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Craddock House, Craddockstown Road, Naas, Kildare

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**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Craddock House
Centre ID:	OSV-0000027
Centre address:	Craddockstown Road, Naas, Kildare.
Telephone number:	045 898 600
Email address:	craddockhouse@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Werlay Limited
Provider Nominee:	Karl Gallagher
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	75
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 September 2017 09:46 To: 05 September 2017 15:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 12: Safe and Suitable Premises	Compliant

Summary of findings from this inspection

This report sets out the findings of an inspection carried out following an application to vary a condition of registration and increase resident numbers by 12.

The centre is currently registered to accommodate a maximum of 77 residents. Following the recent extension and reconfiguration to the premises the centre can now accommodate up to 89 residents. Significant improvements to the overall premises, resident accommodation and facilities was found.

During the course of the announced inspection, the inspector met with residents, relatives and staff, the person in charge and the provider nominee. Their views were listened to, practices were observed and documentation was reviewed. As this inspection was an announced inspection, questionnaires had completed by residents (9) and/or their relatives or representatives (16) about the service in this centre. All feedback received was positive in relation to the service provision and complimentary of the entire staff team.

Overall, the inspector found that the management and staff of the centre were striving to improve residents' outcomes. A person-centred approach to care was noted. Care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way. Residents appeared

well cared for and expressed satisfaction with the care they received. They spoke positively about the staff who cared for them and confirmed that they had autonomy and freedom of choice.

Reasonable systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

Actions required following the previous inspection in December 2015 were addressed, and compliance with the regulations was found in the regulations inspected on this inspection.

The service provided was in accordance with the stated purpose and function. The effective and efficient deployment of resources was observed and planned for an increase from 77 to 89 residents. The refurbishment and extension to the premises was completed to a high standard aimed at improving the quality of life and care to residents of the centre.

There was a management structure with clearly defined lines of authority and accountability. The centre was managed by people who have experience and been appropriately trained to manage the facilities and service. Governing policies and procedures were in place. Good communication prior to and at each resident admission was seen as the cornerstone to providing safe and effective services.

A culture of learning by training and development of staff was promoted to support the ongoing enhancement of quality and safety.

Group and individual activities were promoted for residents. Activities that involved family, people within the locality and from the wider community was encouraged and facilitated.

Overall, suitable and sufficient governance arrangements were in place and proposed to increase the number of resident capacity. The findings are discussed within the body of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose detailed the aims, objectives and ethos of the centre, outlined the facilities and services available and provided for residents and contained information in relation to the matters listed in schedule 1 of the regulations.

It had been reviewed and amended appropriately. The revised statement of purpose reflected the extension and reconfiguration of accommodation for the increase in resident numbers and staff.

The provider nominee and person in charge understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Suitable and sufficient governance and management arrangements were in place and proposed to increase the number of resident capacity by 12. The refurbishment and extension to the premises was completed to a high standard aimed at improving the quality of life and care to all residents of the centre.

There were no changes to the management team. The provider and person in charge remain 'fit'. The provider nominee and person in charge told the inspector they had been involved in the operation of this centre for 16 years. Both work in the centre on a full-time basis and were well known to residents and relatives. There was a commitment by them to provide person-centred care, homely accommodation and adequate support services for residents by trained staff.

There was a clearly defined management structure that identified the lines of authority and accountability, specifies roles and details responsibilities for all areas of care provision. Discussions with staff, residents and relatives confirmed good leadership and management arrangements that promoted an open culture where feedback is sought to improve practice and service provision. Minutes of management, safety committees, staff and resident meetings were maintained to demonstrate this.

Management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored and reflected in the centre's annual review. Clinical and operational audits were systematically maintained to evaluate risks and inform key performance indicators. Ongoing efforts to raise standards which focused on integrated improvements with clearly defined objectives were evident. There was a link between feedback received and follow-ups carried out for quality improvement activity. For example, the accident and incident form template had been revised to ensure a review and record of actions taken following falls or incidents involving residents was maintained to mitigate risks and inform future evaluations.

Monitoring systems were in place to measure resident outcomes. Audits were carried out that analysed accidents, complaints, medicine management issues/errors, skin integrity, care plans, nutritional risk, and use of restraint and dependency levels. This information was available for inspection and the inspector noted that the use of restraint had reduced significantly with the use of alternative strategies made available.

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example, sufficient staff numbers and skill mix were on duty and proposed, mandatory and relevant training programmes were provided to staff to support practices. A reasonable plan outlining the additional staff resources to be provided by day and night to facilitate the increase from 77 to 89 residents was documented. Staff planning, recruiting, managing, inducting and supervising was ongoing to meet staff turnover and the operational needs of the centre. A recruitment policy was in place that included the regulatory requirements. The files of four staff and one volunteer was inspected and found to be compliant with schedule 2. The provider nominee and person in charge gave assurances that all staff and volunteers had and would have Garda Vetting completed prior to working in the centre.

Relevant training was confirmed by staff, recorded in attendance records seen on staff files examined.

The process of resident admission was described by the person in charge and included the completion of a comprehensive pre-admission assessment by her or those participating in management. An opportunity to prospective residents and or their family to visit the centre, meet staff and view the facilities available was also encouraged. Relatives confirmed this in feedback received and it formed part of the admission policy. The increase in resident numbers was to be carried out on a phased basis, dependent on staffing. Resident admissions generally occurred between Monday and Thursday. The provider nominee and person in charge said that a maximum of four residents would be admitted in any one week. A comprehensive admission pack was available and to be completed on the arrival of a resident. The person in charge told the inspector that an additional nurse was rostered to be on duty to facilitate and manage each resident admission.

