



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:	23 May 2025
Centre ID:	OSV-0000106
Fieldwork ID:	MON-0047192

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 and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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How we inspect

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
Friday 23 May 2025	08:00hrs to 15:30hrs	Yvonne O'Loughlin	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were very happy living in Suncroft Lodge Nursing Home and their rights were respected in how they spent their days. Residents who spoke with the inspector expressed satisfaction with the staff, food, bedroom accommodation and services provided to them.

The dining rooms were bright, spacious, clean and very nicely decorated. For example, the tables had co-ordinated place mats and good quality cutlery and crockery. Residents enjoyed meal times as many were laughing and talking with staff. Many residents told the inspector that the food was 'good quality' and that they had access to choices at mealtimes, this was evidenced by the menus on the table of what food choices were available. The kitchen was clean with a separate area for storing cleaning equipment.

The inspector was met by the person in charge on arrival to the centre. Following an introductory meeting, the inspector walked through the centre and reviewed the premises. The inspector met with the majority of residents during the inspection and spoke with ten residents in more detail about their lived experience in the centre. One resident said that they were pleased that the staff had name badges in large print so they could read the names easily as a reminder. One resident spoken with said that there were plenty of activities to choose from and that, in particular, they enjoyed visiting Punchestown, which is a local racing festival.

Residents had easy access to a secure external courtyard, which was paved and had seating areas for residents and their visitors to use and enjoy. This area was well maintained and provided ample space for residents to relax in the fine weather. There was a balcony accessible from the first floor that was covered with lovely flowers that were in bloom.

The inspector met with four visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. There were no visiting restrictions on the day of inspection and visitors were seen coming and going throughout the day.

Call-bells were available throughout the centre. Staff were responsive without any delays in attending to residents' requests and needs. Staff knocked on residents' bedroom doors before entering. The inspector observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. Residents appeared to be relaxed and enjoying being in the company of the staff.

The centre was spacious with surfaces, finishes and furnishings that were easy to clean. Residents' bedroom accommodation comprised of 44 single rooms and eight twin rooms, all with en-suite facilities. Overall, the general environment, residents' bedrooms, communal areas and toilets inspected were nicely decorated and clean with wide clutter-free corridors. Residents and visitors spoken with were happy with the standard of environmental hygiene.

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

Capacity and capability

There was a clearly defined management structure in place and this inspection identified that it was a well-run centre, with a culture which promoted person-centred care. Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of governance and management and quality and safety which is further discussed within this report. On the day of the inspection there were 53 residents living in the centre.

Costern Unlimited company is the registered provider for Suncroft Lodge Nursing Home. This centre is a part of the Trinity Care Group, which has a number of nursing homes throughout Ireland. The local management team consisted of the person in charge and one assistant director of nursing and each were aware of their role and responsibilities. There were clear management systems in place with regular meetings held to oversee and discuss the day-to-day operation of the centre.

The Director of Nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship (AMS). The provider had also nominated a senior nurse to the role of IPC link nurse who aims to complete the IPC link practitioner course this year.

The inspector followed up on the compliance plan from a previous inspection in November 2024 and found that all areas had been addressed in relation to IPC.

The Inspector found that the centre had an adequate number of housekeeping staff to fulfill its infection prevention and control needs. This observation was supported by reviewing staff rosters and through conversations with the housekeeping staff. There was a housekeeper rostered on each unit on the day of inspection. These staff members were knowledgeable in cleaning practices and processes with regards

to good environmental hygiene. A housekeeping supervisor oversees the cleanliness of the centre, records of daily cleaning and deep cleaning were readily available.

Infection prevention and control audits were undertaken and covered a range of topics including hand hygiene, use of personal protective equipment (PPE), equipment and environment hygiene, laundry and sharps management. However, disparities between the findings of the most recent infection prevention and control audit, which achieved full compliance, and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the *National Standards for infection prevention and control in community services (2018)*. Findings in this regard are presented under Regulation 23 and Regulation 27 respectively.

Documentation reviewed relating to water safety provided the assurance that the risk of *Legionella* was being monitored and managed appropriately in the centre. For example, routine water testing for *Legionella* in hot and cold water systems had been undertaken, the provider had identified high counts of *Legionella* bacteria in some of the samples tested. Remedial actions had been taken and the outlets had been retested and the time of the inspection the results were pending.

