



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

## Issued by the Chief Inspector

Name of designated centre:	Archersrath Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Archersrath, Kilkenny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	11 July 2024
Centre ID:	OSV-0000191
Fieldwork ID:	MON-0038598

## About the designated centre

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

Archersrath Nursing home is situated in an rural setting near Kilkenny city. The centre is purpose built and has been extended over time and now has accommodation for 61 residents. The centre accommodates residents over the age of 18 years, both male and female for long term care residential care, respite, convalescence, dementia and palliative care. Services provided include 24 hour nursing care with access to community care services via a referral process including, speech and language therapy, dietetics, physiotherapy, chiropody, dental, audiography and ophthalmic services. The centre caters for residents of varying levels of dependency from low to maximum including residents with dementia. The services are organised over one floor and bedroom accommodation consists of five twin rooms and 51 single rooms, all en-suite. Communal rooms include dining rooms, four day rooms, smoking room, hairdressing/therapy room and spacious front reception area. There are internal courtyards which are accessible by residents. The centre employs approximately 60 staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	55
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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
Thursday 11 July 2024	08:45hrs to 17:20hrs	Mary Veale	Lead
Thursday 11 July 2024	08:45hrs to 17:20hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

At the time of the inspection, the centre was recovering from an outbreak of Norovirus which was having an impact on the lived experience of the residents in the centre. The majority of residents were observed to be isolating in their bedrooms and were not accessing communal spaces or group activities on the day of inspection.

The inspectors spoke with seven residents and two visitors in detail on the day of inspection. The overall feedback from residents was that they were happy with the care provided, expressed satisfaction with staff, and food served. Throughout the day, inspectors observed staff to be kind and patient with residents. A significant number of residents were living with a diagnosis of dementia or a cognitive impairment and were unable to fully express their opinions to the inspectors. However, these residents appeared to be content, appropriately dressed, well-groomed and enjoyed being in the company of staff.

Archersrath Nursing Home is a two storey building located on the outskirts of Kilkenny city. The location, design and layout of the centre was generally suitable for its stated purpose and met the residents' individual and collective needs. The outdoor space included inner courtyards and were readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required.

The inspectors observed that improvements were required in respect of premises and infection prevention and control, which were interdependent. The décor in many areas of the centre was showing signs of wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance and painting. Several bedrooms were visibly unclean on the day of the inspection.

The main kitchen was clean and of adequate size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. Staff had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. These areas were well-ventilated, clean and tidy. However, some ancillary facilities did not consistently support effective infection prevention and control. For example; the treatment room for the storage and preparation, of medications, clean and sterile supplies was cluttered and untidy with boxes of sterile supplies on the floor. The medication fridge was also visibly unclean.

The inspectors observed signage in one sluice room which advised staff to empty the contents of urinals and commodes prior to placing them into the bedpan washer for decontamination. This practice posed a risk of cross infection. Barriers to effective hand hygiene practice were also identified during the course of this

inspection. The inspectors observed that there were a limited number of dedicated clinical hand wash sinks available for staff use. Additional dispensers or individual bottles of alcohol hand gel were required to ensure alcohol hand gel was readily available at point of care (directly outside or inside every bedroom).

Visitors whom the inspectors spoke with were complimentary of the care and attention received by their loved one. Visitors were observed attending the centre on the day of inspection. Visits took place in the residents' bedrooms. There was no booking system for visits and the residents who spoke with the inspectors confirmed that their relatives and friends could visit anytime.

Residents' views and opinions were sought through resident committee meetings. Residents said that they felt they could approach any member of staff if they had any issue or problem to be solved. Group activities did not take place in the centre on the day of inspection. Inspectors observed that one to one activities took place with some of the residents in their bedrooms. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation with staff.

Inspectors observed that the dining rooms and day rooms were not used by residents on the day of inspection. Residents were served meals in their bedrooms. This is discussed further under Regulation 9: Residents rights.

