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Suncroft Lodge Nursing Home, OSV-0000106, 29 October 2020

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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:	29 October 2020
Centre ID:	OSV-0000106
Fieldwork ID:	MON-0030529

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 provides 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 was basin facilities. A variety of communal accommodation is provided including a sitting room and quiet room on each floor and a dining room on the ground floor. Kitchen and laundry facilities are located on the ground floor.

The provider employs nurses and care staff to provide care for residents on a 24 hour basis. The provider also employs catering, household, administration and maintenance staff. The centre's statement of purpose outlines that the ethos of care is to promote the dignity, individuality and independence of all residents. The centre provides care for male and female residents aged over 18 years with long term, respite, convalescence, acquired brain injury and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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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
Thursday 29 October 2020	10:30hrs to 17:00hrs	Mary O'Donnell	Lead

What residents told us and what inspectors observed

The feedback from residents was that Suncroft Lodge was a nice place to live in and apart from the recommended restrictions during the COVID-19 pandemic and the recent outbreak in the centre, residents had choice in their daily lives. Staff promoted a person-centred approach to care and were observed to be kind and caring towards residents. The inspector met most of the residents during the inspection. The residents looked well groomed and cared for. Not all the residents were able to converse but residents who spoke with the inspector gave positive feedback. They said they felt safe and the two best things about living in the centre were the staff and the food.

The inspector arrived to the centre unannounced and saw that because of the recent outbreak of COVID-19, many of the residents were socially isolating in their bedrooms. The centre was divided into two units and during the outbreak residents who had symptoms or those who tested positive for COVID-19 were restricted to one area. Residents who moved to another room during the outbreak were pleased to be back in their own room now that the outbreak was over. The inspector was told the two areas were separately staffed with a nurse responsible for each area. Hand sanitizers were available at numerous locations and the inspector observed staff donning and doffing (putting on and taking off) PPE and found that the principles of best practice were generally practiced.

The inspector saw that a number of bedrooms were personalised with residents' family photographs, ornaments and other personal memorabilia. There was adequate storage space in residents' bedrooms for their clothes, personal belongings and items of assistive equipment such as walking frames or specialised wheelchairs. The inspector noted that an 'engaged' sign was used when staff provided personal care to maintain residents privacy and dignity. The inspector observed on a walk around that the centre was clean, suitably decorated and in a good state of repair.

Residents were very complimentary about the food and the inspector saw that residents were offered choice. Menus displayed and staff also informed residents regarding the choices on offer. The menus were seen to be varied and the residents said if they didn't like what was on the menu they were given other food choices. One resident was pleased that the chef often made Caesar salad especially for her. Modified diets were well presented and appetising. During the COVID-19 outbreak in the centre, the dining rooms were closed, so meals were served in residents' bedrooms. The dining rooms and sitting rooms were in operation again and the capacity was reduced to ensure social distancing of residents.

Residents who spoke with the inspector were very complimentary about staff, saying that staff were friendly, kind and attentive. One lady said staff spent time with her because they knew she was very sad since the resident she shared a room with for years had died recently. She said staff encouraged her to join in group activities and spend time with other residents, so that she could make new friends. Residents said

staff made a special effort to facilitate them to talk to their families as visits were restricted. Staff said that some residents felt safer in their rooms. They encouraged residents to go for walks and they were making an effort to sit and chat more with residents whenever they could, to ensure residents were not lonely. Some residents told inspectors they enjoyed reading and watching TV in their room. Others were glad that they could meet their friends and other residents in the sitting room or the dining room at meal times. Some residents missed attending Mass but they were pleased that they could see Mass on TV and also join the rosary group in the mornings. One lady apologised about her appearance because her hair had not been cut for ages. She enquired about when the hairdresser would be back. She remarked that her two big toes were throbbing and she needed an urgent appointment with the chiropodist. The person in charge confirmed that there were no plans for the hairdresser to return but that staff washed and set some residents' hair.

Residents told the inspector that they were kept well informed by staff and were aware that there was a COVID-19 outbreak in the centre. Inspectors spoke to three residents who had recovered from COVID-19 infection. They confirmed that they were very well cared for by staff and the GP had been to see them several times during the outbreak. Residents were seen sanitising their hands and staff supported residents to do this at hourly intervals and before meals.

Capacity and capability

There was good governance and management structures in the centre. The provider was proactive to ensure that residents and staff were protected from COVID-19 and when the centre had an outbreak in August, the service was adequately resourced and effective plans were in place to manage the outbreak effectively. Systems were in place to ensure that the service provided was safe, appropriate, effective and consistently monitored. However, some audit tools required review to ensure that they were fit for purpose.

