



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	18 September 2025
Centre ID:	OSV-0000191
Fieldwork ID:	MON-0047876

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
Thursday 18 September 2025	09:00hrs to 17:30hrs	Mary Veale	Lead
Thursday 18 September 2025	09:00hrs to 17:30hrs	Kathryn Hanly	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, staff and visitors to gain insight into what it was like to live in Archersrath Nursing Home. The inspectors spent time observing the residents daily life in the centre in order to understand the lived experience of the residents. The inspectors spoke in detail with 12 residents and two visitors. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. These residents appeared appropriately dressed and well-groomed. Residents and visitors expressed their satisfaction with staff, staffing levels, activities, the quality of the food, the standard of environmental hygiene and attention to personal care.

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. The design and layout of the premises met the individual and communal needs of the residents'. The building was well lit, warm and adequately ventilated throughout. The centre was homely and mostly clean, and the atmosphere was calm and relaxed. At the time of the inspection the centre was experiencing an outbreak of COVID-19. The outbreak was confined to one side of the centre.

All residents' accommodation and communal space is on the ground floor. Improvements were found in access to communal spaces. All residents could access communal spaces which included dining rooms, day rooms, visitors rooms and a relaxation room on the day of inspection. Residents had access to a hair salon.

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 first floor contained staff changing facilities. The provider had refurbished and decorated both dining rooms, a sluice room, assisted bathroom, smoking room, treatment room, and oratory in 2024. Since the previous inspection in June 2025 corridor areas and some bedrooms had been painted. The inspectors were told that there was an on-going schedule of works taking place to upgrade the premises.

Ancillary facilities generally supported effective infection prevention and control. The main kitchen was of adequate size to cater for residents' needs. Toilets for catering staff were in addition to and separate from toilets for other staff. There were two sluice rooms for the reprocessing of bedpans, urinals and commodes. These areas were well-ventilated, clean and tidy.

Laundering of residents' clothing and used linen was provided by an external contractor and some residents chose to have their clothing laundered at home. Clothes were marked to ensure they were safely returned from the external laundry.

Cleaning textiles continued to be laundered in the on-site laundry.

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, surfaces and finishes including wood finishes around doors and flooring in some resident rooms and on corridors were worn and damaged and as such did not facilitate effective cleaning. However, the provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance and painting.

Despite the infrastructural issues identified, overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared visibly clean. However, some ancillary facilities including the laundry and clinical room did not appear to be maintained to the same standard of cleanliness as the other areas. Findings in this regard are further discussed under Regulation 17.

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. Door handles had been installed to the outside of the courtyard doors and the residents could freely gain entry back into the centre. Since the previous inspection the provider had purchased hens which were living in a secure area in a courtyard garden. The centres designated smoking areas were located in both courtyards. 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 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.

Residents spoken with said they were very happy with the activities programme in the centre, and some preferred their own company but were not bored as they had access to newspapers, books, radios, the Internet, and televisions. The weekly activities programme was displayed in the living room and day room 2. The inspectors observed residents attending a games session in the morning and a lively music session in the afternoon of inspection.

Residents' views and opinions were sought through resident meetings and satisfaction surveys, and they felt they could approach any member of staff if they had an issue or problem to be solved. The inspectors noted that the attendance of residents at the residents meetings was steadily increasing. Residents had access to advocacy services.

The inspectors observed the dining experience at dinner time and saw that there were two separate sittings for dinner. The residents who required assistance had their meal in day room 3 and the residents' who were independent had their meal in the dining rooms. 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. Most residents had their dinner time meal in the dining rooms and those who were isolating due to COVID-19 had their meals in their bedroom.

Visitors whom inspectors spoke with were complimentary of the care and attention their friends/ relatives received. However, visiting restrictions in the centre were not in line with current Public Health guidance. Findings in this regard are presented under the quality and safety section of the report.

