

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Archview Lodge
Centre ID:	OSV-0000314
Centre address:	Drumany, Letterkenny, Donegal.
Telephone number:	074 912 4676
Email address:	archviewlodgenh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Archview Lodge Nursing Home Limited
Provider Nominee:	Patrick Sweeney
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	32
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 September 2016 09:30 To: 15 September 2016 18:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. The inspector observed care practice, reviewed the refurbishment work in progress, inspected documentation such as care plans, accident and incident reports, the medication management system and the deployment of staff. The inspector also talked to residents about their experience of living in the centre and talked to staff about their day to day work and training.

The inspector found that standards of nursing and social care were appropriate to residents needs and that residents had a good quality of life in the centre. The majority of residents were assessed as highly dependent and over 50% had problems associated with confusion, dementia or mental health issues. Care plans described the choices and preferences made by residents in relation to diet, personal care and how they spent their time. Staffing numbers and skill mix were adequate and took account of the needs of residents and the size and layout of the premises. Residents who had problems associated with confusion or dementia had appropriate

assessments that informed their care plans and had opportunity to engage in meaningful activity that met their assessed needs.

There was emphasis on health promotion and on ensuring that residents remained as independent as possible. Residents told the inspector that they were supported by staff to remain mobile and encouraged to walk around as much as possible. They were encouraged to talk about their health issues so that changes could be assessed and reviewed in a timely way. The care plan documentation confirmed that staff were aware of residents abilities as well as their care needs and information on the activities that residents could do for themselves in areas such as personal care was recorded and used by staff as part of their efforts to promote independence. All staff had received training in topics such as adult protection, fire safety and moving and handling as well as infection control, dementia care, the legislation and standards. Residents in receipt of end of life care were noted to have care plans that reflected the pastoral and medical care in place and there were arrangements in place to ensure family members could spend as much time as they wished with residents.

The centre is located in a residential area on the outskirts of Letterkenny town. The building was undergoing extensive refurbishment to ensure that the facilities were appropriate to meet the needs of residents. The first phase of the work was almost complete. An additional sitting room had been added and was due to come into use when the floor and furniture were put in place. The second phase which would involve the addition of new bedrooms was scheduled to commence. The premises were in good decorative condition and provided a comfortable and home like setting for residents. The sitting and dining areas were noted to be well used during the day. Bedrooms were appropriately furnished and the completion of phase two of the building work will ensure that bedrooms will accommodate no more than two residents.

Residents told the inspector that they were well cared for and said that staff were always available when they needed them. When call bells were used they said that they were answered promptly. Staff were regarded as "helpful", "kind" and were "devoted to caring for us" according to one resident. Relatives that the inspector talked to said that staff were considerate and helpful and were particularly accommodating when residents were ill ensuring that they could spend as much time as possible with loved ones. Residents described the food as "very good" and said that they had a choice of meals at lunch and tea time. There were no restrictions on visitors who were observed to come and go throughout the day. Residents were able to keep in contact with the local community. Some went out with relatives and others were assisted to go in to town to shop or to attend to business matters when the need arose. Residents also said they enjoyed a range of activities and valued the efforts of staff who they said ensured they had something to do and organised an activity during the morning and afternoon. Daily and local papers were available. Residents said they felt safe, had no concerns and attributed this to factors such as staff being around all the time and being able to get assistance when they needed it. The last inspection was an unannounced inspection conducted on 7 October 2015. The inspection report outlined eleven areas of non compliance that required attention. The inspector found that actions had been put in place to address the non

compliances identified. The standard of documentation had improved across a range of areas that included accident and incident procedures, fire drill records and health and safety information.

During this inspection there was evidence of good compliance across the outcomes reviewed. The areas that were identified for attention included the daily reports as these did not provide a complete overview of care provided or what social care residents had been involved in during the day. Some care plans identified dementia care needs but did not describe the impact this had on residents' day to day lives. The action plan at the end of this report outlines the specific non compliances that require attention to meet legislative requirements.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

There is a clearly defined management structure and the line of accountability was known to staff. The person in charge works full time and is supported by a designated nurse who has worked in the centre several years. The provider also has a regular presence in the centre and has responsibility for health and safety including fire safety matters.

