



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	Announced
Date of inspection:	18 September 2023
Centre ID:	OSV-0000106
Fieldwork ID:	MON-0032862

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:	59
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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
Monday 18 September 2023	09:00hrs to 17:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to enjoy a good quality of life and received a good standard of care from staff. The inspector met with many residents living in the centre where positive feedback was provided. Residents informed the inspector that they felt 'safe and comfortable' in the centre.

The inspector observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner. The inspector observed that staff respected the privacy and dignity of residents in their own spaces, as they were seen knocking on bedroom doors prior to entering.

Residents appeared to be well-cared for and neatly dressed according to their preferences. Residents' views on the running of the centre were sought through residents' meetings and surveys. The inspector reviewed residents surveys and the minutes of residents' meetings and saw that the provider had taken action to respond to any feedback. Residents had access to televisions, telephones and newspapers. There was advocacy services available to residents and contact details were displayed in the centre.

The centre was laid out over two floors. The ground floor led out in to an enclosed garden while the residents on the first floor had access to a balcony. Although this balcony had ample seating and lovely views over the gardens it required maintenance and upgrading.

There was a varied schedule of activities displayed in the centre. Residents appeared to be enjoying activities on the day of the inspection. There were designated staff for activities Monday to Friday but at the weekend health care assistants were appointed to the role of activities. The person in charge informed the inspector that they were reviewing this system.

The inspector observed many instances of good practices in respect of infection prevention and control including good hand hygiene techniques, and overall procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018).

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

Capacity and capability

Overall, the inspector found that the registered provider was delivering a high quality service and there were effective management systems in place to ensure residents were provided with good quality care.

This was an announced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The registered provider for Suncroft Lodge Nursing Home is Costern Unlimited Company. There is a clinical operations manager who supports the person in charge. The person in charge worked full-time in the centre. They were supported in their role by an assistant director of nursing, a clinical nurse manager and a team of nurses and health care assistants.

The registered provider had robust management systems in place to monitor the centre's quality and safety. There were audits in place where the learning and improvements were clearly documented with plans in place to improve the service where required.

There was sufficient staff on duty on the day of the inspection to meet the needs of the residents.

Policies and procedures were in place in line with the requirements set out in the regulations. They were easy to read and understand so that they could be readily adopted and implemented by staff. Staff spoken with recognised that policy, procedures and guidelines help them deliver suitable safe care, and this was reflected in practice.

There was an annual review for 2022 made available to the inspector. Evidence of residents' meetings and satisfaction surveys were also available for inspection.

There was a directory of residents made available to the inspector. This had all the required information in relation to residents' admissions, next of kin details and general practitioner (GP) contact details.

The registered provider had a contract of insurance in place in the event of injury to residents.

Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of staff was appropriate having regard to the needs of the residents.

Judgment: Compliant

Regulation 19: Directory of residents
The registered provider had a well-maintained directory of residents living in the centre. This included all the required information as specified in Schedule 3 of the Regulations.
Judgment: Compliant
Regulation 22: Insurance
There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.
Judgment: Compliant
Regulation 23: Governance and management
There was a clearly defined management structure in place that identified the lines of authority and accountability.
The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.
Judgment: Compliant
Regulation 4: Written policies and procedures
The registered provider had prepared in writing, adopted and implemented policies and procedures as required in Schedule 5 of the regulations.
Judgment: Compliant
Quality and safety

The inspector found that the residents were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Staff working in the centre were committed to providing quality care to residents. The inspector observed how staff treated residents with dignity and respect throughout the day of the inspection.

The centre was found to be clean and tidy on the day of the inspection. The registered provider had made improvements in relation to the laundry and an assisted bathroom. However, further improvements in relation to the premises were required. This will be discussed under the respective regulation.

Each bedroom had ample storage space for residents to store their personal belongings. Each resident had access to a lockable space, if required, for safe-keeping.

Residents were offered refreshments throughout the day. There was also a unit in the dining room where residents could access other snacks, juices and fruit as they wished. There were menu's displayed where residents were offered choice for each meal time.

All residents had access to facilities for occupation and recreation. There was a varied programme available for residents to attend. There was records of minutes from residents meetings where activities and the availability of them was discussed. Residents opinions were taken on board by the person in charge and any changes were implemented or they was an action plan put in place.

Residents' had appropriate access to a general practitioner (GP) that would visit the centre. Residents were given the choice to maintain their own GP of their choice. Other members of the multi-disciplinary team were available on a referral basis and appeared to be assessed in a prompt time frame. Residents who were approaching end of life received all the appropriate care. There was a detailed end-of-life care plan in place for each resident. These were found to be very specific to each residents request.

Care planning was in place, and residents' needs were assessed using validated tools to inform care plans. Residents were involved in the care planning process and where agreed by the residents relatives also participated. Residents who presented with communication difficulties were encouraged to communicate freely and their needs and preferences were recorded in a care plan for each individual need.

There were some residents in the centre that displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature. Such residents were appropriately assessed and well-managed.

Regulation 10: Communication difficulties

Residents who had communication difficulties were encouraged to communicate freely. The person in charge had ensured that where a resident has specialist communication requirements, such requirements were recorded in the residents care plan.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that all residents have access to and retains control over their personal property, possessions and finances.

Judgment: Compliant

Regulation 13: End of life

Residents who were approaching the end of their life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Residents family and friends were informed of the resident's condition and permitted to be with the resident when they were at the end of their life.

Judgment: Compliant

Regulation 17: Premises

The premises were found to not fully conform to the matters set out in Schedule 6, for example;

- The walls and skirting boards on the first floor required maintenance where paint was flaking and boards were chipped
- The corridor leading to the balcony on the first floor required attention in relation to the floor surface being worn
- The balcony required upgrading in relation to the flooring and walls being worn and neglected.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. Residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents were assessed in line with regulatory requirements and appropriate interventions and treatment plans were implemented and reviewed accordingly.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Suncroft Lodge Nursing Home OSV-0000106

Inspection ID: MON-0032862

Date of inspection: 18/09/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">• The walls, architraves and skirting boards on the first floor will be sanded, filled and re-painted.• The corridor slope leading to the balcony on the first floor will be fitted with a non-slip floor covering.• The balcony area will be fully upgraded in relation to the flooring, walls & railings.	

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	30/04/2024