The centre had contracted its laundry service for residents clothing to a private provider. All residents' whom the inspectors spoke with on the day of inspection were happy with the laundry service.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts the quality and safety of the service being delivered.

Capacity and capability

The inspectors found that there had been improvements in governance and management systems since the previous inspection which resulted in a centre which was enhancing its systems to ensure residents were supported and facilitated to

have a good quality of life.

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. 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.

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. Additional housekeeping staff had been recruited following the previous inspection. Cleaning records viewed confirmed that bedrooms and communal areas were cleaned each day and all bedrooms were deep cleaned each month. However, a small number of vacant rooms had not been cleaned once vacated.

There was an ongoing schedule of training in the centre. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control. The majority of housekeeping staff had also attended a nationally recognised specialised hygiene training program for support staff working in healthcare. Staff were observed to be appropriately supervised and supported. Staff with whom the inspectors spoke with, were knowledgeable regarding safeguarding and infection prevention control procedures.

Improvements were found in governance and management since the previous inspection. A review of the rosters found that there were sufficient staffing resources in the centre. The visitor's room and the oratory were observed in use as communal space on the day of inspection. The inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Regular governance meeting and staff meeting agenda items included key performance indicators (KPI's), training, audits, staffing, and clinical risks. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's and audits. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; falls, restrictive practice, infection control and safeguarding audits. Notwithstanding the good practices identified in the oversight of systems further improvements were required to the centres audit system, this is discussed further under Regulation 23: Governance and Management.

Inspectors followed up on the provider's progress with completion of the infection prevention and control related actions detailed in the compliance plan from the last inspection and found that they were endeavouring to strengthen oversight and

improve existing facilities at the centre. For example, a deep cleaning schedule had been established and the overall standard of environmental hygiene had improved. Damaged seating had been replaced and additional clinical hand washing sinks had been installed. These sinks complied with current recommended specifications for clinical hand hygiene sinks.

The provider had also nominated a nurse manager, with the required training, to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. However, protected hours had not been allocated to facilitate this role in practice.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. Records of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely recorded.

The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, although antibiotic usage was recorded, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives.

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. The inspectors followed up on incidents that were notified since the previous inspection and found these were managed in accordance with the centre's policies.

Improvements were found in the management of complaints in the centre. The inspectors reviewed the records of complaints raised by residents and relatives and found they were appropriately managed within the 30-day timeline outlined in the regulations and the centre's own policy. 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. As part of this application to renew the registration the provider was applying to have a memory care unit in the centre.

Judgment: Compliant

Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

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, managing behaviours that are challenging and, infection prevention and control. 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. Staff were appropriately supervised and supported by nurse management.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. However, further action was required to be fully compliant. This was evidenced by:

- Local infection prevention and control audit tools were overly broad and non-specific, limiting their effectiveness in identifying areas that required corrective action. Furthermore, a quality improvement plan had not been developed in response to the most recent audit.
- The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, there was no evidence of multidisciplinary targeted antimicrobial stewardship quality improvement initiatives or audits.

Audits of care plans had not been completed since the previous inspection which was a missed learning opportunity which would foster a culture of continuous quality improvement, inform decision-making, and enable the centre meet its safety and quality objectives as outlined in the annual review for 2025.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Observations and discussions with residents, visitors and staff indicated that overall there was a rights-based approach to care in Archersrath Nursing Home. Residents told inspectors that they had access to a range of activities for social engagement. Staff and residents also confirmed that social outings were encouraged and facilitated.

Residents generally lived in an unrestricted manner according to their needs and capabilities. However, a review of visiting restrictions implemented during the current outbreak found that they were not aligned to national Public Health guidance. Care plans advised that video and phone calls would be facilitated in lieu of in-person visits. Findings in this regard are presented under Regulation 11: visits.