The management systems and allocated resources in place were noted to be adequate to ensure the delivery of care that met appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed regularly and a number of audits were undertaken as part of the review process. An action plan in the last report identified aspects of the audit system that required improvement as trends were not identified and action plans to address deficits and improve practice were not evident. The inspector found that this had been addressed. A number of aspects of care and health and safety were audited and these included infection control management, continence management, the use of psychotropic medication and accidents and incidents. Areas where shortfalls in practice were identified were highlighted for remedial work. For example, the hand hygiene audit conducted in September 2016 indicated a lower level of compliance than was acceptable and this was scheduled for repeat after staff were advised and additional information provided. The standard of assessment and content of care plans were audited in February 2016. Training provided for staff had resulted in improvements and the inspector's findings during this inspection indicated that the standards of care plans substantially met the requirements of regulations. A review of complaints and the investigation of complaints found that all relatives and residents were satisfied with the way the issues they had raised had been investigated and resolved. There were reports of all audit activity available and these were made available to residents.

The audit activity included consultation with residents and their families as required by regulation 23-Governance and Management. A major construction plan to improve the facilities and eliminate the multiple occupancy bedrooms was underway when this inspection was conducted.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A comprehensive resident's guide detailing a summary of the services provided was available.

The inspector viewed a sample of three contracts of care issued to residents and found that there was an agreed written contract in place which included details of the services to be provided, the fee payable by the resident and any charges made for additional services. Services such as chiropody and hair dressing incurred additional charges and these charges were specified.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge is a suitably qualified and experienced person with authority,

accountability and responsibility for the provision of the service and she works full time in the centre.

She demonstrated good clinical knowledge and understanding of her legal responsibilities as required by the regulations and standards. She had engaged in continuous professional development and had attended courses on audit, dementia care and palliative care during the past two years. She demonstrated good knowledge of areas such as nutrition, wound care and dementia care.

Her mandatory training in adult protection, manual handling and fire safety were up to date.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The centre had a well established and generally well organised administration system. The inspector reviewed a range of documents, including residents' care records, the directory of residents, duty rotas, training records and health and safety records.

Overall records were maintained in an organised manner that indicated they were complete and accurate. Some improvements were required to the daily records completed by nurses as some did not convey the range of care provided each day, for example, the social care activities that residents attended and how they had responded. They did not describe changes in psychological health where residents were prescribed psychotropic medication or antidepressants.

Judgment:
Substantially Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Measures to protect residents being harmed or suffering abuse were in place. There was a procedure to guide staff through the varied aspects of prevention, detection and responses to allegations of abuse. Staff had received training in adult protection to safeguard residents and to protect them from harm and abuse. There is a programme of training undertaken each year.

Staff could describe what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. They described being diligent about identifying and investigating incidents such as unexplained bruising or anxiety exhibited by residents. Relatives confirmed to the inspector that staff informed them promptly of any injuries or relevant matters that presented.

There was a visitors' record that enabled staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be signed by visitors entering and leaving the building. Residents the inspector spoke to said that they felt safe in the centre. They indicated that the competence of staff, being able to talk to the person in charge regularly and the call bell system contributed to their sense of security.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment and was regularly reviewed. An action plan in the last report highlighted that when less restrictive measures to bed rails were trialled there was no information to indicate that the measures had been unsuccessful and had not provided the appropriate level of safety for the resident. This information was now included in the assessments and the reason for the use of the bedrail where used was outlined. The inspector noted there was a low incidence of bedrail use with only three residents using this equipment at the time of the inspection.

There were no residents with fluctuating behaviour patterns or challenging behaviour. Staff could describe interventions such as one to one support, engaging residents in activity and in conversation as ways of effectively managing such behaviour to protect the dignity of the resident.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

There were systems in place to promote and protect the safety of residents, staff and visitors to the centre. There was good emphasis on general hazard identification and preventive actions were outlined. For example the prevention measures for slips, trips and falls included the use of hazard signs and keeping areas free from obstructions. There were five actions in the last report that described deficits in health and safety management. These were reviewed during this inspection and were found to have been addressed to an appropriate standard.

