<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Archersrath Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000191</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Archersrath, Kilkenny, Kilkenny.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>056 779 0137</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:archersrathnursinghome@mowlamhealthcare.com">archersrathnursinghome@mowlamhealthcare.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Mowlam Healthcare Services Unlimited Company</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>55</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>7</td>
</tr>
</tbody>
</table>
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 01 February 2018 09:30  
To: 01 February 2018 16:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
The inspector found that appropriate and robust safeguarding measures were in place. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons. Where necessary, additional safeguarding measures were implemented.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and care plans were in place. Improvements were noted regarding medication management and action required from the previous inspection had been addressed.

The inspector found that improvements were required to ensure that the health and safety of residents and staff was promoted and protected. Some improvement was required to ensure that fire drills were carried out reflecting the night duty staffing levels. In addition hazard identification required improvement as the inspector noted that some unguarded radiators were too hot to touch. In addition the inspector found that the lock on one of the sluice rooms was broken and this posed a potential risk to residents as some chemicals and other hazardous equipment was stored there.
Fire servicing records were up to date and the risk management policy had been updated since the previous inspection.

Action required from the previous inspection relating to staff files had not been addressed as agreed. Some improvement was also required to ensure that appropriate storage space was provided.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.
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 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Although this outcome was not inspected against, action required relating to staff files is included here.

The inspector reviewed a sample of staff files and noted that two of four reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations. This had been identified as an area for improvement at the last inspection.

In addition the inspector found that one of the four reviewed did not include a reference from the employee's most recent employer.

Judgment:
Non Compliant - Moderate

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:
The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff spoken with displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Ongoing improvements were noted in the use of restraint. Appropriate risk assessments had been undertaken. Safety checks were being completed in line with the policy in place. Additional equipment such as sensor alarms and low beds had also been purchased to reduce the need for bedrails. There was documented evidence that other alternatives had been tried prior to the use of restraint. Detailed care plans were in place outlining the care to be provided when restraint was in use.

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice. The inspector reviewed residents' files and noted that a comprehensive assessment had been undertaken. Possible triggers had been identified and staff spoken with were very familiar with appropriate interventions to use.

The inspector saw that additional support and advice were available to staff from the psychiatric services.

This centre currently acts as a pension agent for some residents. The inspector saw that this was in line with national guidelines.

Some residents’ pocket monies were managed within the centre. Balances checked on inspection were correct. There was a policy in place to guide the practice. The inspector was satisfied that the system was sufficiently robust.

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 inspector found that some improvement was required to ensure that the health and safety of residents, visitors and staff was promoted in this centre.

The inspector found some evidence of inadequate hazard identification and assessment of risks throughout the centre. This included the issue of some unguarded radiators which were too hot to touch. In addition the inspector found that the lock on one of the sluice rooms was broken and this posed a potential risk to residents as some chemicals and other hazardous equipment was stored there.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced on a regular basis.

Fire drills were carried out frequently however these did not include night-time scenarios when staffing levels were reduced.

Both of these actions were discussed with the person in charge who undertook to address them.

The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident.

The training matrix confirmed that all staff had attended annual fire training and all staff were trained in the moving and handling of residents.

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property. Temporary alternative accommodation was available should evacuation be necessary.

The risk management policy had been updated after the previous inspection and now met the requirements of the regulations.

Satisfactory practices and procedures were found in relation to the prevention and control of healthcare associated infections.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that each resident was protected by the centre's procedures for medication management.

Some residents needed medication as and when required (PRN). Previous action required relating to this had been addressed. The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector checked a sample of balances and found them to be correct. End of shift checks were carried out by two nurses.

A secure fridge was provided for medications that required specific temperature control. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

The pharmacy staff carried out a monthly medication audit and were involved in the review of medications and stock control. Support and advice was also provided as necessary. The inspector saw that the pharmacist visited the centre and spoke with residents to provide additional advice or information regarding their prescriptions.

The inspector saw that all nursing staff had attended medication management training.

**Judgment:**
Compliant

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**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:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that each resident’s wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector saw that the arrangements to meet each resident’s assessed needs were set out in individual care plans. Evidence was available that residents or their relatives were involved at development and review.

The inspector reviewed the management of some clinical issues and found they were well managed. For example, the inspector reviewed the procedure for wound management and found that assessment and treatment plans were in place. Additional advice and support was available from tissue viability nurses if required. Appropriate equipment was also available.

Based on a sample of records viewed by the inspector, residents’ health needs were met and they had timely access to GP services including out-of-hours services. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents’ records and found that some residents had been referred to these services and results of appointments were written up in the residents’ notes.

