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:	Archview Lodge Nursing Home
Name of provider:	Archview Lodge Nursing Home Limited
Address of centre:	Drumany, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	07 March 2025
Centre ID:	OSV-0000314
Fieldwork ID:	MON-0046540

About the designated centre

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

Archview Lodge Nursing Home is committed to providing a pleasant, homely, safe environment for the 30 residents living in the home. Residents' individual nursing and personal needs are catered for, and their privacy and dignity are upheld. We respect each resident's independence and recognise the importance of maintaining links with their families and friends in the resident's ongoing life at Archview Lodge Nursing Home. The centre provides accommodation for both female and male residents over the age of 18 years who may have the following care needs: General Care, Respite care, Physical Disabilities, Mental Disabilities, and the early stages of Alzheimer's and Dementia. Terminal Care and other conditions, such as Parkinson's disease, are also catered for. Accommodation is provided in a range of single and twin rooms. Some rooms have en-suite facilities. There is a choice of communal bath or shower facilities. There are a variety of communal lounges and quiet seating areas provided for residents. All accommodation is at ground floor level.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27

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
Friday 7 March 2025	10:00hrs to 18:00hrs	Nikhil Sureshkumar	Lead
Friday 7 March 2025	10:00hrs to 18:00hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

Overall, the feedback from the residents and families was that they were generally provided with a good standard of care by staff and management working in the centre.

The inspectors spoke with several residents and families during this inspection. Some comments from residents were that "It is a very nice place, "staff are excellent, and I can't praise them enough for their hard work and patience, "I have recommended this place to many people," "the food is excellent, and there is always a choice."

Archview Lodge Nursing Home is in a single-storey building located near Letterkenny town and is close to various local amenities. Upon arrival, the inspectors met with the person in charge of the centre and a company director.

The centre's atmosphere was welcoming, calm, and relaxed. Residents were found spending time near the main reception area and in communal areas. The centre has spacious communal rooms, two external courtyards, and quiet areas that are accessible for residents and families. The communal spaces were suitably furnished and decorated. The inspectors observed that the centre had sufficient communal toilets and arrangements in place to ensure residents' privacy and dignity while using these facilities.

The inspectors observed that the residents who stayed in communal rooms were supported to take part in meaningful activities throughout the day and were in the company of staff. Residents were engaged in various activities, such as reading and drawing. The inspector observed staff supporting a group of residents in participating in a prayer session during the morning hours. An activity schedule was displayed for residents to see, and the inspector observed that the activities that had been scheduled took place.

The inspectors also observed residents staying in their rooms, watching television or reading papers. Bedrooms were personalised with residents' personal belongings, such as their photographs. A resident in a single room commented that their room was warm and comfortable. Staff interaction with the residents was found to be generally friendly and supportive. However, on one occasion, the inspectors observed an interaction between a staff member and a resident, where the staff did not address resident's care needs and physical discomfort. This was brought to the attention of the person in charge, who put adequate intervention in place and arranged additional supervision by the management team on the day of the inspection.

The inspectors observed that the centre had a sufficient number of housekeeping staff, and there were arrangements, such as a well-structured cleaning programme

was in place to support effective cleaning and decontamination in the centre. The centre appeared visibly clean on the day of inspection.

The dining room was bright and spacious, which supported residents to enjoy their meals in a relaxed atmosphere. The meals served were well-presented, and residents had a choice of having their meals in the dining room or their bedroom.

Residents have access to newspapers, radio and television in the centre.

Visitors were seen coming and going throughout the day of the inspection and were welcomed by staff. Visitors spoken with were complimentary of the care provided by staff.

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

Capacity and capability

Overall, Archview Lodge nursing home is a centre with many good systems in place to monitor the quality of care provided to residents in the centre. However, further action and strengthening of the current management systems were required to ensure that some aspects of care supervision and fire risks identified on this inspection were promptly addressed.

This was an unannounced inspection to monitor the registered provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). An application to remove a restrictive condition was in progress at the time of this inspection. The restrictive condition prevented admission or transfer into room 3 until this bedroom is reconfigured to have an area of not less than 7.4 m2 of floor space, which area shall include the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom. The works to reconfigure the physical environment must be completed in full prior to the admission of any new resident or existing resident in the centre to this room.