There were systems in place to ensure appropriate infection control management. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in toilet and sluice areas. There were supplies of personal protective equipment readily available. An audit of infection control/hand hygiene measures conducted earlier in the year found that procedures were not fully compliant with good practice. Further guidance was provided for staff and a further audit was scheduled to assess if compliance had improved. An action plan in the last report identified that cleaning cloths were not changed frequently when staff moved from one area to another. The inspector saw that there was a revised more suitable cleaning routine in place where cleaning equipment was changed frequently.

There was an emergency plan in place that described several hazard situations that could prompt evacuation of the centre. This included power failure, flooding and fire. There was a plan in place to guide staff in such a situation and there was information on each resident's evacuation needs readily accessible in the nurse's office. This had been highlighted for attention in the action plan of the last report. The available information now included a photograph of each resident, the number of staff required to assist in an emergency and the need for any specialist equipment.

Clinical risks such as skin fragility, tissue viability, compromised nutrition status and dementia were described in care records and there was information to guide staff on the assessment and management of such risks. 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. The information included how to prevent skin deterioration by ensuring a routine of position changes was implemented and indicators for referral to allied health professionals when weight changes were evident. Risks relevant to residents with dementia that included being unsafe if outside alone had been identified, however some risks such as the accessibility of personal protective clothing in the form of aprons and gloves on handrails required assessment. They could present a choking hazard and could also be a hazard for people with mobility problems as they disrupted the availability of the handrails in some areas.

Measures were in place to prevent accidents in the centre and grounds. The building was generally clutter free and there were grab rails in hallways and in bathrooms and toilets. There was a system to identify residents most at risk of falls to alert staff to their degree of vulnerability. Manual handling assessments were available, were up to date and reflected resident's dependency and capacity to mobilise. The assessments indicated where hoist transfers were required and when the assistance of two staff were needed.

Accidents and incidents were recorded and there were good descriptions of the events that happened and the measures taken to prevent recurrences. An analysis of falls was undertaken each month and this described the number and nature of events. An action plan in the last report required that falls management was improved in accordance with best practice and that where falls were unwitnessed a record of neurological observations was maintained. This had been addressed and falls records were noted to contain the neurological observations recorded following falls and where head injury was suspected. There were moving and handling procedures in place and all staff were trained in moving and handling of residents. Mobility equipment was noted to be in good condition and regularly serviced.

The fire safety arrangements were satisfactory and had been reviewed and updated while the building work was underway. There was a fire safety procedure and plans of the building that identified the routes to the fire exits on display. A fire register was in place and this described the regular checks of fire fighting and fire alert equipment as well as fire drills and unplanned activations of the fire alarm. The scheduled inspections of equipment were up to date and recorded. The fire detection and fire alarm system emergency lighting were checked weekly and the records were noted to be up to date.

Staff training included the use of evacuation equipment to move residents and how to move away from the source of the fire through successive sets of fire doors. Regular fire drills were completed and a simulated evacuation was undertaken in January 2016 during night time hours. An exercise when staffing levels were lowest was identified in the last action plan to ensure staff could undertake the required actions effectively. The identification of the fire location from the fire panel, the process for evacuation, the use of the personal evacuation plans and the evacuation of non ambulant residents were some of the topics included in this fire exercise according to the record maintained. An action plan in the last report required that fire drill records were improved so that information on the process of the fire drill and any learning from the event was identified to inform practice. The record maintained described the proceedings in full.

The fire alarm was serviced at quarterly intervals, a list of fire fighting equipment was

available and was serviced on an annual basis as required. There were adequate means of escape and fire exits were noted to be unobstructed. The most recent fire guidance issued by Hiqa was available. Fire exits were noted to be unobstructed and clearly identified.

Judgment:
Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there were safe systems in place for the management of medication. There was an area where the medication trolley and supplies of medication were securely stored. The centre does not have a treatment room and while this area was located at the end of the dining room and was quiet it does not provide adequate privacy for staff to work uninterrupted when checking medication, stock taking or dealing with other aspects of medication management or treatment. This is identified for attention under outcome 12- Premises. The fridge used to store medication was operating at an appropriate temperature. This was checked twice a day and the temperature was recorded to ensure safe storage arrangements for medication that required refrigeration.

