

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Croft Nursing Home	
<b>Centre ID:</b>	0028	
<b>Centre address:</b>	2 Goldenbridge Walk	
	Inchicore	
	Dublin 8	
<b>Telephone number:</b>	01 4542374	
<b>Fax number:</b>	01 4732804	
<b>Email address:</b>	bhart@silverstream.ie	
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>	
<b>Registered provider:</b>	Silver Stream Healthcare Group Ltd.	
<b>Person in charge:</b>	Blathnaid Harte	
<b>Date of inspection:</b>	15 and 16 October 2009	
<b>Time inspection took place:</b>	<b>15 Oct Start:</b> 12:00 hrs <b>Completion:</b> 20:00 hrs <b>16 Oct Start:</b> 08:00 hrs <b>Completion:</b> 16:00 hrs	
<b>Lead inspector:</b>	Marian Delaney-Hynes	
<b>Support inspector(s):</b>	Nan Savage	
<b>Type of inspection:</b>	<input type="checkbox"/> <b>Registration</b> <input checked="" type="checkbox"/> <b>Scheduled</b>  <input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b>	

## About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** – this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqa.ie](http://www.hiqa.ie).

## Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

## About the centre

### Description of services and premises

Croft Nursing Home is a single-storey detached building which was opened in 1986 as a residential centre. The service has places for 39 residents with 37 residents in the centre at the time of inspection. The centre provides long-term, convalescence, palliative and dementia care to persons under and over 65 years of age.

The premises consists of a dining room and three lounges, one of which is the smoking room. There are 10 single bedrooms, six of which have en suite facilities, 11 twin bedrooms and two further bedrooms catering for between three and five residents. The centre is equipped with a fire alarm system and a nurse call bell system.

There is an enclosed garden to the rear of the building which has tables and benches and is accessible to all residents. There is sufficient parking to the front of the centre which is surrounded by well maintained shrubbery, trees and potted plants.

### Location

The centre is situated close to the canal in Inchicore, and within five minutes drive of Dublin city centre.

<b>Date centre was first established:</b>	1986
<b>Number of residents on the date of inspection</b>	37

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	17	12	6	2

### Management structure

Joseph Kenny is the Provider and Blathnaid Hart is the Person in Charge. Gary Downey is the Operations Manager and the person in charge reports to him. The assistant director of nursing and the nurses report to the person in charge. The nursing staff have responsibility for the supervision of the care attendants. Household, catering and maintenance staff are supervised by and report to the person in charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1 assistant director of nursing  1 staff nurse	6	2	2	1	1 maintenance person

## Summary of findings from this inspection

This was the first inspection of the centre; it was an announced inspection and was carried out over two days. Inspectors spoke to residents and relatives to get their views on the centre as well as staff members, the person in charge and the operations manager. Inspectors also reviewed a number of documents and records including care plans, duty rosters and policies.

Inspectors found that the centre was well managed and organised. There is a clearly defined management structure which identifies lines of responsibility and accountability. Residents said that they felt safe and secure and that their needs were met in relation to care provision, food choices and access to information.

The staff demonstrated good knowledge of all residents. A programme of group leisure activities was provided and the more independent residents were seen to be able to participate. There was a residents' forum and both residents and staff spoke positively regarding the outcomes of these meetings.

Care plans were seen to have been updated recently and included nursing goals and actions. Inspectors were satisfied that the nursing, medical and other healthcare needs of residents were catered for to a high standard. The centre had a general practitioner (GP) and out-of-hours medical service. Support services including chiropody, physiotherapy, occupational therapy and a dietician service were available to residents as required. A hairdressing service is available to residents on a weekly basis.

Inspectors found that the premises, fittings and equipment were clean and well maintained. There was a good standard of décor throughout.

There were areas that required improvement such as the:

- fire exit opposite the laundry was inaccessible for wheelchair users
- recruitment and selection process for staff was not in line with best practice
- provision of opportunities for fulfilment for residents was not sufficiently met.

The Action Plan at the end of this report identifies areas where improvements are required in order to meet Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

## Residents' and relatives' comments

Inspectors spoke to a number of residents and relatives. In addition, nine relatives had completed and returned the relative questionnaire prior to inspection.

### Residents

Most residents reported a high level of satisfaction with the care they were receiving. They said that the staff were caring, courteous and respectful. Residents also said that they enjoyed the flexibility about food choices, the ability to choose when to get up and go to bed and the centre's open visiting arrangements.

