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Archersrath Nursing Home, Archersrath, Kilkenny, Kilkenny

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Archersrath Nursing Home
Centre ID:	OSV-0000191
Centre address:	Archersrath, Kilkenny, Kilkenny.
Telephone number:	056 779 0137
Email address:	archersrathnursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services
Provider Nominee:	Pat Shanahan
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	59
Number of vacancies on the date of inspection:	3

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.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 September 2016 09:30	19 September 2016 18:00
20 September 2016 09:30	20 September 2016 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
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	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
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 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate.

As part of the registration renewal process, interviews were carried out with person in charge and the person authorised to act on behalf of the provider.

Questionnaires reviewed were very positive in their comments about the service provided and the staff. All praised the staff for their kindness and commitment. One relative described how staff were always respectful while others described the welcome extended to the families. One resident described the centre as home from home while another described how safe she felt. All residents were complimentary about the premises and the food provided. Some relatives felt that there were not enough staff although the inspector found that at the time of inspection, there was adequate staff on duty. .

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, 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.

The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were robust. However improvement was required to the risk management policy and some staff files were incomplete.

The centre was managed by a suitably qualified and experienced nurse who was accountable and responsible for providing a high standard of care to residents. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided.

Other improvements related to one aspect of medication management and the space available in the laundry room. These are discussed further in the report and included in the Action Plan at the end of this report.

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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is 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.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose, which had recently been updated, met the requirements of the Regulations. It accurately described the service that was provided in the centre.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

The inspector found that there was a clearly defined management structure that

identified the lines of authority and accountability. This was outlined in the statement of purpose and staff were familiar with the line management structure.

Audits were being completed on several areas such as hygiene, medication, care standards and human resource issues. There was evidence of improvements being identified following these audits and interventions put in place to address them.

Resident and relative satisfaction surveys were carried out on a regular basis. The inspector saw that the actions required from these had been completed.

There was evidence that the annual review required by the Regulations was carried out. The inspector read a copy of the 2015 report and saw that this included details of admissions, discharges, wound care, incidents and a review of complaints received.

Ongoing improvements were noted. For example a detailed weekly quality and safety report was now completed and shared with the provider and organisational management team. In addition clinical governance meetings were now held on a monthly basis and the inspector saw that issues identified had been addressed. For example it was identified that changes to the staffing roster were required to ensure that adequate staff were available to assist residents at breakfast time. This change had been implemented.

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:
The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.

The inspector read the Residents' Guide and noted that it met the requirements of the Regulations. It was available to all residents.

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 registered nurse and has the required experience in nursing older people.

The person in charge had maintained her continuous professional development having previously completed a course in gerontology and a management course. She also attended numerous clinical courses relevant to her role such as nutrition, falls management, wound care and dementia care. She frequently attended local and regional courses relating to gerontology.

During the inspection the person in charge demonstrated her knowledge of the regulations and the standards. The person in charge was observed meeting with residents, visitors and staff throughout the days of inspection. Relatives confirmed in questionnaires returned to HIQA that they frequently met with her to discuss their loved ones' care. Residents also spoke fondly of the person in charge and described how they would talk to her if anything was worrying them.

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 inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was in place. All information requested by the inspector was readily available.

One action relating to staff files was identified and is discussed under Outcome 18. Action required is included here.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the regulatory requirement to notify HIQA should the person in charge be absent for more than 28 days. When necessary this had been completed.

The clinical nurse manager (CNM) who normally deputised for the person in charge had recently moved to a different centre. The provider told the inspector that they were currently recruiting to fill this post. Interim arrangements were in place should they be required.

Judgment:

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:

The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which had been updated to reflect the national policy on safeguarding vulnerable persons at risk of abuse. This had been identified as an area for improvement at the last inspection. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Some residents showed behavioural and psychological signs of dementia (BPSD). Improvement was required from the last inspection and the inspector saw that assessments had been completed. The inspector read a sample of care plans and saw that possible triggers and appropriate interventions were recorded. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behavioural and psychological signs of dementia in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

The inspector reviewed the use of restraint and noted that appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Action required relating to safety checks was completed and there was documented evidence that these were undertaken as required in line with the policy in place. Additional equipment such as low beds and sensor alarms had also been purchased to reduce the need for bedrails.

Residents' monies continued to be managed in a safe and transparent way, guided by a robust policy.

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:

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents although improvement was required to the risk management policy.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on all areas of the centre. The inspector read the risk management policy and found that additional information was required in order to meet the requirements of the regulations. For example it did not outline the measures and actions in place to control the specified risks such as self harm, aggression and violence or the unexplained absence of any resident.

The inspector found that action required from the previous inspection relating to fire safety had been addressed. Procedures for fire detection and prevention were in place. Service records indicated that fire extinguishers, emergency lighting and the fire detection system received maintenance at the required intervals. Fire exits were unobstructed and the inspector read the records confirming the daily inspection of means of escape. The inspector noted that fire alarm system was in working order.