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

## Capacity and capability

Overall improvements were required in the management of the service to ensure safe effective systems were in place to support and facilitate the residents to have a good quality of life. At the time of inspection the centre was experiencing a Norovirus outbreak which impacted on the findings of this inspection. This was an unannounced inspection which took place over one day by two inspectors. Improvements were found in personal possessions since the previous inspection. On this inspection, the inspectors found that further actions were required by the registered provider to ensure that the governance and oversight was effective, and to ensure compliance with regulations, such as care planning, healthcare, and infection prevention and control practices. The inspectors followed up statutory notifications received by the Chief Inspector of Social Services since the previous inspection. There were a number of three day notifications that were not submitted. These notifications were submitted retrospectively.

Mowlam Healthcare Services Unlimited Company is the registered provider for Archersrath Nursing Home. The company is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. The company had two directors.

There had been a change in the person in charge of the centre since the previous inspection. The person in charge reported to the regional healthcare manager, who reported upwards to the director of care and then to the registered provider. The person in charge worked full time and was supported by a clinical nurse manager, a team of nurses and healthcare assistants, an activities co-ordinator, catering, housekeeping, administration and maintenance staff. The person in charge had access to facilities available within the Mowlam Healthcare group, for example, human resources. A review of records found that the current housekeeping provision did not ensure that all 51 single bedrooms and five twin rooms were cleaned each day. For example, there was only one housekeeper on duty at weekends and a large number of housekeeping shifts had not been covered during the current outbreak. The inspectors were informed that there was only one housekeeper on duty on the three days prior to the inspection. Findings in this regard are presented under regulations 15: Staffing, 23: Governance and Management and 27: Infection control.

The electronic staff training matrix was not available on the day of inspection and was submitted following the inspection. Following review of the training matrix it was evident that that staff were supported and facilitated to attend training appropriate to their role and there was a high level of staff attendance at training in areas such as fire safety, safe guarding, manual handling, dementia training, and infection prevention and control. However: improvements were required in the oversight and supervision of care planning, healthcare monitoring and infection prevention and control practices.

Records and documentation, both manual and electronic were available to the inspectors throughout the day of inspection. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

There were company-wide management systems in place which ensured that the service provided to residents was regularly monitored. There were regular management meetings and audits of care provision which included audits of restrictive practices, infection prevention and control, medication management and falls management. Outcomes of audits were discussed at staff meetings. A review of the centres audit system was required as findings on the day of inspection were not in line with the centres audit findings. The person in charge compiled regular reports on key clinical data such as falls, incidents, complaints and antimicrobial usage, which were reviewed by the management team.

An outbreak of Norovirus had been declared in the designated centre on 04 July 2024. A total of 29 confirmed or suspected cases had been identified (14 residents and 15 staff members) to date. Line listings for symptomatic staff and residents were maintained and Public Health had been notified of the outbreak. The majority of residents and staff were recovering and were no longer symptomatic. While it may be impossible to prevent all outbreaks, careful management can mitigate spread of infection and limit the impact of outbreaks on the delivery of care. However, overall inspectors identified that the governance and management systems in the centre were not effective to manage the current outbreak. Inspectors

found evidence of poor oversight of staff and staffing resources that was impacting on the quality and safety of residents.

There was a record of accidents and incidents that took place in the centre. Most notifications were submitted appropriately to the Chief Inspector. However, there were a number of three day notifications that had not been submitted. Subsequent to the inspection these notifications were submitted retrospectively. This is discussed further in this report under Regulation 31.

The management team had a good understanding of their responsibility in respect of managing complaints. The inspectors reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and whom to make a complaint to.

### Regulation 15: Staffing

The provider had not ensured that sufficient housekeeping resources were available to maintain acceptable levels of environmental hygiene during the ongoing outbreak. All areas and rooms were not cleaned each day and several bedrooms appeared visibly unclean.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Further supervision was required to ensure staff were knowledgeable and competent in care planning, cleaning practices, outbreak management and the management of residents colonised with mutli-drug resistant organism (MDRO) infections.

Inspectors were informed that the majority of housekeeping staff had completed an accredited training programme in environmental and equipment cleaning techniques and systematic cleaning for healthcare household staff. However, there was a lack of oversight and supervision of cleaning processes and staff. This resulted in ambiguity regarding effective equipment and environmental cleaning practices. For example, several rooms were visibly unclean.

