



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

## Issued by the Chief Inspector

Name of designated centre:	Suncroft Lodge Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Suncroft, The Curragh, Kildare
Type of inspection:	Unannounced
Date of inspection:	17 November 2021
Centre ID:	OSV-0000106
Fieldwork ID:	MON-0033735

## About the designated centre

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

Suncroft Lodge Nursing Home is a 60-bed purpose-built facility, set in off the road and within walking distance of Suncroft village centre. The premises is a two-storey building, and a lift and stairs provide access to each floor. Residents' accommodation is set out over both floors and consists of 44 single and eight twin bedrooms. All bedrooms have en suite shower, toilet and wash and basin facilities. A variety of communal accommodation is provided, including a sitting room and quiet room on each floor and a dining room on the ground floor. Kitchen and laundry facilities are located on the ground floor. The provider employs nurses and care staff to provide care for residents on a 24-hour basis. The provider also employs catering, household, administration and maintenance staff. The centre's statement of purpose outlines that the ethos of care is to promote the dignity, individuality and independence of all residents. The centre provides care for male and female residents aged over 18 years with long term, respite, convalescence, acquired brain injury and dementia care needs.

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

Number of residents on the date of inspection:	56
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 17 November 2021	09:00hrs to 17:00hrs	Helena Budzicz	Lead

## What residents told us and what inspectors observed

The inspector met residents and visitors throughout the day of the inspection. Overall, residents expressed satisfaction with their lived experience in the designated centre. Residents mentioned that they were happy to be able to go out with their families or to visit a local pub for a chat with their friends from the local community. Residents said that the staff provided great support to them during the pandemic.

On arrival at the centre, the inspector was met by a person in charge who ensured that all necessary infection prevention and control measures were completed prior to the inspector accessing the centre. An opening meeting was held, and the person in charge accompanied the inspector on a tour of the centre. During the walk around, it was evident to the inspector that the person in charge was well known to residents. The person in charge engaged with their care and support, with residents stopping to chat to her on both floors.

The design and layout of the premises promoted a good quality of life for residents. There was a relaxed and social atmosphere within the centre. The inspector saw that a variety of communal areas were available for resident use. Residents were observed relaxing on comfortable seats. They were well dressed and mobilised freely through the corridors to the communal areas and around the centre throughout the day. It was evident that residents enjoyed the companionship of staff and of other residents. Call bells were responded to in a timely fashion.

The inspector observed lunch time during the inspection. A menu was on display, and there were two main course options available. The meals on offer looked and smelled appetising, and the inspector saw that staff provided residents with the level of assistance and encouragement they required at mealtimes. The staff was knowledgeable of individual residents' likes and dislikes and dietary requirements. Residents said that they were happy with the food provided and mentioned that they had a choice of where they wished to dine.

Overall, the centre was homely and well decorated. Residents' bedrooms were seen to be personalised with soft furnishings, ornaments and family photographs. The inspector saw that there was sufficient space to display and store personal items. Landscaped gardens with walkways for residents were available at the front and sides of the building. Residents also had access to a pleasant balcony area.

Residents' preferences on how they lived their lives within the centre were seen to be respected. The inspector saw that staff were familiar with residents' needs and preferences and had a person-centred approach to care. Staff were heard speaking to residents about the local news, their families and interests while attending to their needs.

There were numerous activities occurring during the inspection. Residents attended

arts and crafts and decorations preparation for Christmas while others enjoyed watching television, listening to music, or enjoying visits from their loved ones. Staff were seen to engage with residents in warm and positive ways and to provide them with an explanation of what was happening to help them feel included. The activity coordinator explained to the inspector that they talked to the residents and their relatives to identify their hobbies, interests and past times. The activity coordinator was enthusiastic about the role activities played in the daily life of the residents.

The inspector observed residents could receive visitors in private in their bedrooms. Visitors who spoke with the inspector were complimentary of the designated centre, the care their loved ones received and reported no issues or concerns.

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

## Capacity and capability

Overall, this was a good service and where a high-quality person-centred approach to care was promoted. There was a well-defined management structure in place in the centre, and the management team were well known to residents, their visitors and the staff.

This was an unannounced risk inspection carried out over one day to assess the centre's compliance with the regulations. The centre has a good history of compliance with the regulations. Suncroft Lodge nursing home was operated by Costern Unlimited Company, the registered provider. It was part of the Trinity Care group, which owned and operated a number of other nursing homes throughout the country. The management team within the centre was supported by the Trinity Care senior management team. The person in charge has been in the role since 2015 and has overall responsibility for the delivery of clinical care. The centre had adequate deputising arrangements in place.

The inspector found that the annual regulatory review of the quality and safety of care had been undertaken last year. There was a quality monitoring process in place and audits were carried out. Nonetheless, improvements in the monitoring and oversight of infection prevention and control procedures were required as discussed under Regulation 23: Governance and management.

