



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Archview Lodge Nursing Home
Name of provider:	Archview Lodge Nursing Home Limited
Address of centre:	Drumany, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	27 September 2024
Centre ID:	OSV-0000314
Fieldwork ID:	MON-0043577

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Archview Lodge Nursing Home is committed to providing a pleasant, homely, safe environment for the 30 residents living in the home. Residents' individual nursing and personal needs are catered for, and their privacy and dignity are upheld. We respect each resident's independence and recognise the importance of maintaining links with their families and friends in the resident's ongoing life at Archview Lodge Nursing Home. The centre provides accommodation for both female and male residents over the age of 18 years who may have the following care needs: General Care, Respite care, Physical Disabilities, Mental Disabilities, and the early stages of Alzheimer's and Dementia. Terminal Care and other conditions, such as Parkinson's disease, are also catered for. Accommodation is provided in a range of single and twin rooms. Some rooms have en-suite facilities. There is a choice of communal bath or shower facilities. There are a variety of communal lounges and quiet seating areas provided for residents. All accommodation is at ground floor level.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 27 September 2024	13:30hrs to 18:00hrs	Nikhil Sureshkumar	Lead
Friday 27 September 2024	13:30hrs to 18:00hrs	Michael Dunne	Support

What residents told us and what inspectors observed

The feedback received from residents regarding the care and services provided at this centre was overwhelmingly positive. In addition, visitors who spoke with the inspectors expressed their admiration for the exceptional level of care and support that residents receive and highlighted the dedication and compassion of the staff in this centre. Inspectors observed many positive interactions between staff and residents, and it was clear that staff were aware of residents' assessed needs and responded in a person-centred manner to meet those needs. Staff were observed to be courteous and polite with residents throughout the inspection. Friends and families were facilitated to visit residents, and there was no restriction on visiting in this centre, promoting a welcoming atmosphere.

The designated centre comprises a single-storey building located near Letterkenny town and is close to various amenities, such as shops, restaurants, and public services.

During the day, the inspectors met and spoke with several residents and visitors. The inspectors observed residents comfortably gathered in the sunroom located close to the centre's main entrance. This space allowed residents to enjoy watching visitors arrive and depart, promoting a sense of connection with the outside world.

Additionally, the other communal areas located within the centre contained ample comfortable seating, ensuring that residents had various options for relaxation and socialisation. Staff members were readily available to offer assistance, ensuring that residents felt supported while they engaged in activities or relaxed in these communal areas. The atmosphere in these communal spaces was warm and inviting and encouraged residents to interact with one another and contribute to a vibrant community atmosphere.

Staff were also observed attending residents who chose to remain in their own rooms and were observed providing one-to-one support to these residents, ensuring that they were also enabled to engage with the service provided.

The inspectors reviewed several of the residents' accommodation areas and found that residents' single rooms were personalised with personal items of significance, such as personal photographs and cherished memorabilia, creating a warm and familiar personal space for residents. Residents had enough easily accessible storage to store their clothes, which were neatly organised in their wardrobes.

Inspectors also reviewed the layout of seven twin rooms and found that the layout of these rooms did not fully support each resident's rights to privacy and dignity. This is discussed in more detail under Regulation 9: Residents' Rights and under Regulation 17: Premises.

The next two sections of this report present the findings of the inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this is a well-run centre, with residents' needs and preferences central to the daily routines and the organisation of the centre.

This was an unannounced inspection to monitor the registered provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on actions the provider had implemented to comply with a restrictive condition applied to the designated centres' registration certificate.

The provider of the designated centre is Archview Lodge Nursing Home Limited. There was a clearly defined management structure in place with clear lines of authority and accountability. The directors of the company provided regular management oversight for this centre.

The person in charge of the centre is an experienced nurse who has the required management experience for the role. The person in charge is supported by an assistant director of nursing who also deputises for the person in charge during their absence.