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

**Findings:**
The inspector found that 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. However some improvement was required to ensure that adequate storage space was provided.

The inspector saw that chairs and other equipment were stored in a residents’ toilet area. In addition the inspector saw a chair stored in the en-suite of a twin room.

As described at previous inspections, Archersrath Nursing Home is a purpose-built centre with 50 single and 5 twin rooms with en-suite facilities. There is one additional twin
room without en-suite facilities. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. There are additional wheelchair accessible toilets located around the building.

The centre has two main day rooms, two dining rooms and an oratory. Other communal space included a library and a hairdressing room and smoking room.

A kitchen, pantry, visitor’s room, laundry room, two sluice rooms and equipment storage room, staff changing rooms, nurse’s station, staff office and reception desk complete the accommodation.

Action was required at the previous inspection relating to the laundry. It was noted that it was too small to allow segregation of clean and dirty clothes which posed a risk of cross infection. The inspector saw that this had been addressed by moving some of the machines and making the room larger. Staff spoken to said how much better this was.

Bedroom doors were painted in contrasting strong colours such as red, green and blue. Comfortable seating was provided in the day rooms, dining rooms, bedrooms, foyer and alcove. There was adequate communal and private space.

There were two internal courtyards one of which had raised flower beds, seating and a fountain. There was also an extensive well maintained garden area to the front of the building and ample parking was provided.

Judgment:
Substantially 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 was satisfied residents' privacy and dignity was respected.

There was a residents' committee and the inspector read the minutes which confirmed that meetings were held regularly. The inspector also noted that suggestions by residents were taken on board.

Advocacy services were available to residents.
As at the previous inspection, staff were observed interacting with residents in a courteous manner and respecting their privacy at appropriate times. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely. There was some signage to direct residents to bedrooms and bathrooms.

The inspector was satisfied that residents' religious and civil rights were supported. Mass was celebrated in the centre on a fortnightly basis and was transmitted from the local church every morning. Some residents chose to go out to local services. There was an oratory located in the centre which provided a quiet space for residents to pray and reflect.

An activity programme included activities arranged for the mornings and afternoons such as music, quizzes, bingo, exercises and relaxation therapies. The activities coordinator told the inspector that one to one time was scheduled for residents who could not participate in the group activities or who preferred not to. Detailed records were maintained and residents told the inspector how much they enjoyed the various activities.

**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 at the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Improvement was required to ensure that staff files met the requirements if the regulations.

The inspector reviewed a sample of staff files and noted that two of four reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations. This had been identified as an area for improvement at the last inspection and had not been completed within the agreed timescale. In addition the inspector saw
that one of the four reviewed did not include a reference from the employee’s most recent employer. Action in relation to this is recorded under Outcome 5.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that garda vetting was in place and the roles and responsibilities were set out in writing as required by the regulations.

Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

Up-to-date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

Staff were encouraged to maintain their continued professional development. The records showed that a range of training had been provided including moving and handling, infection control, end of life care and the management of behaviour that challenges.

There was an induction plan in place and the inspector saw completed documentation including competency assessments. Staff appraisals were completed on a yearly basis and the inspector saw evidence of this on the staff files.

Judgment:
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:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Center name: Archersrath Nursing Home
Center ID: OSV-0000191
Date of inspection: 01/02/2018
Date of response: 22/02/2018

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 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Two of four staff files reviewed did not contain a satisfactory history of any gaps in employment.

One of the four staff files reviewed did not include a reference from the employee’s most recent employer.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
All staff files have been reviewed to ensure there are no employment history gaps.

All files now contain reference from the employee’s most recent employer.

**Proposed Timescale:** 13/02/2018

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

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Some unguarded radiators were too hot to touch.

The lock on one of the sluice rooms which contained hazardous material, was broken.

2. **Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
We plan to investigate the temperature of all radiators and ensure that all radiators do not exceed 43 degrees Celsius to touch. Immediate actions taken:-
- We have risk assessed all radiators in the home.
- We have put in place a plan to ensure that residents are not in direct contact with radiators.
- Our Maintenance person is checking and recording radiator temperatures daily.
- Facilities are carrying out an assessment on the heating system within the home. We have already identified that one boiler was overset to 70 Degrees and this has been rectified.

The lock in the sluice room has been replaced and is now in working order.

**Proposed Timescale:** 30/04/2018

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Fire drills did not include night-time scenarios when staffing levels are reduced.
3. **Action Required:**
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
Fire drills shall be carried out to include night time scenarios twice yearly.

**Proposed Timescale:** 24/02/2018

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### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Chairs and other equipment were stored inappropriately.

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:**
The storage of chairs and other equipment has been reviewed to comply with the regulations.

**Proposed Timescale:** 24/02/2018