Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Archview Lodge
Centre ID:	0314
Centre address:	Drumany Letterkenny, Co. Donegal
Telephone number:	074 - 9124676
Email address:	archviewlodgenh@gmail.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Archview Lodge Nursing Home Ltd.
Person authorised to act on behalf of the provider:	P.J. Sweeney
Person in charge:	Majella Sweeney
Date of inspection:	11 July 2013
Time inspection took place:	**Start:** 09:30 hrs **Completion:** 18:30 hrs
Lead inspector:	Nuala Rafferty
Support inspector(s):	N/A
Type of inspection	☐ **announced** ☒ **unannounced**
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	1

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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- ☐ to inform a registration decision
- ☐ to inform a registration renewal decision
- ☒ to monitor ongoing compliance with Regulations and Standards
- ☐ following an application to vary registration conditions
- ☐ following a notification of a significant incident or event
- ☐ following a notification of a change in person in charge
- ☐ following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	☒
Outcome 2: Contract for the Provision of Services	☐
Outcome 3: Suitable Person in Charge	☒
Outcome 4: Records and documentation to be kept at a designated centres	☒
Outcome 5: Absence of the person in charge	☐
Outcome 6: Safeguarding and Safety	☒
Outcome 7: Health and Safety and Risk Management	☒
Outcome 8: Medication Management	☒
Outcome 9: Notification of Incidents	☐
Outcome 10: Reviewing and improving the quality and safety of care	☐
Outcome 11: Health and Social Care Needs	☒
Outcome 12: Safe and Suitable Premises	☒
Outcome 13: Complaints procedures	☐
Outcome 14: End of Life Care	☐
Outcome 15: Food and Nutrition	☒
Outcome 16: Residents' Rights, Dignity and Consultation	☐
Outcome 17: Residents' clothing and personal property and possessions	☐
Outcome 18: Suitable Staffing	☒

This monitoring inspection was unannounced and took place over one day.
The inspector met with residents, nominated person on behalf of the provider, person in charge and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, some policies and procedures and staff files. A general inspection of the nursing home environment was also undertaken.

This was the fifth inspection of Archview Lodge. A scheduled inspection took place on 8 February 2010 and a follow up on 17 August 2010. A registration inspection took place on 24 and 25 November 2011 and a follow up inspection took place on 25 April

2012. There were six actions to which improvements were required from the last inspection, of these three were satisfactorily addressed, one could not be determined and the two remaining actions are reflected again in this report.

The centre contained a good standard of private and communal space and facilities. The décor was bright, clean and well maintained. Residents and relatives reported that the centre offered a safe and comfortable environment. Resident's privacy and dignity was respected and social engagement was encouraged and facilitated.

As a result of this unannounced inspection improvements were required in areas such as risk management and care planning and activities relevant to residents interests and abilities in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* and are outlined in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The statement of purpose was discussed in full with the provider and required to be revised to include the conditions of registration, type of nursing care to be provided, nominated key senior manager and the experience of the provider, person in charge, consultation process for residents and room sizes. In addition clarifications on the admission criteria for the centre such as limiting conditions or emergency admission criteria was found to be required to comply with the Regulations.

The provider was aware of the requirement to keep the statement of purpose under review and notify the Chief Inspector prior to making any proposed changes.

Outcome 3
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

A person in charge was in place in the centre and was on duty on the day of inspection. In conversation with residents, all could identify the person in charge on sight if not by name. The inspector observed that the person in charge was knowledgeable about each resident's likes, dislikes and preferences. Residents responded warmly to her and in conversation said they could bring any issues they may have to her attention. Although the person in charge had engaged in some professional development, findings on this inspection evidenced a need for her to undertake updates in practice on management and review processes and specifically in areas such as clinical governance, recognising and responding to clinical deterioration care planning, health promotion and risk management and other clinical areas to enable her to provide guidance and direction to the nursing and care staff in the centre and ensure that the care delivered was evidence based.

Outcome 4
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:
Regulations 21-25: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:
**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Records in relation to residents (Schedule 3)

Substantial compliance ☒ Improvements required * ☐

All records required under Schedule 3 of the Regulations were maintained in the centre and were found to be substantially compliant.