The centre is owned and operated by Costern Unlimited trading as Trinity Care, who is the registered provider. The company is involved in the operation of six other nursing homes. The company is made up of four directors and one of the directors is the Registered Provider Representative. (RPR). The person in charge and the person participating in management reported to the RPR. To date the centre has had a good compliance history.

The inspector acknowledged that residents and staff had been through a challenging time and they had recovered from the recent COVID -19 outbreak. Fifteen residents and ten staff tested positive for COVID-19 and sadly one resident died with COVID-19. The outbreak was declared over on 7 October. The inspector saw evidence that residents had access to medical services and medications to manage symptoms. Compassionate visits were facilitated to ensure family members were present when

residents were ill or receiving end of life care. A post COVID-19 review was carried out and additional measures were in place to mitigate the risk of a second outbreak. Serial testing of staff was done and all staff presented for testing. The inspector reviewed the staffing rosters and found that additional staff resources were provided by increasing the contracted hours of part-time staff, recruiting an additional nurse and cleaning staff and one additional staff member was engaged from an external staffing agency. Suitable supervision arrangements were in place for all staff. The centre had a named lead person for COVID-19. The management team had established links with the public health team and HSE lead for their area. They had registered with agencies to hire staff if required. There was a clear and comprehensive COVID-19 preparedness plan and policy in place and the management team had a clear list of the relevant persons to contact and a number for them available to the staff team and any deputy as required. The centre had been divided into two areas and a specific isolation area had been established which was used for any confirmed or suspected cases of the virus and for residents returning from the acute hospital who required 14 days isolation. Social distancing was put in place throughout the centre. Cautionary signage was evident but not prominently displayed to identify the isolation area. Staff were seen to abide by best practice in the sanitising of hands and wearing of PPE. Up to date training had been provided to all staff in infection prevention and control, hand hygiene and in donning and doffing of PPE. Regular staff meetings took place to ensure staff were familiar and aware of the ongoing changes to guidance from public health and the HSE. However, the systems in place to monitor the quality and safety of the service were not comprehensive and therefore not effective in identifying areas of the service needing attention and improvement. Inspectors found that environmental infection prevention and controls audits did not adequately inform quality improvement. These audit tools did not pick up on the areas needing urgent improvement that were identified by inspectors on this inspection.

The provider had recently applied to renew the centre's registration which was due to expire in April 2021. This unannounced inspection was carried out to monitor compliance with regulations and standards. The inspector followed up on solicited and unsolicited information received by the Chief Inspector. The Chief Inspector had received unsolicited information raising concerns about the care of residents, falls management, inappropriate use of chemical restraint, food choices and safeguarding of vulnerable residents. The inspector found that the issues raised had been dealt with through the internal complaints process. Apart from one incident which the person in charge had managed in line with the centre's disciplinary policy, there was no evidence to support the concerns raised. The inspector also followed up on actions required from the previous inspections and found that the compliance plans had been completed.

The person in charge ensured that records kept in the centre were maintained, including tracking records of resident and staff symptoms, test results and isolation period requirements. This information was made available to inspectors for review. Suitable systems were in place for contact tracing, should a resident or a staff member test positive for COVID-19.

There was an effective complaints process in the centre and oversight by the

provider representative of complaints management in the centre was assured.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an completed application to renew the registration of Suncroft Lodge six months before the registration was due to expire.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The provider has complied with the requirement to pay annual fees of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse with a management qualification and she was in her position since 2015. The person in charge worked full-time. She engaged in continuous professional development and demonstrated a clear understanding of her role and responsibilities.

There were appropriate deputising arrangements in place to cover for the person in charge in the event she or the deputy person in charge became unwell or had to self-isolate.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels in the centre at the time of inspection met the needs of the 56 residents. Staff were mostly long-term employees and the staffing levels had remained stable during the Covid-19 pandemic. The inspector examined staff rosters for three weeks and found the planned and actual rosters were maintained with subsequent changes recorded as necessary. The staffing roster reflected the staff on duty on the day of inspection and there were arrangements in place to provide cover for any planned or unplanned leave. The provider confirmed that recruitment

was ongoing and a nurse with infection prevention and control knowledge had recently been recruited. Staff morale was being continually monitored by management and supported by the provider with initiatives such as providing goodies for staff to enjoy, bonus payments and raffles.

The provider had ensured that there was sufficient staff available to meet residents' assessed needs. Ten staff tested positive for COVID-19 during the outbreak in August. The staffing preparedness plan was operationalised to ensure residents' care needs were met.. Additional staff had been hired and part-time staff worked additional hours. Agency staff were tested and employed to work exclusively in the centre.