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. 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 local dental

and pharmacy services. Inspectors were informed that the tissue viability nurse attended the centre to assess and provide guidance for residents who had a wound or pressure ulcer. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

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 between staff and residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The provider was acting as a pension agent for seven residents living in the centre. Records reviewed found these pensions were paid into a separate residents' client account to ensure residents' finances were safeguarded. The provider held quantities of monies in safe keeping for a number of residents. The provider had a transparent system in place where all lodgements and withdrawals of residents' personal monies were signed by two staff and logged. The provider also audited the balances on a regular basis in line with the centre's policies.

The inspectors viewed a sample of residents' notes and care plans. Information about resident's colonisation and infection status was documented in care plans. COVID-19 care plans were also in place. However, overall the standard of care planning required improvement to ensure that they were updated to guide safe and effective care. Details are presented under Regulation 5: Individual assessment and care plan.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. However, inspectors identified occasions when colonisation status was not communicated to the receiving hospital. In addition, the ongoing COVID-19 outbreak in unit had not been communicated to a receiving hospital on two occasions.

Inspectors reviewed residents' records and saw that upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharging hospital and health and social care professionals.

The overall premises were designed and laid out to meet the needs of the residents. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained. However, the standard of hygiene in some ancillary rooms required improvement. Inspectors also observed inappropriate storage of dirty laundry and packs of incontinence wear in some resident bedrooms.

Inspectors identified some 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 safe handling and disposal of waste.

An outbreak of COVID-19 infection was ongoing at the time of the inspection. Eight residents were being cared for with transmission based precautions on the day of the inspection. While it may be impossible to prevent all outbreaks, the early detection of the symptomatic residents had ensured prompt action had been taken to isolate symptomatic residents and contain the outbreak within one area of the centre. The PIC was engaging with Public Health regarding the management of this outbreak and had implemented all recommended controls to ensure the safety and well-being of residents, staff and visitors. Staff spoken with were knowledgeable of COVID-19 infection prevention and control measures.

Notwithstanding the many good practices observed, a number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, sterile dressings and some items of equipment were not managed in a way that minimised the risk of infection. Findings in this regard are presented under Regulation 27: infection control.

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. However; further improvements were required in the storage of medications which has unchanged since previous inspections. This is discussed further under Regulation 29: Medicines and pharmaceutical services.

Improvements were found in residents rights. Residents had unrestricted access to dining rooms, the visitor's room, and the relaxation/oratory room. Residents had access to and from the internal courtyards. The attendance at residents' committee meetings had steadily increased since the previous inspection. An activity schedule was displayed and activities were available from Monday to Sunday. The inspectors observed that residents had sufficient opportunities to participate in activities in accordance with their interests and capacities. Residents had access to an independent advocacy service. Residents has access to daily national newspapers, books, televisions, and radio's. Mass took place in the centre monthly which residents said they enjoyed.

Regulation 11: Visits

Visiting restrictions in the centre were not in line with Public Health guidance. For example, staff also confirmed that all face-to-face visits had been suspended in this unit during the ongoing outbreak. Several COVID-19 care plans advised that video and phone calls would be facilitated during the ongoing outbreak.

Judgment: Substantially compliant

Regulation 17: Premises

While the premises were designed and generally laid out to meet the number and needs of residents in the centre, some areas required review to be fully compliant with Schedule 6 requirements, for example:

- Improvements to storage had been made following the previous inspection, however some issues remained. For example, packets of incontinence wear were stored on the floors of several bedrooms. In addition, resident's dirty laundry was stored in net bags on the floor of several en-suite bathrooms. This posed a risk of cross contamination.
- Some flooring and wood finishes was worn and poorly maintained and as such did not facilitate effective cleaning.
- The standard of hygiene in the clinical room and laundry required improvement.
- A small number of bedrooms had not been deep cleaned after they were vacated.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed residents' records and saw that when residents were transferred to hospital from the part of the centre that was not affected by the COVID-19 outbreak, relevant information about the current COVID-19 outbreak in the memory care side was not provided to the receiving hospital. The MDRO colonisation status of a resident was not communicated on their transfer to hospital on three occasions. This meant that appropriate precautions may not have been in place when caring for this resident in hospital.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action was required to be fully compliant. This was evidenced by;

