<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Archview Lodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000314</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Drumany, Letterkenny, Donegal.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>074 912 4676</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:archviewlodgenh@gmail.com">archviewlodgenh@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Archview Lodge Nursing Home Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>34</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:  
26 November 2018 11:00
27 November 2018 09:00

To:  
26 November 2018 18:00
27 November 2018 16:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 11: Information for residents</td>
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Summary of findings from this inspection

This inspection was carried out to monitor the care and welfare of residents with dementia. The centre did not have a special dementia care unit but 13 residents had some form of dementia. The inspector followed up on the actions from the previous inspection on the 23 May 2017 and found they had been satisfactorily actioned or were in progress. These matters related to care planning, staffing, the physical environment and documentation.

The methodology for this inspection included gathering the views of residents, relatives and staff and assessing how residents with dementia experience life and
care in the centre. A validated tool, the quality of interactions schedule (QUIS) was used to observe and analyse care practices and interactions between staff and residents. Documentation such as care plans, medical and staff records were reviewed.

A self-assessment form and questionnaire completed by the provider in preparation for this inspection was also reviewed. This identified performance against regulations and standards and an action plan to address issues outstanding with a view to improving the service for residents. The self-assessment and inspection findings are stated in the table above.

The health care needs of residents were met and there was evidence to judge that end of life care was of a good standard. Residents were supported to live as independent a life as possible. Allied health professionals provided a service to meet resident’s needs. Medication management was satisfactory and the nutritional needs of residents were met. Care planning documentation was satisfactory.

Residents were consulted with and participated in the organisation of the centre. Their privacy and dignity was respected, including receiving visitors in private. Residents were enabled to exercise choice and control over their lives and to maximise their independence. Residents who participated in group activities were happy to be involved and expressed their satisfaction. Residents who did not wish to participate in group activities had opportunities for fulfillment.

There were policies and procedures in place around safeguarding residents from abuse and managing responsive and psychological behaviours. All staff had completed training and were knowledgeable about the action to take if they witnessed, suspected or were informed of any abuse taking place. Staff responded to residents in a manner that was not restrictive. Management promoted a restraint free environment.

The centre is a one storey residential care facility which has been extended to meet residents’ needs. It had a number of dementia friendly design features for example spaces where residents could walk around freely, good lighting and signage.

The action plan at the end of this report identifies an area where improvement is required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre’s for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

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 matter arising from the previous inspection identified that some care plan reviews did not indicate the aspects of care that had been reviewed and did not provide an overview of residents’ care and condition from one review to another. This matter was satisfactorily addressed.

The centre can accommodate 34 residents who need long-term, respite, convalescent or end of life care. Primarily residents were admitted to the centre for long term care but some residents were being accommodated for periods of respite/convalescence care.

The wellbeing and welfare of residents with a diagnosis of dementia was maintained to a satisfactory standard through the provision of evidence based nursing and medical care.

The inspector reviewed a sample of residents’ nursing and medical records. These records confirmed that residents were assessed prior to admission to the centre and the pre admission assessment documentation was available in the residents’ files. On admission to the centre each resident’s needs were comprehensively assessed using a number of risk assessment tools, for example, risk associated with factors that included vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements.

Each resident had a care plan completed that identified their assessed needs and the care and support interventions that were implemented by staff to meet their needs. Care plans for four residents with dementia including the management of nutrition and wound care were examined. These provided a good overview of residents’ care and how care was delivered. There were good descriptions of the risks presented, the control measures in place and the triggers for further intervention available in the relevant areas of care records. Nursing staff described the procedures/protocols in place to manage wound care including the dressings used to aid healing and how to prevent skin deterioration by ensuring a routine of position changes and referral if necessary to allied health professionals. A plan of care was put in place to meet the resident’s needs on
discharge from hospital.

General practitioners and an out of hours service was available to residents. There was good access to the psychiatry of later life team. Arrangements were in place to review and update care plans on a regular basis and there was evidence of involvement by the residents or their next of kin.

