despite containing shelving to store items appropriately, were cluttered and not clean with equipment such as cushions and bags of laundry stored on the floor. There was no clear segregation of clean or dirty equipment, and no separation of resident care equipment. For example, one store room contained open rolls of cotton wool, open incontinence wear packets, cleaning products, syringes, and resident personal care products such as shampoo. The floors in these rooms were dirty.
- Trolleys in the linen room which were used to transport laundry to residents rooms were heavily stained.
- The hairdressing room, while not in use on the day, was not clean. There was a clear build-up of dust on the hairdressing equipment and sink, the floor was not cleaned and the rubbish bin was not emptied.

A review of completed cleaning documents and schedules provided no evidence that these rooms were part of any cleaning schedule.

Additional findings that impact on infection prevention and control within the centre included;

- There was breaks in the integrity of several chairs and support cushions and many examples of worn veneer and surfaces on furniture such as bedside lockers which meant that these could not be effectively cleaned or decontaminated.
- There was no system for the routine cleaning and storing of nebulisers. This presents a risk to residents as medication is delivered directly to the lungs and could, if contaminated, be a source of infection. Additionally, equipment used to deliver oxygen was stored and ready for use in a store room, however it had passed its expiry date in 2022.
- The storage of residents' wash basins required review as inappropriate storage of wash hand basins on en-suite toilet floors created a risk of cross contamination.
- There was inappropriate storage of equipment and supplies including stocks of personal protective equipment (PPE) and incontinence wear within a communal bathroom. This posed a risk of cross contamination.
- Clinical sharps bins with contents were observed to be open and did not have their safety mechanism engaged. Open sharps bins without their safety mechanism engaged could lead to a needle stick injury.

Many of the above are repeated findings from two previous inspections.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Some practices were observed in relation to the storage and use of some medications which were not in line with best-practice medicines guidance. For example;

- Medicines that were no longer required were not always segregated from other medicinal products and disposed of in accordance with national legislation.
- Dates of opening were not consistently recorded for medications which had a reduced expiry once opened.
- Medicines were in use which had no pharmacy label indicating which resident they were prescribed for, or how they were to be prescribed.
- Medicines were being administered in a crushed format, despite liquid and other alternatives being available.



- Three medicine storage fridges were leaking, which had damaged the medicine labels and boxes stored within.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- Care plans viewed required review to ensure a specific and person-centred approach to care was provided. A sample of care plans viewed were not sufficiently detailed or person centred to guide staff on the care of residents. Of the sample of care plans viewed a number were generic with pre-populated interventions which were not reflective of residents care.
- A resident who had a bed-rail in use did not have a care plan outlining their care while the bed-rail was in use.
- A resident who had a supra pubic catheter did not have a care plan detailing the care of the supra pubic catheter.
- A resident who had moisture-associated skin damage did not have a care plan detailing their skin care regimen.
- Assessments of wounds were not carried out in line with recommendations from specialist wound care nurses.

Judgment: Not compliant

### Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate, for example the dietitian, and physiotherapist. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' right to exercise choice was not always upheld by the registered provider. For example;

- Residents had restricted access to both dining rooms, visitors room and relaxation room. On the day of inspection these rooms were observed to be locked at various times of the day. Inspectors observed that one of the visitors rooms was in use as an administration office. The smoking room contained no seating. This meant that residents could not access these areas and as a result had limited communal areas to enjoy.
- Resident access to and from the secure internal courtyards required review. The doors from the corridors leading to these areas were push-bar style from the inside with no door handle on the outside. This meant that residents could not open the door from outside, in order to return back into the centre. There was no doorbell or means of contacting staff from the garden, should a resident require assistance.

Residents were not sufficiently consulted about and the organisation of the centre. For example;

- The most recent residents' meeting was attended by only five residents, which represents 9% of the current occupancy. There was no evidence that residents who could not attend, due to preference or ability, were consulted with in another format or manner.
- It was unclear if actions arising from residents meetings were completed. For example, residents had suggested that they would like larger TV's as some were very small. There was no evidence that this had been actioned.

Judgment: Not 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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Archersrath Nursing Home OSV-0000191

