



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

Issued by the Chief Inspector

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| 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: | 14 September 2022 |
| Centre ID: | OSV-0000106 |
| Fieldwork ID: | MON-0035554 |

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.

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| Number of residents on the date of inspection: | 55 |
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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 14 September 2022 | 08:30hrs to 15:55hrs | Sinead Lynch | Lead |

What residents told us and what inspectors observed

This was an unannounced risk inspection conducted during a small outbreak of COVID-19 in the designated centre. The outbreak had been reported to the Chief Inspector of Social Services as required. As a result of the outbreak, some residents were isolating in their bedrooms at the time of the inspection, and therefore it was not possible to gain their views about their lived experience in the centre. Nevertheless, the inspector met with many other residents in the centre who were not affected by COVID-19 and who, overall, reported a high level of satisfaction with the service.

The inspector found that the residents received care from a well-established staff team who knew them well. Residents who spoke with the inspector were very positive about the care and services they received in the designated centre. One resident said they were 'very happy here' while another resident showed the inspector pictures they had coloured and explained how they 'loved activities'. Another resident told the inspector that the staff in the centre 'work so hard and are very good to me'. All residents provided the inspector with positive feedback in particular about the staff and their kindness towards them. All staff and resident interactions observed on the day were friendly and kind.

There was a schedule of activities in place in the centre. Residents were seen to enjoy the interaction in the group setting. There was a lovely atmosphere present throughout the day in the communal areas with residents chatting with each other and staff present at all times.

There was a newsletter on display which showed pictures of the residents outings. Some of these outings included the Punchestown festival where residents got to enjoy placing bets and watch the horse racing. The centre also celebrated Ladies' day and Fathers day with group parties in the centre.

The residents were seen to go on walks in a secure garden that had fresh flowers, shrubbery and an array of seating and tables. The gardens and grounds of the designated centre were well-maintained.

All residents spoken with were happy with their meals. Many residents praised the selection of food available to them. One resident said 'if there is something on the menu I do not like they will make me something else'. Residents were seen throughout the day to be offered hot and cold drinks. There was adequate number of staff to assist residents when required. There were two dining rooms, one on each floor. They were nicely decorated with menus displayed on each table. Murals were painted on the walls by a residents granddaughter, and the residents all complimented this work.

Residents' bedrooms were nicely decorated with personal items. There were family photographs displayed in many of the bedrooms and items residents had brought in

from their home. Bedrooms were seen to be clean and tidy with many having been recently decorated. The person in charge on the day of the inspection showed the inspector plans in place to continue the renovation project on many of the en-suite facilities.

The next two sections of the report will summarise the findings of the inspection and discuss levels of compliance under each regulation.

Capacity and capability

Overall this was a well-governed centre, which is reflected in the high levels of compliance found on this inspection. Strong leadership and a robust governance and management arrangement was in place.

Costern Unlimited Company is the registered provider for Suncroft Lodge Nursing Home. There is a clinical operations manager who supports the person in charge. The person in charge is a registered nurse who works full-time in the centre. They are supported in their role by an assistant director of nursing and a clinical nurse manager who both work full-time in the centre.

The inspector found that there were clear lines of accountability and responsibility in relation to governance and management of the designated centre. There was a process in place for reviewing the quality of care and the quality of life experienced by the residents living in the centre. The inspector viewed the annual review of the service, which indicated the ongoing improvements planned for the centre. The audit records demonstrated that learning from audits were communicated and implemented and, as a result, the service evidenced ongoing positive changes for the benefit of the residents. For example, significant improvements had been implemented in relation to fire and evacuation procedures and the storage of oxygen.

Staff were provided with training relevant to their role. Staff spoken with were knowledgeable in relation to safeguarding of the residents and what to do in the case of an emergency, such as a fire. Staff training matrix was viewed and found to have all the mandatory training available to staff.

The person in charge notified all incidents and accidents to the Chief Inspector of Social Services. However, there were four sensor alarm mats in use and a key pad to exit the front door had not been recognised as restraint practices and therefore were not notified.

There was a complaints procedure in the centre. The inspector viewed the complaints since the last inspection and observed that there was a comprehensive investigation into each complaint. The complainants' response and contentment was

also documented. There was only one open complaint in the centre on the day of the inspection.

The inspector viewed residents contracts for the provision of service. These contracts specified the services to be provided to the resident, the fees to be paid and any additional fees for services as required.

Regulation 16: Training and staff development

All staff had access to appropriate training. There was adequate supervision of staff by senior competent staff.

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

The inspector viewed a sample of contracts for the provision of services. They were in line with the requirements as set out in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All accidents and incidents had been notified to the Chief Inspector of Social Services within the required time frame. However, the use of sensor alarm mats and the use of a key pad at the front door had not been notified as required.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider has an accessible and effective complaints procedure which includes an appeal procedure.

