Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Suncroft Lodge Nursing Home
Centre ID:	OSV-0000106
Centre address:	Suncroft, The Curragh, Kildare.
Telephone number:	045 442 951
Email address:	suncroftlodge@trinitycare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Costern
Provider Nominee:	Keith Robinson
Lead inspector:	Sheila McKevitt
Support inspector(s):	Nuala Rafferty
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	8

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 Quality 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 to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
22 March 2016 09:30	22 March 2016 18:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 02: Safeguarding and Safety		Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation		Non Compliant - Moderate
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Substantially Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant
Outcome 12: Notification of Incidents		Compliant

Summary of findings from this inspection

This was an unannounced inspection conducted by two inspectors over one day. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. In order to determine this inspectors focused on six outcomes and followed up on one outcome from the last monitoring inspection which took place in December 2014. There were 52 residents, 49 on site, 3 residents in hospital leaving eight vacant beds. 16 of the 49 residents in the centre had a diagnosis of cognitive impairment, alzheimers disease or dementia. The centre did not have a dementia specific unit.

Prior to this inspection the provider had been requested to complete a self-assessment document and review relevant polices. The inspectors were given these documents at the commencement of the inspection. The judgments in the self assessment stated five were in compliance and one in substantial compliance with the six outcomes. Inspectors found the provider was in moderate non compliance with two outcomes, substantial compliance with two outcomes and compliant with

two outcomes.

Inspectors found the centre met the care needs of residents with dementia. However, they were not always met in accordance to the residents choice. There was a relatively high use of restraint. Inspectors saw that the provider had invested in equipment used as an alternatives to restraint. However, records did not reflect their use prior to the use of restraint. Behaviours that challenged were managed by diversional therapies with the use of psychotropic medications as a last resort. The staffing levels and skill mix were found to meet the needs of residents. Staff had received training which equipped them to care for residents who had dementia. However, further training was required around dementia specific activities and communication. The premises required some review to ensure it enabled residents with dementia to flourish. Residents with dementia had choices in relation to some aspects of their life some of their personal choices were not respected by staff. However, records pertaining to activities required review. The management of complaints was robust.

The action plans at the end of this report reflect where improvements need to be made.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
The centre was safe and secure, residents spoken with confirmed this.

Records reviewed showed staff had completed training in the protection, detection and prevention of elder abuse and those spoken with had a good clear and concise understanding of this policy.

There was a high number of residents with bed rails in use as a form of restraint. Although there were some forms of alternative equipment available such as low low beds, alarm mats and crash mattresses, the restraint assessment form did not outline what if any of these had been tried, tested and failed prior to bed rails being used as a form of restraint. Practice observed did not reflect best practice, for example, one resident was observed in bed with both bed rails up, the low low bed was positioned high and there was a crash mat on the floor by the resident's bed. The practice and assessment forms did not reflect practice in line with the National Policy 2011 "Towards a Restraint Free Environment". This was discussed with the person in charge during the inspection.

None of the residents' were displaying behaviours that challenged at the time of this inspection. Records reviewed showed that staff had received training in this area. Inspectors saw that psychotropic medications were used as a last resort to mange behaviours that challenge. As mentioned under outcome 11 the residents' medications were reviewed on a regular basis and this had lead to a reduction in the use of psychotropic medications.

There was a safe system in place to store and manage residents’ petty cash. Petty cash held on behalf of residents was individualised, records were detailed and reflected monies held. Access to the safe was restricted to management and administration staff. Inspectors observed that the auditing of cash stored was completed once per year by a company employee, however, was only completed on an ad-hoc basis by centres management team.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as being moderately compliant.

Judgment:
Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Residents with dementia were consulted with and actively participated in the organisation of the centre. Residents' privacy was respected, including receiving visitors in private. However, their rights and dignity were not respected at all times. They had access to some activities. However, the choices they had in relation to how they lived their life was restricted.

Inspectors were informed that resident meetings occurred in the centre and minutes of these meetings were available for review. However, there was no evidence that issues brought up by residents had been addressed and/or no evidence of feedback to residents'. Residents had access to advocacy services. Contact details for the national advocacy service were available throughout the centre.

Residents privacy was respected. Bedrooms and bathrooms had privacy locks in place. There were no restrictions on visitors and residents could receive visitors in private in different areas of the centre. All residents had been offered the choice to register to vote and a number of residents had chosen to do so. Residents had the choose whether to attend Mass said in the centre each month. Residents had access to the local and daily newspapers.

Activities provided were displayed on an notice board. They included some activities which were directly focused on meeting the needs of dementia residents'. Inspectors were informed that the activities coordinator had been off for a period of time and had not been replaced. External activity providers were providing activities to residents' in her absence. However, a number of residents' told inspectors that activities were currently provided on a speradic basis and they were not satisfied. There was no written records of all activities Inspectors were told that residents' who were bed bound had 1:1 activities in their room and they a number were observed being visited by a reflexologist. However, the nature of all 1:1 activities were not reflected in resident records.