Household staff worked longer shifts to meet additional cleaning demands due to COVID-19 and to ensure that cover was provided for seven days each week. Staff teams were assigned to zones in the centre and a minimum of two nurses were on duty in the centre at all times.

The environment had been adapted to ensure that staff could socially distance for break times. Records were available to show that staff confirmed that they are symptom free and staff temperatures are monitored twice during each shift.

Other measures taken to minimise the risk to residents and staff include:

- Staff employed in the centre do not work in any other centre.
- Staff are allocated into two teams to work in two separate zones.
- Staff changed their uniform or work outfit at the beginning and end of each shift.
- Staff adhere to rules on social distancing.
- All staff wore face masks and disposed of the masks correctly.
- All staff presented for COVID-19 testing when routine blanket testing was organised in the centre.

No volunteers were working in the centre at the time of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training needs were informed by regulatory requirements, residents' needs and annual staff appraisals completed by the person in charge. Staff were also facilitated to attend professional development training to ensure they were skilled in meeting the needs of residents in the centre.

Increased infection control training and briefings were being held in the centre to ensure that the most up to date and accurate information was filtered to front line staff. All staff had completed the relevant HSE LanD training and the person in charge had facilitated regular updates for staff on infection prevention and control.

The training focused on timely identification of residents with COVID-19 infection, hand hygiene, donning and doffing (putting on and taking off) of personal protective equipment (PPE) procedures and public health guidance to prevent and control COVID-19 infection. The person in charge and her deputy supervised hand hygiene, infection control practices and ensured that PPE was used and disposed of in line with national guidelines. Generally staff who were observed were seen to be adhering to best practice guidelines.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which was provided for inspection. The inspector saw that the directory was up to date and contained the required information.

Judgment: Compliant

Regulation 21: Records

Daily records of each resident's condition and any treatments given was maintained by night and day nursing staff. Records set out in Schedule 2,3 and 4 were kept in the centre and were made available for inspection. Archived records were safely stored and retrieved when requested for inspection.

An electronic record of each resident's condition and any treatments given was maintained by night and day nursing staff. However, paper based records of food and fluid intake were not appropriately maintained. The inspector examined the records for three residents and found significant gaps in the three sets of records.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had appropriate insurance cover which met regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure with clearly defined lines of authority and accountability in all areas of care provision. The provider adequately resourced the service and suitable arrangements were in place to maintain communication with residents and relatives during the COVID-19 pandemic. The RPR and the clinical operations manager visited the centre regularly and had suitable arrangements for oversight of the service. Compliance plans from previous inspections were completed by the provider and there was evidence of good governance and contingency planning in this centre.

The person in charge was supported by the assistant director of nursing and a team consisting of clinical, catering, household and maintenance staff. Staff turnover was low and many of the staff were long standing employees and staff were clear about their roles and responsibilities for all areas of the service.

Management systems were in place to monitor and evaluate the effectiveness of the service. Clinical and operational audits were carried out monthly and some improvement was required to ensure that audits informed ongoing quality improvements in the centre. Most of the audits reviewed reported positive results and did not identify any areas for improvement. For example the infection prevention and control audits did not identify issues which were picked up on this inspection. Management meetings were held which the RPR attended every two weeks and the standing agenda items included COVID-19, audits, complaints, incidents, staff training and maintenance issues.

The provider ensured that adequate resources were provided to meet residents' needs and staff recruitment was ongoing. The centre was divided into two zones, with separate staffing and staff changing areas in each zone. PPE and emergency supplies had been sourced by the provider and made available to staff and visitors as required.

The provider and person in charge had been proactive in relation to the challenges posed by a COVID-19 outbreak. They had made contact with Public Health and the HSE Crisis Management Team and had accessed current HSE and HPSC guidelines which were disseminated to staff. A comprehensive contingency plan was put in place to minimise the risk of residents or staff contracting a COVID-19 infection and to ensure effective communication with residents, families and relatives. The plan was activated and found to be effective in August when the centre had a COVID-19 outbreak. The outbreak was declared over in early October and a post COVID-19 outbreak review was carried out. The person in charge had also completed the HIQA preparedness and infection prevention self-assessment to ensure that the centre was in a good position should it experience a second COVID-19 outbreak. Policies had been updated to guide staff and specific training had been provided which included hand hygiene techniques, cough etiquette, donning and doffing PPE and symptom monitoring. Cleaning procedures were updated and the frequency of cleaning increased for specific areas of the centre.