Systems for monitoring the exchange and receipt of relevant information when residents were transferred to or returned from another healthcare setting were in place. Discharge letters for residents who spent time in acute hospital care and letters from consultants detailing findings following out-patient clinic appointments were available. A letter was completed by staff in the centre for residents requiring in-patient care in the acute hospital care setting.

There were assessment and care procedures in place to ensure residents' nutritional needs were met and that they did not experience dietary or hydration deficits. Residents' weights were checked on a monthly basis or more frequently if necessary. Diet and fluid intake records were used as appropriate. Reference sheets were available to all staff including catering outlining residents’ special diets including diabetic, modified and thickened consistency diets. There was evidence of the involvement of Allied health professional's such as speech and language therapists and dieticians.

The dining experience was pleasant. During the meal times staff were observed to offer assistance in a respectful and dignified manner. Staff sat beside the resident they were giving assistance and were seen to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves or with minimal assistance to improve and maintain their functional capacity. The quality of interactions was found to be person centred. Staff were familiar with residents' care needs and family background and efforts were made to chat to residents about their family, previous interests or news items.

The inspector found that there were policies and procedures in place to ensure residents received a good standard of end-of-life care which was person centred and respected their preferences. None of the residents were in receipt of active end of life care during this inspection. Residents’ care plans detailed their views and wishes regarding their preferences for this stage of their care. The palliative care team were available if necessary. Staff told the inspector that the palliative care services offered a prompt and effective service. The staff team confirmed that relatives were welcome to stay with their relative and they encouraged them to do so and provided drinks and snacks during their stay. Nurses were well informed about end of life care and had participated in training to avoid unnecessary hospital admissions. The resuscitation status and medical situation that prevailed were discussed with family members and their views were considered and reflected in care and medical records. Residents’ cultural and religious needs were supported and arrangements were put in place to ensure that residents received the spiritual care they requested.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. A nursing staff member was observed
administering medicines to residents and she knew what the medication was for and how residents liked to take their medicines. Details of all medicines administered were recorded by the nurse. Medication management audits had been completed. The pharmacist visits and provides support as necessary. Prescription records included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner’s signature was present for all medication prescribed and for discontinued medication. The maximum dose of PRN (as required) medication to be given in a 24 hour period was outlined. Medications that required special control measures were safely managed and kept securely in keeping with professional guidelines. The person in charge and nurses had good knowledge of the usage of antipsychotic, anti-anxiety medicines and night sedatives. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at shift changeovers.

**Judgment:**
Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
Safeguarding protocols, policies and procedures were in place.

Staff who communicated with the inspector confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern.

There was a policy/procedure in place about behavioural and psychological signs and symptoms of dementia and restrictive practices. These were clear and gave good instructions to guide staff practice.

A review of training records indicated that staff were provided with up-to-date knowledge and skills, appropriate to their role to enable them to manage responsive behaviours. One resident displayed such behaviours. Staff described potential triggers, the use of behaviour charts and interventions that could be adopted such as redirection, distraction, diversion and noise reduction to manage the behaviours. The resident’s care plan was comprehensive.

The inspector saw that expert advice from the relevant professionals was sought where
necessary before commencing any psychotropic medication. Staff focused on a proactive and positive approach to residents.

There was a policy on provision of information to residents. Some residents were seen to be wearing glasses and hearing aids to assist communication.

The centre had a policy and protocols on the use of restraint which was in line with "Towards a Restraint Free Environment". The use of any measures that could be considered as restraints such as bed rails (four in use) was underpinned by an assessment and was reviewed on a regular basis. A relative communicated with the inspector and in that discussion requested that bedrails are put in place for the resident. Management agreed to have further discussions with the family regarding this matter. Three residents were using lap belts. Staff were clear that these measures were used as a last resort.