Nurses were well informed about the medication in use and residents' medication regimes. Medication was supplied in the original containers for each resident. Residents were noted to be observed closely when taking medication and where required liquid preparations were used where residents had swallowing problems. Medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Four nurses had completed medication management training in December to ensure their knowledge was up to date and that they adhered to good practice standards. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge demonstrated that there were ongoing audits of medication management in the centre. The prescription sheet 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. Maximum doses of PRN (as required) medication was recorded.

Resident's medication was noted to be reviewed every three months by doctors, nursing

staff and by specialist services.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. 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 the change of each shift. A random sample of medication stored was checked against the register and the quantities available were in accordance with the balance recorded in the register.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were 32 residents accommodated at the time of the inspection. There were 16 residents assessed as having maximum or high level care needs and the remaining residents had medium or low level care needs. The majority of residents were noted to have a range of complex healthcare issues and were being treated for more than one medical condition. Over 50% had been assessed as having dementia, confusion or a mental health problem.

The arrangements to meet residents' assessed needs were set out in individual care plans. Recognised assessment tools were used to evaluate care needs and risk factors related to dependency, vulnerability to falls, nutritional care, risk of developing pressure area problems and moving and handling requirements. Three resident's care plans and certain aspects of other care plans related to the management of nutrition, complex care and dementia were reviewed. The inspector found that standards of personal and nursing care were safe and care practice was supported by timely medical and allied health professional input when required. The risk assessments completed were suitably linked to care plans where a need/risk was identified. Staff conveyed good knowledge of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. The inspector saw evidence that the ethos of person centred care was generally well promoted during the day. This was confirmed by residents and relatives. Residents could for example get up at times of their choice and could remain in

bedroom areas or go to the communal areas to meet others or take part in an activity. Residents said that they were not under pressure to do "anything other than when we choose". Information that informed day to day care such as ability to dress, support needed with personal care, ability to communicate and sensory problems were aspects of life outlined in care records to guide staff interventions. The inspector saw that several residents remained in their rooms reading papers, listening to the radio or talking to visitors. The sitting areas were supervised and staff engaged with residents in a positive and friendly manner.

Care plans maintained provided a good overview of residents' care and provided good direction on how care was to be delivered. On admission, a comprehensive nursing assessment and additional risk assessments were complied for all residents. Care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. Residents had access to medical services and there was evidence of medical contact at least three monthly and more frequently when required. Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists and community mental health nurses was available. There was evidence that residents were involved in the completion of care plans and the way their day to day care was carried out. Residents told inspectors that staff followed the routines they had requested such as when they liked to spend time alone and when they wished to go to bed and get up.

Care plans for residents with dementia described the condition and some associated problems such as orientation and communication capacity. Reviews and evaluations of care were completed at the required intervals and when care needs changed. However, there were some areas where improvements were required. For example, while dementia or Alzheimer's disease was identified in some records and the impact of these conditions on daily life was evident practice in this area was not consistent. Some care records described where residents may not be able to retain memory for staff names or meal times but other records did not indicate how confusion or disorientation impacted on residents. Mental health conditions such as depression were outlined with associated treatments but the impact of the treatment was not described in the regular evaluations or in the daily records.

There were processes in place to ensure that when residents were admitted to or transferred or discharged from the centre that relevant and appropriate information about their care and treatment was made available in accordance with regulation 25- Temporary absence or discharge of residents. The inspector saw that current health care needs and information on changes that prompted admissions was provided for hospital staff. There was a process for medication reconciliation in place following transfer back to the centre.

Residents had opportunities to participate in a range of activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. All staff had responsibility for ensuring that the scheduled morning and afternoon activity took place. The schedule included reminiscence activity, orientation, reading papers, singing and music sessions. The inspector noted that there was a range of activity materials available for residents and that these was left within easy reach of residents to prompt them to use it independently outside of scheduled activity time. Several residents were

observed to have newspapers and discussed the daily events.