Activities were dictated by the routine and resources of the centre, not by the individual wishes of residents or their suitability. This was evidenced by the notice on the door of

the communal room upstairs which listed the times residents who smoked could have a cigarette. Inspectors heard residents asking for a cigarette outside of these times and been told no its not time for a cigarette yet.

There was a policy providing staff with information on how to communicate with residents with dementia. However, it was not reflected in practice. Inspectors observed communication between staff and residents on both floors of the centre. Communication required improvement. Residents requests were not being listened to and their choice was not respected by staff. For example, inspectors heard a resident request staff to bring them outside for a walk. The staff member said no on two occasions stating it was too cold thus denying the resident the right to go outside for a walk. Interaction between staff and residents required improvement. Staff were observed sitting in the communal area with up to six residents for up to 20 minutes and not communicating with any of the six residents for this period of time. There was a lack of ability of care staff to have meaningful engagement with residents' particularly on the first floor. Inspectors noted care staff did not have access to equipment that could facilitate them to engage with residents'.

Notice boards were busy areas. They contained a lot of information. They did not enable a resident with dementia to orientate to time place or activity occurring as they contained too much information.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as moderately non compliant.

Judgment:
Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
There was an complaints policy in place which met the regulatory requirements. A copy was on display in the centre.

Residents' with dementia told inspectors that they would complain to the person in charge or any of the staff. A review of the three complaints recorded over a two year period showed that they were all dealt with promptly by the designated complaints officer, the outcome of the complaint and the level of satisfaction of the complainant were all recorded. There was an appeals process, however none on file had been appealed.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as compliant.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
There was appropriate staff numbers and skill mix to meet the assessed needs of residents and for the size and layout of the centre.

Records reflecting registration details of staff nurses for 2016 were available for review. Staff had up-to-date mandatory training in place.Some staff had received education and training to enable them to meet the needs of residents with dementia and training for more staff was planned. Staff had also received training on how to manage behaviours that challenged. This was clearly evident in the manner staff interacted with residents with dementia. As evidenced in outcome 11 staff nurses required refresher training in maintaining accurate resident records.

There were practices which showed that staff practices were based on institutionalised rather than person centred practices. For example, care staff had their daily duties outlined in a list of what to do at what time of the day this list did not reflect person centred care. Also, a list of times (allocated by staff) at which five residents could smoke a cigarette was a clear indication of institutionalised practice. This is actioned under outcome 16.

There was an actual and planned staff roster which reflected staff on duty. Inspectors observed that none of the three members of the management team were allocated to work at weekends. Although, the person in charge stated she was on call every weekend this was not clear from the roster. This is actioned under outcome 1.

This outcome was judged to be compliant in the self-assessment, the inspector judged it as substantially compliant.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises took 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 centre was clean tidy, well light and well heated. Residents' bedrooms contained all the furniture they required including adequate storage facilities. They were encouraged to personalise their bedrooms and inspectors saw that most residents did so. All resident bedrooms were ensuite. The communal areas were not decorated in a homely manner these areas lacked soft furnishings particularly the ones located upstairs.

The corridors were wide and had handrails in place, the bathrooms and toilets had grab rails in place. Non slip floor covering was used throughout the centre. Residents had access to equipment required to meet their needs and the inspector saw that equipment such as pressure relieving mattresses, high-low beds, low low beds and hoists had been serviced within the past year. Inspectors noted that there was a lack of signage throughout the centre. Inspectors found the introduction of additional signage may enable residents with dementia to find their way together with the introduction of different items of personal reference outside their bedroom door. Also, colour was not used to enhance the environment for residents. Its use may assist residents with dementia to maintain their independence for longer as the disease progresses.

Residents could access the garden independently from downstairs. However, residents living upstairs could not access the garden without the assistance of staff.

This outcome was judged to be substantially compliant in the self-assessment, inspectors judged it as substantially compliant.

Judgment:
Substantially Compliant

Outcome 12: Notification of Incidents

Theme:
Effective care and support

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

Findings:
Inspectors found that all incidents which had occurred in the centre had been notified to the Authority in line with the Health Act 2007.

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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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Suncroft Lodge Nursing Home
Centre ID:	OSV-0000106
Date of inspection:	22/03/2016
Date of response:	11/05/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Restraint in use was not always in line with National Policy.

1. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:
In line with the National Policy a full review of residents with restraints was conducted on the 23/03/2016 following the inspection. Restraint audits are conducted monthly and this will be on going for all old and new residents in the future. The risk restraint assessments is reviewed 3 monthly/ constant and care plans are reviewed three monthly. Nurses and HCA's will be provided with refresher training in line with working towards a restraint free environment the 17th of May 2016 and in the interim the restraint guide lines are discussed daily at the flash handovers. In the report the provider had invested in equipment used as alternatives to restraints. Following a comprehensive review bed rails have being decreased in a period of 12 months from 19 to 15. A further reduction was accomplished in 2015 and now a reduction to 7 from the second quarter in 2016. There will be an ongoing review of the current 7 being used in line with the National Policy.

Proposed Timescale: 31/05/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Restraint assessments did not reflect alternatives tried, tested and failed prior to restraint being used.

2. Action Required:
Under Regulation 21(1) you are required to: 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.

Please state the actions you have taken or are planning to take:
Refresher training in assessment will be delivered to reflect the assessments of the resident's current needs, alternatives trialled and tested which will be documented prior to restraints being used.

Proposed Timescale: 31/07/2016

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents with dementia living on the first floor did not have access to activities to meet their needs.

3. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
All residents were assessed in April 2016 using the activities assessment within the home, resulting in the developing of a comprehensive programme and individualised care plan, this includes external and internal group activities and one to one activities. The assessments were done in consultation with the residents. A revised scheduled plan of activities is in place with Dementia. Innovative activity products for people with dementia have being ordered and will be in place by May 31st 2016. We are currently organising an appropriate training course for the activities coordinator. Training 31st July 2016

With regard to the residents residing on the upper floor access to the external garden is depending on their abilities and capabilities. All residents have been risk assessed for the use of the garden and all residents were deemed to require supervision at all times. A walk and talk programme is now in place. Residents will be encouraged to utilise our purpose built sensory garden when possible.

Proposed Timescale: 31/07/2016

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents choice was not respected by staff.

4. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
All staff have access to activities resources and are encouraged to engage residents in social activities. A questionnaire which includes a focus on activities will be sent to residents by May 31st 2016. From this survey an action plan will be put in place. Suncroft has a number of residents who smoke and while we take into consideration their medical and physical needs, we also consider their ability and their choice to do so. Smoking facilities are available external and internally. Residents have a choice of when they require a cigarette and this is monitored by all staff and documentation in place in both smoking areas. This was discussed with staff following the inspection, staff have reflected on this outcome and it was determined that this would not have being an intentional response to residents' choice. Staff will be more mindful in how they respond to residents requests in the future. Residents meetings are recorded and actions will be conducted in liaison with the resident.

Proposed Timescale: 31/05/2016

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Communication between staff and residents with communication difficultly was poor.

5. Action Required:
Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

Please state the actions you have taken or are planning to take:
Flash handovers are conducted on a daily basis and form part of the communication process in the team. Using various methods staff will be supported through training in communication with the residents who have difficulties. Communication boards, the art of conversation cards and talk about your family history balls will support this. Flash meetings/handovers will be used as a reminder of the importance of communicating with residents. Residents group meetings are held monthly where discussions and decision making takes place. Care plans are updated to reflect the likes and dislikes pertaining to our resident's activities.

Proposed Timescale: 31/05/2016

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents' records did not clearly reflect the activities they participated in or their level of engagement.

6. Action Required:
Under Regulation 21(1) you are required to: 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.

Please state the actions you have taken or are planning to take:
Care plans are updated to reflect the likes and dislikes pertaining to our resident's activities. The activities programme set out for the resident will be reflected in the care plan and records will be maintained regarding the residents' attendance, participation and outcomes to inform the suitability of the activities for the resident. These records will be maintained by the activity coordinator. The Care plans are audited on a three monthly basis by the nurse and in addition there are audits conducted by the CNM.

Proposed Timescale: 31/05/2016

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of additional signage, points of interest and colour required review to ensure the premises continually met the needs of the 17 residents living in the centre with dementia.

7. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
As discussed with the inspectors during the inspection, plans are in place to further enhance the environment to support not only our residents with dementia but all our residents. Works since 2015 include 20 of our bed rooms have being refurbished and a further 20 rooms will commence in May 2016. The remainder will be refurbished in an ongoing program. The process will also include signage to indicate landmarks such as different colour corridors memory boxes outside rooms and door signage for residents to identify their rooms. May 31st 2016 rooms, signage July 31st 2016.

Proposed Timescale: 31/07/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents' living on the first floor could not access the enclosed garden independently.

8. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Most of the residents on the 1st floor require supervision and especially if moving away from the 1st floor, in particular going out to the sensory garden they will require supervision. Our residents can access the garden via the lift to the ground floor with staff supervision. The importance of resident choice will be reflected in the daily activities of our residents and improvements will continue regarding the monitoring and development of the quality and safety of care delivered to our residents and the

documentation of same. Residents will be encouraged to utilise our sensory garden when possible. Immediate & April 30th 2016
Proposed Timescale: 30/04/2016