Housekeeping staff were competent in all aspects of decontamination cleaning and general infection control measures. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Staff testing for COVID-19 was done every two weeks by the person in charge and the assistant director of nursing. All staff engaged with the testing programme. The provider also arranged for staff to receive the flu vaccine but just over one third of staff came forward for vaccination.

An annual review report on the quality and safety of care and quality of life for residents was available for 2019.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had an agreed contract of care setting out the terms and conditions of their residency. The contracts had been revised to include details of the additional fees to be charged to residents in receipt of the 'Fair Deal Scheme'.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of purpose held all the required information and set out the service which was delivered in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge submitted the required statutory notifications to the Chief Inspector within the timescales specified by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was on display and available to inform the management of

complaints in the centre. Information on the complaints procedure and how to access support was communicated to residents and relatives on admission. An independent advocacy service was available to residents to assist them with raising a concern and the contact information for this support was made available to residents.

The person in charge had responsibility for managing complaints and to ensure that complaints were responded to appropriately and records kept as required. The records confirmed that complaints were dealt with, appropriately recorded, investigated and the outcome was discussed with complainants. The satisfaction of complainants with the outcome of investigations was recorded and an appeals procedure was in place. The provider representative maintained oversight of complaints management and records.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written operational policies to inform practice were available and there was a system in place to ensure that policies, procedures and practices were regularly reviewed. The operations manager had recently revised policies such as the risk management policy, infection prevention and control policy, end-of-life policy and visitors' policy. There was also a COVID-19 policy which was regularly updated to reflect the current guidance and practice in respect of COVID-19.

Judgment: Compliant

Quality and safety

Despite the COVID-19 restrictions, residents were generally supported to have a good quality of life which was respectful of their wishes and choices. The centre ensured that residents' rights were respected and promoted. There was evidence of good consultation with residents. Formal residents' meetings were facilitated and resident's religious preferences were ascertained and facilitated. Residents' needs were being met through good access to health care services and opportunities for social engagement. Some oversight was required to ensure that care plans were implemented and that infection prevention and control standards were maintained.

The quality of residents' lives was enhanced by the design and layout of the centre and opportunities for social engagement during the day. The layout of the premises enabled residents to spend time in private and communal areas in the centre. There

was open access to the garden from the ground floor and residents on the first floor also had access to a safe balcony area. The centre was clean and pleasantly decorated. A preventative maintenance programme was in place and a project to upgrade all the en suites had begun but was delayed due to COVID-19.

Overall, there appeared to be a warm and friendly atmosphere between residents and staff. Staff were seen to be supportive, positive and kind in their interactions with residents. The activities programme was designed in response to activity assessments and ongoing feedback from residents. The provider used various ways to elicit feedback from residents about their experience of living in the centre, including informal conversations with the person in charge, residents' meetings and satisfaction surveys. The inspector saw that residents appeared content and well groomed and their feedback on the day of inspection was positive.

Residents were assessed and had care plans in place which were person centred. The sample of care plans examined, included the residents' wishes and preferences. Including their preference in relation to personal care and end of life care. Falls management was in line with best practice and the service was working to promote a restraint free environment.

There was evidence that residents had access to medical and other allied healthcare professionals including, physiotherapy, occupational therapy, speech and language therapy, dietician and chiropody services. Residents expressed satisfaction with the medical care provided and the inspector was assured that residents had good access to medical services. However, access to allied healthcare services required review to ensure that residents were appropriately assessed and had timely access to treatments. In March arrangements were put in place for residents to access allied healthcare assessments remotely. This interim measure was appropriate at the time but seven months later remote assessments were still being done and there was evidence that this had impacted on the residents. The waiting time for a remote dietetic assessment was over two weeks and residents had not had access to podiatry services since March.

The menus had been reviewed by a dietician and there was a good menu choices available for all meals. Residents were very complimentary about the food, the choice and the service. Mealtimes were seen to be social occasions. But due to social distancing many of the residents still took their meals in their rooms. Consideration could be given to having two sittings at mealtimes to maximise opportunities for residents to socially engage with other residents while dining.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in safeguarding and demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date safeguarding policy in place. Systems were in place to promote safety and effectively manage risks. Policies and procedures were in place for health and safety, risk management and fire safety. Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors. Systems were in place and effective for the maintenance of the fire detection and alarm system and

emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly.

There was good general oversight of infection prevention and control measures. The provider ensured that all equipment including washing machines and bed pan washers were regularly serviced and fit for purpose. Protocols were in place in line with HPSC guidance to ensure the ongoing safety of residents and staff. Procedures were in place to facilitate the isolation of residents when required including those returning from hospital or newly admitted residents who required 14 days precautionary isolation. Some issues needed to be addressed to improve infection prevention and control. These were discussed with the person in charge and where possible they were addressed on the day.