Prior to the inspection, the registered provider submitted an application to remove the restrictive condition attached to the centre's current registration, which prevented admission or transfer into room 3 until "this bedroom is reconfigured to have an area of not less than 7.4 m² of floor space, which area shall include the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom. The works to reconfigure the physical environment must be completed in full prior to the admission of any new resident or existing resident in the centre to this room."

The inspectors found that the provider had carried out works, which increased the overall floor space of Room 3, but found that the space allocated to each resident was insufficient to place a bed, a suitable chair and accessible personal storage space, and the measurement within this individual dedicated area was below the minimum floor space requirement of 7.4 square metres.

Regulation 23: Governance and management

The provider's oversight of the premises did not ensure that seven twin bedrooms met the requirements of the regulations, and as a result, some residents did not have adequate private space in their bedrooms to carry out personal activities in private.

Judgment: Substantially compliant

Quality and safety

Overall, the quality of care and service provided to the residents was of a good standard, with evidence indicating that residents received attentive, person-centred care in the facility.

Residents had access to general practitioners (GPs) of their choice and specialist medical and allied health care services.

The inspector reviewed a sample of care files and found that all residents had care plans in place. The staff who spoke with the inspectors demonstrated an informed understanding of each resident's individual preferences and requirements.

Residents had access to various media, such as newspapers, telephone, and television, to stay informed and connected. Residents had access to advocacy with contact information for these resources prominently displayed in the communal areas of the centre. Moreover, regular resident meetings were held to address important issues concerning the services and support provided and to provide a forum for resident feedback.

Overall, the premises provided a comfortable living environment for the residents. There were adequate communal spaces, and these were well-used on the day of the inspection. Residents who did not have access to ensuite toilets and bathroom facilities had enough communal bathrooms. These were well laid out to meet residents' needs. The centre was clean and tidy on the day of the inspection; however, some areas required painting and repair. The inspectors reviewed a number of single and shared bedrooms and found that some twin bedrooms did not support residents' mobility and transfer needs and were not compliant with the requirements of Regulation 17.

The layout of a twin-bedded room is such that the resident in the first bedspace lacks the opportunity to see out or to view the outside environment while seated or even when confined to their beds, particularly when the other resident in the room decides to draw their privacy curtain.

There were cosmetic improvements required to a number of resident bedrooms, which required redecoration as they had become dated. The inspectors found that due to the current layout of seven twin rooms, the privacy and dignity of residents sharing these rooms were compromised. Inspectors observed carers carrying out a

simulated transfer of a resident who required the use of a hoist. Observations confirmed that the transfer could only be achieved by the rearrangement of seating and the resident's bed. In addition, this manoeuvre also impacted the bedspace of the other residents sharing that room due to the limited space available to manoeuvre the hoist.

The inspectors found that significant focus and actions are now required to ensure that the centre's premises are sufficiently reconfigured to meet the privacy needs and rights of residents. This is further discussed under Regulations 17 and 9.

Regulation 12: Personal possessions

Residents had access and retained control over their personal items of clothing.

Judgment: Compliant

Regulation 17: Premises

The layout of seven twin bedrooms did not provide sufficient space for those residents who used large items of assistive equipment to transfer in and out of bed to use this equipment safely. As a result, the bedrooms did not meet the needs of these residents.

The centre's premises did not conform to the matters set out in Schedule 6 of the Care and Welfare Regulations 2013. For example:

- The inspectors measured the floor space available for each resident in seven twin-bedded rooms and found that the space allocated to each resident was below the minimum floor space requirement of 7.4 square meters. This meant that there was not sufficient space available for the residents to mobilise safely around their beds and did not provide enough room for each resident in these bedrooms to have a bedside locker and a comfortable chair beside their bed.
- There were no call bells in two shower areas in the centre, as a result, the inspectors were not fully assured that the residents could seek staff assistance in the event of an emergency while using these shower rooms.
- There was an insufficient number of grab rails in one shared bathroom.
- Several areas of the centre, which included resident rooms and adjoining ensuite facilities were in need of decoration and upgrade.
- Damage to a wall in a twin room had not been repaired.
- Wires were found protruding from the ceiling in an ensuite facility.