The provider of the designated centre is Archview Lodge Nursing Home Limited. There was a clearly defined management structure with clear lines of authority and accountability, and staff members were knowledgeable about the reporting arrangements in place. The person in charge of the centre was newly appointed and is an experienced nurse who has the required management experience for the role. The provider had several management systems, such as an audit framework, and reporting system in place. Accidents and incidents occurring in this centre were reported and investigated, and statutory notifications were submitted to the office of the Chief Inspector in line with the regulatory requirements. However, the provider's management systems in place to ensure the safety and effectiveness of the service

provided to the residents in this centre were not sufficient and this is further detailed under Regulation 23: Governance and management.

The registered provider had submitted an application to remove the restrictive condition attached to the centre's current registration regarding bedroom 3 and its physical environment. The inspectors found that the compliance plan submitted for the previous inspection to reconfigure Room 3 was implemented, and this room was reconfigured and rearranged to maximise the utilisation of the available floor space within this bedroom.

The provider maintained a record of training provided to staff, and the records indicated that staff were supported and facilitated to attend training relevant to their role. Additionally, newly recruited staff received appropriate training upon commencing their employment, and there was evidence of regular staff performance reviews. However, not all practices observed on the day of the inspection were person-centred, and therefore additional training and supervision of staff required a review, as evidenced under Regulation 16: Training and staff development.

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 condition 1 and remove condition 4 of the designated centre's registration. The required information was submitted with the application, and they were in process at the time of this inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is an experienced registered nurse with the required post-registration management qualifications and experience in management and nursing older persons. The person in charge demonstrated good knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and their regulatory responsibilities.

Judgment: Compliant

Regulation 16: Training and staff development

The systems in place to ensure that staff were appropriately supervised were not sufficient. While staff were provided with relevant training to provide person-centred

care and address residents' needs, this approach to care was not consistently followed up. For instance, on one occasion, the inspectors observed an interaction between staff and a resident who became upset. This interaction and care practice required additional intervention and supervision by management personnel to ensure that all staff implemented the training provided to them in practice.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had maintained an up-to-date insurance contract against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not ensure that the management systems in place were effective at ensuring that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by:

- The provider's oversight of the fire safety precautions was not effective, as inspectors identified several significant fire safety risks on the day of the inspection that the provider had not identified. These are discussed under Regulation 28: Fire precautions.

Judgment: Substantially compliant

Quality and safety

Overall, the residents had good access to health care in this centre. However, improvements were required in respect of fire safety precautions.

The inspectors observed that some good fire safety systems were in place. Service records were available for the various fire safety and building services and they were all up-to-date. The inspectors spoke with various staff members on duty in regard to fire safety and evacuation procedures. Staff were confident and knowledgeable about the practised evacuation procedures. Staff were up-to-date with fire safety

training and regular fire drills were being carried out to support staff training in a fire evacuation scenario.

The inspectors reviewed the fire safety register and noted that it was well-organised and comprehensive. The in-house periodic fire safety checks were being completed and logged in the register as required.

Notwithstanding this, due to the findings of this inspection, the registered provider was required to make improvements in areas of fire safety in order to meet the regulatory requirements on fire precautions in the centre. In addition to this, repeated non-compliance from a previous inspection carried out on February 2024 was identified on the day. These were in regards to; service penetrations in two rooms of the centre, staffing resources and evacuation at night-time hours. There was a fire safety management plan and a fire emergency evacuation plan in place. These were found to inform good fire safety management of the centre. However, some improvements were required to ensure they were accurate and up-to-date. These and other fire safety concerns are detailed further under Regulation 28: Fire Precautions.

The provider's safeguarding measures included facilitating all staff to attend safeguarding training. Staff who spoke with inspectors were familiar with the centre's procedures for responding to abuse.

Regulation 10: Communication difficulties

The inspectors found that residents who had communication difficulties had a care plan in place that detailed the specialist communication requirements of these residents.

Judgment: Compliant

Regulation 13: End of life

The provider has systems in place to ensure that the residents approaching their end of life have access to appropriate care and comfort measures to ensure their well-being. Additionally, some family members informed the inspectors that they were permitted to be with residents and that they received all the support, including refreshments, while in this centre.