One resident commented: "The new person in charge got me in touch with a church group and I am now a member and really enjoy being a part of my community again".

When asked about the provision of care at night-time another resident said "I can ring the bell at any time of the night and the staff come to me immediately". Another resident told inspectors "I was admitted to here from St. James's but I am very happy now. I would love to be able to do things but my hands are weak and the staff have to help me, they are very good".

On the other hand, another resident commented: "I would love a cup of tea after my dinner as well as the cup at 3 pm but I would need great courage to ask for it". Another resident said that he would like to access the garden freely but the conservatory door was always locked.

### Relatives

Most of the relatives spoken to expressed satisfaction with the level of care being provided to their relative. They described their relatives as being well looked after and receiving good medical and nursing care. One relative said "I am aware of my mother's care plan and I had an opportunity to contribute to it, I know what's going on".

A relative who spoke to inspectors said that his wife was admitted from St. James's hospital and stated "I can't praise the place enough, the staff do most things for her and she can choose her favourite foods".

Another relative told inspectors that she would like to see the garden used more by residents. She stated that she had talked to the manager and was told that the garden will be renovated for next summer, creating easier access for residents.

Further comments from relatives included:

"The nursing home is a lovely place to live; it needs a receptionist at the weekends to answer the door. I feel the staff do a very good job". "We are very satisfied with the level of care and attention that our mother receives, the staff are very caring and friendly and we have a very good working relationship with them".

## Overall findings

### 1. Governance: how well the centre is organised

**Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.**

**Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.**

#### Evidence of good practice

The person in charge had been in post since late April of 2009 and presented to inspectors as very enthusiastic and keen to provide the best quality of care and life experience for all residents. She works full-time and demonstrated a good knowledge of Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the Authority's *National Quality Standards for Residential Care Settings for Older People in Ireland* when talking to inspectors. The person in charge was seen to have a positive vision of how the centre should be run, stressing the importance of getting to know residents, relatives and staff. She stated that she aimed to lead her team to provide a person-centred service whereby the resident was always the main focus and priority. The person in charge further demonstrated strong leadership through her hands-on approach and daily involvement in the running of the centre.

There was a defined management structure which identified the lines of authority and accountability. The assistant director of nursing deputised in the absence of the person in charge. Staff members told inspectors that they had always felt well supported by the person in charge. They said that she met them informally every day and listened to their views and suggestions.

The person in charge had recently developed a complaints' policy and a complaints' log in conjunction with other centres in the Silverstream Health Group. Inspectors examined audits pertaining to medication, accidents, incidents and falls and found them to be accurately maintained.

Inspectors observed that the number and skill-mix of staff on duty on the days of inspection was appropriate to the needs of residents. There were eight staff on duty on the day (excluding the person in charge), two nurses and six care assistants. Residents told inspectors that there were sufficient staff available to cater for their needs.

Inspectors viewed a number of documents including the directory of residents, the duty rosters, the complaints policy and log, the fire training register, insurance certificates, the medication policy, and the policy and procedure for the detection and reporting of elder abuse. Records and documentation were up-to-date and in line with best practice and legislation. The directory of residents was in hard copy form and included all relevant information in respect of each resident.

The pre-inspection questionnaire identified three residents whose finances were being managed by the person in charge; these were examined by inspectors and it was deemed that this was being done in a safe, secure and transparent manner.

A suggestion box was available close to the main entrance and residents and relatives were encouraged to use it.

### **Significant improvements required**

There was no statement of purpose and function, a requirement of the Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Many of the policies and procedures required by legislation were seen to be absent, including risk management, provision of information to residents and a policy on missing persons. In addition, there was no signed record which indicated that staff had read and were familiar with policies.

## 2. Quality of the service

**Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.**

**A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.**

### Evidence of good practice

Inspectors observed that the dignity and privacy of residents was respected and promoted by staff. Inspectors observed staff knocking on bedroom and toilet doors, and awaiting permission before entering. During inspection, residents were seen to be spoken to in a courteous and respectful manner. Inspectors observed staff sitting with residents, listening attentively and encouraging conversation with residents who had restricted communication skills.

In general, residents and relatives were complimentary about the food provided. They confirmed that there was a choice each day and that snacks were provided at other times, including night time. Special diets and individual preferences were catered for, such as the provision of soft and pureed meals. The ingredients of pureed meals were prepared separately so that residents could experience different tastes. The menu was clearly displayed in the dining room and staff took the time to explain to residents what was on the menu prior to serving meals.