Services and arrangements for catering, dining, laundry, doctor, allied healthcare and pharmacy services was confirmed as available to support the increase in resident numbers. Appropriate supports and equipment was available for the increase in resident numbers.

Residents and their families reported and told the inspector they were consulted with in relation to care plans and that information meetings were held by the person in charge in relation to the building work. Little disruption was reported and comments made regarding management, staff, food and facilities were complimentary. Residents said they felt safe, well cared for, listened to and involved in decisions.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not inspected in full, however, the inspector found that records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 (as amended) were available and maintained as required.

A sample of records reviewed by the inspector included records relating to medicines, fire safety and servicing of equipment, staff records, complaints, audits and notified events.

A current certificate of insurance for the centre was available.

A directory of residents and a record of visitors were maintained, as required.

The sample of staff files reviewed were compliant with the Regulations and Schedule 2.

Schedule 5 policies and procedures were available to govern operational procedures and guide staff practice.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

This outcome was not inspected in full. The action required from the previous inspection relating to fire safety was followed up and found to have been addressed. A heat/smoke detector was installed in the identified sluice room since the previous inspection.

The centre had policies and procedures relating to health and safety, risk management and fire safety. Arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place.

Arrangements were in place to promote fire safety and detection. Records to confirm that the fire alarm system was serviced on a quarterly basis and fire safety equipment seen in place was serviced on an annual basis. Fire exits were identifiable by obvious signage and exits were unobstructed to enable means of escape. Fire evacuation procedures were prominently displayed throughout the building. Internal and external emergency lighting was available and assemble points identifiable.

Staff were trained annually in fire safety. Staff files examined and those who spoke with the inspector confirmed this. Staff attended or participated in a minimum of two fire evacuation drills annually. The person in charge told the inspector she coordinated fire drills and logs of the events were seen recorded. A personal emergency evacuation plan (PEEP) for each resident identified the resident's mobility levels and requirements for assistance in the event of an emergency evacuation.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The actions from the previous inspection were followed up and had been addressed.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents that was reflected in practice.

The storage system and arrangements for medicines that required strict controls was adequate. The inspector saw that controlled drugs were stored safely in a double locked cupboard and stock levels were checked and recorded by nurses at the beginning and end of each shift in a register in keeping with legislative requirements. The requirement to ensure residents' medicines that required strict controls were separate within the actual package that was dispensed and received in from the pharmacy.

Other actions addressed related to the transcribing of medicines by two nurses and authorisation of prescriptions by a doctor was maintained in accordance with professional standards. As required (PRN) medicines prescribed included the maximum dose in 24 hours, as required. The need to crush medicine was recorded individually and signed by the prescribing doctor prior to being supplied by the pharmacist.

Despite the availability of a spacious clinical room, the practice of locking and storing three locked medicine trolleys to a wall in a dining room was observed. In addition, the location of the small medicine storage room that was only accessible via this dining room required review. The appropriateness of this practice and environment was to be discussed and evaluated by the management and nursing team.

Judgment:

Compliant

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Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The action from the previous inspection was followed up and had been addressed. Quarterly reports were provided, where relevant, for example, the use of restraint as prescribed in the regulations.

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Management systems were in place to alert staff to notify HIQA of notifiable events, incidents or accidents within three days.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The premises takes account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The location, design and layout of the centre were suitable for its stated purpose and

met residents' individual and collective needs in a comfortable and homely manner. The centre was clean, warm and well ventilated. The premises was suitably decorated throughout and benefited from natural and artificial lighting.

The recent extension and reconfiguration to the premises could facilitate an increase in resident capacity by 12, from 77 to 89 residents. A number of significant improvements to the overall building and facilities including resident accommodation were made during the works carried out. For example, a previous four bedded room was reconfigured as a spacious twin bedroom with full en-suite facilities that were wheelchair accessible. Similarly, the additional single bedrooms on the ground and first floor within the new extension wing were spacious with full en-suites. A total of 77 single (70 en-suite) and six en-suite twin bedrooms now existed between the ground and first floor premises. A new passenger lift that could accommodate a stretcher operated between floors in addition to the internal stairwells.

Extensions to and reconfiguration of existing day spaces such as the parlour and sitting rooms were completed to a high standard. A large oratory at the side of the main building was accessible from within or via a separate entry to the main entrance doors. It was suitable equipped and decorated and had a nearby reception or meeting room with facilities for family gatherings and refreshments.

The laundry was relocated to an external building that adjoined three office spaces facilities. Other aspects of the building were improved. The size, layout and colour scheme in communal areas used by residents was enhanced. A larger hair salon that operated three days weekly was also available. An increased number of accessible secure outdoor spaces were included in the improvements to the premises. The new areas were paved, planted, featured and decorated, while the existing central courtyard was out of commission as it was now undergoing refurbishment. The inspector was told that it's upgrading should be complete within two months and plans to improve aspects of the other courtyards for residents with dementia was also described.

Ongoing maintenance of the existing accommodation and facilities in the premises was planned and described by the provider nominee and person in charge. The safe storage of necessary equipment when not in use was to be reviewed along with the removal of redundant equipment from circulation and communal areas.

Furniture and equipment seen available was in good working condition and appropriate to residents needs. Supportive equipment such as call-bell facilities, remote control or low low beds, mobility aids, hoists, wheel chairs and pressure relieving aids were available.

CCTV was at entry and exit points and car parking facilities were available at the centre.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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