Judgment: Substantially compliant

### Regulation 21: Records



All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

## Regulation 23: Governance and management

The governance and management systems in place required further strengthening to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored, in particular:

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by:

- Disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.
- There was no regular deep cleaning schedule in place. A review of records found that several bedrooms had not been deep cleaned in several months.
- There was no infection prevention and control link practitioner with the required link practitioner course complete, to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.
- The registered provider did not ensure that there was effective clinical monitoring of residents with confirmed or suspected Norovirus infection to identify those that maybe dehydrated. Details of issues identified are presented under Regulation 6: Healthcare.
- Outbreak communication was weak. For example, infection prevention and control guidance (provided by Public Health) had not been circulated to staff. Some staff were unaware of which residents had confirmed or suspected Norovirus since the beginning of the outbreak.
- There were insufficient local assurance and oversight mechanisms in place to ensure that the environment and equipment was effectively cleaned and decontaminated.
- Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. However, several staff members were unaware of the infection and MDRO status of a small number of residents. As a result, appropriate precautions may not have been in place when caring for these residents.

There was insufficient oversight of residents' assessments and development of associated care plans. This is further detailed under Regulation 5: Individual assessment and care plan.

Repeat findings of non-compliance with Regulation 28: Fire precautions were found on this inspection. This is discussed further under Regulation 28: Fire precautions.

Judgment: Not compliant

### Regulation 31: Notification of incidents

A review of the records in relation to incidents in the centre showed that there were a number of incidents as set out in Schedule 4 of the regulations that were not notified to the office of the Chief Inspector within the required time frames. The person in charge was requested to submit these notifications following the inspection. For example:

- The office of the Chief Inspector had not been notified within 3 days of a number of occurrences in which residents sustained a serious injury requiring hospital treatment.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that the provider was, in general, delivering a good standard of social care; however, the gaps in oversight, as mentioned in the

Capacity and Capability section, impacted the quality of life for the residents living in the centre. The findings of this inspection are that further action was required in relation to premises, infection control and prevention, assessments and care planning, health care, and fire safety.

The centre was closed to new admissions during the ongoing Norovirus outbreak. Signage was displayed at the entrance to alert visitors to the outbreak. Arrangements were in place to ensure that visiting did not compromise residents' rights, and was not overly restrictive during the ongoing outbreak. Visiting was permitted with practical infection control precautions in place to manage risk.

The inspectors viewed a sample of residents' electronic nursing notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by inspectors were generally person-centred. However, a review of a sample of care plans found that there was insufficient information recorded to effectively guide and direct the care of these residents. Details of issues identified are set out under Regulation 5.

Residents had access to general practitioners (GPs), allied health professionals, specialist medical and nursing services including psychiatry of older age and community palliative care specialists as necessary. However, improvements were required in the clinical oversight of residents with confirmed or suspected Norovirus. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Findings are discussed under regulation 6: Healthcare.

Improvements were found in relation to residents personal possessions. Wardrobes and lockers were available in the residents floor spaces in rooms 23, 24, 25 and 26.

The location, design and layout of the centre was generally suitable for its stated purpose and met the residents' individual and collective needs. However, the environment and equipment was not consistently managed in a way that minimised the risk of transmitting a healthcare-associated infection. Findings in this regard are presented under Regulations 17: Premises.

Several potential contributory factors were identified on the day of the inspection which impacted the management of the current outbreak and increased the risk of further outbreaks. This included weak outbreak communication and oversight, poor environment and equipment hygiene and limited access to clinical hand washing facilities. Findings in this regard are presented under Regulation 27: infection control.

The provider had effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There were automated door closures to most of the bedrooms and compartment doors. The doors with automated door closures installed were seen to be in working order. All fire safety equipment service records were up to date and there was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors to

ensure the building remained fire safe. Fire training was completed annually by staff and records showed that fire drills took place regularly in each compartment with fire drills stimulating the lowest staffing levels on duty. Records were detailed and showed the learning identified to inform future drills. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents and staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. However; further improvements were required to comply with fire safety which are outlined under Regulation 28: Fire precautions.

Residents had access to newspapers and televisions in the centre. Residents' meetings were held regularly, and the meeting records indicated that they were consulted about the organisation of the centre. The inspectors observed that the Norovirus outbreak was impacting on the resident's access to meaningful activities and their choice to attend communal areas in the centre. This is discussed further under Regulation 9: Residents rights.