General Records (Schedule 4)

Substantial compliance ☐ Improvements required * ☒

Not all records required to be maintained under Schedule 4 of the Regulations were reviewed on this inspection such as residents' accounts, complaints or personal possessions. However, of those reviewed including documentation of care delivered and current record of residents' condition, improvements were found to be required. These findings are further discussed under Outcome 11 further in this report.

Overall, of those reviewed it was found that record management in the centre was of a good standard, however, some records were not updated and some were time consuming to locate in order to be reviewed.

The inspector asked to review staff training records to establish whether all staff had received the requisite mandatory training. Three different methods of documenting training were reviewed but none of these records were up to date and the person in charge had to review the individual files of staff to provide the updated information.

Operating Policies and Procedures (Schedule 5)

Substantial compliance ☐ Improvements required * ☒

Further to the last inspection the policy on provision of information to residents required to be reviewed to include revision of care plans and consultation with residents and this was found to be addressed.

All policies were not reviewed in full and of those reviewed improvements were found to be required as some were not sufficiently specific to guide staff or were not fully implemented in practice. Examples include risk management and end of life care policies. This is further discussed in Outcome 7.

Directory of Residents

Substantial compliance ☒ Improvements required * ☐

Staffing Records

Substantial compliance ☒ Improvements required * ☐

Medical Records

Substantial compliance ☒ Improvements required * ☐

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre was found to be safe and secure. The entrance and exit doors were secure yet accessible to residents. Training on identifying and responding to elder abuse was provided to staff and a policy and procedure to guide staff in reporting and dealing with allegations was available.

In conversation with some members of staff it was found they were aware of their responsibilities in relation to reporting allegations or suspected instances of abuse and were knowledgeable of the signs of potential abuse. Residents spoken too all expressed feeling safe in the centre and could tell the inspector who they would go to if they had any complaints or concerns. The measures in place regarding residents' finances were not reviewed on this inspection.

Outcome 7
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

Risk assessments for restraint measures such as bedrails were in place. However, there was no information that indicated that the action taken was the option of choice after other interventions had failed.

Inspection findings

The action required from the previous inspection was found to be partially addressed in that some evidence that alternatives were trialled prior to the use of restraints were found. The inspector observed crash mats in the bedrooms of some residents who were identified as requiring same. However, documentation in place referencing the need for restraint requires continuous review to ensure completeness in terms of whether the restraint used was suitable for the residents needs and includes documented evidence that the intervention was in the best interests of the resident and that the decision is reviewed regularly.

Systems were in place to assure residents general welfare and protection in relation to management of falls challenging behaviour and resident absence through the provision of ongoing supervision of residents in communal areas by designated staff.

The overall environment was maintained to a good standard, the centre was free of clutter and all corridors, communal areas, fire exits and escape routes were clear and where necessary clearly signed. Aides such as grab rails, hand rails and safe flooring to assist resident's safe mobility and movement in the centre were in place.

The inspector found that staff were aware of the procedures to follow in the event of fire and said they attended regular fire drills. There were records to indicate that all of the staff had attended training on fire prevention and procedures. Records were maintained regarding the servicing of fire equipment, the fire alarm system and fire officer's visits. The fire extinguishers were serviced by an external fire company in January 2013.

The environment was noted to be visually clean and there were measures in place to control and prevent infection. Staff had received training in infection control and could explain some of the procedures in place to control infection. A member of the housekeeping staff described some of the cleaning systems in place and how these worked in practice.

An emergency plan was in place and staff spoken to were familiar with it and knew who to contact and what to do in the event of an emergency. Contingency arrangements that could/would assist should evacuation be necessary were included. However the plan did not include the management of clinical or medical emergencies or reference other policies available to manage same.

The risk management policies also required review to include management of risks associated with self harm.

Systems in place to manage risks associated with mobile confused residents were found to be appropriate and fully implemented. Although other systems in place to maintain security were in the main fully implemented, the inspectors noted that the visitors' book situated at the front entrance was not always signed by those entering the centre and management were not fully vigilant in monitoring the sign in process.

Outcome 8
Each resident is protected by the designated centres' policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

The checks of restricted medication undertaken by staff at the end of each shift were not documented which was not in keeping with safe practice and up to date guidance.

Inspection findings

The action required from the previous inspection was found to be addressed. Written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place.

Overall, the inspector found evidence of safe medication management practices. The Inspector found that each resident's medication was reviewed regularly by the medical team.