Regulation 11: Visits

The provider had arrangements in place for residents to receive visitors, and suitable communal and private space was available for residents to meet with visitors.

The country had Level 5 restrictions at the time of inspection. However, window visits, compassionate visits and garden visits following a risk assessment were facilitated. The provider developed a visiting protocol to minimise any risk of COVID-19 to residents, staff and visitors and the centre planned to reopen for visitors on a phased basis in line with the national guidance. Visiting controls included symptom checking and a visitor health risk assessment before the visit, hand hygiene, maintaining social distancing, and cleaning of the room following every visit.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were satisfied with arrangements in place for laundering and storage of their clothing and personal possessions. The person in charge of the laundry told the inspector that relatives marked clothing but the laundry service also labelled any clothes that were not marked. The sample of clothing checked had a label with the resident's name on it. Garments were ironed and stored with care in the residents' rooms.

Residents had a lockable unit in their rooms for valuables

Judgment: Compliant

Regulation 13: End of life

There were no residents receiving end of life care on the day of inspection. From the sample of care plans reviewed it was evident that residents were supported to express their wishes for end of life care and their wishes were respected.

Arrangements were in place to keep relatives informed about their resident's condition and compassionate visits were facilitated to ensure that family/friends spent time with their loved one at the end of their life's journey.

Residents had good access to medical care and staff had the support of the local palliative care team. The inspector was assured that medications were prescribed to manage symptoms when residents were ill or approaching end of life.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was modern and bright.

Bedroom accommodation comprised 44 single rooms and eight twin rooms over two floors. Communal rooms included communal living and dining spaces and other quiet rooms on both floors. Residents on the first floor had access to a safe balcony area and the gardens were enclosed and accessible to residents from the ground floor. The inspector observed that garden furniture and containers with flowers were placed in both areas. There was lift access and stairwells to both floors. All bedrooms had full en suite facilities with an accessible toilet and shower. There are three assisted toilets (all located near to the lounge rooms / dining rooms entrances) and two assisted bathrooms/toilets and a separate toilet for visitors.

The centre was clean and well maintained. Ongoing improvements with the premises were evident including a plan to upgrade all the ensuites. The four ensuite rooms which were completed, had been refurbished to a high standard. The centre was decorated for Halloween and there were vintage pictures on display along the corridors which generated interest and promoted reminiscence.

Judgment: Compliant

Regulation 18: Food and nutrition

Suitable arrangements were in place to provide residents with fresh drinking water.

Residents feedback about the food offered was overwhelmingly positive.

Menus were evaluated by a dietician to ensure the food on offer was nutritious and adequate to meet residents nutritional needs. The inspector saw that each resident had a nutritional assessment and residents with special dietary requirements were provided with meals to meet their needs. Specialist advice was evident in care plans and communicated effectively to the chef and catering staff.

Snacks and refreshments were provided outside of mealtimes and the inspector saw that adequate staff were available to assist residents with refreshments or at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy met the requirements of the regulations and addressed specific issues such as absconsion, safeguarding and the prevention of abuse.

The health and safety statement had been reviewed and the emergency plan was up to date. Any risks or hazards identified were documented and these issues were addressed by maintenance staff who attended the centre daily. This meant that issues were addressed without delay and the upkeep of the centre was an ongoing project.

There was a risk register in the centre which covered a range of risks and appropriate controls for these risks. The risk register was reviewed on a monthly basis and it included risks identified relating to COVID-19.

There was room for improvement in relation to monitoring and reviewing the controls in place to mitigate risks.

- There was no call bell in the ground floor smoking room, this was address later on during the day
- The raised toilet seat in a twin bedroom was not secure.

Judgment: Substantially compliant

Regulation 27: Infection control

Infection control policies and procedures had been reviewed since the COVID-19 pandemic crisis to take into account the contagious nature of the virus. A member of the Health Services Executive (HSE) team had contacted the centre on a regular basis during the COVID-19 outbreak. The person in charge stated that this contact

and advice supported them to plan for COVID-19 and implement best practice during the outbreak. The provider and local management team had plentiful supplies of personal protective equipment (PPE), waste bins and oxygen. The HSE and the health protection and surveillance centre (HPSC) guidelines were accessible to staff and the guidelines were seen to be followed in practice. Staff operated in two zones and used separate changing facilities. Staff confirmed that they washed their uniforms daily and changed into and out of their uniforms at the start and end of each shift. They used a separate exit when leaving work. At the feedback meeting the provider representative discussed further planned improvements to ensure that staff remained segregated at breaks and maintain social distance.