Judgment: Compliant

Regulation 28: Fire precautions

Overall this inspection had found that improvements in fire safety had been made since the previous inspection. Notwithstanding this, fire risks had been identified, and more progress was required to bring the centre into compliance in the following areas:

Day-to-day arrangements in place in the centre required some improvement to ensure adequate precautions against the risk of fire were provided. For example:

- In an internal boiler room, the inspectors observed inappropriate storage of combustible items such as cardboard boxes. This presented a potential fire risk--if a fire did develop, it would be accelerated by the presence of these items. This was brought to the attention of staff on the day and addressed it immediately.

The provider needed to improve the means of escape for residents and emergency lighting in the event of an emergency in the centre. For example:

- While emergency lighting was provided above external fire exit doors, the inspectors noted other areas along the external evacuation routes lacked emergency lighting to provide adequate illumination to evacuate residents to the designated assembly points during a night-time evacuation. This required a review by a competent person.

The provider needed to improve the maintenance of fire equipment, means of escape and the building fabric. For example:

- The majority of fire doors in the centre were fitted and maintained to a good standard. Notwithstanding this, the inspectors did note a small number of fire door sets that appeared to not meet the criteria for a fire door. These were localised to staff areas such as a store room, a sluice room and an office, all of which were in a separate compartment from resident areas.
- In addition to this, the inspectors noted a door between a sluice room and a laundry room failed to close fully when tested due to it catching on the floor finish, and a smoke seal on a cross-corridor door was found to be painted over. This would render the effectiveness of a smoke seal to stop the passage of smoke. A staff member stated a competent fire door person was due to visit the centre to address the fire door deficiencies.
- The inspectors noted some areas of the centre were noted to have utility pipes or ducting that penetrated through the fire-rated ceilings and walls. This was evident in two adjoining rooms, a nurse's station and a boiler room.
- In the nurses' station, an arrangement of ESB and electrical units was housed behind a timber storage cabinet. The inspectors observed several penetrations and a significant hole through the ceiling and into the attic space above. A gable was noted to have penetrated into the adjoining boiler room.

In a boiler room, several penetrations through the ceiling of this room were observed.

This compromised the fire resistance and containment measures to prevent the spread of smoke and fire. As a temporary measure to mitigate these risks, a staff member carried out repairs to these areas during the inspection. As such, this required a competent fire person to review and appropriately address deficiencies in these areas.

Arrangements for containment of fire and detection in the event of a fire emergency in the centre required improvement by the provider. For example:

- An internal linen room had been re-purposed into a boiler room within the residents' sleeping compartment. The inspectors required assurances that the enclosure of this room would meet the fire resistance and containment measures required for a room with this function. The room was not provided with access to ventilation and was found to be very warm as a result.
- In the nurses' station, a wall of ESB and electrical units were housed behind a timber cabinet. The inspectors were not assured the enclosure of these units would meet the fire resistance and containment measures required for housing electrical units. The inspectors identified several penetrations, as mentioned above through the ceiling and wall in both these adjoining rooms.

As such, a review by a competent fire person was required in regards to these risks to ensure appropriate containment measures were in place.

The provider failed to provide adequate arrangements for evacuating all persons in the designated centre and safe placement of residents in the event of a fire emergency in the centre. For example:

- The designated centre can accommodate up to 30 residents. At the time of the inspection, 27 residents were accommodated in the centre. The largest compartment accommodated up to nine residents. The inspectors noted two residents in this compartment required two staff members to aid in their evacuation. There was one staff nurse and one carer allocated to provide care for 25 residents during the night-time. In addition to this, two residents, one accommodated in the largest compartment and one accommodated in the adjoining compartment, required one staff member each to provide 24-hour companion services and to stay with each resident in the event of an evacuation. As a result of this, only two staff members out of four who were on night-time duty were available to take part in the evacuation of residents.
- Furthermore, several residents required two staff members to aid in an evacuation, a number of residents were receiving night sedation, had cognitive, hearing, sight, mobility impairments and several residents required supervision. As a result, the inspectors were not assured that two staff members during night time hours were; adequate to safely evacuate all residents from the largest compartment in a safe and timely manner, adequately supervise the remaining residents in the centre during an evacuation, to meet the fire brigade and to manage residents if an external

evacuation was required. This was a repeated finding from a previous inspection carried out in February 2024.