Inspection ID: MON-0038592

Date of inspection: 04/06/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"><li>• We will outsource the housekeeping service to an external contractor that will work in partnership with the centre to improve the quality of cleaning throughout the facility.</li><li>• We will collaborate with the external contractor to agree appropriate cleaning regimes and procedures which will be overseen by a housekeeping supervisor. The recruitment process for a housekeeping supervisor is under way.</li><li>• The Person in Charge (PIC) and the management team will oversee the standards of cleaning throughout the centre and ensure that all areas are maintained to expected standards. Daily walkabouts will be carried out by senior staff to check standards of cleaning, hygiene and tidiness in the centre.</li><li>• A detailed checklist for each area will be introduced which will serve as a reference point for housekeeping staff to ensure that all daily or more frequent cleaning procedures are properly attended to.</li><li>• Audits will continue to be carried out by the PIC and the Healthcare Manager (HCM) will sample the audit results to ensure that audits are undertaken objectively and that they are an accurate reflection of the housekeeping service in the centre. The PIC will regularly liaise with the regional housekeeping manager to ensure oversight and address any deficits in expected standards should they occur.</li><li>• On the day of inspection, the coded locks have been removed and the residents have unrestricted access to communal areas.</li><li>• The PIC will ensure that all staff are reminded at each morning handover of the importance of supervision during mealtimes and staff are allocated to the dining room to supervise and assist residents at each mealtime.</li><li>• There are some residents whose preference is to have their meals served in their room. Staff will encourage residents to eat in the dining room with other residents. The residents' preferences will be recorded in their care plan as appropriate.</li><li>• Based on their individual areas of interest and experience, nurses will be given the opportunity to act as 'link' nurses and take responsibility for key areas of care such as Infection Prevention &amp; Control (IPC), wound care, nutrition, and falls prevention.</li></ul>	

- Additional education will be provided to the link nurses to ensure that they will be proficient in the implementation of quality improvements in their specialised area.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The PIC and centre management team will be supported by the Healthcare Manager to ensure that there is effective oversight of the service provided and that the operation of the centre is safe, appropriate, consistent and effectively monitored.
- The PIC and management team will review all assessments and care plans to ensure that they are person-centred, that they accurately reflect the care needs of each resident and that what matters to each resident is central to the plan of care. The centre will participate in the Age-Friendly Health Systems initiative using the 4Ms framework to underpin an individualised, person-centred approach to care. The PIC will be supported by the HCM and the recently appointed regional Quality & Compliance Coordinator, to provide a strong focus on the implementation of identified quality improvements in the centre.
- The Q&C Coordinator will sample audits and care plan records to check accuracy and quality improvement plans and will highlight any required improvements to the PIC.
- Based on their individual areas of interest and experience, nurses will be given the opportunity to act as 'link' nurses and take responsibility for key areas of care such as Infection Prevention & Control (IPC), wound care, nutrition, and falls prevention.
- Additional education will be provided to the link nurses to ensure that they will be proficient in the implementation of quality improvements in their specialised area.
- A twice weekly management meeting will take place between the PIC and CNMs to discuss specific issues relating to quality improvements in residents' care and key performance indicators.
- The HCM will ensure that the PIC and management team are aware of their requirements and responsibilities for accurate, objective auditing and identifying and implementing quality improvement plans (QIPs).
- We will ensure that the staffing levels are consistent with what is outlined in the centre's Statement of Purpose. The PIC has commenced weekly meetings with Human Resources and a targeted recruitment campaign is in progress to fill the vacant posts. The PIC will ensure that there are always sufficient staff available to meet the assessed care needs of all residents and will review this from time to time based on the dependency levels of residents.
- Since the inspection, we have restored the Oratory and Visitors' Room back to their intended purpose and functions.

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• The PIC will ensure that quarterly notifications will be submitted in accordance with legislative requirements. The HCM will provide oversight to ensure that all notifications are submitted within the required timeframes.</li> </ul>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• The PIC will review complaints and ensure that they will be acknowledged, investigated and responded to within the appropriate timeframes in accordance with the centre's Complaints Procedure and to the satisfaction of the complainant as far as possible. Quality improvements will be identified and implemented as part of the learning outcomes of complaints.</li> </ul>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• A review of the premises will be undertaken by the Facilities Manager, supported b by the HCM. This will identify the areas of the building requiring repair and/or refurbishment. Following the review a phased refurbishment plan will be developed with a view to improving the living space for residents, maintaining their safety and causing as little disruption to them as possible.</li> <li>• The PIC will conduct an audit of all call-bell systems in bedrooms, bathrooms, and communal areas. Missing call bells will be restored or replaced. A call bell audit will be carried out every month as part of the scheduled routine quality checks. Staff will be reminded during the handovers to ensure they check the call bells for each resident they are responsible for every day to ensure they are functional and located within easy reach of the resident, and that they are responded to as quickly as possible.</li> <li>• We will procure and install lockable cabinets/drawers to replace missing cabinets. An inventory system for all resident rooms will be carried out to confirm the required lockage storage is in place for each room.</li> <li>• A review of electrical sockets will be carried out by Facilities. A plan for additional electrical sockets will be developed and implemented as part of the refurbishment plan.</li> <li>• Facilities will fit suitable external door handles on all courtyard exits to ensure safe re-entry for the residents and staff.</li> </ul>	