Staff had been trained and re-trained in correct hand washing technique, donning and doffing PPE and physical distancing. Staff spoken with were found to be knowledgeable of correct practice and they were all wearing masks and using hand sanitisers appropriately on the day of inspection. Household staff were seen to employ good practice when cleaning bedrooms and bathrooms. They were knowledgeable about cleaning chemicals, deep cleaning and terminal cleaning when a room was vacated. The furniture and seating in the centre could be easily cleaned.

The centre was visibly clean and there were colour-coded cloths and a flat mopping system in use for cleaning and floor washing. Daily checklists were completed. The cleaning process included a rota for deep cleaning of individual bedrooms. The process for cleaning a room on discharge of a resident during the COVID-19 pandemic was clearly set out. Household staff confirmed that they were updated every Monday about best practice or any changes to the protocols. All cleaning was documented and signed off by the household supervisor. The inspector observed that cleaning equipment and trolleys were clean.

Hoist slings were not shared between residents and hoists and other equipment were serviced and cleaned regularly. Residents were isolated on admission for a period of two weeks, as set out in the aforementioned guidelines. The inspector saw staff assisting residents to sanitise their hands and residents informed the inspector that they sanitised their hands every hour during the day.

The provider ensured that equipment was serviced regularly and fit for purpose. The washing machines, clothes driers and the two bed pan washers were recently serviced. The service report dated 17/9/20 confirmed that no further works were required.

Legionella testing was carried out regularly. The most recent testing was in July 2020 and the cold storage water tank was tested in July' 20. Both reports confirmed that no issues were detected.

Notwithstanding the good practice, there were some issues to be addressed to prevent cross infection:

- There was no signage in place to identify a room where a resident was in precautionary isolation. The person in charge addressed this on the day.
- There was a clinical waste bin in the isolation room but there was no

waste bin outside the door for staff to dispose of used face masks. This was addressed when highlighted to the person i

- Cleaning trolleys when not in use, were stored in a sluice room.
- The two raised toilet seats in use were not effectively cleaned.
- Some waste bins in communal toilets had hand operated lids.
- Clean blankets were stored in the laundry in an area where used bed linen and clothing were sorted for washing.
- There was no shelving in the sluice room for the storage of urinals, commode basins and bedpans.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some aspects of fire safety were monitored on this inspection. The inspector found adequate arrangements had been made for maintaining and servicing of all fire equipment, including the fire alarm system, the fire panel, emergency lighting and fire extinguishers. Records of daily, weekly and quarterly servicing records were complete and up to date.

The inspector noted many good practices in relation to fire precautions and escape routes and exits were noted to be free of obstruction. All bedroom doors were fitted with automatic self-closing devices. Simulated fire drills were held very regularly. Training records showed that all staff had attended fire drills. Simulated evacuations included the evacuation of a compartment with night time staffing levels. Staff who spoke with the inspector were familiar with fire safety procedures and the evacuation plan for each resident. Each resident had a detailed personal evacuation plan on file and a copy in their room.

The fire alarm was activated weekly and the servicing records for fire safety lighting and equipment was seen to be up to date.

The smoking room had a fire retardant apron, a fire blanket and extinguisher in very close proximity. Four resident's who smoked had risk assessments completed and safety plans in place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were completed on an electronic system. Residents were assessed prior to admission and they had a comprehensive assessment on admission. Care plans were developed within 48 hours of admission to meet residents assessed needs. The

inspector noted that care plans were updated within the four-month regulatory time frame or more frequently if a resident's condition changed. Care plans were also updated to reflect specialist advice.

The care plans examined held information specific to the individual residents and reflected their personal preferences for personal care and end of life care.

Some improvements were required in relation to the maintenance of paper based records to ensure that care plans were implemented. This is reflected in the judgement under regulation 21:Records.

- Food and fluid charts were maintained for a number of residents. However, there were significant gaps found in the sample of charts reviewed by the inspector, including two days with no entries in the case of one resident.
- Fluid intake was not monitored to ensure that resident's took the fluids specified in their care plan. For example in the case of a resident who required 1.5 – 2 litres daily. According to the intake records the resident took one litre and 400 mls. On the two days prior to the inspection.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical services and the GP who normally attended the centre on a weekly basis attended four times a week during the COVID-19 outbreak. Residents were also assessed remotely by a Geriatrician. Normally residents had access to the provider's group physiotherapist and occupational therapist. Arrangements were in place for residents to access allied health services such as a dietician, speech and language and podiatry services. However, due to the COVID-19 pandemic allied health professionals assessed residents remotely rather than physically assessing the residents.