Inspectors observed menus and food order forms which indicated that food was nutritious and fresh. Catering staff have a good knowledge of residents' dietary needs. Inspectors saw that there was a variety of drinks available to residents at all times. Some residents chose to have their meals in their rooms. One relative said that she can store cans of beer in the refrigerator for her family member to enjoy when he wants.

Residents' religious beliefs were respected and supported with mass taking place each week for those who chose to attend.

Residents confirmed to inspectors that they had a choice in their daily routines, for example, the time at which they can get up and go to bed. Many residents had personalised their bedrooms with pictures, photographs and ornaments.

Residents confirmed that they felt safe and secure and that if there was a problem or difficulty they could approach any staff member. They also said that the person in charge was always around and available for them. Inspectors observed that the main sitting room was supervised at all times.

## Some improvements required

Although there was an activity programme for residents, it was not comprehensive and did not meet the needs of all residents. Inspectors observed residents watching television and having a sing-song.

Some residents told inspectors that they did not have an input into the recreational programme and were not aware of what was happening each day. The television was on all day over the inspection period, even though very few residents were seen to be watching it. Some residents said that they used to enjoy going to bingo prior to admission but this was not available to them in the centre.

Although residents said that their rooms were very adequate, they did not have an individual lockable storage space to store private and valued possessions. Residents' laundry was labelled by the room number rather than with the resident's name.

### 3. Healthcare needs

**Outcome: Residents' healthcare needs are met.**

**Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.**

#### Evidence of good practice

Inspectors saw that the provider had a thorough pre-admission assessment system, which was complemented by a further comprehensive assessment of residents' needs when they were admitted.

All residents had a care plan, which reflected the assessment findings and set out, in detail, the actions to be taken by staff to ensure that all aspects of residents' healthcare and personal needs were met. There were assessments of a range of potential risks to residents such as pressure sores, management of prevention of falls, moving and handling and nutrition. Inspectors viewed a care plan in which it was recorded that one resident needed urgent chiropody services post-admission and that this service was provided immediately.

Both residents and relatives were encouraged to participate in the care planning process. Care plans were regularly reviewed with daily notes recording the care delivered to residents. Inspectors viewed a sample of care plans and asked staff about the needs of those residents. Staff were seen to be well informed and knowledgeable about these individual care needs. All residents appeared comfortable and well cared for. Inspectors observed their personal hygiene and grooming needs were met.

Residents' health was promoted through regular monitoring of blood pressure, weight, and blood screening which was recorded in residents' files. Some residents were attending specialist medical and psychiatry services at the nearby St. James' hospital. Support services such as physiotherapy, occupational therapy, dietician and chiropody services were available to residents as required. Throughout the inspection period, staff were observed taking residents who required assistance for frequent short walks. The inspectors' review of residents' medical files showed that GPs regularly reviewed medication and the health status of residents on a three-monthly basis

The provider had written policies and procedures for the management and administration of medication, which was in line with best practice. Medication was seen to be kept in a locked and secured drug trolley, in drug cupboards and where required, in a medical refrigerator. Inspectors observed good practice in relation to the administration of medication which was carried out by two nurses. Scheduled

controlled drugs were seen to be stored in a safe manner, in keeping with legislative requirements.

Although no drug error recording sheets were available at the time of inspection, these documents were made available to inspectors soon afterwards.

### **Some improvements required**

In general, staff were observed to adhere to best practice when moving or handling residents. However, on two occasions, an inspector observed poor practice, such as two care assistants transferring a resident from a wheelchair to an armchair using a full body lift.

The social aspect of the care plan was not sufficiently developed in order to identify and meet the social and recreational needs of the resident.

The medication prescription sheets did not contain a photograph of the resident.

#### **4. Premises and equipment: appropriateness and adequacy**

**Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.**

**A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.**

#### **Evidence of good practice**

The premises was clean, bright, appropriately heated and free from any unpleasant odours. The décor, furnishings, equipment and fittings were seen to be in good repair. There were sufficient bathing and showering facilities, with separate toilets. A maintenance person is employed to undertake minor repairs, redecoration and general repairs. At the time of inspection, he worked five days per week and was on call at weekends. Residents confirmed that the centre is very well looked after and the building well maintained.

The three sitting rooms are adequately furnished and decorated with pictures. Bedrooms are bright, well decorated and ventilated. Most residents have personalised their rooms with photographs, pictures and ornaments. Shared rooms have curtains to provide screening and privacy.