- Signage in one sluice room advised staff to manually decant the contents of commodes, bedpans and urinals into the sluice and rinsing prior to placing in the bedpan washer for decontamination. This increased the risk of

- environmental contamination and the spread of MDRO colonisation.
- Some items of resident equipment, including portable fans and nebuliser machines observed during the inspection were visibly unclean.
- Open-but-unused portions of wound dressings were observed in the clinical room. Reuse of open but unused wound dressings is not recommended due to risk of contamination.

Judgment: Substantially 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;

- A medicine storage fridge was not working correctly and the temperature was recorded as between 18 to 23 degrees. This resulted in the fridge to leak causing damaged the medicine labels and boxes stored within. This was a repeated finding on the previous inspection.
- A small amount of residents valuables were stored inappropriately in the control medication press.

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:

- There was no care plan in place for a resident who had been admitted to the centre more than two months previously. A daily care plan for a resident that had been admitted in May 2025 had not been completed. These were significant oversights as staff did not have the information they required to provide safe and appropriate care for these residents.
- A resident who had, had a fall did not have their care plan updated following the fall.
- Action was required to ensure that care plans and assessments were reviewed and updated at regular intervals when there was a change in the resident's condition and, following a review by health care professionals, to ensure that they effectively guided staff in the care to be provided to a resident. For example, wound assessments were not routinely completed.
- A sample of care plans viewed did not all have documented evidence to

<p>support if the resident or their care representative were involved in the review of their care in line with the regulations.</p> <ul style="list-style-type: none"> • 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. This was a repeated finding on the previous inspection.
Judgment: Not compliant
Regulation 6: Health care
<p>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.</p>
Judgment: Compliant
Regulation 8: Protection
<p>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.</p>
Judgment: Compliant
Regulation 9: Residents' rights
<p>Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.</p>
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially 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	Compliant

Compliance Plan for Archersrath Nursing Home OSV-0000191

Inspection ID: MON-0047876

Date of inspection: 18/09/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">• There is a monthly management team meeting in the home which reviews all operational aspects of the home, including key performance indicators, risk management, incidents, and complaints.• The Person in Charge (PIC) will ensure that a Quality Improvement Plan (QIP) is developed following completion of the Infection Prevention Control (IPC) audit. This QIP will be made available to staff and its implementation will be monitored by the PIC and Clinical Nurse Manager (CNM/IPC Link Nurse) and reviewed at monthly Quality and Safety meeting.• The PIC will ensure that there are clear guidelines in place for the effective management of antimicrobial stewardship. The CNM is the link nurse for IPC and chairs monthly IPC Committee meetings with representatives from all departments to discuss all aspects of IPC and to review compliance with quality improvement initiatives, including a multidisciplinary approach to effective antimicrobial stewardship; records of meetings will be made available for all staff.• The PIC will ensure that care plans are audited in line with the organisational audit timeline. Individual care plans will be reviewed quarterly or more frequently should the need arise, such as when there is a change in residents' condition or a transfer or return to the centre.	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <ul style="list-style-type: none">• The PIC will ensure that there is no disruption to visits during outbreaks unless this is	

specifically required by Public Health.