The COVID-19 outbreak in the centre was officially declared over on 7 October 2020 and there was no evidence that consideration had been given to moving from remote assessments towards reintroducing allied health services on site. Twelve residents who were diagnosed with diabetes had not been seen by a podiatrist since March 2020.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The provider was managing this area well and in line with residents individual

support needs.

Residents were appropriately assessed and behaviours were monitored to identify any unmet need or triggers. Assessments were used to inform behavioural plans which promoted a consistent team approach when working with these residents. There was evidence that residents who presented with responsive behaviours were responded to in a dignified and person-centred way by the staff. Staff training was ongoing to support them to work therapeutically with residents.

There was evidence that staff were moving towards a restraint free environment. Bed rails were the only form of physical restraint in use and bed rail use had reduced significantly with the availability of less restrictive alternatives such as low-low beds and half-length bed rails. There was evidence that when restraint was used, there was a risk assessment completed and protocols in place to ensure it was used for the minimal time and reviewed regularly.

There was evidence that chemical restraint was used only as a last resort. The inspector examined the file of a resident who was recently admitted and found that the GP had discontinued all sedation upon admission in order to establish a baseline and inform future medication requirements. Residents' files showed that when antipsychotics or sedation was prescribed the dosages were gradually increased until a therapeutic response was achieved. Prescriptions were regularly reviewed and dosages were often reduced or discontinued.

Judgment: Compliant

Regulation 8: Protection

Residents reported that they felt safe and well on the date of inspection. No safeguarding concerns were disclosed or under investigation.

There was evidence from training records that all staff had attended safeguarding training and staff who spoke with the inspector were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The provider had appropriate policies and procedures to ensure safeguarding practices were guided by best practice. The person in charge and the assistant director of nursing reported that they remained vigilant to all safeguarding matters and that clear reporting lines were in place and understood. The inspector reviewed the investigation report relating to a notification of alleged abuse which was notified to the Chief Inspector. The inspector found the allegation had been investigated in line with the centre's safeguarding policy and the safety of the resident was prioritised.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed interactions between staff and residents and noted that staff were courteous and respectful of residents' communication and personal needs. Staff were observed to be friendly and they seemed to know the residents well and they interacted appropriately with individual residents. The importance of engaging socially with residents was highlighted at staff meetings. The person in charge urged staff to boost residents' morale by chatting about positive things and non-Covid related issues.

There was evidence of residents' rights and choices being upheld and respected. The person in charge conversed with residents individually on a daily basis. There was evidence that residents were given information and supported to make informed choices. The inspector saw that residents who refused nutritional supplements or personal care were respected. Staff usually repeated the offer again later on.

Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned. A comprehensive programme of activities was ongoing and there was evidence that there was flexibility depending on what residents wanted to do on any given day. The activity schedule was informed by residents' interests and ability and met the needs of the residents. The inspector saw some one-to-one and small group activities on the day of inspection. The activity co-ordinator was on leave on the day but a health care assistant was filling the role. Health care assistants were seen to play an active role in meeting the social, emotional and occupational needs of residents.

Residents had access to a social kitchen to support them to engage in domestic type activities and a relaxation room for therapies. A selection of books and reading material was available in communal rooms. Residents had access to daily newspapers, TV and radio. Internet and Face-time Activities on electronic devices had been introduced to maintain contact with families. Weekly phone calls to families were organised to ensure that relationships with family and friends were supported.

Contact details for independent advocacy services were available for residents if required.

There are arrangements in place to meet residents' religious and civil rights. Residents confirmed that they had voted in the general election earlier this year and residents were satisfied that their spiritual needs and religious practices were facilitated.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Suncroft Lodge Nursing Home OSV-0000106

Inspection ID: MON-0030529

Date of inspection: 08/10/2020

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The registered provider ensures that the records set out in Schedules 2,3 and 4 are maintained for no longer than is required in the regulations. Records are kept in accordance with Trinity Care's Policy TC 10 Information and Records. Glenbeigh are the company's external storage company and the agreement is in place and stored in the GDPR folder. Logs are maintained and any records that need to be destroyed are done so as per policy. All residents records are maintained by day and night nurses and care staff, they are stored securely whether its electronic or paper. All staff have usernames and passwords for electronic records and all paper recorded are maintained in locked cabinets. All residents that are transferred to hospital have a transfer letter accompany them. These have always been stored electronically on the EPIC Care system under Bed management subsection View transfer letter details. All food and fluid paper-based records have now been discontinued and all records for food and fluid are now on Epic Care. These are viewed daily by the nurse on duty and form part of the day and night handover. The DON and ADON will also review the records as part of the governance audits.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC in Suncroft performs their functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare. The Home has effective leadership, governance and management arrangements in place and clear lines of accountability. There is a detailed organisation chart in place</p>	

