

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Suncroft Lodge Nursing Home
Centre ID:	0106
Centre address:	Suncroft
	The Curragh
	Co. Kildare
Telephone number:	045 442951
Fax number:	045 442952
Email address:	suncroftlodge@guardianhealthcare.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Guardian Healthcare Ltd
Person in charge:	Glenda Panes
Date of inspection:	10 August 2011
Time inspection took place:	Start: 09:30 hrs Completion: 15:45 hrs
Lead inspector:	Sheila Doyle
Support inspector:	N/A
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the 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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Suncroft Lodge Nursing Home is a purpose-built centre with large gardens. It has 60 residential places and 28 of these are for people with an acquired brain injury. The remainder of the residents are over 65 years and some have dementia.

Access to the centre is through a reception area with a small, comfortable seating area. The office of the person in charge is upstairs directly above the reception. A secure door at the rear of reception leads to the residential service. St. Bridget's unit is on the ground floor and caters primarily for older residents while St. Patrick's is on the first floor and is for residents with an acquired brain injury.

The front corridor of St. Bridget's contains fifteen single and two twin bedrooms, all with en suite toilet, shower and wash-hand basin. There is a staff toilet and a visitors' toilet near close to the entrance door and a sluice room at the far end of the corridor. About half way along the corridor, is a hair salon and the nurses' station is just beyond it. The pharmacy room and a bathroom, which has a bath with a hoist, a toilet and wash-hand basin, are near the nurses' station. A second corridor leads back from the nurses' station and it has thirteen single rooms with en suite toilet, shower and wash-hand basin. This corridor also has a small sluice room and an assisted bathroom. There is a day room near the top of the corridor with an additional toilet beside it.

The rear corridor has five single bedrooms and two twin bedrooms, all with en suite toilet, shower and wash-hand basin. There is an assisted bathroom and three additional accessible toilets on this corridor. There are two day-rooms and a dining room. The kitchen is beside the dining room and has two store rooms. The laundry area and drying room are across from the kitchen. Staff changing facilities and a staff toilet are beside the laundry room.

St. Patrick's unit on the first floor accommodates residents with acquired brain injury and is accessible by three stairways and a lift. There are eleven single bedrooms and four twin bedrooms, all with en suite toilets, showers and wash-hand basins. There are two bathrooms, one with an assisted bath and both with toilets and wash-hand basins. There are an additional three toilets in this unit. The nurses' station is near the lift and across from a dining room and day-room. A second day-room serves as a smoking room.

There are flower beds and shrubberies to the front of the centre and a large, secure garden with a lawn and vegetable plot to the rear. There is ample parking to the front and side of the centre.

Location

The centre is located in the small village of Suncroft, Co. Kildare, close to the local church and shop. It is about ten kilometres from the town of Newbridge.

Date centre was first established:	June 2000
Number of residents on the date of inspection:	55
Number of vacancies on the date of inspection:	5

Dependency level of current residents	Max	High	Medium	Low
Number of residents	7	30	16	2

Management structure

The Registered Provider is Guardian Healthcare Ltd. and the designated contact person is the Chief Executive Officer, Keith Robinson. He is responsible for Gormanstown Wood, St. Doolagh's and St. Peter's, the three other residential centres in Guardian Healthcare Ltd. He is supported by a Human Resources (HR) Manager who reports directly to him. Glenda Panes, the Person in Charge at Suncroft Lodge reports to the Provider and the Assistant Director of Nursing supports the Person in Charge and reports to her. Nurses report to the Person in Charge and oversee the work of care assistants on a day-to-day basis. Household staff, administration staff and the maintenance man also report to the Person in Charge. The Chef and kitchen staff are employed by an independent contractor but consult with the Person in Charge and with nurses on a day to day basis.

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	2 + ADON	10	3	6	1	2*

* HR manager and maintenance foreman for the group' centres.

Background

A registration inspection was carried out on 14 and 15 September 2010. The provider had applied for registration under the Health Act, 2007.

At that time, inspectors found that the provider and person in charge demonstrated strong leadership. They were knowledgeable about their legal responsibilities and had taken measures to ensure that they complied with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Management structures had been established and measures had been taken to manage risk and promote safety. However, some improvements were required in arrangements to ensure all staff were knowledgeable about the prevention and management of allegations of elder abuse. In addition, the statement of purpose did not contain all of the information required in the Regulations.