Fire drills and training were carried out at frequent intervals. Staff spoken with had attended training, an area identified for improvement at the last inspection. All were clear on the procedure they would follow in the event of a fire. Additional equipment had been provided to use for residents who liked their bedroom door to remain open. This was noise activated and released the door if the fire alarm sounded. This had been identified as an area for improvement at the last inspection.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Some improvement was required to ensure that each resident was protected by the

centre's procedures for medication management.

Some residents needed medication as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded in line with national guidelines. This was also identified as an area for improvement at the last inspection.

Otherwise the inspector found evidence of safe medication management practices. Evidence was available that three monthly reviews were carried out. Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector checked a sample of balances and found them to be correct.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

The pharmacy staff carried out a monthly medication audit and were involved in the review of medications and stock control. Support and advice was also provided as necessary. The inspector saw that the pharmacist visited the centre and spoke with residents who required additional advice or information regarding their prescriptions.

The inspector saw that all nursing staff had attended medication management training.

Judgment:
Substantially Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

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 a comprehensive record of all incidents was maintained. Notifications to HIQA were made in line with the requirements of the regulations.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning.

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):

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The arrangements to meet each resident's assessed needs were set out in an individual care plan. Actions required from the previous inspection relating to care plans had been addressed.

There was a documented comprehensive assessment of all activities of daily living, including mobility, nutrition, communication and sleep. There was evidence of a range of assessment tools being used to assess and monitor issues such as falls, pain management, mobilisation and risk of pressure ulcer development. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals, in consultation with residents or their representatives.

The inspector reviewed the management of clinical issues such as wound care and diabetes management and found they were well managed and guided by robust policies.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. Psychiatry of later life services were available and provided very valuable services to the residents. The inspector saw the benefit of this service to some residents. A full range of other services was available on referral including speech and language therapy (SALT) and dietetics. Physiotherapy and occupational therapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes. The inspector reviewed a sample of care plans and saw that they had been updated to reflect the recommendations of various members of the multidisciplinary team.

Residents were seen enjoying various activities during the inspection. Each resident's preferences were assessed and this information was used to plan the activity

programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. A programme of events was displayed and included religious ceremonies, bingo and music.

Some residents that the inspector spoke with said they preferred not to take part in the group activities and the inspector saw that individual one to one time was scheduled for these residents.

Judgment:
Compliant

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that 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. However improvement was required to the laundry facilities to ensure the safety of residents.

Archersrath Nursing Home is a purpose built centre with 50 single and 5 twin rooms with en-suite facilities. There is one additional twin room without en-suite facilities. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. There are additional wheelchair accessible toilets located around the building. The centre has two main day rooms, two dining rooms and an oratory. Other communal space included a library and a hairdressing room and smoking room.

A kitchen, pantry, visitor's room, laundry room, two sluice rooms and equipment storage room, staff changing rooms, nurse's station, staff office and reception desk complete the accommodation. The inspector noted that the front reception area was popular with residents and visitors.

Bedroom doors were painted in contrasting strong colours such as red, green and yellow. Comfortable seating was provided in the day rooms, dining room, bedrooms and

foyer. There was adequate communal and private space.

The building is wheelchair accessible. All walkways and bathrooms were adequately equipped with handrails and grab-rails and working call-bells were evident in all areas.

There was a schedule for ongoing maintenance and purchasing of equipment.

There were two internal courtyards one of which had raised flower beds, seating and a fountain. There was also an extensive well maintained garden area to the front of the building and ample parking was provided. One relative commented that they would like to see the car parking spaces marked out.

Dementia friendly signage was in place. At the previous inspection the person in charge discussed plans afoot to further enhance the environment. This included making the doors to toilets a similar colour throughout the centre and providing contrasting colours in the toilets to enhance orientation. Some work was still outstanding in this regard.

The inspector visited the laundry and noted that it was too small to allow segregation of clean and dirty clothes. This could pose a risk of cross infection to residents and does not comply with the National Quality Standards for Residential Care Settings for Older People in Ireland. It was a small room and held four machines. The large dryer was towards the back and clean clothes had to be brought out by the washing machines and dirty linen. In addition there was inadequate storage for the laundry once washed. The inspector saw several washed cardigans hanging along the corridor in an attempt to dry them.

The inspector also noted that the hand washing sink and the general sink were badly marked.

These were discussed with the provider at the feedback meeting.

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):

No actions were required from the previous inspection.

Findings:

As at the previous inspection, the inspector noted that there was a robust complaints process in place. The process included an appeals procedure. The complaints procedure

which was displayed in the front hall met the regulatory requirements.

The inspector read the complaints log and saw that all complaints received had been investigated and any required actions were taken. The outcome and satisfaction of the complainant were recorded.

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:

At the previous inspection it was identified that an end of life assessment was not completed for all residents. The inspector found that this had been addressed. Each resident was given the opportunity to express their preferred priorities of care at end of life.