and outlined in the Statement of Purpose. The Home has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There are management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. There is a fortnightly management meeting that takes place with the DON, ADON, COM, HR Director and the CEO, minutes of these meetings are available, there are also monthly Health and Safety, Head of Department meeting, Catering meeting, and Activity meetings .There are staff nurse and HCA at least quarterly with daily flash meetings. There is an annual review of the quality and safety of care delivered to residents conducted for 2019 in the Home to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act. The DON and ADON are experienced in Auditing with a comprehensive schedule in place. While the quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis the Don and ADON will ensure that all audits conducted will identify areas for improvement, identify actions and ensure that all actions are signed off on going forward.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:

There is a risk management policy in place dated Aug 2023 highlighting risks documented as per Reg 26. There is an up to date safety statement in place dated October 2020 with Hazards identifications and risk assessment. There is a current and up to date risk register in place last reviewed October 2020. There is also a COVID 19 risk register in place that is updated according There are good practices of reporting alleged abuse in the Home and the PIC is competent in carrying out investigations. There is a quarterly Absconsion drill carried out quarterly with learning recorded and actions to be completed if required. PEEP and Manual Handling charts are maintained and are easily accessible for staff. There are monthly Health and Safety Risk Management meetings chaired by the PIC with minutes maintained. The Home has an emergency Box and folder in place with contents checked weekly. The raised toilet seat in the twin room that was not secure were taken out of circulation on the day, a full check of all rooms was conducted on the 30/10/20 to ensure that all equipment was in good working order and if necessary secured accordingly. Weekly checks are in place for all equipment. The PIC ensures that all policies are in place and up to date in relation to COVID 19 and that all staff are aware of any changes made to said policies. All staff are aware of the current isolation or restrictive movement guidelines that pertain to residents during COVID 19. This is reiterated at day and night handovers.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Infection control policies and procedures are in place and have been reviewed since the COVID-19 pandemic. They take into account the contagious nature of the virus and all staff have read and signed that they understand the policies. The Home updates all policies and procedures in line with current and best practice as its updated by HSE and HPSC. The Home has a Preparedness plan in place to guide staff in the event of an outbreak and a specific COVID 19 policies that incorporates Infection Control. Staff are trained in all appropriate areas of infection control and a detailed training matrix is maintained to support this. There are excellent cleaning procedures in place and the Home has a Head Housekeeper who ensures that the Home is maintained to a very high standard. All equipment is serviced regularly. Signage is available for residents that are in isolation and all staff are aware that this needs to be erected if and when necessary. Clinical waste bins are in place around the home for staff to safely duff their masks. The two raised toilet seats that were heightened were removed on the 29/10/20. A review of all waste bins in communal toilets was held on the 30/10/20 and any bin that had hand operating lids were replaced. A review of the laundry took place on the 30/10/20 and all clean blankets are now stored in a different area. The Groups Facilities Manager was contacted on the 30/10/20 re shelving in the sluice room. Stainless steel drip trays and racks were ordered on the 30/10/20 and are now in place. A full review of the current storage of cleaning trollies was undertaken by the DON and the Head Housekeeper. New areas were identified for the storage of same. As of the 24/11/20 they are now stored locked in the equipment bay on the ground floor, the cleaning store and the alcove locked just outside the cleaning store on the ground floor</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The registered provider has, having regard to the care plan prepared under Regulation 5, provided appropriate medical and healthcare, including a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais. All residents have available to them a medical practitioner or have the choice to keep their own if they so wish. The GP visits every Monday, Tuesday, Thursday and Friday and is always available to take calls and call to the Home outside of these days if needed. The Home has access to specialist allied healthcare professionals to meet the resident needs if needed. The Home has access to full MDT, Dietitian and speech and language, Physiotherapist and Occupational therapist. Community Palliative care visit if required. During COVID MDT services remained in contact with the Home remotely. From the week beginning the 16/11/20 Trinity Care MDT commenced onsite visits and all residents that needed to be reviewed were reviewed. The Home has sourced a new Chiroprapist and will be on site by the 30/11/20.</p>	



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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/10/2020
Regulation 23(c)	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	30/10/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of	Substantially Compliant	Yellow	30/10/2020

	risks throughout the designated centre.			
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	30/11/2020
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30/11/2020