Judgment: Not compliant

Regulation 9: Residents' rights

The layout of a twin-bedded room is such that the resident in the first bedspace lacks the opportunity to see out or to view the outside environment while seated or even when confined to their beds, particularly when the other resident in the room decides to draw their privacy curtain.

The inspectors were not assured that the residents could carry out personal activities in private in this centre. For example:

- The layout of six twin-bedded rooms did not afford each resident accommodated in these bedrooms sufficient space to use assistive equipment, such as hoists or a large comfort chair, without encroaching on the bed space of the neighbouring resident. A review of resident's care records and discussion with management and staff showed that some of the residents accommodated in these bedroom were using these types of equipment. As a result, inspectors were not assured that these residents could carry out personal activities in private.
- There was no door lock in a shared toilet to ensure the privacy of residents using this facility. A similar issue was found on the inspection carried out in February 2022.
- One ensuite bathroom was located between two twin bedrooms and was shared by the four residents accommodated in these twin bedrooms. The ensuite could be accessed from either of the two bedrooms. In addition, there was a third entrance door from the corridor into this bathroom. Staff confirmed that the ensuite facility was also used as a communal bathroom by residents not accommodated in the two twin bedrooms. This arrangement meant that if one of the residents accommodated in the twin bedrooms was using the bathroom, they would lock the door that was accessed from the corridor to ensure their privacy. If the resident did not unlock the corridor door when they left the bathroom, then other residents trying to access the bathroom from the corridor would not be able to do so without either that resident or a member of staff entering the twin bedroom and unlocking the door from inside the en suite. This arrangement did not ensure the privacy of residents accommodated in the twin bedroom and did not ensure that other residents could access their bathroom facilities when they wished to do so.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Archview Lodge Nursing Home OSV-0000314

Inspection ID: MON-0043577

Date of inspection: 27/09/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with Regulation 23(c) of the Care & Welfare Regulations, following the Inspection, the Centre’s management team took effective steps to ensure that all twin rooms within the Centre comply with the floor space requirements of Paragraph 1B of Schedule 6 of the Health Act 2007 (care & welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2013 as amended (the “Care & Welfare Regulations”). The steps taken by the Centre’s management included the engagement of professionally qualified architects/engineers to measure the floor space of each twin bedroom in the Centre to ensure that each resident is provided with a minimum of 7.4sqm of floor space inclusive of space for a bed, chair and personal storage in compliance with the regulatory requirements.</p> <p>The Registered Provider will ensure by 31st March 2025 or sooner as appropriate that:</p> <ul style="list-style-type: none"> o Evidence in the form of professional certification will be presented by the Registered Provider to the Chief Inspector certifying the precise floor space for each twin room in the Centre, as measured by appropriately qualified professional engineers/architects; o each twin bedroom will be suitably rearranged to maximise the utilisation of the available floor space within the bedroom; o the allocation of area within each twin bedroom ensures that each resident has the required minimum of 7.4sqm; and o Where required, privacy curtains will be rearranged so to ensure that personal activities can be carried out in private. <p>The Registered Provider assures that, since the inspection, the layout of each twin bedroom within the Centre has been reviewed, a rearrangement plan has been developed and the implantation of same has commenced.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All twin rooms within The Centre comply with the requirements set out in the "Care & Welfare Regulations".</p> <p>The Registered Provider has consulted with each current twin-room resident and or their families to gather qualitative feedback. Firstly, seeking to establish their contentment and safety within a twin room and secondly to establish their will & preference pertaining to accommodation and their participation in shaping the personal space within.</p> <p>This practice shall be implemented for all future residents of The Centre and become part of the pre-admission process, to ensure the continuity of choice to residents who find comfort within a twin bedroom. A Resident will only be admitted to a twin bedroom where they and or their families are content. This will be reviewed every 6 months. Providing the option of twin room accommodation is fundamental to choice with a Designated Centre.</p> <p>The Registered Provider will ensure that each of the inspected twin bedrooms will be rearranged where required and as per resident consultations, to maximise the utilisation of the available floor space within the bedroom. The Registered Provider will ensure, where desired by The Resident, the access to amenities such as a bed, chair, personal storage space and media within their floor space.</p> <p>The Registered provider has engaged the professional services of a room design agency to assist with this. Where required, privacy curtains will be rearranged to ensure privacy and dignity of The Resident. These reconfiguration plans will be completed on or before 28th of February 2025.</p> <p>Any identified reconfiguration will be completed in respect of each resident's privacy and dignity, on a phased basis. This will be completed on or before May 30th 2025.</p> <p>All twin rooms feature privacy curtains that adequately provide privacy for residents to carry out their personal activities. To address the point of potential encroachment in the event of using assistive equipment, The Registered Provider has already completed an assessment to be completed by a ceiling hoist provider.</p> <p>Ceiling hoists eliminate the need for bulky assistive equipment within the bedroom and will be installed to eliminate the risk of interfering in the rights and privacy of the neighbouring resident. The use of such efficient and space saving equipment ensures that these bedrooms are appropriate for "client-home fit" and for residents assessed as requiring assistive equipment, so to ensure that Long Term Residential Care Services can continue to be provided to Residents of all needs. If acceptable, these ceiling hoists will be installed on or before July 31st 2025.</p> <p>Additionally, to address the specific concerns raised by The Inspector, The Registered</p>	

