



# 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:	28 April 2021
Centre ID:	OSV-0000191
Fieldwork ID:	MON-0031613

## 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 three twin rooms and 52 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:	46
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 28 April 2021	09:50hrs to 16:15hrs	Liz Foley	Lead

## What residents told us and what inspectors observed

Residents received a good quality of care in this centre and were supported by experienced and competent staff. Good centre governance supported residents to have a good quality of life and provided safe services for residents. The inspector observed practices and spoke at length with seven residents to gain an insight of the lived experience in the centre.

On arrival the inspector was guided through the centre's infection control procedures before entering the building. The centre was warm throughout and there was a relaxed and friendly atmosphere. The centre was bright and clean throughout and there was appropriate assistive equipment and furniture for residents comfort. The inspector observed that some areas of the centre required maintenance for example, peeling paint, damaged doors and skirting boards. Alcohol hand gels were readily available throughout the centre and oxygen cylinders were appropriately and safely stored outside the centre in a secure area.

Residents were observed mobilizing independently around the centre and could access any of the centres communal spaces which consisted of a library, a sitting room, main dining room and a smaller day/dining room. In addition two areas of the centre were now designated for use for indoor visiting and were both located near a separate entrance to minimise footfall in the centre. Various staff had been assigned specific duties to facilitate safe visiting, for example, to schedule visits, clean the environment in between visits and to ensure residents were assisted to their visitor at their designated time. Residents were also facilitated to have visits in their bedrooms on compassionate grounds.

The inspector observed that all staff engaged with residents and there were many examples of kind and respectful interactions throughout the inspection. Breakfast was still being served in the main dining room and residents had a choice from a buffet style selection of cereals, breads, drinks etc. Most of the residents enjoyed their breakfast in their bedrooms and could take their time getting up and ready for the day. Meal times were spaced out and residents could access snacks and drinks in between if they choose to. The inspector observed lunch in the main dining room and saw that residents were socially distanced with a maximum of two to each table. Tables were set nicely with disposable table cloths and condiments were available. Lunch was a relaxed experience, residents were observed enjoying their meal which looked and smelled appetising. There was a choice of main courses and desserts and staff were observed providing discreet assistance to residents in an unhurried manner.

Residents described person-centred and compassionate care and told the inspector they were listened to and respected by the staff. Residents did not wait long for the call bell to be answered and were confident to discuss any concerns or feedback they had with any member of staff. Residents could choose where and how they spent their day and there was sufficient staff available to ensure they could attend

activities and scheduled visits. There was a varied and flexible activities schedule over seven day per week and some activities were very popular, for example, bingo, quiz and group sensory activities. Residents were observed participating in group activities in the morning and afternoon of the inspection. One-to-one activities were based on individuals' needs which were regularly re-assessed and updated. While the level of community involvement in activities had been greatly reduced due to the restrictions from COVID-19, the centre was finding other ways to keep the community involved. For example, there was a recent live concert streamed from the national concert hall and local schools were in the process of making new bird feeders and planters for residents to use in the coming months.

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

## Capacity and capability

There were effective management systems in place to monitor the quality and safety of care resulting in a good quality of life for residents. The centre was effectively managing identified risks and had improvement plans in place to mitigate or eliminate these risks. The centre was adequately resourced and mostly compliant with the regulations.

Mowlam Healthcare Services Unlimited Company was the registered provider and there were two company directors, one of whom was the nominated representative for Archersrath. The centre is part of a larger group of 27 nursing homes and they are supported by centralised departments, for example, human resources and learning and development. There was a clearly defined management structure in the centre and staff and residents were familiar with staff roles and their responsibilities. The Person in Charge worked full time and was responsible for the daily operation of the centre and there was an additional layer of senior managers who supported the centre. The Person in Charge was normally supported by a clinical nurse manager however, this role was temporarily vacant and was due to be filled within one month following a successful recruitment campaign. The Person in charge in the interim was being supported by senior managers in the group and by nursing, caring, housekeeping, activities and catering staff.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. Inspectors acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19. The centre were recovering from an outbreak of COVID-19 earlier in the year. Contingency plans were in place should the centre experience another outbreak. Two pieces of unsolicited information had been received by the Chief Inspector since the last inspection outlining concerns in relation to the service. These were followed up on

inspection and were found to have been appropriately managed.

There were sufficient staff available to meet the needs of residents. There was a minimum of two nurses on duty over 24 hours and night time staffing levels were sufficient to facilitate two separate care teams to operate to allow for cohorted care. Staff were competent and knowledgeable about the needs of residents and were observed to be following best practice with infection control procedures and hand hygiene. Appropriate training was provided for all staff and an ongoing schedule of training had continued throughout the periods of restriction due to COVID-19. This was facilitated by on-line and remote learning where appropriate. Arrangements were in place to provide support and supervision of staff in the centre. Senior group managers were in the process of ensuring all staff were offered support should they need it following a challenging period experienced during the recent outbreak of COVID -19 in the centre.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. For example, areas of the centre were noted to require painting and refurbishing, this had already been identified and a programme of works was being developed to address this. There were very good practices observed around documentation in the centre which assisted staff and management to consistently monitor and improve care, safety and the residents experience in the centre.