### Regulation 11: Visits

Signage alerted visitors to the Norovirus outbreak. Visits continued to be facilitated with infection prevention and control precautions in place. A small number of visitors were observed coming and going to the centre on the day of inspection.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

### Regulation 17: Premises

A number of maintenance and infrastructural issues were identified which had the potential to impact on infection prevention and control measures. For example;

- Several bedrooms and bathrooms were visibly unclean.

- Some surfaces and flooring in several areas was worn and poorly maintained and as such did not facilitate effective cleaning.

Judgment: Substantially compliant

## Regulation 27: Infection control

The current Norovirus outbreak of infection had not been managed, controlled and documented in a timely and effective manner. For example;

- Isolation signage was not consistently placed at the entrance to bedrooms of residents with confirmed or suspected Norovirus to restrict entry and clearly indicate the level of transmission-based precautions required.
- There was ambiguity among cleaning staff with respect to the types of cleaning products that were in use or the correct dilution of these products, as a result all bedrooms, toilets and communal areas were not routinely disinfected with a 1000ppm hypochlorite solution as recommended in national guidelines.
- Bedrooms had not been cleaned every day during the outbreak. National guidelines recommended that the frequency of routine ward, bathroom and toilet cleaning should be increased to a minimum of twice daily.
- Over half of symptomatic residents experienced episodes of vomiting and diarrhoea. However, staff told inspectors that masks were not routinely worn when providing care to all symptomatic residents. This significantly increased the risk of Norovirus transmission.

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Clinical bins were inappropriately placed within communal bathrooms. Clinical waste bins were not available within both sluice rooms. This may lead in inappropriate waste segregation. One external clinical waste storage bin was not locked and was accessible to the public.
- There were a limited number of dedicated hand wash sinks in the centre. Sinks within residents rooms were dual purpose used by both residents and staff. Inspectors also were informed that residents wash basins were rinsed in the residents sinks which increased the risk of cross contamination.
- The covers of several armchairs were worn and cracked. These items could not effectively be decontaminated between uses, which presented an infection risk, particularly during the ongoing outbreak.
- Several items of equipment observed during the inspection were visibly unclean including a standing hoist, a portable fan, oxygen concentrator and several shower chairs. The non-compliances observed during the inspection showed that all equipment was not being cleaned in accordance with national and evidence-based guidelines.

- The detergent within one bedpan washer had expired several years ago. Signage advised staff to manually decant the contents of urinals and commodes prior to decontaminating in the bedpan washer. This posed a risk of environmental contamination, particularly in the context of Norovirus outbreak ongoing at the time of the inspection.
- A review of the centres bed tables was required as a number were damaged with exposed (medium density fibreboard) MDF. This posed a risk of cross contamination as staff could not effectively clean the residents wash hand basin units.
- A review of the centres shower chairs was required as a number had visible rust on the leg or wheel area. This posed a risk of cross-contamination as staff could not effectively clean the rusted parts of the commode.
- The storage of residents' wash basins required review as inappropriate storage of wash hand basins on en-suite toilet floors created a risk of cross contamination.
- The centres shower drains require review as a number of shower drains were found to be dirty on the day of inspection.
- There was no regular deep cleaning schedule in place. A review of records found that several bedrooms had not been deep cleaned in several months.
- Some legionella controls were in place and water samples had been tested to assess the effectiveness of local legionella control measures. However, only two samples had been tested. This was not a representative number of samples based on the number of outlets in the water system.
- There was inappropriate storage of equipment and supplies including stocks of personal protective equipment (PPE) and incontinence wear within a communal bathroom. This posed a risk of cross contamination.