The medication trolley was stored securely when not in use. Safe practice was observed during a medication round in line with An Bord Altranais agus Cnáimhseachais na hÉireann guidance to nurses and midwives. Nursing staff were knowledgeable about medication and administration practices and could discuss the process for ordering, storing, returning and checking medication stocks.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

Care records did not accurately describe residents' needs and the actions taken by staff documented in care records did not relate to assessment or the information described in care plans.

Inspection findings

Residents had good access to general practitioner (GP) services. A GP visited the centre during the inspection to review residents. Access to specialist and allied health care services was reported as available and in place to meet the diverse care needs of residents such as palliative care, opticians and dentists. Evidence of access to community mental health services amongst others was found.

Staff were observed interacting with residents in a courteous manner and addressing them by their preferred name. Residents were warmly and appropriately dressed, clothing was clean neat with good general presentation.

The arrangements to meet residents' assessed needs were set out in individual care plans. A variety of assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration. For example, vulnerability to falls, dependency levels, nutritional risk assessment, pressure related skin damage risk assessment and moving and handling assessments.

Some improvements were found to be required in relation to all care plans to ensure inclusion of residents and/or their relative's next of kin or advocates and to reflect the implementation of recommendations of allied health professionals. Care plans for end of life care also required review in that they did not reflect the specifics regarding decisions to be discussed and agreed with residents and their relatives.

It was also found that care plans and risk assessments were not linked, did not always include the recommended interventions of allied health professionals and were not reviewed within the three month timeframe required by the Regulations to determine their effectiveness. Although in general, residents healthcare needs were met, significant areas for improvement were identified in the documentation of care given and there was a need to develop a system to ensure that care plans reflected the care delivered and were reviewed in response to changes in residents' health and that care plans were appropriately linked to give an a clear and accurate picture of residents' overall health.

Improvements were found to be required in the area of clinical governance. A high standard of evidence-based nursing practice in recognising and responding to signs of clinical deterioration or improvements was not found.

Several residents were being nursed in bed on an ongoing full-time basis for clinical reasons including fractures, postural hypotension, acute infection and percutaneous endoscopic gastrostomy insertion. However, it was found that that in most cases the residents had been nursed in bed for over 12 months and a review of the clinical decision to maintain the resident in bed had not been undertaken to determine the risks or benefits of its continued use.

In a lengthy discussion with the person in charge it was found that an evaluation of the suitability or appropriateness of these residents requiring 24 hour bed rest had not been made. Furthermore, care plans to evidence the rationale for the bed rest were not in place and considerations of risks associated with long term bed rest had not been assessed. These decisions had not been reviewed since implementation.

The inspection visit took place on a very hot summers' day. It was found that although staff brought drinks to these residents on a regular basis, there were occasions when residents did not have access to fluid, with drinks being out of reach or not available. It was also noted that residents in bed were lying under sheets and duvets and were warm. There were no fans or air conditioning systems available to cool the rooms and one resident was identified to staff by the inspector as being at risk of dehydration.

Documentation of care delivered required to be improved in terms of accuracy and completeness and reliability. The reliability of information contained in some care documentation was found to be questionable as recording of appropriate or planned care was not always complete or was not in place in respect of some care interventions. On review of the care records of three residents being nursed in bed over 24 hour periods, it was found that a record of re positioning was not being maintained on one and although care plans indicated a need to monitor fluids for another resident a record of fluid intake was not in place.

Where repositioning records were in place the information being recorded did not provide sufficient information to ensure appropriate continuity of care. The records included the date and time of each change of position and signature of the staff member who had delivered the care. However, it did not indicate in what position the resident was placed, whether supine or lying on left/right side. This meant that staff could not know what positional changes had occurred over the preceding day/night to prevent the residents remaining or being turned to a particular position too frequently which would negate the benefits of the care intervention.

Outcome 12

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Action(s) required from previous inspection:

The premises did not meet the standards for the environment in a number of respects:

- Three bedrooms had occupancy of more than two residents.
- Six rooms have a poor outlook. Four, 11, 14, 15 and 21 had windows that look onto the exterior wall of another part of the building and two rooms, 12 and 12A had natural light provided by sky lights in the ceiling but had no windows that residents could look out.
- Two bedrooms were undersized. Room 11 which was a single room measured 7.7 square metres which is smaller than the required size for a single room which is 9.3 square metres and room 13 which is shared by two residents was also undersized measuring 13.6 square metres instead of 14.8 square metres and had a poor room layout.
- There was no treatment room where residents could meet with health professionals in private.