Allied health professionals such as speech and language therapists, dieticians and occupational therapists were available and their assessments and recommendations were included in care plans and advised to care staff. There were arrangements in place to ensure diabetic care met evidenced based standards and attention was paid to diet and skin condition to reduce the likelihood of complications. There was evidence that residents and relatives were involved in care plans and their views were recorded and also incorporated into daily care practice. The inspector was told by relatives that staff consulted them regularly and ensured they were updated with new information when care needs changed.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The layout of the premises was being reconfigured. A major building programme was underway. Phase one of the work was almost complete and this included the addition of a new communal area, the installation of fire doors and a new double room. The work was noted to be undertaken in a safe manner that protected the safety of residents and had not intruded on their day to day lives residents told the inspector. Phase two of the project which was due to commence includes the addition of further bedrooms and will enable the provider reduce the occupancy in the bedrooms that currently accommodate three residents. The space in these rooms only allow beds to be arranged in a linear manner and this makes it difficult to provide adequate levels of privacy. These rooms and rooms that had poor light levels were subject to action plans in previous inspection reports. The centre also lacked a treatment room or designated space where residents could have treatments in private and where nurses could undertake their duties in relation to treatments/ medication in an appropriately designated space.

Bedrooms were appropriately furnished, were clean and well organised. Many residents had personal items such as photographs, ornaments and pictures on display. The communal areas had good levels of natural and artificial light. Residents had a choice of

places to spend time. All areas viewed were in good decorative order and maintained to a good standard.

There was appropriate equipment in place to support and promote the independence of residents. This was maintained appropriately and associated service records were available. Walking aids and appliances such as hoists and wheelchairs were observed to be in good condition. Call bells were readily accessible and there were readily visible hand rails in hallways.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found that the requirements of regulation 34- Complaints Procedures were in place. Relatives and residents were aware that there was a complaints procedure and told the inspector they would approach the person in charge or any member of staff should they have concerns.

An action plan in the last report required that the complaints procedure was displayed and the inspector found this action had been addressed. The procedure was clearly displayed in the hallway by the front door.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found in the sample of records reviewed that residents end-of-life care preferences/wishes had been identified and documented particularly who they wished to be with them and if they wanted to remain in the centre. An action plan in the last report outlined a requirement to review decisions made in relation to resuscitation. This action was addressed. The inspector saw that a multi disciplinary approach for the review and management of such decisions was in place. The resident where possible, their representative, the doctor and the nursing team were part of the decision making process. The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre and that the legislative requirements and good practice standards were met. There were residents in receipt of end of life care during this inspection. The inspector saw that the procedures in place and care plans directed care effectively and there were prompts that informed staff when end of life care became care of the dying.

Residents were accommodated in single rooms and family members and friends were encouraged to spend as much time as they wished with their loved ones. Refreshments were available and the inspector was told that staff had been supportive and helpful during all phases of residents' illness.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences were satisfactory. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents that were at risk of nutrition shortfalls were identified and monitored closely. There was a food and nutrition policy in place that provided guidance to staff and was supported by a range of procedures that included the management of fluids and hydration, percutaneous endoscopy nutrition systems, medication management and the care of residents with specific conditions such as diabetes.

Residents told the inspector that the food was "good and fresh" and also said "there is choice every day and we have alternatives to what is on the menu". Residents' food likes and dislikes were recorded together with the varied modifications that were made to ensure choices and therapeutic needs were met.

The inspector observed that meals were well presented, served in individual portions and residents who needed assistance had appropriate and timely support. Staff were observed to assist residents in a manner that protected their dignity during meal times. There was an appropriate number of staff available to serve meals and assist residents. Staff were observed to sit beside residents who needed prompting or assistance to eat and reminded them of they were being offered and took time with meals. Snacks, beverages and cold drinks were available throughout the day. Residents could have tea, coffee and other drinks when they wished and the inspector saw that residents were encouraged to drink throughout the day. Staff prompted residents to have drinks where residents could not assist themselves.