The kitchen has an access code and this supported good infection control as it limited those who could enter the kitchen. It was well laid out, clean, well equipped and maintained. Food stores had adequate supplies of food.

Adequate assistive equipment was provided to meet the needs of residents including pressure relieving mattresses and cushions, hoists and mobility aids. Records showed that most equipment was well maintained and serviced. However, no maintenance records were available for some equipment.

There was a cleaning schedule in place. Inspectors observed staff cleaning, dusting and washing floors. These duties were being carried out in a manner that did not impede the movement of residents around the centre.

An infection control policy was in place, which was being followed by staff. The kitchen, catering and care assistants were seen to be wearing personal protective equipment when carrying out aspects of personal care and food preparation, and wore aprons and gloves as needed. Alcohol rub and hand washing facilities were prominently situated throughout the premises. Clinical waste was seen to be managed effectively and in accordance with the policy.

### **Some improvements required**

Inspectors observed that the enclosed garden to the rear of the building was not being used by residents despite the fine weather conditions. Although inspectors were informed that the conservatory door leading onto the enclosed garden was open during the day to allow free access, this was not found to be the case.

Family members expressed dissatisfaction that the reception area was not staffed at weekends as they said that they had to wait for staff to respond to the door bell. This was confirmed by the person in charge.

The laundry room is very small, warm and poorly ventilated. Despite this, it was very tidy and well organised with segregation of clean and soiled laundry. The smoking room was not kept clean throughout the day. Inspectors noted that ashtrays in the smoking room were dirty at times throughout the day, there were ashes and tissues on the floor of this room during the inspection.

There was no defined storage space for equipment and inspectors observed hoists, wheelchairs, and walking aids being stored in bathrooms and residents' rooms which impeded access and may pose a hazard.

There are no staff changing facilities and as a result, staff had to use toilets areas to change.

### **Significant improvements required**

Although the fire safety exit opposite the laundry had a ramp, it was not wheelchair accessible due to the width.

## 5. Communication: information provided to residents, relatives and staff

**Outcome: Information is relevant, clear and up to date for residents.**

**Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.**

### Evidence of good practice

All residents, relatives and staff members engaged with inspectors in a very positive manner. They were very relaxed and talked openly and freely throughout the day. Inspectors observed good communication between staff, residents, relatives and the person in charge. Residents and relatives informed inspectors that they always felt welcome and were invited to make suggestions and contributions towards the running of the centre.

There is a residents' committee which was established five years ago. Six residents normally attended meetings which are held on a six-weekly basis. There had been many positive outcomes from these meetings including menu changes, trips to places of interest including a meeting with the President in Aras an Uachtaran, a visit to Farmleigh and to the zoo. Some residents expressed a wish to have lunch outside of the centre, and this had happened occasionally.

The person in charge informed inspectors that she met with staff informally each day, as opposed to having regular staff meetings, as this assisted her to get to know staff better. She said that she plans to formalise these meetings in future.

She further informed inspectors that residents and relatives were consulted about their care plans and this was confirmed by two relatives.

There were good communication arrangements throughout supporting continuity of care. There was seen to be an efficient handover between day and night duty staff, at which a comprehensive report on the condition of each resident was given.

Nursing staff communicated dietary needs, changes and requirements to kitchen staff on a regular basis, but this was done in a formal written manner.

## 6. Staff: the recruitment, supervision and competence of staff

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs**

**Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.**

### Evidence of good practice

The care team is made up of the person in charge, an assistant director of nursing, six staff nurses and seventeen care assistants, five of whom work part time.

Six of the care staff had completed Further Education Training Awards Council (FETAC) level 5 training. Kitchen and catering staff had completed Hazard Analysis Critical Control Point (HACCP) training.

Inspectors observed that there was adequate staff on duty during the inspection, with an appropriate mix of skills to meet the needs of residents. This was confirmed by both residents and relatives. There were eight staff on duty on the day of inspection (excluding the person in charge) two nurses and six care assistants. There was a planned staff rota, showing staff on-duty at any time during the day and night, and staffing levels were determined by dependency level using the Barthel scale.

Inspectors noted that fifteen of the care staff had completed a "total patient care" education programme and a further ten had completed a physiotherapy course. Four of the nursing staff had attended a medication management course and two had completed a course in frontline management. The person in charge was trained and skilled in risk management and she informed inspectors that she was planning to have the nursing staff trained and skilled in this area. Records read by inspectors showed that eight staff had attended a moving and handling course. The person in charge pointed out that she was in the process of arranging training for all remaining staff in this area

Staff retention was good and only one care staff member had left employment in the previous 12 months.