- The PIC will ensure that safe, risk-based visiting will be facilitated to enable residents to maintain regular in-person contact with family and friends.
- The PIC will ensure that COVID-19 or other outbreak-related care plans are updated to accurately reflect visiting arrangements. The PIC will ensure that current Health Protection Surveillance Centre (HPSC) guidelines are available for all staff to refer to in relation to any infection outbreak management protocol.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The PIC will ensure that incontinence products are stored safely and appropriately and that no laundry items or net bags of laundry are left on the floor. Since the inspection all incontinence products have been removed from bedroom floors and staff have been made aware of appropriate storage. The PIC and CNM/IPC Link Nurse will monitor practice as part of daily walkabout.
- The PIC will ensure that there is no dirty laundry stored in resident rooms/bathrooms. All dirty laundry will be brought to laundry room and appropriately stored until collection.
- The Maintenance Person will ensure that areas of worn flooring and damaged wood finishes are repaired or replaced to ensure all surfaces are in a state of good repair to facilitate effective cleaning.
- The PIC will ensure that the clinical room and laundry room will be included in a targeted hygiene improvement programme, incorporating deep cleaning and enhanced cleaning schedules. The PIC and CNM/IPC Link Nurse will monitor the cleanliness of these rooms as part of their daily walkabout of the centre.
- The PIC will ensure a checklist is completed following deep clean of empty rooms and this checklist will be monitored by PIC.

Regulation 25: Temporary absence or discharge of residents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

- The PIC will ensure that when a resident is transferred to hospital all appropriate documentation is completed on the electronic medical record and saved. This documentation will include up to date information on any outbreak in the centre and any IPC concerns.
- The PIC will ensure that the MDRO colonisation status of residents will be clearly recorded and communicated on every transfer to ensure appropriate precautions can be

implemented in the receiving facility.

- The PIC/CNM will conduct spot checks on saved transfer letters to ensure all necessary information is included; where deficits exist this will be used as a learning opportunity for staff.

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

- The PIC/CNM will ensure that staff are aware of correct method of decanting the contents of bedpans and urinals, and they will be instructed on safe and correct disposal of contents into sluice.
- Since the inspection the incorrect signage has been removed from the sluice room.
- The PIC will ensure that there is a system in place to ensure resident equipment is cleaned and will use a tagging system to easily identify clean and dirty equipment.
- The PIC and CNM/IPC Link Nurse will monitor practice around multi use dressing packs and will ensure all single use packs are not reused.
- The PIC will ensure that single use only dressings are used for residents.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- Since the inspection the medicine fridge has been removed and replaced with two new medicine fridges. The PIC/CNM will ensure that the temperature in medicine storage fridge is checked and accurately recorded daily; this check will be part of the PIC daily walkabout.
- The PIC/CNM will ensure that only medicinal products are stored in the medicine fridge.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual

assessment and care plan:

- The PIC will ensure that all residents have a care plan completed within 48 hours of admission and will ensure this care plan is updated quarterly or when there is a change to the resident's condition.
- The PIC / CNM will ensure that residents' care plans are updated to reflect the assessed care needs of the residents.
- The PIC will ensure that residents' care plans are reviewed and updated post fall to reflect their current care needs. This information will also be shared at handover and safety pause.
- For those residents with actual/potential skin integrity issues, the PIC will ensure that appropriate assessments are carried out and an individualized skin integrity care plan will be developed to ensure that the care interventions are appropriate.
- The PIC will ensure that residents care plans are person centred and developed in consultation with the resident/representative.
- The care plan will focus on what matters to the resident and will incorporate the Age Friendly framework, the 4Ms (what Matters to me, Medication, Mentation and Mobility).
- The PIC/CNM will complete a care plan audit monthly and develop a QIP to address any areas requiring improvement as necessary, the results of which will be shared with nurses and used as an opportunity for learning.

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 11(1)(ii)	The registered provider shall ensure that the designated centre has a written policy, to include the process for access during an outbreak of a communicable disease, and epidemic or a pandemic.	Substantially Compliant	Yellow	31/12/2025
Regulation 11(3)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	31/12/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the	Substantially Compliant	Yellow	31/12/2025

	residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
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.	Substantially Compliant	Yellow	31/12/2025
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	30/11/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	30/11/2025

	Authority are in place and are implemented by staff.			
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	31/12/2025
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	30/11/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/01/2026