



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

## Issued by the Chief Inspector

Name of designated centre:	Craddock House Nursing Home
Name of provider:	Werlay Limited
Address of centre:	Craddockstown Road, Naas, Kildare
Type of inspection:	Unannounced
Date of inspection:	02 November 2021
Centre ID:	OSV-0000027
Fieldwork ID:	MON-0034419

## About the designated centre

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

Craddock House Nursing Home is purpose-built and was established in 1999 by the current provider representative and person in charge. It is located on the outskirts of Naas town, close to the general hospital and across from a secondary school. Residents have good access to amenities and have a range of recreational activities within a warm, welcoming and friendly atmosphere. There is unrestricted access to colourfully planted, paved and secure courtyards with open and sheltered seating areas along with many tactile items, including water features. The large courtyard garden has covered seating. There is a small courtyard garden off Rose Cottage and two other garden areas for resident use. The nursing home provides 24-hour nursing care seven days per week and is designed to ensure the comfort and safety of residents in a home-like environment. The nursing home provides a respite service, residential and convalescent care. A day facility may be provided dependent on resident numbers and capacity. Male and female residents are primarily over 65 years of age. The home can accommodate 89 residents over two floors serviced by a passenger lift and stairwells. It comprises 68 single and six double/twin bedrooms. Most bedrooms have full en-suite facilities or shared bathrooms, and nine single bedrooms that have access to communal toilet and bathroom facilities within close proximity. There are three main day and dining areas, called The snug, The cosy corner and The relaxation room. There are two conservatories and a spacious reception area for residents to relax in. In addition to these, there are two administration offices and three nurses stations, a hairdressing salon that operates three days weekly, a spacious oratory where mass is celebrated weekly, the main kitchen that services the households and a spacious multi-purpose room for family functions, meetings and staff training. Separate and adjacent to the main building are the laundry, boiler room and additional administration offices. To the front of the building, there are ample car parking spaces.

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

Number of residents on the date of inspection:

73

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
Tuesday 2 November 2021	09:00hrs to 17:35hrs	Helena Budzicz	Lead
Tuesday 2 November 2021	09:00hrs to 17:35hrs	Arlene Ryan	Support

## What residents told us and what inspectors observed

Inspectors found that residents received care and services from a well-established staff team who knew them well. There was an obvious, familiar and comfortable rapport between staff and residents, and a relaxed atmosphere was evident. Staff were observed to be prompt in recognising residents' needs, early signs of distress and also non-verbal cues, especially in those residents who had difficulty in making their wishes known. Inspectors saw that staff responded to requests for assistance promptly in a caring and compassionate manner and residents appeared relaxed and comfortable. The inspectors met with a number of residents and also spoke with three visitors.

This was an unannounced inspection to monitor compliance with the regulations. Inspectors were guided through the centre's infection control procedures before entering the building. An opening meeting was held, and the inspectors were accompanied by the assistant director of care on a tour of the centre.

There were no immediate risks identified during the walkabout of the centre, and the environment appeared overall clean and well maintained. Nevertheless, some improvements were required regarding infection prevention and control practices, premises and fire safety as further described under their respective regulations.

There were numerous communal and dining areas available for resident use which were of sufficient size for residents to maintain social distancing. Inspectors observed that the corridors were tastefully decorated, mirroring an atmosphere of a shop and creating an experience of familiar surroundings. Residents' bedrooms were well decorated and personalised with items important to the resident.

The inspectors observed the activity programme and talked to the activity staff. The programme of activities was rich and varied and included daily exercises, walks, live music, beauty treatments, art and crafts and different games to support residents' cognitive health. The activity coordinators showed enthusiasm in planning the activities for residents and were passionate to bring to residents enough opportunities to ensure that all residents could actively engage and entertain during the group or during the one-to-one activities provided.

The feedback from residents was mostly positive. One resident told inspectors that they were "very happy with the care they received, and this was their home". Another resident said, "the staff were very friendly and lovely". Staff maintained good communication with families, especially while visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents in making phone or video calls and maintaining contact with relatives and friends. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents. The visitors who spoke with inspectors mentioned that families were kept up-to-date with what was going on in the centre. They

mentioned that they were delighted that face-to-face visiting was happening now.

The visitors also stated that they were grateful to all staff for keeping their loved ones safe and expressed their trust and satisfaction in the care provided. They said that staff in the centre were going beyond their duties in making sure that residents wishes were fulfilled. For example, one family member mentioned that the chef was preparing a special meal for their relative every week as this was their favourite meal.

Staff worked well together and were seen to take responsibility for their work. Staff said there was good team work and that they felt well supported in their role. Inspectors observed that staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. This was evident when staff were assisting residents with mobilising and at mealtimes. Residents were seen to go outside independently or with supervision to get fresh air.

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

## Capacity and capability

Overall, inspectors found that the residents were supported and facilitated to have a good quality of life. The provider adequately resourced and staffed the service and showed an adequate response to the increased infection control requirements during the COVID-19 pandemic.

The provider had submitted an application to renew the registration of the centre. Inspectors reviewed the detail of this application during the inspection and found it satisfactory and matching their observations on the day.