- Regular simulated fire evacuation drills were taking place. However, some of the drills reviewed did not accurately correspond with the residents' profiles in regards to; gender, age, evacuation equipment, impairments and staff required to aid in the evacuation. This required a review to ensure staff were prepared for realistic situations, based on the current residents' evacuation requirements.
- The residents' Personal emergency evacuation plans (PEEPs) were found to be clear and detailed. Notwithstanding this, the records in regards to the two residents that required 24 hour companion services were not outlined in the PEEPs or the evacuation policy in place.

The displayed procedures to be followed in the event of a fire required a review by the provider. For example:

- Fire evacuation floor plans, while on display throughout the centre, did not indicate the extent of the compartment boundaries suitable for horizontal phased evacuation. Furthermore, a boiler room was incorrectly labelled as a linen room on these floor plans, which could lead to confusion when staff refer to these fire floor plans during the evacuation and potentially result in a loss of time in the event of a fire emergency.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of care plans, which were seen to be person-centred and reflected the residents' assessed needs, preferences, and wishes. There was evidence that care plans were reviewed on a four-monthly basis or earlier if required.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents had access to medical and healthcare based on their needs. Additionally, residents who required specialist healthcare services, such as mental health services, speech and language therapy, dietetics, occupational therapy, and physiotherapy, could access these services in the centre through a referral system.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements to safeguard the residents in this centre. For example, the inspector reviewed a sample of staff files and noted that vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that the residents were appropriately supported to engage in meaningful activities. Residents' meetings were held regularly, and the meeting records indicated that they were consulted about the organisation of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Archview Lodge Nursing Home OSV-0000314

Inspection ID: MON-0046540

Date of inspection: 07/03/2025

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The ADON and the Person in Charge will conduct direct observation of staff practice and provide feedback and coaching as required. Ongoing supervisory oversight will continue to ensure that staff apply their training effectively while managing responsive behaviours in a consistent, safe, and empathetic manner –Ongoing	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Following this inspection the registered provider employed a competant fire person to carry out a full fire risk assessment on the building to ensure that the service provided was safe, appropriate, consistent and effectively monitored. All identified deficiencies have been addressed or are scheduled for completion (detailed below under Regulation 28). Completion Date for Outstanding Actions: 31st December 2025.	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Combustible items (e.g. cardboard boxes) were immediately removed from boiler room during the inspection. The items were removed, and staff were reminded of safe storage protocols. Regular monitoring is now in place- completed
Additional emergency lighting has been installed externally to illuminate external evacuation routes - completed
The door between the sluice and laundry room has been reviewed and fixed- completed
The smoke seal that had been painted over has been replaced- completed
The penetrations that were noted in fire-rated walls and ceilings, particularly in the nurse's station and boiler room have been mended - completed
In relation to the internal doors identified by the inspector as potentially non-compliant, following the inspection, the centre employed a competent fire safety professional who conducted a full fire risk assessment of the building. All identified deficiencies have been addressed or scheduled for completion.
Completion Date for Outstanding Actions: 31st December 2025.
A new ventilation system was installed in the boiler room - completed
A fire proof partition will be installed to house the ESB and electrical units- Completion Date: 31st December 2025.
A review of night-time staffing levels has been undertaken. A multidisciplinary team (MDT) meeting was held in relation to one resident requiring 24-hour companionship. The meeting was attended by the resident's GP and social worker. It was agreed that, in the extreme emergency event of an evacuation, one-to-one supervision could be safely suspended for this resident. The resident can be supported under general observation during such circumstances, thereby increasing the number of staff available to assist with the safe evacuation of the centre.
Should this additional compliment of companionship staffing change, the Registered Provider will ensure the review of night-time baseline staffing levels to include one nurse and two healthcare assistants.
Personal Emergency Evacuation Plans (PEEPs) have been updated to reflect this decision. - Completed
All floor plans are being reviewed and updated to clearly indicate compartment boundaries and accurate room functions. Corrected and updated plans will be displayed throughout the building- Completion Date: December 2025

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	10/03/2025
Regulation 23(c)	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 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/12/2025
Regulation 28(1)(b)	The registered provider shall	Substantially Compliant	Yellow	30/04/2025

	provide adequate means of escape, including emergency lighting.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/04/2025
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/04/2025