Inspection findings

The actions arising from the previous inspection were not addressed. However, in respect of the undersized single room, the measurement was reviewed and it was found that this room is similar in size to adjoining single rooms in the centre measuring 9.12 square metres.

A sense of homeliness and warmth was found in the centre. In conversation with a number of residents, all said they were happy and felt well cared for by staff. There were three sitting rooms and one dining room, all of which were used by residents.

Management provided equipment to meet the assessed needs of residents.
The premises were clean and well maintained. There was a cleaning schedule in place and staff undertaking cleaning duties were observed to be thorough in their approach to cleaning residents' rooms and communal areas.

Overall the premises were found to provide a safe environment for residents in that it was uncluttered and allowed for safe mobility of residents. However, a review of aspects of the design and layout will be required to ensure the centre meets the needs of all residents in terms of design and layout from a spatial and privacy perspective. Other aspects of the physical environment required to be reviewed in order to meet the Regulations and the Authority's Standards going forward and include the following:

- Although the single rooms may meet the required indicative measurement of 9.3 square meters – this measurement did not take account of fixtures and furnishings in the room and is not all usable space. Consideration of the spatial requirements of residents in terms of safety, privacy and dignity in all rooms, but in particular the single rooms are required. It was noted that there was limited space for use of assistive equipment such as hoists in some of the single rooms and in care plans the limitations of space and the associated risks were identified with these being cited as reasons for use of restraint in some instances.
- Review of all multi-occupancy rooms to ensure they meet resident's needs from a spatial and privacy perspective.
- A full review of the laundry was found to be required as the facilities, equipment and space was noted to be very limited to provide the level of service required for residents in terms of both bedding linen and personal laundry. The review should include space to provide for segregation and zoning for clean and soiled laundry, provision of suitable and sufficient racking sorting and improved storage facilities.
- Review of external environment to provide a safe and accessible garden/courtyard for residents, improved parking space and covered walkways for staff and residents.
- Provision of treatment room where residents could meet with health professionals in private.

The provider and person in charge were aware of the timeframe of 2015 outlined within the Authority's Standards and the provider had received a copy of the regulatory notice issued by the Chief Inspector to providers regarding their obligation to meet the requirements of the Regulations in respect of the physical environment.

Theme: Person-centred care and support
Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 15
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 discreet and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Residents received a nutritious and varied diet that offered choice. The inspector observed the lunchtime meal, which was relaxed, and unhurried. It provided a social opportunity for residents to interact with each other and staff. Staff were available to assist residents to have their meals. Catering staff were knowledgeable about the dietary needs of residents and were aware of those who required a special diet. The menu reflected residents' preferences and was appropriate to the age profile and locality, with grilled bacon and turnip mash and boiled potato being a favorite choice on this visit. Staff assisted in serving meals and ensuring residents obtained their preferred food choices. A smaller number of residents took their meals in their own rooms.

Outcome 16
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits

Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspectors observed that residents were addressed by staff in an appropriate and respectful way. Staff were seen to knock before entering bedrooms and waited for permission before entering. In the shared bedrooms, curtains were used to ensure that privacy and dignity was maintained.

Residents were able to meet with visitors in their bedrooms, in either sitting rooms or in the visitor's room.

A varied programme of social and recreational activities scheduled weekly to take place throughout the centre provided opportunities for residents to participate in activities appropriate to their interests and preferences. During the visit staff were observed playing cards with residents and there were music videos playing throughout the day for residents to enjoy, some residents were heard singing along to some of the songs. Residents were observed reading the daily newspaper and others sitting in the sunny conservatory chatting or praying.

However, although staff endeavoured to provide stimulation to residents in the communal areas of the centre it was noted that those residents who remained in bed or in their bedrooms for long periods did not have the same opportunities for stimulation and spent long periods listening or watching TV although it was also noted this was not the case for all and some remained in their rooms without any form of stimulation.

Theme: Workforce
The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18
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.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents. On review of the staff rota it was found to be well maintained with all staff that work in the centre rostered and identified. Annual leave and other planned/unplanned staff absences were covered from within the existing staffing complement.

