



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:	12 December 2022
Centre ID:	OSV-0000027
Fieldwork ID:	MON-0036540

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. 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 77 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:	85
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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 12 December 2022	08:50hrs to 16:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

Overall the inspector found that residents received a good standard of care and were well supported to lead full lives in which their independence and preferences for care and support were respected. Residents who spoke with the inspector were very positive about the care they received and life in the centre overall.

A schedule of activities was in place in the centre. Residents and staff were observed having good interaction with each other during stimulating activities. Staff appeared to know their residents' likes and dislikes very well and residents could be heard calling staff by their name. On the day of the inspection flower arranging was available in one sitting room. This class was made available from an external group. The residents appeared to really enjoy this class by assisting each other and cheerful chat and banter between them.

Residents' bedrooms were observed to be clean and tidy. Most of the residents bedrooms were personalised with items they had brought in from home. Each room had a wardrobe and locker with a lockable space available on request. There were sufficient communal areas and small comfortable areas where residents could socialise and participate in a range of activities. The corridors were decorated as shop fronts with ornaments and decor from the many years ago. Staff told the inspector this was 'great for the residents to reminisce'.

The inspector observed a variety of drinks and snacks were offered and served throughout the day. The daily menu was displayed which offered a choice. Residents that required assistance were assisted in a dignified and respectful manner. The nutritional status and allergens were clearly displayed. Alternative options such as diabetic and gluten-free options were also available.

The inspector spoke with residents, who stated that they felt safe and well cared for living in the centre. They said that that staff were 'great', and 'so kind'. The inspector observed the staff speaking with residents in a gentle and respectful manner, during encounters along corridors and activities. The rapport and interaction between the staff and residents demonstrated a familiarity with each other, and interactions appeared normal and effortless.

Visitors spoke very positively about the centre and told the inspector about their experiences. One visitor said they had both parents in the centre and the staff were 'like family', they were so 'open and honest'. Another visitor said how she thought her mother would not settle, but that now she wanted to stay in the centre for birthday celebrations. They went on to say that because, the resident knew the staff would 'do something nice to celebrate it'. The visitor said 'we know they are settled when they do not want to come home'.

The next two sections of this 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

This is a well-managed designated centre, run by a management team who are focused on providing a quality service to residents and on improving their wellbeing while living in the centre. There were management structures and resources in place that ensured appropriate care was being provided to residents. Overall this was a good inspection with the registered provider demonstrating good compliance with the regulations.

Craddock House Nursing Home is operated by Werlay Limited who is the registered provider. The person in charge demonstrated a good understanding of their roles and responsibilities. The person in charge works full time in the centre and is supported by the provider representative, an assistant director of nursing (ADON), clinical nurse managers and a team of nurses and carers, who provided personal and social care, and assistance with all activities of daily living to the residents in the centre.

Overall, there was an effective management team in the centre with clear roles and responsibilities. There were weekly clinical and non-clinical governance meetings to discuss various aspects of the service which were chaired by the provider representative. This ensured that the registered provider maintained good oversight of service provided. The persons in charge also held clinical meetings with the staff. The minutes of these meetings were seen by the inspector on the day. Items on the agenda included; falls, pressure ulcers and complaints.

There were comprehensive clinical and environmental auditing systems in place, with action plans developed and completed to address findings. Issues identified through these audits were in a plan of works, some which had been completed and others that were due for implementation in January 2023. Some of these items are discussed further in the report under Regulation 17; Premises.

The registered provider had completed an annual review for the year 2021. Improvements had been seen in the annual review since the last inspection in relation to resident consultation and involvement in the review.

The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review, and observations throughout the day, the inspector saw that there were sufficient staff on duty to meet the assessed needs of the residents in the centre. There was a minimum of one clinical nurse manager rostered to supervise staff and to monitor resident care at all times, including nights and the weekend. There was a team of activities' staff rostered Monday to Sunday to lead a full activities schedule. The registered provider had also reintroduced external activity teams calling to the centre. Some of the activities made available

were art and zumba dancing.

There were arrangements in place for staff to access mandatory training and any other training that was deemed necessary to deliver safe and effective care to residents. The staff training matrix indicated that all staff were up-to-date with their mandatory training with refresher training on fire safety due for a small number of staff. Staff spoken with said they had received sufficient supervision and training to carry out their role.

The inspector reviewed three contracts for the provision of services and found them to be in line with the regulations. The contracts outlined the terms and conditions of the residents' residency and also contained details of the fees to be charged for additional services.