The centre had adequate resources to meet residents' individual assessed needs on the day of the inspection. An induction programme was in place which all new staff were required to complete. Records of staff meetings showed evidence of consultation with all staff. There were adequate supervision arrangements in place for staff and staff were supported in carrying out their duties. A number of staff however, did not have up-to-date training in mandatory areas.

A sample of four staff personnel files were reviewed by the inspector and found not to have all the information required under Schedule 2 of the regulations. This will be discussed further under Regulation 21: Records.

Copies of the appropriate standards and regulations were readily available and accessible to staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Other records such as a complaints log and incident reports were seen to be comprehensively maintained.

### Regulation 15: Staffing

On the day of inspection the staffing levels and skill-mix were sufficient to meet the assessed needs of the residents. Planned and actual staff rotas were available and reviewed.

Judgment: Compliant

### Regulation 16: Training and staff development

On the day of inspection, training records were provided to the inspector for review. They evidenced that the training programme had fallen behind schedule in fire safety, infection control and responsive behaviour. The provider submitted another training matrix post the inspection as the training matrix provided on the day of the inspection was not up-to-date and contained incorrect information.

Judgment: Compliant

### Regulation 21: Records

Schedule 2 records of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available for review within the designated centre. However, the references on two staff files were not sourced and verified prior to commencing employment.

The training matrix was not updated with the correct information on the day of the inspection.

Judgment: Substantially compliant

## Regulation 23: Governance and management

While audits were completed in line with the schedule of audits, there were no action plans to remedy shortfalls identified. For example, the infection control audit identified areas on the auditing form as compliant; however, this was observed to be incorrect on the day of the inspection as certain facilities were not available in the centre. Furthermore, the current audit tool was not sufficiently robust and required review to include a more comprehensive appraisal of other areas, some of which to reflect findings on this inspection.

The COVID-19 risk assessment had not been updated to include the latest guidelines. For example, it reflected visiting guidelines from May 2021. The section for end-of-life risk assessment also referred to old visiting guidelines.

The actions in the contingency plan for the centre in case of management of the COVID-19 outbreak referred to public health guidance from March and April 2020 and required a review.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

The inspector found that one complaint made by a family where a safeguarding query had been raised had not been notified to the Chief Inspector. The inspector observed that the allegation had been investigated promptly, and appropriate action and safeguards had been put in place to protect the resident. The notification was submitted retrospectively to the Chief Inspector's office after the inspection.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

The provider had a complaints policy in place, and the complaints procedure was prominently displayed at the entrance to the centre and contained all information required by the regulations.

Judgment: Compliant

## Quality and safety



Residents' feedback about life in the centre was generally good, and residents were happy with the quality of the service. There was a rights-based approach to the care provided in the centre, and residents reported that their choices in respect of their care and living arrangements were respected.

Records showed that there was a good standard of care planning in the centre. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. Residents' nutrition and hydration needs and skin integrity issues were comprehensively assessed. Residents' weights were closely monitored, and there was appropriate intervention by residents' general practitioners, the dietician and speech, tissue viability nurse and language therapist. Records showed that residents were timely referred to the healthcare services when needed.

Although many infection prevention and control measures had been implemented, the inspector found that further improvement was required to ensure consistency in practice in the centre and ensure that residents were protected. This is discussed under Regulation 27: Infection control.

Resident meetings were held in the centre regularly, and residents were encouraged to make suggestions about the organisation of the service. The inspector saw that residents' spiritual needs were met through regular prayers in the centre. The local priest visits the centre on a weekly basis and provides the communion service, and mass celebrated in a local church was live-streamed to the centre. Residents of other religious denominations were also facilitated.

The centre had a number of fire equipment monitoring checks in place. Evacuation equipment was available and accessible in the event of an emergency. Fire exits were clearly visible and free from obstruction. The fire procedure and evacuation plans were prominently displayed in the centre. Although some fire drills had been undertaken, the inspector required assurances that the centre's largest compartments could be evacuated in a timely manner with minimal staffing levels available during the night as discussed under Regulation 28: Fire precautions.

## Regulation 11: Visits

Visits were facilitated in line with the current guidance. (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

Judgment: Compliant

## Regulation 17: Premises

During the walk-around the centre, the inspector found that the emergency call bell was not accessible from each resident's bed and in every room used by residents.

Judgment: Substantially compliant

## Regulation 25: Temporary absence or discharge of residents

A sample of the files of residents who had been recently transferred to and back from the hospital were reviewed. A copy of the transfer letter was uploaded and on file for each resident discharged or transferred to the hospital.

Judgment: Compliant

## Regulation 26: Risk management

The centre had an up-to-date risk management policy. A risk register was in place which identified open and closed clinical and environmental risks.