Judgment: Not compliant

## Regulation 28: Fire precautions

While there was good practice in fire safety, such as preparing staff to deal with a fire, action was required by the provider to ensure that adequate arrangements were in place to protect residents from the risk of fire. For example:

- The provider had given assurances in the compliance plan following the inspection carried out in March 2023 that automated door closures would be installed to all bedroom doors by September 2023. The findings on this inspection was that the automated closures had not been installed to all bedroom doors.
- A smoking risk assessment had not been completed for a resident who smoked.
- A review of the centres smoking room was required as inappropriate items such as PPE and soft cushions were stored in this room which posed a risk to the residents safety.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Based on the sample of care plans viewed, action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- Infection prevention and control care plans were not in place to effectively guide and direct the care of residents with confirmed or suspected Norovirus.
- Care plans were not in place to effectively guide and direct the care of residents who had a respiratory tract infection, and required eye care.
- A number of care plans did not contain sufficient detail to effectively guide staff to provide person-centred care. For example: End of life and post fall care plans required more detail.
- Accurate information was not consistently recorded in resident care plans to effectively guide and direct the care residents colonised with MDROs including Carbapenemase-Producing Enterobacterales (CPE) and Extended Spectrum Beta-Lactamase (ESBL).
- An infection prevention and control care plan for residents with a recent history of *Clostridioides difficile* infection did not contain appropriate detail or history to effectively guide care.
- Action was required to ensure that care plans were reviewed and updated at regular intervals when there was a change in the resident's condition and, following a review by health care professionals, to ensure that they effectively guided staff in the care to be provided to a resident.

Judgment: Not compliant

### Regulation 6: Health care

Improvements were required in the clinical oversight of residents with confirmed or suspected Norovirus and *Clostridioides difficile* infection. For example, a sample of resident observation records reviewed indicated that symptomatic residents fluid input and output was not routinely monitored to assess for signs of dehydration. Assurances were not in place that symptomatic residents were being monitored for signs of dehydration.

While antibiotic usage was recorded, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives.

Judgment: Substantially compliant

## Regulation 8: Protection

The centre had arrangements in place to protect residents from abuse. There was a policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with confirmed that they promptly report any concern regarding residents' safety or welfare to the centre's management team.

Inspectors found that good practices were in place to protect residents' finances. Residents' monies were lodged into a resident /client account.

The centre acted as a pension agent for four residents. There were robust accounting arrangements in place and monthly statements were furnished. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for and double signed by the resident or representative and a staff member.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' right to exercise choice was not always upheld by the registered provider. For example;

- Transmission based precautions had been discontinued for the majority of residents who had completed the required isolation period. However, the majority of residents continued to remain in their bedrooms and communal dining or social activities had not resumed. As a result resident activities were mostly individual and self directed.
- Staff were observed providing one to one interaction with a small number of residents. However, no other meaningful activities that promoted physical health, mental health and wellbeing and opportunities for residents to socialise were observed on the day.
- Residents did not have an opportunity to have their meals in the dining rooms on the day of inspection. This negatively impacts on opportunities for residents to socialise and engage with other residents.

Judgment: Substantially compliant





## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Archersrath Nursing Home OSV-0000191

Inspection ID: MON-0038598

Date of inspection: 11/07/2024

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• We are currently in the process of recruiting a housekeeping supervisor which will enable the Person in Charge (PIC) to provide sufficient staff to maintain a good standard of environmental hygiene and ensure that all areas of the centre can be cleaned each day.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• The Person in Charge (PIC) will ensure all staff have received up to date infection control training by a reputable training provider who will provide evaluation of training and summary of course content to the PIC. The staff training will include insight and awareness of MDROs and the relevant IPC practices and measures to be implemented for residents colonized with MDROs.</li> <li>• The PIC will discuss MDROs at the handover and safety pause to raise staff awareness.</li> <li>• The PIC will ensure that staff are aware of how to manage an infection outbreak by practicing an Infection Outbreak Preparedness Drill with groups of staff on a monthly basis. This will maintain a high level of awareness among staff and improve the response and vigilance in the event of an outbreak in the centre.</li> <li>• The PIC and senior management team will complete clinical care audits which include a review of care plans. They will review the audit outcomes and findings with staff nurses as part of their supervision and reflective practice, highlighting areas for quality improvement. These will be reviewed as part of the audit cycle.</li> <li>• Recruitment is in progress for a housekeeping supervisor who will be responsible for</li> </ul>	

ensuring that all housekeeping staff apply the theory from their Clean Pass accreditation course to practice. The housekeeping supervisor will oversee the staff, ensuring that any deficits in the standards of cleaning are brought to the attention of individual staff so that they can be immediately addressed.