Provider has arranged so that

- Call bells have been installed in the two shower areas as identified by the Inspectors
- All damage to a wall in a twin room, as identified, has been repaired,
- Wires that were found protruding from the ceiling in one part of the Centre during the Inspection were that of a call bell replacement. These have subsequently been fixed and the replacement call bell has been installed,
- Additional grab rails have been installed in the shared Bathroom identified;
- Privacy curtains have begun to be rearranged within rooms to ensure that personal activities can be carried out in private

In addition to the above and specified actions, a phased redecoration plan is being developed for the Centre and will be completed by 1 September 2026. This is to address the opinion of the Inspectors that overall, the Centre is "dated" and the "cosmetic improvements required".

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Registered Provider has consulted with each current twin-room resident and or their families to gather qualitative feedback. Firstly, seeking to establish their contentment and safety within a twin room and secondly to establish their will & preference pertaining to accommodation and their participation in shaping the personal space within. This exercise is critical to enable choice for residents and to uphold their right to participate in the organisation of their bedroom space within the Designated Centre.

The Registered Provider, as accounted for in the above consultation with residents and subsequent rearrangement plan, shall ensure that natural light remains available to each resident within their bedroom.

As mentioned, all twin rooms within The Centre comply with the requirements set out in the "Care & Welfare Regulations".

To address the point of potential encroachment, The Registered Provider has already completed an assessment by a ceiling hoist provider. Ceiling hoists eliminate the need for bulky assistive equipment within the bedroom and will be installed to eliminate the risk of interfering in the rights and privacy of the neighbouring resident. The use of such efficient and space saving equipment ensures that these bedrooms are appropriate for "client-home fit" and for residents assessed as requiring assistive equipment, so to ensure that Long Term Residential Care Services can continue to be provided to Residents of all needs. If acceptable, these ceiling hoists will be installed prior to July

31st 2025.

The Registered Provider confirms that a door lock has been installed in the shared toilet identified during the Inspection and same was done immediately after the Inspection.

The Registered Provider also confirms that access to the ensuite/bathroom identified in the Inspection has now been reconfigured so that there is now access from one point; the main corridor and is in use as a communal bathroom.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/03/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	31/03/2025

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/05/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/05/2025