Werlay Limited, is the registered provider, with two company directors, both of whom are involved in the operational management of the centre and are present in the centre on a daily basis. The service was led by a person in charge, who was suitably experienced and qualified for the role and was available full-time in the centre. They were supported in their role by the assistant director of nursing and human resource and business manager. Further supporting the management team was a team of nurses and healthcare assistants, a dedicated physiotherapist, activity coordinators, administrator, catering, domestic and maintenance staff.

During the inspection, inspectors found that there were enough staff in the centre to respond to the needs of the residents in a timely way; staff were observed to be very attentive to the residents. The management team were committed to providing ongoing training to staff. Policies and procedures were available to staff which provided staff with clear guidance about how to deliver safe care to the residents.

There was evidence that there was a comprehensive audit programme that reviewed care practices such as individual assessment and care planning, falls, complaints, medication management, use of restraint, weights and catheter care. However, some improvements in addressing the findings of the audits were required.

Records of incidents in the centre were comprehensive and included learning and measures to prevent a recurrence.

Inspectors saw the annual review had been completed and noted its content which did not comprehensively meet the regulation requirements.

Residents and their relatives said they were aware of who to report any concerns or complaints to. A review of the centre's record of complaints confirmed that these were well managed and records were maintained.

#### Registration Regulation 4: Application for registration or renewal of registration

An application by the registered provider to renew the registration of the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 had been made. All required supplementary documents were submitted. Inspectors were satisfied that the findings of the inspection supported a decision to renew the registration.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the requirements of residents in line with the statement of purpose. Adequate staff contingency arrangements were in place.

Judgment: Compliant

#### Regulation 16: Training and staff development

A review of staff training records indicated that staff had access to mandatory training in safeguarding adults at risk of abuse, moving and handling, infection prevention and control and fire safety. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles.

Judgment: Compliant

### Regulation 21: Records

A review of a sample of personnel records identified that most of the requirements of Schedule 2 of the regulations were met; however, there were gaps in induction records for new staff.

Judgment: Substantially compliant

### Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

### Regulation 23: Governance and management

While audits had identified areas of improvement, not all audits completed contained a quality improvement plan developed. As a result, there was no plan of action delegated to a responsible person with an appropriate time line available for review.

The annual review of the quality and safety of care delivered to residents for 2020 was completed; however, the feedback from residents and their next of kin was not incorporated into this review.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose had been reviewed since the last inspection. A revised copy had been sent to the Chief Inspector as part of the application to renew the registration of the centre and was available for review on inspection. The document contained the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.



Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place in line with regulatory requirements. The inspectors reviewed the complaints logs and found that all complaints logged had been investigated and the outcome and the complainant's satisfaction recorded.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Inspectors reviewed the schedule 5 policies that were made available to them. There was a clear process for reviewing these policies, and evidence of ongoing review was apparent. The only policy not seen on the day of the inspection was the Health & Safety policy. However, the person in charge did confirm that there was a Health and Safety statement for the centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was a registered nurse who was full-time in post and had the necessary experience and qualifications as required in the regulations. They demonstrated good clinical knowledge and knew the individual needs of each resident.

Judgment: Compliant

## Quality and safety

Inspectors were satisfied that the health care needs of residents were met to a good standard, and staff supported residents to maintain their independence where possible. The inspectors found that residents were free to exercise choice about how they spent their day. Activities were ongoing in the centre, and the activity coordinator was observed engaging with residents in conversation and group activities.

Residents continued to have good access to their general practitioner and other health care professionals throughout the COVID-19 pandemic. There were established links with a consultant geriatrician in a local hospital.

The inspectors reviewed a sample of residents' files and found evidence that residents had an assessment of their needs prior to admission to ensure the service could meet the assessed needs of the residents. Following admission, a range of validated assessment tools was used to assess clinical risk for residents, such as the risk of malnutrition, falls or pressure ulcers. However, the assessments were not consistently reviewed every four months afterwards as required by regulations. Some improvements were identified in the care planning to ensure they remained relevant and continued to appropriately guide staff regarding residents' care needs.

Overall the premises was laid out to meet the needs of the residents. The centre was clean on the day inspection, and the housekeeping staff were knowledgeable regarding cleaning systems. Staff were observed to have good hand hygiene practices and correct use of personal protective equipment (PPE). Staff and resident temperatures were checked twice a day. Staff had access to appropriate infection prevention and control training, and all staff had completed this. Infection prevention and control strategies had been implemented to effectively manage infection control in the centre. Seasonal influenza and COVID-19 vaccination program had taken place, with vaccines available to both residents and staff. There had been a high uptake of the vaccines among residents, and additionally, the residents received a booster vaccine in October. However, only 80 % of staff opted to receive the vaccine against the COVID-19. The provider ensured that the appropriate risk assessment was in place and also sourced additional health promotion resources and education by an infection control specialist to support and educate the staff in their decision towards the vaccination.

Risk assessments had been completed for potential risks associated with COVID-19, and the provider had put in place many controls to keep all of the residents and staff safe.