The inspector saw that caring for a resident at end of life was regarded as an integral part of the care service provided. The person in charge stated that the centre received support from the local palliative care team if required.

There was a procedure in place for the return of possessions and specific handover bags were in use. Staff discussed with the inspector other initiatives that were underway within the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of a specific symbol to alert others to be respectful whenever a resident was dying.

The inspector saw that a resource folder was available and this included articles of interest such as communicating end of life issues and supporting families. In addition an information booklet was available for bereaved relatives which contained useful information on local GPs, funeral directors, churches etc.

A special mass was celebrated each year to remember deceased residents. Relatives were invited to attend. Individual candles with each resident's name were available as a mark of respect.

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 was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid balance were accurately completed when required. Records showed that some residents had been referred for dietetic review. Recommendations made had been incorporated into the care plans.

Medication records showed that when necessary, supplements were prescribed by a doctor and administered appropriately.

The inspector saw that residents had been reviewed by a speech and language therapist when required. The inspector observed practices and saw that staff were using appropriate feeding techniques as recommended.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences.

The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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 was satisfied that each resident's privacy and dignity was respected.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. Residents were able to exercise choice regarding how they spent their day.

In the questionnaires returned to HIQA, residents and relatives were very complimentary about the centre and the staff. Residents described the staff as warm and caring. A relative said that staff were always respectful while another stated that staff excelled at what they did.

Several residents stated that it was like home from home and another resident told the inspector that he was quite 'spoiled' since he was admitted. Several residents stated that they felt safe because they trusted the staff.

As described at the previous inspection, the inspector was satisfied that residents' religious and civil rights were supported. Mass was transmitted from the local church every morning and some residents chose to go out to local services. Mass or prayer services took place on a weekly basis. There was an oratory located in the centre which provided a quiet space for residents to pray and reflect. Each resident had a section in their care plan that set out their religious or spiritual preferences. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was provided.

There was a residents' committee in place and meetings took place on a regular basis. The inspector read the minutes and saw that issues highlighted by residents were addressed.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents could have their laundry processed in the centre. The inspector visited the laundry. The staff member spoken with was knowledgeable about the different processes for different categories of laundry.

There was a reasonable amount of space for residents' possessions including a lockable space. Residents and relatives spoken with confirmed that they were happy with the service provided.

Action required relating to the laundry room is included under Outcome 12

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to

meet the assessed needs of residents taking into account the size and layout of the centre. All staff were supervised on an appropriate basis. Improvement was still required to ensure that staff files met the requirements of the Regulations.

It was identified at the previous inspection that some files did not contain a satisfactory history of any gaps in employment as required by the Regulations. The inspector reviewed a sample of staff files and found that this was still the case. Action relating to this is included under Outcome 5.

Several volunteers and outsourced service providers attended the centre from time to time and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role. Their roles and responsibilities were now set out in writing as required by the regulations and this had been identified as an area for improvement at the last inspection.

The inspector noted that active recruitment was taking place as some staff members had left the centre. The inspector saw that nursing staff were undertaking additional shifts to ensure that adequate numbers were on duty. This was discussed with the provider nominee who confirmed that new staff were due to start in the coming weeks.

The inspector saw that a robust induction programme was in place for new staff which included the provision of information to the staff member on issues such as confidentiality and policies and this was signed off once completed. Appraisals also took place on a yearly basis and the inspector saw that when required areas for additional improvement by individual staff members were outlined.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in dementia care and infection control.

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:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Archersrath Nursing Home
Centre ID:	OSV-0000191
Date of inspection:	19/09/2016
Date of response:	06/10/2016

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 files did not contain a satisfactory history of any gaps in employment as required by the regulations.

1. Action Required:

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

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

the Chief Inspector.

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

All employee files will include the history of any gaps in employment as required by the regulations.

Proposed Timescale: 31/10/2016

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 risk management policy did not meet the requirements of the regulations.

2. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

The risk management policy will meet the requirements of the regulations as set out in Schedule 5, Regulation 26(1): the policy will include the measures and actions in place to control the specified risks such as self-harm, aggression and violence or the unexplained absence of any resident.

Proposed Timescale: 31/10/2016

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

For medication to be administered as and when required, the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

3. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All prescriptions for medicinal products to be administered as and when required will

include the maximum dose that can safely be administered in a 24 hour period, in accordance with the directions of the GP and in accordance with pharmaceutical advice provided regarding the appropriate use of the medicinal product.

Proposed Timescale: 31/10/2016

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:

The laundry was not big enough to ensure adequate infection control procedures were in place.

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:

The methodology for the management of laundry will be immediately changed to ensure segregation of dirty and clean linen, in order to ensure adequate infection control procedures, having regard to the needs of the residents in the centre.

A review of the physical space available for laundry will be conducted to allow the implementation of a more streamlined process.

Proposed Timescale: 31/12/2016