- The PIC will carry out weekly walkabouts of the centre with the housekeeping supervisor to monitor compliance with expected environmental hygiene standards in the centre.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- We will strengthen the governance and management to ensure that the service provided to residents is safe, appropriate, consistent and effectively monitored. The PIC will ensure that audits of infection prevention and control will accurately reflect the findings at the time of the audit. A quality improvement plan will be completed following each audit to accurately reflect the findings and comply with National Standards for Infection Prevention and Control (IPC) in community services, and the PIC will monitor the effective implementation of all corrective actions and oversee compliance with expected standards.
- The oversight of housekeeping will be enhanced with the appointment of a housekeeping supervisor, who will ensure that deep cleaning records are available and in use. The housekeeping supervisor will be responsible for monitoring standards of environmental hygiene. Where deficits are observed, housekeeping staff will address these immediately.
- The Clinical Nurse Manager (CNM) will be the designated Infection Prevention & Control link practitioner. The PIC will schedule enhanced IPC training, including a link practitioner course.
- The PIC and IPC link practitioner will ensure that effective IPC training is provided to all staff so that they are aware of management protocols for residents who have suspected or confirmed Norovirus. In the event of a suspected or confirmed Norovirus outbreak, residents with symptoms will be placed on intake and output charts to monitor hydration status.
- We will ensure the National Standards for Infection Prevention & Control are circulated to staff (and updated as required) and available for reference in the IPF folder which is held at the Nurses' Station. The PIC will implement monthly Preparedness for Infection Outbreak practice drills to heighten staff awareness and ensure that staff will be vigilant in the event of an infection outbreak. Communication regarding infection outbreaks will be extensively communicated to staff, including any communication from Public Health. This information will be shared during handovers and safety pauses.
- The appointment of a new housekeeping supervisor will facilitate regular supervision of environmental hygiene and equipment cleaning, The PIC will introduce a schedule for care staff to clean/decontaminate clinical equipment, and they will be trained on the

<p>cleaning requirements and frequency of cleaning. A tagging system will be used to ensure that staff are aware of the cleaning status of individual items of equipment. The PIC and housekeeping supervisor will carry out weekly walkabouts of the centre to inspect cleaning standards.</p> <ul style="list-style-type: none"> <li>• The PIC will ensure that effective Infection Prevention &amp; Control training and education is provided to all staff, which will include healthcare associated infection (HCAI), awareness of Multiple Drug Resistant Organisms and how residents colonized with MDROs should be managed. MDRO status of residents will be discussed at each handover.</li> </ul>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• The Healthcare Manager will ensure that a Safeguarding workshop is carried out for all staff in the centre, including the management team in the centre. The workshop will cover the individual role and responsibilities of all staff in fostering a culture of safeguarding in the centre.</li> <li>• The PIC will review all incidents and complaints and will ensure that all notifiable events are submitted to the Chief Inspector within the appropriate timeframe in accordance with legislative requirements.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• We will ensure that bedrooms and bathrooms are thoroughly and consistently cleaned to a high standard.</li> <li>• A programme of decorative upgrade works has been scheduled by the Facilities team, which will include the repair and upgrade of damaged or worn flooring and surfaces.</li> </ul>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