Regulation 15: Staffing

There were sufficient staff on duty day and night, with appropriate knowledge and skills to meet the needs of the residents taking into account the size and layout of the designated centre.

There were registered nurses on duty at all times as confirmed by the staff rosters and the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training had been delivered to staff. This included training related to safeguarding, manual handling and fire safety. In addition, staff also had training on infection prevention and control.

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 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had an agreed contract of care with the provider, setting out the terms and conditions of their residency. The contracts contained information on the cost of care and details regarding fees that may accrue for additional services, including activities and other potential costs.

Judgment: Compliant

Regulation 30: Volunteers

There were two volunteers in the centre who had their roles and responsibilities set out in writing. An Garda Síochána (police) vetting was available on file for both volunteers.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. Residents had good access to recreational opportunities being provided.

The inspector observed visitors throughout the day of the inspection, visiting in bedrooms and communal areas. Residents and visitors spoken with were happy with the arrangements in place.

Residents were seen to be treated in a respectful manner throughout the day of the inspection. Residents had access to media such as radio, television and internet access if they wished. There was evidence of regular resident committee meetings where residents were consulted with and could participate in the organisation of the

designated centre. The minutes of these meetings were made available to the inspector.

Residents had access to a varied activity schedule seven days a week. The inspector observed flower arranging take place on the day of the inspection and spoke with a resident who had just had rollers put in her hair that day. The inspector saw evidence that activities were regularly reviewed to ensure residents' enjoyment.

Residents were supported to maintain control of their clothing and personal belongings. Residents' clothing was laundered on-site and there was a system for labelling residents' clothing to ensure that residents' clothing was returned to the correct owner.

The inspector saw that a range of snacks were provided to residents including fruit and baked items. Residents had access to fresh drinking water, and drinks were provided at regular intervals through the day. At each meal time there was a second choice on the menu, and residents were seen to receive their requested meal. Breakfast was served in both the residents bedrooms and the dining room.

Residents were offered a lockable space for safe keeping and this was made available when requested. Residents had adequate storage space in their rooms for personal belongings.

The premises were found to be clean and well organised. However, there were some areas of the centre that required repair or maintenance which is discussed further under Regulation 17; Premises.

There was an advocacy service made available for residents and notices and contact details were displayed around the centre. All staff had received training in safeguarding in relation to detection and prevention of and responses to abuse.

A voting register was seen to have been updated for any new admissions to the centre. The person in charge said that they would arrange for the residents to have access to vote in the centre if they wished.

Regulation 11: Visits

The provider had suitable arrangements in place for residents to receive unrestricted visits from their families and friends. There were suitable facilities in place for visits to happen in private.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage space in their bedrooms including a lockable space for their valuables on request.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre are appropriate to the number and needs of the residents. However, improvements were required in relation to maintenance oversight as some areas were observed as requiring repair such as;

- One bedroom was found to have a wooden dado rail hanging loosely from the wall, posing a safety risk.
- One part of the floor on a corridor had tape covering a tear, preventing effective cleaning.
- One shower flooring was torn around the drain.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured the residents had access to a safe supply of fresh drinking water at all times. Residents were seen to have choices for both drinks and at meal times.

The inspector observed that there was a good selection of wholesome and nutritious meals provided to the residents, and that there was adequate staff available to assist them at meals time. Residents were offered drinks and snack throughout the day between meals.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. All staff in the centre had received training in relation to the detection and prevention of and responses to abuse.

The registered provider was not a pension-agent for any of the residents in the

centre.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities and opportunities in the centre for residents to engage in recreation and to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers and to the Internet. There was an advocacy service available in the centre.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Craddock House Nursing Home OSV-0000027

Inspection ID: MON-0036540

Date of inspection: 12/12/2022

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> <ol style="list-style-type: none"> 1. Dado rail has since been fixed on 20/12/2022. Same had been documented in the maintenance log but the maintenance supervisor had not managed to complete this job. Going forward we are in the process of implementing a new maintenance log called ‘Maintain X’ which is an app that will now identify any maintenance items which need attention, and they will automatically alert on the maintenance supervisors work phone. 2. We have commenced a refurb on the nursing home. This commenced in November 2022 with the painting of the premises. There is a plan for new flooring on the corridors scheduled for Spring 2023 as part of the refurb plan. 3. As no. 2 above, the refurb plan has been implemented. As part of this plan there has been a full review of all flooring in the facility and in the plan, there is a schedule to apply new flooring to all area’s that require 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	30/04/2023