The health, social and personal needs of residents and those with dementia were also being met. All residents had a care plan and these were based on validated assessment tools. Residents had access to a range of group and individual activities and staff promoted a sociable living environment which made the day interesting for residents. Residents could make choices in their daily routines and were provided with a variety of nutritious meals and snacks. Some improvements were required in the management of restraint and in the assessments of residents who availed of respite breaks.

Inspectors found that the premises were maintained to a high standard. However, some improvements were required in the management of waste and in the upkeep of some of the toilets in the centre.

The report from this inspection is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie

Summary of findings from this inspection

This was an unannounced follow up inspection and the centres second inspection. It focused on areas identified for improvement at the registration inspection carried out on 14 and 15 September 2010.

The inspector found that five of the eight actions identified at the previous inspection had been completed and three were partially completed.

A policy was in place and staff were knowledgeable as regards the prevention, detection and reporting of abuse. Improvements were noted in the management of waste within the centre and a means of ventilation had been provided in the visitors' toilet. Planned menus had input from a dietician and the statement of purpose had been reviewed.

Although improvements were noted in the use of restraint and the management of enteral nutrition, further work was required to ensure compliance with evidence based guidelines and the Regulations. Some aspects of residents care plans were reviewed monthly but a more comprehensive review was required.

These are addressed in the Action Plan at the end of this report.

The inspector noted additional developments were ongoing within the centre. These included developments in medication management. A new system was being introduced including changes to the supplier and new documentation was being implemented incorporating best practice. The recruitment policy and practice was also being reviewed to ensure on going compliance with the Regulations.

Actions reviewed on inspection:

1. Action required from previous inspection:

Put in place a policy on and procedures for the prevention, detection and response to abuse.

This action was completed.

The person in charge and the HR manager were trainers in the prevention, detection and responding to abuse. This ensured that frequent training sessions were available to staff. Training records reviewed indicated that all staff had attended training. A centre-specific policy was available. The person in charge and staff spoken to were knowledgeable as to what constituted abuse and the reporting procedures in relation to any complaint of abuse. Contact details of the local Health Services Executive (HSE) designated abuse officer were available in the centre.

A whistle blowing policy was at its final draft stage and provided protection to staff should they report or disclose an incidence of abuse.

2. Action required from previous inspection:

Put in place suitable and sufficient care to maintain the resident's welfare and wellbeing, having regard to the nature and extent of the resident's dependency and needs. Ensure that their care plan is based on a high standard of evidence based nursing practice, and that the use of restraint measures reflects this.

This action was partially completed.

The inspector was concerned for the safety of residents because of the use of restraint. The inspector noted that several residents were using either one or two bedrails. The inspector also noted that one resident was also using a lap belt whilst sitting on a chair. In the sample of care plans reviewed, the inspector noted that assessments were undertaken and consent was obtained. The inspector spoke to one resident who said she asked for the bedrail as she felt safer with it.

However, on reviewing care plans, the inspector noted that the assessment did not include the consideration of alternatives. In addition, the inspector noted that one resident had an incident where his foot was trapped in the bedrails. He had not had a risk assessment undertaken following the incident to minimise recurrence. The original risk assessment indicated that there was no danger of entrapment. However, staff spoken with did say that the management of restraint for this resident had been reviewed and updated following the incident but not based on a risk assessment. Despite the information on the risk given to the resident, he remained anxious to use the bedrails and this was documented in his care plan. Bumpers were now in use to minimise the risk of reoccurrence.

Use of restraint was discussed with the person in charge and various staff members. The person in charge told the inspector that this was an area already highlighted for review. A clinical governance group consisting of the person in charge from each of the four centres in the group, met on a monthly basis and the inspector read the minutes which indicated that the group were working on the adaptation of the HSE national policy and documentation on the use of restraint. The person in charge told the inspector that once the policy was adapted, the intention was to roll out education and training to all staff. This was confirmed by the HR manager who stated that budgetary resources were made available to provide this education.

3. Action required from previous inspection:

Put arrangements in place to ensure a high standard of evidence based nursing practice in the use of PEG tubes.

This action was partially completed.

The inspector read the care plan of a resident who was receiving nutrition via a percutaneous endoscopic gastronomy (PEG) tube, (a tube that allows nutrition to go directly into a resident's stomach) and noted that the treatment was in accordance with best practice. The inspector also read the medication prescription and administration sheets which showed that the enteral nutrition was prescribed and administered in accordance with the prescription.