However, the staff roster did not include the grades of staff and it could not be identified which staff were full or part time. Hours of work or rest periods were not clear, as where staff were on days off or working reduced hours, this was not indicated. Residents interviewed were complimentary of the staff team and commented on their caring nature. They reported that staff were always available to provide the help and assistance they needed.

A review of supervision systems by the person in charge to ensure the delivery and monitoring of appropriate care in a timely and complete manner as identified under Outcome 11 were found to be required. This review should take account of clinical governance, quality indicators of care and other measures to drive improved level of health care delivered and health promotion for residents.

Mandatory training was found to have been delivered on moving and handling, fire safety and prevention of elder abuse training on dementia care, nutrition and wound care was also delivered, however, a comprehensive staff training plan tailored to meet residents' complex needs was not in place. Training on areas of care such as risk assessment and risk management documentation of care delivered, care planning and assessment and recognising and responding to signs of clinical deterioration or improvements were found to be required.

A sample of staff records were reviewed to assess compliance with the action outlined and it was found that the documentation required under Schedule 2 of the Regulations was available.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

2 August 2013

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report *

Centre Name:	Archview Lodge
Centre ID:	0314
Date of inspection:	2 August 2013
Date of response:	26 August 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The statement of purpose required to be revised to include conditions of registration, type of nursing care to be provided, nominated key senior manager and the experience of the provider, person in charge, consultation process for residents and room sizes and clarifications on the admission criteria.

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

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

Action required: Keep the statement of purpose under review.
Action required: Notify the Chief Inspector in writing before changes are made to the statement of purpose which affect the purpose and function of the centre.
Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The Statement of Purpose and Function has been reviewed and amended to include all matters listed in Schedule 1 of the Regulations. The Statement has been forwarded to the Chief Inspector for approval.	Completed

The provider is failing to comply with a regulatory requirement in the following respect: Robust governance systems to ensure the delivery of safe and suitable care to maintain resident's welfare and wellbeing required to be improved.
Action required: Establish and implement appropriate supervision systems for qualified and non qualified staff and ensure skill mix and staffing levels are meeting the needs of residents.
Action required: Provide a high standard of evidence-based nursing practice.
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**

Provider's response: Staff will continue to be supervised to ensure skill mix and staffing levels are meeting the needs of the residents. Care plans are being reviewed and improved to provide evidence based nursing practice.	Implemented on a phased basis and completed by 31st October, 2013.

Outcome 4: Records and documentation to be kept at a designated centre

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

All records were not complete in respect of some care interventions or were not in place and some records were time consuming to locate in order to be reviewed.

Policies and procedures were in place however they were not centre specific and did not sufficiently guide staff on actions to be taken in certain events.

Action required:

Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Regulations in a manner so to ensure completeness, accuracy and ease of retrieval.

Action required:

Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Regulations up-to-date and in good order and in a safe and secure place.

Action required:

Make the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Regulations available to the resident to whom the records refer and made available at all times for inspection and monitoring purposes under the Act.

Reference:

Health Act, 2007
Regulation 22: Maintenance of Records
Regulation 27: Operating Policies and Procedures
Standard 32: Register and Residents' Records
Standard 29: Management Systems Regulation

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**

Provider's response: Staff Training Records, General Records and Resident's Care Plans will be updated and reorganised to ensure completeness, accuracy and ease of retrieval.	31st October, 2013

Theme: Safe care and support

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect: The risk management policies and procedures were not being fully implemented in practice and were not sufficiently specific to guide staff such as end of life care or management of self harm.
Action required: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.
Action required: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.
Action required: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems Regulation

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The Risk Management Policy will be reviewed and updated to ensure its completeness and comprehensiveness. This will then be implemented.	31st October, 2013.

Theme: Effective care and support

Outcome 11: Health and social care needs

The person in charge is failing to comply with a regulatory requirement in the following respect:

Care plans and interventions were generalised and not specific to individual residents.

Care plans for every identified need was not in place for all residents.

All care plans were not revised as required by residents changing needs.

Care plans and risk assessments were not linked and were not consistent.

It was not always evident if the resident was consulted with or kept informed about revisions made to their care plan.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Action required:

Make each resident's care plan available to each resident.

Action required:

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.

Action required:

Revise each resident's care plan, after consultation with him/her.