- We will ensure that all staff have received effective IPC education and training by a suitably qualified training provider. Staff will also complete online IPC training modules. The IPC link practitioner will attend enhanced IPC training to facilitate the implementation of the role effectively.
- An up-to-date copy of the National Standards for Infection Prevention & Control will be available for all staff in the centre and will be held at the Nurses' Station for ease of reference.
- Isolation signage will be placed at the entrance to each bedroom door in the event of future infection outbreaks.
- The PIC will conduct monthly Infection Outbreak Preparedness drills to highlight staff awareness and improve vigilance around IPC standards in the event of an actual outbreak.
- The PIC will ensure that all bedrooms, toilets and communal areas are routinely disinfected with a 1000ppm hypochlorite solution as recommended in national guidelines. The PIC will schedule further training for housekeeping staff to ensure that they are aware of the correct cleaning products and how to use them.
- The PIC will ensure that bedrooms and all areas of the centre are cleaned in accordance with national guidelines in the event of an outbreak. The appointment of a housekeeping supervisor will facilitate the effective oversight of environmental cleaning standards.
- Effective staff education on IPC and regular Infection Outbreak Preparedness Practice drills will enhance staff awareness and knowledge around correct IPC practices, including the appropriate wearing of masks.
- The PIC will ensure that clinical waste bins are placed in both sluice rooms to facilitate the appropriate segregation of waste. The housekeeping staff and maintenance person will ensure that external Clinical Waste bins are locked and checked daily at start of each shift.
- The installation of further clinical hand wash sinks is included in the scheduled programme of decorative upgrade works which will commence in the centre in September 2024. Meanwhile risk assessment for current use of resident sinks has been completed.
- Armchairs that are cracked and worn will be reupholstered.
- The housekeeping staff will undergo specific training regarding environmental and equipment cleaning procedures. A cleaning checklist has been implemented to ensure that resident equipment is consistently cleaned in accordance with national guidelines.
- Both bedpan washers have been serviced and detergent replaced. All out of date detergent has been disposed of and replaced with new detergent.
- All damaged bed tables will be disposed of and replaced with new bed tables.
- Shower chairs and commodes have been reviewed and those that have visible damage or rust signs have been disposed of and will be replaced with new items.
- Residents' wash hand basins will be reviewed as part of the scheduled programme of works planned for the centre.
- The shower drains have been cleaned and the PIC has added the cleaning of shower drains to the housekeeping schedule to ensure that these are always maintained in a clean condition.
- A deep cleaning schedule and records are in place since the inspection.
- We will increase the number of samples for Legionella testing in proportion to the size of the building.

- Inappropriate items have been removed from communal bathroom and the PIC will monitor compliance with appropriate and safe storage of equipment in the centre.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Automated door closures have been fitted to all bedroom doors since the inspection.
- There are currently no residents who smoke in the centre. Smoking risk assessment will be completed for all residents who smoke as part of the pre-admission and admission assessments.
- PPE and soft cushions have been removed from the residents' smoking room.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- The PIC will ensure that appropriate infection control care plans are in place for all residents in the event of an infection outbreak. This will be facilitated by improved education on IPC and monthly Infection Outbreak Preparedness Practice drills, which will raise staff awareness and improve knowledge of infection control measures and precautions.
- The PIC will review all assessments and care plans and will ensure that they are individualised, person-centred, sufficiently detailed, and based on an assessment of each resident's specific care needs.
- All residents' care plans are audited quarterly with action plans in place to implement improvements and the PIC will monitor compliance with the implementation of quality improvements.
- The PIC will ensure that accurate information will be recorded in resident care plans to effectively guide and direct the care of residents colonized with MDROs.
- The PIC will ensure that residents with a recent history of *Clostridioides difficile* infection will have an infection prevention and control care plan that contains appropriate details and history to effectively guide care.
- The PIC will review and update care plans least every 4 months or when there is a change in the resident's condition, and following a review by health care professionals, to ensure that they effectively guide staff in the care to be provided to residents.



Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• The PIC will ensure that any residents with symptoms of Norovirus will have vital signs monitored to detect signs of deterioration, and they will be commenced on a fluid intake and output chart to monitor for signs of dehydration.</li> <li>• The PIC will ensure that there will be accurate records of multidisciplinary targeted antimicrobial stewardship audits and evidence of quality improvements.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• In the event of future infection outbreaks that necessitate a period of isolation for residents, the PIC will ensure that following the period of isolation, residents are facilitated to participate fully in the usual choice of activities and social events in accordance with each resident's preferences.</li> <li>• The PIC will ensure that residents are offered the opportunity to participate in small or larger group activities as they wish, and staff will promote meaningful activities that enhance physical, mental health and wellbeing.</li> <li>• Residents will be offered the opportunity to have their meals in the dining room so that they can socialise and engage with other residents as soon as possible after their period of isolation has concluded.</li> </ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/10/2024
Regulation 16(2)(b)	The person in charge shall ensure that copies of any relevant standards set and published by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act are available to staff.	Substantially Compliant	Yellow	30/09/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a	Substantially Compliant	Yellow	30/11/2024

	particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/10/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/10/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1)	Not Compliant	Orange	31/08/2024

	(a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	30/09/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/09/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a	Substantially Compliant	Yellow	30/09/2024

	high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	30/09/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/09/2024