However, the inspector found that the intake and output sheets were misleading and did not accurately record the quantity of enteral nutrition that had infused. The inspector noted that there was no running balance kept of the amount of the enteral nutrition that had been used. Instead it appeared as if the total quantity had been administered over one hour when the initial recording was written up. This was discussed with the nurse on duty who told the inspector the correct rate of flow per hour for this feed and outlined the measures in place to ensure that this rate was maintained.

4. Action required from previous inspection:

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

This action was partially completed.

Staff acknowledged that the care planning documentation was still under development. The inspector saw that monthly reassessments had been undertaken on all areas of clinical risk, such as falls and pressure sore developments. In addition the care plan in place for each of the needs identified was updated on a monthly basis or more frequently if required.

However, the comprehensive assessment of the residents' activities of daily living was not reviewed from the time of admission. This was discussed with the staff on duty who clarified that this assessment was repeated on a yearly basis and not three-monthly. This meant that the care plans may not be reflective of the residents' changing needs.

5. Action required from previous inspection:

Provide each resident with food and drink that takes account of any special dietary requirements and is consistent with each resident's individual needs by providing adequate professional advice to the Chef.

This action was completed.

As the centre's catering requirements were subcontracted to an outside company, this company had provided the services of a dietician to review the menus in the centre. The inspector read a four-week menu cycle which had been implemented. In addition, the chef showed the inspector a website that had been set up by the company to provide on site support to the chef. This included menu samples and requirements of specific diets. It also provided an e-learning course on nutrition which the chef had completed.

Residents spoken with said they were satisfied with the meals and that the chef would prepare anything they wanted for them. They particularly commented on the 'full Irish' cooked breakfast served on a weekly basis.

6. Action required from previous inspection:

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

This action was completed but now required further review.

The statement of purpose had been compiled for the registration inspection and consisted of all matters listed in Schedule 1 of the Regulations. Now that the centre was registered, the document needed to be updated again to reflect the conditions of registration. The person in charge told the inspector that they were currently working on this and updating the Residents' Guide accordingly. She said a copy would be submitted to the Authority once finalised.

7. Action required from previous inspection:

Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

This action was completed.

This related to two specific issues, one of which was the visitors' toilet on the ground floor which was not ventilated and had a foul smell at the time of the previous inspection. This had now been addressed and the provider had installed a mechanical ventilation system. The inspector noted that it was in place and working at the time of inspection.

The second issue that this related to was chipped paintwork in the staff toilet. The inspector saw that this had also been attended to.

8. Action required from previous inspection:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

This action was completed.

It related to an inadequate number of skips being available for household waste. At the time of inspection they were overflowing and they could not be closed because of the amount of waste in them. The inspector saw that household waste was now well managed and all skips were closed at the time of inspection. A different contractor had been secured to provide more frequent collection of the waste. The inspector read the invoices which indicated that this was the case.

Report compiled by:

Sheila Doyle

Inspector of Social Services
 Social Services Inspectorate
 Health Information and Quality Authority

10 August 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
14 September 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Suncroft Lodge Nursing Home
Centre ID:	0106
Date of inspection:	9 August 2011
Date of response:	9 September 2011

Requirements

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

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

The assessment for the use of restraint did not include the consideration of alternatives. One resident had got his foot trapped in the bedrails but had not had a risk assessment undertaken following the incident to minimise recurrence.

Intake and output recording charts did not accurately record the quantity of enteral nutrition that had been infused and so were confusing to staff.

Action required:

Provide a high standard of evidence based nursing practice

Reference:

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

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Suncroft Lodge has adapted the National Policy of Restraint (HSE 2010) and implemented considerations of alternatives in the use of restraints. This is now documented in the relevant care plans. This was done on 12 August 2011.</p> <p>Suncroft Lodge has revised the intake and outputs charts that would accurately record hourly enteral infusion of nutrition. This was done on 10 August 2011.</p>	<p>12/08/2011</p> <p>10/08/2011</p>

2. The person in charge has failed to comply with a regulatory requirement in the following respect:

The comprehensive assessment of the activities of daily living was not formally reviewed on a three-monthly basis.

Action required:

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

Reference:

Health Act, 2007
 Regulation 8: Assessment and Care Plan
 Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Suncroft Lodge has care plans reviews monthly or earlier as required as residents need change. However, we will revise our comprehensive assessment of activities of daily living form and this will be done by 30 September 2011.</p>	<p>30/09/2011</p>

Any comments the provider may wish to make:

Provider's response:

None.

Provider's name: Keith Robinson

Date: 9 September 2011