Staff who were interviewed by inspectors said that they were happy in their work and had a good knowledge of their roles and responsibilities. One care assistant informed inspectors that the staff break-times are always arranged around the needs of the residents as residents' needs are the main priority. Staff said that they were

happy with their professional development opportunities and were always encouraged and supported by the person in charge to undertake further training.

### **Some improvements required**

There were no records of staff appraisals having been carried out. This was confirmed by staff who said that they have never had an appraisal.

### **Significant improvements required**

Inspectors could not retrieve some staff training records and the person in charge said that this information may not have been documented in the past. She said that it was difficult to retrieve past records but that she was putting a system in place to ensure that new records were maintained, organised, confidential and accessible going forward. As a result, it was not possible to say which staff members had received training, including mandatory training.

There was no human resource policy for the recruitment and selection of staff. Staff files examined by inspectors did not have references, Garda Síochána vetting or a record of previous employment.

#### ***Report compiled by:***

Marian Delaney-Hynes  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

10 November 2009

### Provider's response to inspection report

<b>Centre:</b>	Croft Nursing Home
<b>Centre ID:</b>	28
<b>Date of inspection:</b>	15 and 16 October 2009
<b>Date of response:</b>	15 December 2009

### Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, Health Act ,2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland 2009*.

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

The fire exit opposite the laundry door was inaccessible to residents using wheelchairs.

#### Action required:

Provide a suitable means of egress through the designated fire exit door opposite the laundry door.

#### Reference:

Health Act, 2007  
Regulation 32: Fire Precautions and Records  
Regulation 19: Premises  
Standard 26: Health and Safety

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>We have appointed a company to remove the existing door and frame, widen the opening and install a new door and frame.</p>	2 months

<b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
The required documentation in relation to staff recruitment and selection was not available.	
<b>Action required:</b>	
Obtain, in respect of staff, all required information and documentation including Garda Síochána vetting and references.	
<b>Reference:</b>	
<p>Health Act, 2007</p> <p>Regulation 18: Recruitment</p> <p>Standard 22: Recruitment</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>The process of gathering required documentation in relation to staff recruitment and selection is on-going. Staff policies have been developed and are at present being implemented by the person in charge.</p>	Work commenced and ongoing.

<b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
There was no photographic evidence of each resident on their medication prescription kardex.	
<b>Action required:</b>	
Provide photographic evidence of the resident on their medication prescription kardex to ensure maximum safety.	

<b>Reference:</b> Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
Provider's response:  Photographs taken and now available on the medication prescription Kardex.	Completed

<b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b>  The centre did not have a statement of purpose and function.	
<b>Action required:</b>  Develop a statement of purpose and function in line with the regulations 2009.	
<b>Reference:</b> Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The centre now has a statement of purpose and function in line with the regulations 2009.	Completed

<b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Staff changing facilities were not available at the centre.	
<b>Action required:</b>  Provide adequate and separate staff changing facilities for nurses, care assistants and kitchen and catering staff.	

<b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Kitchen/Catering staff have a separate changing facility. We are exploring the option of adding a portable structure to house a staff changing facility.	6 months

<b>6. The provider is failing to comply with a regulatory requirement in the following respect:</b>  The required policies as per schedule 4 regulations 2009 were not in place in the centre.	
<b>Action required:</b>  Develop and put in place the required policies as per Schedule 4 Regulations 2009 are provided to inform best practice.	
<b>Reference:</b> Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 13: Healthcare Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Process has been in place in Silver Stream since 01 October 2009 that is developing and issuing and training in the required policies:  List all of the policies completed to date: <b>Information Management</b> Residents records – Creation, Initiation, Content and review Resident records – Storage ,Security and destruction Residents access to Personal records Email and Internet Usage by Residents and staff Telephone and Mobile phone usage by residents and staff	3 months

**Residents Rights**

Communication with Prospective residents and their families.  
Availability and communication of information to Residents.  
Provision of information to residents families/representatives.  
Management of Emergency Admissions

**Protection of Residents**

Protection of resident from abuse  
Responding to Allegations of abuse  
Management of Whistle blowing  
Security of residents accounts and personal property

**Quality of life**

Communication of information regarding diet and nutrition.  
Resident with Challenging Behaviour  
Use of Resident Restraint.

**Health and Social Care Needs**

Nutritional Status and Management  
Enteral Feeding  
Management of Hydration and Fluid Maintenance  
Resident transfer, discharge and overnight leave  
End of Life Care.