Regulation 15: Staffing

There were sufficient staff resources to maintain the cleanliness of the centre. There were housekeeping staff in each area of the centre. On the day of the inspection there were sufficient staff resources to meet the needs of the residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training undertaken by staff. A review of these records confirmed that IPC training was on going. The management team had identified that more face-to-face training was required and they had put a plan in place to address this.

Staff were appropriately supervised on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

Management systems generally ensured that the service provided was safe, appropriate, consistent and monitored, as required under Regulation 23(d). However, further action was required to be fully compliant. This was evidenced by the following:

- Disparities between the findings of the most recent local infection prevention and control audit and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the *National Standards for infection prevention and control in community services* (2018). Details of issues identified are detailed under Regulation 27.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Quality and safety

Residents were receiving a high standard of care in an environment which supported and encouraged them to enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences.

The inspector observed that equipment used by residents was in good working order and the storage areas were clean and organised. The centre was clean throughout, well- ventilated and fresh smelling.

Staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise any risk to residents, visitors and their co-workers, such as appropriate use of personal protective equipment (PPE) and safe handling of waste. However, improvements were required in relation to linen management, hand hygiene facilities and the cleaning of equipment. Findings in this regard are presented under Regulation 27: Infection control.

Hand sanitisers were available in wall mounted dispensers along the corridors and at the point of care for each resident. Some barriers to effective hand hygiene practices were observed during the course of this inspection. Clinical hand wash sinks that complied with the recommended specifications were not available in the areas of the centre where residents were living, this meant that staff could not easily wash their hands if visibly soiled.

Care plans ensured that information about residents' healthcare associated infection status was accessible. All resident files viewed contained resident's current healthcare associated infection status and history. Residents with a urinary catheter had a care plan to guide the care.

The provider had a number of good assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, flat mops and colour-coded cloths to reduce the chance of cross infection. All areas were included on the daily cleaning schedule.

Antimicrobial stewardship initiatives reviewed provided ongoing assurance regarding the quality of antibiotic use within the centre. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. In addition, dipstick urinalysis was no longer routinely used to assess for evidence of urinary tract infection in adults without clinical signs and symptoms of infection. This initiative minimised unnecessary antibiotic prescribing.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there were limited restrictions on visiting. Visitors who spoke with the inspector were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 17: Premises

The premises was bright, clean, tidy and conformed with all matters set out in Schedule 6 of the regulations. The overall environment was designed and laid out to meet the needs of the residents.

There were good storage facilities within the centre and residents` mobility equipment was clean and tidy.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that there was effective communication within and between services when residents were transferred to or from hospital to minimise risk and to share necessary information. The transfer document and the pre-assessment document contained details of health-care-associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

Regulation 26: Risk management

Risk management procedures and outbreak management plans were reviewed and updated in line with national best practice guidelines.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example;

- Clinical hand hygiene sinks were not easily accessible for staff to wash their hands and residents` sinks were dual purpose for residents and staff. This increased the risk of staff transmitting a health care associated infection to residents when hands are visibly soiled.
- Equipment was not consistently managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by,
 - The needles used for injections and drawing up medication lacked safety devices in line with best practice guidelines. This omission increased the risk of needle stick injuries, which may leave staff exposed to blood borne viruses.
 - Urinals were used to empty catheter bags when necessary. Some of the urinals found in the bathrooms were visibly unclean and not reprocessed in the bedpan washer. This increased the risk of a catheter associated infection.
 - Linen was not segregated in line with the centres own policy for managing linen. For example, soiled linen was covered in a water soluble bag and placed alongside residents clothing and other used linen. Linen trolleys were not brought to the bedside for the disposal of used linen at the point of care as there were insufficient linen skips available. The inspector observed staff carrying used linen along the corridor for disposal, this is not in-line with best practice guidelines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an infection and those residents that had a urinary catheter.

Judgment: Compliant

Regulation 6: Health care

Nursing staff were engaging with the “skip the dip” campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing. There were no residents with a pressure ulcer on the day of the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspector observed kind and courteous interactions between residents and staff on the day of inspection. Residents had access to a varied activities programme that was clearly displayed.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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-0047192

Date of inspection: 23/05/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Details of compliance plan are listed below.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: A review of clinical hand hygiene sinks that are more accessible to staff will take place for St. Bridget's immediately and installation of same on or before end of November. Needles with safety devices attached (safetouch needles) were ordered immediately and are now in use. All staff reminded of the importance of cleaning and decontaminating urinal bottles following every use in the bedpan washer. 2 x triple linen trollies with lids ordered to ensure sufficient skips are available in order for bedside disposal of linen.	

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/11/2025