Judgment: Compliant

Quality and safety

On the day of the inspection the inspector observed that the registered provider, management and staff provided a good quality of life to residents living in the centre. However, some improvements were required in relation to premises and infection prevention and control practices to further enhance the quality and safety of the service, as discussed later in the report.

The centre had an updated contingency plan in place for COVID-19 outbreaks. Improvements were seen by the inspector on the day of the inspection.

Overall the general environment and residents' bedrooms, communal areas and sluice facilities inspected appeared clean and well-maintained. However, the laundry and two assisted bathrooms required refurbishment. The laundry did not support the functional separation of the clean and dirty phases of the laundering process. The surfaces in place did not allow for areas to be adequately cleaned. Both assisted bathrooms were observed to be worn and required repair such as the surround of the baths and the floor covering which was observed to be torn.

Most residents were seen to have sufficient space for personal belongings in their bedrooms and locked storage for valuable items. The layout of one twin bedroom required review. It did not afford for two residents to have the required personal space for a bed, chair and storage space. However on the day of the inspection this room was only occupied by one resident.

Residents had access to televisions, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. Resident' meetings were held regularly, and there was a good level of attendance by residents. Records indicated that issues raised at these meetings were addressed.

The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm systems that provided the appropriate fire alarm coverage. The service records for these systems were up-to-date. The fire register for the centre included in-house maintenance checks, which were completed and up-to-date. Staff spoken with during the inspection were knowledgeable on the centre's fire evacuation policies procedures and had been involved in simulated fire drill

evacuations. Since the last inspection the centre had completed these drills in their largest compartment.

The inspector observed that residents had access to a range of meaningful activities and social opportunities in the centre. There were activities being provided to a large cohort of residents. The person in charge on the day of the inspection informed the inspector that are currently recruiting another member of staff to increase the activities team.

Residents had access to an external advocacy service. All staff had received training on safeguarding residents in the designated centre. The centre was not a pension agent for any residents.

Regulation 11: Visits

Visits were not restricted and visitors had access to residents' own bedroom or to a private space as needed. Visiting arrangements were aligned to the latest guidance from public health.

Judgment: Compliant

Regulation 17: Premises

Some aspects of the premises required review with regards to the layout and repair required to ensure compliance with Schedule 6 requirements. For example;

- Although one twin bedroom was of an appropriate size to meet the regulatory requirements, its design and layout did not ensure that each resident had sufficient floor space to accommodate a bed, chair and personal storage space
- Two assisted bathrooms were found to be not in a good state of repair

Judgment: Substantially compliant

Regulation 27: Infection control

While overall good practices were observed, some action was required in respect of the following issues to ensure consistent adherence to National Standards of

Infection Prevention and Control in Community Services:

- The laundry facilities did not support good infection control as they did not allow for a dirty to clean flow for effective segregation of practices; this posed a cross-contamination risk.
- The surfaces in the laundry did not allow for adequate cleaning.
- There were insufficient clinical hand washing sinks in place to support effective hand hygiene and infection prevention and control practices.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire. The staff had received suitable training in fire prevention and emergency procedures including evacuation procedures.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. Staff were trained in relation to the detection and prevention of and responses to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with facilities for occupation and recreation. Residents were seen to participate in activities of their choice.

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 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Suncroft Lodge Nursing Home OSV-0000106

Inspection ID: MON-0035554

Date of inspection: 14/09/2022

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 31: Notification of incidents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>With immediate effect all quarterly reports will contain bed sensor alarm mats & front door keypad will be notified as required.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A review of the twin bedroom will be conducted with a view to the consideration of the layout & design to ensure there is sufficient floor space & storage for the resident's requirements.</p> <p>The assisted bathroom are scheduled for upgrade & repair and new bath installed as required.</p> | |
| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A review has taken place for the reconfiguration of the laundry to develop an effective segregation process. This will include the following:</p> | |

- A Structural engineer has attended site and has confirmed that the wall can be removed from the middle of the room.
- The washing machines will be separated from the clean laundry section to allow clean laundry to be processed in a segregated area.
- The entire floor surface will be re-vinyled.
- The machines moved closer to the wall to allow for more space.
- New steam ironing board to be ordered.
- New PowerPoints will be added in.
- New Laundries are currently on order.

A review of the current handwashing facilities in the nursing home will be conducted to ascertain the location for additional handwashing facilities for staff

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 |
| 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 | 30/04/2023 |
| Regulation 31(3) | The person in charge shall provide a written report to the Chief Inspector at the end of each | Substantially Compliant | Yellow | 21/10/2022 |

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| | quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4. | | | |
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