Records reviewed showed that residents' nutritional status was assessed using a recognised evidence based tool and reviewed as necessary. There were five residents who were being monitored closely due to low weights. Care plans to address specific nutritional needs were in place and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. The monitoring arrangements included monthly weights and more frequent weekly monitoring was put in place where fluctuations upwards or downwards were noted. Residents have access to speech and language therapists and dieticians and their recommendations were noted to have been incorporated into care plans and to daily care practice.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector reviewed staffing levels allocated to day and night duty and discussed the staff allocation with the person in charge. An action plan in the last report required that

care staff levels should be reviewed to ensure adequate availability to meet residents' dependency needs. This was addressed. The inspector found that there was an extra member of care staff available to enable appropriate care to be delivered to all residents and to enable nurses attend to end of life care needs. The provider and person in charge are on duty each day. There are two nurses on duty most days, one of whom is the designated nurse who takes charge in the absence of the person in charge.

The inspector spoke with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and that senior staff provided good leadership and guidance.

The inspector was provided with details of the training that had been provided to staff during 2015/2016. Training had been provided on a range of topics that included: Elder abuse and the protection of vulnerable people, Fire safety, Hand hygiene and infection control, End of life care, Medication management, Moving and handling, Dementia care, Nutrition and the management of dysphagia and Continence care. All staff had up to date training in the mandatory topics of moving and handling, fire safety and adult protection. There was a schedule of training being compiled for 2017.

Residents and staff were observed to have friendly relationships and residents said they valued the way staff cared for them, remembered their preferences and the ways they liked their daily routines and personal care to be undertaken. The inspectors observed that call-bells were answered promptly, staff were available to assist residents and there was appropriate supervision in the dining room and sitting rooms throughout the inspection period.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Geraldine Jolley
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Archview Lodge
Centre ID:	OSV-0000314
Date of inspection:	15/09/2016
Date of response:	01/11/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some improvements were required to the daily records as some did not convey the range of care provided each day, for example, the social care activities that residents attended and how they had responded. They did not describe changes in psychological health where residents were prescribed psychotropic medication or antidepressants.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

Changes have been made to daily records to convey the range of care provided. Changes in psychological health of residents where they are prescribed psychotropic and anti-depression medications will also be included in the daily records.

Proposed Timescale: 01/11/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The accessibility of personal protective clothing in the form of aprons and gloves on handrails required assessment and review.

2. Action Required:

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

Please state the actions you have taken or are planning to take:

Personal protective clothing in the form of aprons and gloves on handrails have been removed and Risk Management Policy has been updated.

Proposed Timescale: 01/11/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Conditions such as dementia or Alzheimer's disease were identified in some records and the impact of these conditions on daily life was evident in the records but practice in this area was not consistent. Some care records described where residents may not be able to retain memory for staff names or meal times however other records did not indicate how confusion or disorientation impacted on residents.

Mental health conditions such as depression were outlined with associated treatments but the impact of the treatment was not described in the regular evaluations or in the daily records.

3. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:

Staff have been directed that the records of residents with conditions such as dementia or Alzheimer's disease should indicate the level of their confusion and orientation and how this impacts on their daily living.

The records of residents with mental health conditions will reflect the impact of their treatment in regular reviews.

Proposed Timescale: 01/11/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some bedrooms did not have appropriate usable space for the number of residents accommodated taking in to account privacy and dignity needs. The space in these rooms only allow beds to be arranged in a linear manner and this makes it difficult to provide adequate levels of privacy. Two bedrooms did not have adequate natural light due to the window arrangement.

The centre does not have a treatment room or designated space where residents could have treatments in private and where nurses could undertake their duties in relation to treatments/ medication in an appropriately designated space.

4. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

Phase 1 of the Plans submitted to, and accepted by the Chief Inspector on 13th April, 2016 will be completed by 31st January, 2017. This will provide natural light to the bedrooms mentioned. Its completion also provides a treatment room.

Phase 2 of the aforementioned Plans will address the need to provide more space in the bedrooms that currently have beds placed in a linear manner. These works will be completed by 31st December, 2021 as per Plans submitted to and accepted by the Chief Inspector on 13th April, 2016.

Proposed Timescale:

Treatment Room and natural light supplied to 2 bedrooms completed by 31st January, 2017.

Reconfiguration of bedroom space will be completed by 31st December, 2021.

Proposed Timescale: 31/12/2021