**Governance Management**

Internal and External communication Process.

**Human Resources**

Recruitment, Selection and appointment

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

There were no meaningful opportunities for fulfilment for many of the residents.

**Action required:**

Provide meaningful opportunities for fulfilment to reflect residents' preferences, interests and abilities.

**Reference:**

Health Act, 2007  
Regulation 10: Residents' Rights, Dignity and Consultation  
Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Activities coordinator to be appointed.</p> <p>Activity programme to be drawn up to reflect the residents wishes. This will be achieved through the residents' forum and one to one meetings with the residents and relatives.</p>	<p>1 month</p>

<p><b>8. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The care plan did not reflect the social care needs of residents.</p>	
<p><b>Action required:</b></p> <p>Develop a comprehensive care plan which identifies and includes the social care needs of the residents.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 8: Assessment and Care Plan  Standard 10:Assessment  Standard 11:The Resident's Care Plan</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Care planning training has begun and all staff are to be trained to reflect on the social care needs of the residents in the home. Evidence of this training can now be found in the residents care plan. This is an ongoing process and weekly audits of care plans implemented.</p>	<p>Ongoing</p>

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

Staff members did not demonstrate knowledge of appropriate techniques in the moving and handling of residents.

**Action required:**

Provide appropriate training and supervision to all staff who are involved in moving and handling of residents.

**Reference:**

Health Act, 2007  
Regulation 8: Assessment and Care Plan  
Regulation 17: Training and Staff Development  
Standard 10: Assessment  
Standard 24: Training and Supervision

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

**Timescale:**

Provider's response:

Manual handling dates scheduled.

20/01/2010  
10/02/2010  
24/02/2010

**10. The provider has failed to comply with a regulatory requirement in the following respect:**

There was inadequate documentation to verify specifically what training staff had received.

**Action required:**

Verify all training that staff have received. Carry out training needs analysis for further training.

**Reference:**

Health Act, 2007  
Regulation 17: Training and Staff Development  
Standard 24: Training and Supervision

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response:  Training matrix completed.  Critical training needs analysis completed.  Programme for training in development to be signed off by operations manager.	Completed  Completed  1 month

<p><b>11. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The conservatory door leading to the enclosed garden was locked which impeded free access to the garden.</p>	
<p><b>Action required:</b></p> <p>Provide free and safe access to the enclosed garden.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007            Regulation 19: Premises            Regulation 10: Residents' Rights, Dignity and Consultation            Standard 25: Physical Environment            Standard 17: Autonomy and Independence</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  Access control to be fitted to allow egress/access for residents using keypad and to still allow security.	6 weeks

<p><b>12. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There was no appropriate storage space for assistive equipment.</p>	
<p><b>Action Required:</b></p> <p>Provide a suitable storage area for the storage of assistive equipment, including hoists, wheelchairs and walking aids.</p>	

<b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Architects' plans completed for new store. Facility will be built subject to approval from Dublin Fire Brigade and on issue of fire certificate.	6 months

## Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 24: Training and Supervision	Develop a staff appraisal system for all staff members.  Provider's response: Appraisal form completed and appraisal can begin in Jan 2009
Standard 25: Physical Environment	Review the laundry facilities to ensure there is adequate space and ventilation.  Provider's response: Further shelving and ventilation required. To be completed January 2010.
Standard 4: Privacy and Dignity	Provide personalised labelling to residents clothes.  Provider's response: All clothes now have names of residents on them.
Standard 25: Physical Environment	Ensure that the smoking room area is maintained clean at all times and that ash trays are emptied frequently.  Provider's response: Afternoon cleaner to be appointed January 2010.
Standard 23: Staffing Levels and Qualifications	Provide an appropriate system to cover the reception area at weekends.  Provider's response: Appointment to be made Jan 2010.
Standard 25: Physical Environment	Provide each resident with an appropriate lockable space.  Provider's response: Work has begun on providing all residents with an appropriate lockable space.

**Any comments the provider may wish to make:**

**Provider's response:**

I would like to take this opportunity to thank the inspectors for the transparent, informative and supportive inspection that took place in The Croft Nursing Home. The inspectors clearly outlined the process the inspection would take from introducing themselves, timescales of inspection, length of inspection & time allowed and facilitated for questions. Our residents and staff acknowledge that the inspection team were very respectful of them during the process.

**Provider's name:** Joe Kenny / Silver Stream Healthcare Group

**Date:** 15 December 2009