Action required:

Notify each resident of any review of his/her care plan.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Every effort will be made to ensure Resident's Care Plans reflect care being delivered and these will be linked to risk assessments. The Care Plan will be kept under review as currently happens and we will continue to review the Plan in consultation with the resident and his/her representative.	31st October, 2013

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

Suitable and sufficient care was not provided to each resident to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs. For example:

- lack of evidence of recognising and responding to signs of clinical deterioration or improvements
- suitability or appropriateness of residents requiring 24 hour bed rest.

Action required:

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Action required:

Provide a high standard of evidence-based nursing practice.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 13: Healthcare
Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: More detailed and in-depth recording of the nursing care currently provided will take place, highlighting individual dependency needs. Residents are currently seen regularly by their GPs and in response to staff concerns regarding any signs of clinical deterioration. Based on clinical assessment, an appropriate Care Plan is implemented. All residents are reviewed	

by their GP at least on a 3 monthly basis. Care Plan recording improvement by 6th September for residents currently requiring 24hr bed rest. Phased implementation for all residents to be completed by 31st October.	

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect: The design and layout of the centre was not entirely suitable for the stated purpose and function. Inspectors found that there were a number of aspects of the premises which did not comply with the Regulations and the Authority's Standards. These aspects are outlined in the body of this report and a management plan is required to address these deficiencies by July 2015.
Action required: Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.
Action required: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.
Action required: Keep all parts of the designated centre clean and suitably decorated.
Action required: Provide adequate private and communal accommodation for residents.
Action required: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.
Action required: Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

Action required: Provide and maintain external grounds which are suitable for, and safe for use by residents.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Architectural plans have been drawn up for renovation to the premises, as viewed and discussed at time of inspection, subject to approval by Local Authority and HIQA. These plans are currently being costed and negotiations are at an advanced stage with the NTPF to address the lesser amount of funding paid to us, in comparison with that paid in other parts of the country. A cleaning schedule is in place for each day and Infection Control Policy is always adhered to. Laundry is segregated at source negating any need to segregate within the laundry. Two large industrial machines, with disinfection temperatures and sluice washes, plus two large industrial driers are in place in the laundry ensuring a quick turnover of washing and drying. All other fixtures and fittings, as outlined in Standard 25.37 are in place and an increase in size and location of the laundry is being addressed in the aforementioned extension plans. A good standard of private and communal space and facilities is provided. Residents and their families can move freely within the nursing home, taking into consideration and privacy and dignity of other residents. Size and layout of the rooms, where necessary, being addressed in proposed extension plans. Residents and their families are always consulted and invited to view the facilities and the bedroom available and they then make their decision based on their findings. External grounds contain a spacious garden area where residents and their families can spend time to relax or have a picnic, weather permitting. The adjoining care park has space for 30 cars and this will be formally marked out as will the access area to the front door of the nursing home. Speed limit signs will be erected to ensure residents safety.	Major structural work to be completed within the allocated time frame of July 2015. Reorganisation of external grounds to be completed by 25th October, 2013.

Theme: Person-centred care and support

Outcome 16: Residents' rights, dignity and consultation

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

An activities programme was in place in the centre. However, evidence that meaningful activities were being provider for all residents was not found.

Action required:

Provide facilities for the occupation and recreation of each resident with meaningful activities for all residents including those with limited cognitive or physical abilities.

Reference:

Health Act, 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 2: Consultation and Participation
Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Daily activities for all residents continue and are being recorded. New ideas and initiatives are being introduced on an ongoing basis. With regard to the 2 residents assessed as requiring long periods of bed rest, the current activities in which they engage will be recorded and new activities, when and where appropriate, will be introduced and recorded.	30th September, 1913.

Theme: Workforce

Outcome 18: Suitable staffing

The person in charge is failing to comply with a regulatory requirement in the following respect:

Appropriate supervision and direction for staff required to be improved.

A comprehensive staff training plan tailored to meet resident's complex needs was not in place.

Although the person in charge had engaged in some professional development, there was a need for her to complete additional training in areas such as clinical governance, recognising and responding to clinical deterioration care planning, health promotion and risk management.

Action required: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.	
Action required: The person in charge shall ensure that all staff members are supervised on an appropriate basis pertinent to their role.	
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: While staff training is ongoing and staff are currently given access to training and education, additional training will be undertaken in areas of clinical governance, care planning and risk management. This training currently being sourced.	Training Plans by 31st October, 2013.