Policies/procedures, systems and practices were in place to manage small amounts of money on behalf of some residents. These were found to be satisfactory with regard to documenting transactions, for example, lodgements, withdrawals and balances. Two signatures were available on the records. Management of the centre does not act as an agent for residents’ pensions.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
There was evidence that residents were involved and included in decisions about the operational management of the centre. The most recent meeting took place on the 12 November 2018. Discussions centred on the seasonal events for Christmas, food and activities. An external advocacy service was available to residents.

Staff described assisting residents to choose their clothes and giving them a choice about when they go to bed and get up and having breakfast at a time that suited them. Choices in relation to personal hygiene, frequency of baths and showers and grooming were also established by carers and respected.

The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. During the day, residents were able to move around the centre freely. There was adequate signage to direct residents to
bedrooms and bathrooms.

The inspector spent a period of time observing staff interactions with residents. A validated observational tool (the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

The observations of two group activities took place in the main sitting rooms. The sessions were led by care staff members. The inspector observed that the staff members knew the residents well and connected with each resident therefore scoring +2. During the observation periods preschool children from the community visited residents and a meeting and greeting session, followed by sing songs engaging the children and residents. A resident with a diagnosis of dementia and non-verbal communication sang with the children. When the children left the centre the sing song and reminiscence by residents continued. Later in the afternoon a community musician, provided entertainment for residents and relatives, and another resident with dementia and her family sang with joy.

The inspector was informed that regular activities which included puzzles, arts and crafts, bingo and hand massages were therapies used to improve and maintain memory function. Newspapers and magazines were available. Outings were organised for residents to partake in community events. The inspector was informed that the weekly programme included evenings and weekends. Significant calendar dates and birthday parties were celebrated. Residents were facilitated to practice their spiritual/religious beliefs and on the first day of the inspection a memorial service was being held in the centre for all the residents who died in the year period. This was well organised and provided further spiritual, emotional and psychological closure for a number of grieving families. Residents were facilitated to exercise their political and religious rights. Religious services were held regularly. Mass is available on a weekly basis for residents. Many residents said they valued the opportunity to pray and go to Mass. The local minister was also available to residents.

There was information on residents’ background life styles, past lives and interests which informed the social care plans and activity programmes. A record was made of the involvement of residents in organised activities, however, this was a work in progress.

The inspector observed residents requesting to lie down for a period in the afternoon and return again to the day room or dining room. Staff supported residents’ wishes in this regard.

The inspector found that residents were positive about their experiences of living in the centre. They described being able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited. During the day residents were able to move around the centre freely. They expressed satisfaction with the facilities, services and care provided. They conveyed that they would be able to talk to staff freely about their concerns.
There was evidence of good communication between residents and the staff team. The inspector observed that residents were well dressed and personal hygiene and grooming were attended to by care staff. Staff interacted with residents in a courteous manner and residents’ privacy was respected as staff knocked on the bedroom doors prior to entering.

There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends in the bedrooms or communal rooms. Relatives confirmed that they were satisfied with the provision of care to their family member. Staff were observed to interact with residents in a warm and personal manner, using touch and eye contact appropriately.

**Judgment:**
Compliant

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**Outcome 04: Complaints procedures**

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

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

**Findings:**
A policy/procedure was in place regarding the management of complaints and it met the requirements of the regulations. This procedure was on display. There was evidence from records and discussions with residents and relatives that complaints were managed in accordance with the policy. Issues recorded were found to be resolved locally or formally by the complaints officer as appropriate. A record of complaints was maintained. This outlined the investigation, action taken, whether the complaint was resolved or otherwise and whether the complainant was satisfied or not. An education session was delivered to staff in March 2018. Views expressed by residents and relatives confirmed that management and staff were approachable regarding if they had a complaint or suggestions to improve the service.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

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

Findings:
The matter arising from the previous inspection identified that some staff did not have up-to-date, moving and handling training. This matter was satisfactorily actioned. An examination of the training record showed that training was provided on the 22 January 2018. There was a rolling training programme and the records showed that staff had participated in up to date mandatory training for example fire safety and safeguarding. The staff also had access to a range of education appropriate to their roles and responsibilities, including assessment in planning, end of life care, complaints, dementia care, nutrition, sexuality and intimacy, data protection, update on policies and procedures, falls prevention, hand hygiene and wound management.