Good practices around complaints management were observed and feedback from residents was welcomed and informed ongoing improvements in the centre.

### Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of residents. There were two nurses on duty at all times. Night time staffing levels were in line with the centre's contingency plan for an outbreak of COVID-19.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. 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 to perform their respective roles.

Judgment: Compliant

### Regulation 23: Governance and management

There were sufficient resources to provide services as described in the centre's statement of purpose. Management systems were well developed and were effectively monitoring quality and safety in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were mostly notified to the Chief Inspector within the required time frames. One incident had been omitted in error and was submitted immediately following the inspection. The inspector 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

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centres policy.

Judgment: Compliant

## Quality and safety

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Activity provision was good and visiting was ongoing with both indoor and window visits in line with the national guidance. There was a rights

based approach to care, both staff and management promoted and respected the rights and choices of resident's within the confines of the service.

Oversight of residents' health care needs was good. Weekly management reports included key performing areas like falls, incidents and pressure sores. This was effectively informing good practices observed, for example, there was a very low use of restrictive practices in the centre. Residents' health care needs were promoted by ongoing on-site access to their GP and allied health professionals when required, for example, psychiatry of old age. Some services continued to be provided remotely and effectively due to restrictions from COVID-19, for example, the dietician and wound care specialist. Health care needs were assessed using validated tools which informed appropriate care planning. Based on a sample reviewed, care plans were person-centred and had been updated to include residents changing and potential needs during COVID-19.

The centre were recovering from an outbreak of COVID-19 where 37 residents had contracted the virus and sadly eight residents had passed away from complications of COVID-19. The centre had put in place a contingency plan which assisted them to manage during the outbreak. They had engaged with and were guided by Public Health experts during the outbreak. Correct procedures appeared to have been followed with regard to isolating and cohorting residents within the centre. The layout of the premises allowed for sections of the centre to be safely divided to prevent cross-contamination. Protocols remained in place for surveillance and testing for COVID-19 and residents and staff had mostly completed vaccinations. Arrangements were in place to ensure new residents could access vaccinations if they had not already done so. Staff continued to participate in regular screening and were observed to have good hand hygiene practices and correct use of PPE. Additional staff resources had been put in place for housekeeping and staff were competent with the correct cleaning procedures to maintain a safe environment for residents and staff. Some improvements were required to ensure appropriate hand hygiene facilities were available for staff in high risk areas and to ensure all areas and shared furniture were routinely deep-cleaned to maintain a safe environment.

There was a proactive approach to risk management in the centre. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe. Good practices were in place around preparedness and managing suspected cases of COVID-19. Preparedness drills were regularly practiced and discussed resulting in a high level of competency around infection control procedures.

The service prioritised the rights of individuals by promoting choice in so far as is practicable. There were quarterly resident meetings and residents were encouraged to make suggestions about the organisation of the service. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents could undertake activities in private and there were appropriate facilities for occupation and opportunities for all residents to participate in accordance with their abilities. While a recent COVID-19 outbreak impacted on

the freedom of residents to move around the centre and to participate in daily activities, residents were kept informed about the reasons for this. Activity provision was returning to normal with smaller groups to allow for social distancing. There was access to telephone to promote ongoing contact between residents and their families and friends. The centre had two designated and appropriate visiting areas with safe systems in place in line with the national guidelines. The centre were prepared for increased frequency of indoor visits to commence next week.

### Regulation 11: Visits

Visiting indoors had resumed in line with the most up to date guidance for residential settings. Two designated areas in the centre were assigned for safe visiting and systems were in place to facilitate booking and safe visiting for residents. Window visits had continued throughout level five restrictions for COVID-19.

Judgment: Compliant

### Regulation 26: Risk management

There was good oversight of risk in the centre. Systems in place supported good identification of risk, for example, frequent environmental risk assessments had been completed. These assessments informed the centres risk register and appropriate controls were in place for all risks identified.

Judgment: Compliant

### Regulation 27: Infection control

One hand washing sink in one of the centre's sluice rooms required review to ensure it met with the national standards. The centre's deep cleaning schedule was under review to ensure that shared furniture, for example, chairs and tables were on a regular cleaning schedule.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

## Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's and consultant psychiatry of older age attended the centre to support the residents' needs. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Activity provision was returning to normal following an outbreak of COVID-19 and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Archersrath Nursing Home OSV-0000191

Inspection ID: MON-0031613

Date of inspection: 28/04/2021

## 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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"><li>• The PIC has arranged that the taps in the sluice room will be changed to comply with infection prevention and control standards.</li><li>• The PIC will meet with the household staff to implement a schedule for deep cleaning of shared furniture and to ensure that records are maintained of same.</li></ul>	

**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/06/2021