Personal evacuation plans were in place for each resident and updated on a regular basis. Fire safety equipment, including the fire alarm and emergency lighting, had preventive maintenance completed at appropriate intervals. All fire exits were observed to be free of any obstructions. However, improvement was required in the documentation for fire drills to give the provider assurances that residents could be

evacuated in a timely manner.

### Regulation 11: Visits

Visiting was being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities as issued by the Health Protection Surveillance Centre (HPSC) to reflect the importance of visiting for residents.

Judgment: Compliant

### Regulation 17: Premises

The lockable cabinets were not available in all residents' bedrooms for the safe-keeping of residents' personal possessions.

Judgment: Substantially compliant

### Regulation 26: Risk management

A risk management policy in place identified the risks as set out in schedule 5 of the regulations. Arrangements were in place to guide staff on the identification and management of risks.

Judgment: Compliant

### Regulation 27: Infection control

The inspectors observed that improvement was required in the following areas:

- The COVID-19 preparedness plan required a review to reflect the latest public health guidelines and the centre's most up-to-date governance and management arrangements.
- Inspectors observed inadequate storage practices; for example, items like a duvet, continence wear or resident's bag were stored in the boiler room. This was addressed on the day of the inspection and the person in charge assured the inspectors that the boiler room was not going to be used as a store in the future.
- The management of residents' equipment hygiene required a review to

ensure clear decontamination processes to assist staff in identifying clean from dirty equipment's.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

A record of a fire drill completed following the inspection, which simulated a night-time scenario, was submitted to the inspector after the inspection and included a detailed evaluation report of the procedure. The provider showed commitment to continue with the fire drills until all staff in the centre was competent to evacuate residents in a safe and timely manner.

The inspectors observed that cautionary signage was not always in place to alert people of the risks associated with oxygen cylinders or concentrators.

There was no call bell available for residents in the smoking area.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

While validated risk assessments were in place to assess various clinical risks, including risks of malnutrition, pressure sores and falls, they were not always regularly updated and completed.

Some care plans were generic and did not contain person-centred information; therefore, they were not sufficiently detailed to direct care. For example, if the resident was at risk of choking or weight loss, the preventive and therapeutic measures were not clearly outlined in the residents' care plans.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspectors found evidence in a sample of residents' care plans of good access to allied health professionals such as a physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and palliative care. Referrals were observed to be made in a timely and effective manner with positive outcomes for residents. The general practitioner visited the centre every week, and out-of-hours medical services were also available

if required.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspectors found that the residents' rights and preferences were upheld and respected in the centre. The provider ensured that the residents had access to a range of meaningful activities and entertainments in line with their abilities to participate and their preferences. The centre had adequate arrangements for residents to communicate freely and had access to television, radio, newspapers and other media.

Judgment: 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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 14: Persons in charge	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Craddock House Nursing Home OSV-0000027

Inspection ID: MON-0034419

Date of inspection: 02/11/2021

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            There is a comprehensive orientation (Induction) booklet in use which is completed by all new staff. This is due to be updated and for an overall review. Same will be completed by end of January 2022. When the updated booklet is completed and ready for circulation it will be discussed at the next scheduled Clinical Governance Meeting to ensure correct implementation.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            Quality improvement plan for audits: This will be on the agenda of the next Clinical Governance meeting in December and a plan put in place to ensure a quality improvement plan is developed for all audits.            The Annual Review at the end of 2021 early 2022 will incorporate feedback from residents and their next of kin from any meeting/surveys or other lines of communication.</p>	
Regulation 17: Premises	Substantially Compliant



<p>Outline how you are going to come into compliance with Regulation 17: Premises:  At present all residents who request a lockable cabinet are facilitated with same.  We will continue with same and also gradually install lockable cabinets in each room over the coming 10 months. At all times during this process we will ensure that any resident who requests a locked cabinet will be provided with one immediately.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  The Covid 19 preparedness plan is being reviewed and will reflect the current guidelines. This will be completed by end of December 2021.  The preparedness plan will be updated on an ongoing basis to reflect further changes. Nebuliser was misplaced on day of inspection and staff will be reminded to maintain correct management of same on an ongoing basis. Audit to be carried out on same January 2021  The boiler room is not being used as a storage area now and there is a notice on the door of the boiler room informing all staff of this.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  A cautionary sign was put in place on day of inspection to alert people of the risks associated with oxygen.  A call bell will be installed in the outdoor smoking area by the end of January 2022. This will be an item on H &amp; S agenda for next meeting.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Care plans were re-designed fully since previous inspection and although some information is pre written on same (more as a prompt to the person completing the care</p>	

plan) the aim and goal was to have a completely person-centred care plan. We will review care format again in the first 6 months of 2021  
Staff are advised that changes to care plans are made on day that changes occur and staff are then given specific shifts to do 4 monthly care plan reviews as per regulations. We also have a plan in place to change to a computerized system for care planning as soon as finances will allow for same.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/01/2022
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	Substantially Compliant	Yellow	31/12/2021

	effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/01/2022
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.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	10/12/2021
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of	Substantially Compliant	Yellow	31/01/2022

	fires.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	10/12/2021
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	10/12/2021