- A review of seating will be carried out by the PIC. New suitable seating which meets fire safety and infection control requirements will be purchased and obsolete items will be disposed of.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- We will outsource the housekeeping service to an external contractor that will work in partnership with the centre to improve the quality of cleaning throughout the facility.
- We will collaborate with the external contractor to agree appropriate cleaning regimes and procedures which will be overseen by a housekeeping supervisor. The recruitment process for a housekeeping supervisor is under way.
- A review of the cleaning schedule and procedures will be carried out to include all the auxiliary rooms. The PIC will carry out daily walkabouts to check cleanliness and tidiness of the centre.
- The external contractor will devise a specific deep cleaning record to ensure regular cleaning of the environment and we will have a similar record to ensure cleaning and decontamination of all the equipment. The PIC will establish a daily sign-off routine to ensure cleaning duties are carried out effectively.
- A segregation system showing clearly labelled shelving and storage will be developed in the linen stores to separate the clean and dirty laundry items. Carrier laundry bags will be sent to the laundry to wash/or replace with clean bags as needed. The PIC has engaged with cleaning staff to dispose of all expired and unused expired products as per the waste disposal guidelines and will oversee this to ensure ongoing compliance.
- The PIC has assigned the maintenance staff to declutter all storage areas and remove damaged equipment for discard or repair.
- The PIC will identify trolleys and furniture in need of replacement. New items will be purchased.
- The PIC has developed and implemented a cleaning and tracking protocol for all nebulizers. Expired oxygen equipment has been returned to the designated company and replaced.
- All nursing staff will update their knowledge regarding the safe disposal of sharps via the mandatory training on HSeLanD. The 'link' nurse for infection prevention and control will carry out a compliance audit monthly for the first three months and then quarterly when effective compliance is consistently being maintained.
- All staff will be facilitated to complete mandatory refresher training on IPC policies, equipment storage, and environmental hygiene. The PIC will ensure follow-up as an addition to the training matrix.



Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• The PIC will ensure that there is an appropriate system in place in collaboration with the pharmacy for timely returns and disposal of medications in line with legislation. The 'link' nurse for medication management will carry out weekly checks after the GP reviews.</li> <li>• Daily medication checks by each nurse for their unit will be carried out to confirm labelling compliance. The PIC has introduced mandatory date-of-opening labels for all short-life medications (e.g., eye drops, liquid antibiotics, insulin). The CNMs will oversee compliance. The PIC has liaised with the pharmacy to ensure all medications are labelled correctly with prescription instruction and resident details.</li> <li>• The CNMs have conducted a review of all residents receiving crushed medications. They will consult with the pharmacist and GP to identify suitable liquid/dispersible alternatives. Each resident's medication administration record (MAR) and care plan will be updated accordingly.</li> <li>• The PIC will liaise with the HCM to replace or repair the faulty medication fridges. Staff will continue the daily fridge maintenance checks including temperature, cleanliness, and structural integrity including fridge condition in the monthly medication audits.</li> </ul>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• All care plans will be reviewed by the CNMs with the nursing staff and updated to make them more person-centered and ensure all their needs are being addressed. The Age-Friendly Health Systems approach to care will be implemented effectively; this is an approach to care of older people that is internationally endorsed by the Institute for Health Improvement; we will ensure that the 4Ms framework is an integral part of the care planning process. The PIC is overseeing this process with the support of the Quality and Compliance Co-Ordinator.</li> <li>• A workshop will be arranged for the nursing staff to enhance their understanding of carrying out person-centred assessments and writing person-centred care plans.</li> </ul>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The coded locks on the kitchen doors have been removed to ensure unrestricted access for all the residents. Staff have been made aware the visitors' room will always remain unlocked to enable access and use throughout the day. Signage will be displayed to guide the visitors and residents.</li> <li>• Facilities will be fitting external door handles for safe return of the residents from the courtyard.</li> <li>• The smoking room will be furnished with appropriate fire-retardant chairs.</li> <li>• The PIC will ensure the monthly resident meetings continue. All residents and/or representative will be encouraged to engage and we will ensure that they have adequate notice of the meetings taking place. Any required actions will be documented and assigned to relevant person(s) with timeframes. The opportunity to provide feedback via meeting with the PIC, resident surveys and a comments box in reception will be encouraged.</li> <li>• The PIC, assisted by the Administrator will maintain a Residents' Feedback Log to track every suggestion, concern/complaint and follow the process as per the centre's policy</li> </ul>	

## 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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/10/2025
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.	Not Compliant	Orange	31/12/2025

Regulation 23(1)(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	31/10/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Not Compliant	Orange	31/10/2025
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	30/09/2025
Regulation 29(5)	The person in charge shall ensure that all	Substantially Compliant	Yellow	31/07/2025

	medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	31/07/2025
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the	Not Compliant	Orange	31/07/2025

	end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2)(a) to (e) of Schedule 4.			
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	31/08/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/10/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/09/2025
Regulation 9(3)(d)	A registered provider shall, in so far as is	Not Compliant	Orange	31/08/2025

	reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			
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