Judgment: Compliant

## Regulation 27: Infection control

While there was evidence of good infection prevention and control practice in the centre, the following areas for improvement which are essential to good infection control practice were identified:

- Storage of residents' equipment in a communal bathroom and around the centre required review.
- Sharp bins were left open on the floor and not signed to ensure traceability in case of an adverse incident.
- Unused resident's equipment such as oxygen concentrators were observed with the tubes and bottles with liquid still attached to the equipment. A review of segregation and cleaning processes between clean and used equipment was necessary.
- There was a limited number of clinical hand-wash sinks dedicated for staff use in the centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Further assurances were required to ensure adequate arrangements were in place for the timely and safe evacuation of all residents and staff, including simulated full evacuation of large fire compartment areas with the lowest level of staff available. The provider submitted a completed fire drill post the inspection; however, the evacuation time frame required improvement.

A call bell was missing in the smoking area on the first floor.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed and informed the care plans. Care plans had been prepared within 48 hours after the residents' admission to the centre and were formally reviewed within four months. Where a resident had been reviewed by an allied health care professional, updates to the care plan were evident.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a general practitioner (GP) who visited the centre regularly. Access to allied health was evidenced by regular reviews by the occupational therapist, physiotherapist, psychiatry of old age, geriatrician and podiatry as required.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector reviewed the activity schedule on offer to the residents and noted that the activities reflected residents interests' and capabilities. There were facilities and opportunities in the centre for residents to engage in recreation and to exercise their

civil, political and religious rights. Advocacy services were available to residents. Opportunities for residents' feedback and to ask questions were in place, which was acted on by the provider.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	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	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Suncroft Lodge Nursing Home OSV-0000106

Inspection ID: MON-0033735

Date of inspection: 17/11/2021

## 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:            The service provider ensures that records set out in schedules 2, 3 and 4 are sourced, verified prior to staff commencing employment at the designated center. The training matrix was reviewed on the 18/11/21 and is up to date reflecting all relevant training.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            The PIC in Suncroft conducts audits using a comprehensive audit tool, where issues are identified from audits there are action plans completed to ensure issues identified are addressed and completed. The DON and ADON are experienced in auditing and there is a comprehensive schedule in place to ensure compliance and quality improvement of the service. The PIC will ensure that all future audits conducted will identify areas for improvement and ensure quality improvement plans are actioned and timed to ensure compliance.            The PIC reviewed all risk assessments and the Covid 19 risk register following the inspection and was updated as per recent guidelines. There is a risk management policy in place dated August 2023</p>	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The PIC and her deputy are fully informed of the reporting regulations of notifications to the chief Inspector. The chief inspector will be notified within three working days of any safeguarding issues raised at the designated Centre. There are good practices of reporting notifications in the home.</p> <p>The PIC sent the outstanding report on the 18/11/21.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The service provider ensures that calls bells are placed in all rooms within the designated Centre with a full audit completed following the inspection on the 18/12/21. The call bells were replaced in the smoking area on the day of inspection. A call bell audit is carried out monthly allowing the DON and ADON to monitor efficiently that residents' bells are answered in a timely manner.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The service provider reviewed storage in the home the 19/11/2021 and is currently sourcing extra storage for the home to be completed by January 28-2-22.</p> <p>The PIC educated all staff of the importance of signing sharps bins as to allow traceability in case of an adverse incident. The PIC informed all staff during a meeting on the 17/11/21 of the importance of removing sharps bins from the floor. The DON and ADON will continue to monitor and supervise equipment checklists, maintenance within the home.</p> <p>The PIC removed all resident's equipment on the 17/11/21 such as oxygen concentrators, they are cleaned and stored away with labels attached stating cleaned with cleaning date and ready to use. The PIC has educated all staff of the cleaning and decontamination of equipment process and policy. Monthly audits will be carried out by the PIC to ensure this process is monitored and reviewed if required.</p> <p>There are adequate hand washing facilities in the home.</p>	



Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:          At Suncroft lodge there is a fire safety management policy in place, the policy reflects the designated center. The PIC ensures that the safe evacuation of residents requires staff to be knowledgeable and can define the criteria to assess residents in the context of a fire related evacuation. The PIC will continue to conduct simulated fire drills with day/night staff to focus on improving evacuation time frames of the largest compartment of the home. Fire drills will be carried out with staff and residents on a quarterly basis at the home. The DON, ADON and CNM will continue to monitor and evaluate all fire drills Residents are made aware of all fire exits, and on admission are shown the nearest exit to them. Peeps are conducted on all residents and are located at the emergency box and in all residents' rooms in the event of fire. All residents are informed of what to do when the fire alarm is activated. Residents are reminded before sounding the fire alarm of the fire drill each Friday morning. The evacuation procedure is displayed for all visitors and residents of the home.</p>	

## 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	18/11/2021
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	18/11/2021
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	22/11/2021

	effectively monitored.			
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	18/11/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	22/11/2021
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	22/11/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector	Substantially Compliant	Yellow	22/11/2021

	notice in writing of the incident within 3 working days of its occurrence.			
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