Staff confirmed that they were supported to carry out their work by the provider and the person in charge. They were confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residents with dementia living in residential care.

The inspector was informed that there were policies and procedures in relation to the recruitment process and this included maintaining the documents in respect of persons working at the designated centre. The inspector randomly examined documents in accordance with the requirements of Schedule 2 of the legislation. These were found to be satisfactory. Details of professional staff subject to registration were up-to-date.

The numbers and skill mix of staff were sufficient to meet the needs of residents. In addition to the person in charge there were two nurses and four healthcare assistants on duty to provide direct care to residents. One staff nurse and a care assistant are on duty throughout the night with the assistance of an additional staff member from 21:00 hours to 23:00 hours. The registered provider representatives, catering, cleaning and administration staff support the care team.

There was a clear organisational structure and reporting relationships in place. The inspector saw records of regular meetings at which operational and staffing issues were discussed. Copies of the regulations and standards were available. Staff confirmed that there were good supports available to them and there was good staff morale.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The matter from the previous inspection related to multi occupied bedrooms (3 three bedded rooms) which did not have sufficient space to meet residents’ privacy and dignity needs and is a restrictive condition of the current registration of the centre to be addressed by 1 September 2019.

The centre, a one story building has been extended to provide bedrooms with ensuites, an additional communal area, a new laundry area and the installation of new fire doors. In order to comply with the above condition the provider has the option of further extending the centre to provide additional single bedrooms with ensuite facilities or reconfigure the existing bedrooms by reducing the occupancy and installing ensuite facilities.

Communal facilities include three sitting rooms and a dining area for residents’ daily use. The bedroom accommodation consists of 11 single rooms, seven twin rooms and three rooms that accommodate three residents. In addition to the three multi-occupied bedrooms highlighted above a bedroom currently occupied by two residents had a poor layout and while it meets the needs of the current residents it does not ensure the privacy and dignity for future residents. Bedrooms were personalised with photographs, ornaments and pictures that residents and their families had taken in to the centre.

There were good levels of natural and artificial light. Residents said that they enjoyed having a choice of place to spend time during the day and especially liked the area they could use when visitors came to see them.

A courtyard garden provided safe outdoor space for residents. This had been provided with seating and had a safe level surface for residents walking or using mobility aids. There was a large parking area to the front of the building.

Some aspects of the premises required redecoration and externally the lower car park did not have a finished surface.

There was equipment in place to support and promote the independence of residents. Walking aids and appliances such as hoists and wheelchairs were observed to be in good condition. Call bells were readily accessible and there were hand rails in hallways.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk 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 matter arising from the previous inspection related to the risk management policy not including the risks, specified in the regulation in respect of abuse, self harm and aggression and violence. This matter was satisfactorily actioned.

### Judgment:

## Outcome 11: Information for residents

### Theme:
Governance, Leadership and Management

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

### Findings:
The matter arising from the previous inspection related to information in the contract of care not specifying the type of room to be occupied by residents. In the sample of contracts reviewed this matter had been actioned.

### Judgment:
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:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Provider’s response to inspection report

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<td>Date of response:</td>
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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 06: 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:
Three multi-occupied bedrooms (three bedded rooms) did not have appropriate usable space to ensure residents’ privacy and dignity and care needs.

A bedroom currently occupied by two residents had a poor layout and while it meets the needs of the current residents it does not ensure the privacy and dignity for future residents.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Some aspects of the premises required redecoration and externally the lower car park did not have a finished surface.

1. **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 surfacing of the lower car park and the reduction of resident occupancy in the three multi occupancy bedrooms, plus change of double room to single en suite will be done in accordance with plans submitted on 13th April 2016 and approved by Chief Inspector with further communication on 4th July 2017. All works will be completed by September 2019.

   All aspects of the premises that required redecorating will be complete by 31st January 2019

   **Proposed Timescale:** 01/09/2019