

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | The Croft Nursing Home |
| Centre ID: | OSV-0000028 |
| Centre address: | 2 Goldenbridge Walk, Inchicore, Dublin 8. |
| Telephone number: | 01 454 2374 |
| Email address: | croft@silverstream.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Croft Nursing Home Limited |
| Provider Nominee: | Joseph Kenny |
| Lead inspector: | Ann Wallace |
| Support inspector(s): | Angela Ring |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 37 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 June 2017 08:30 To: 12 June 2017 17:00

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

| Outcome | Our Judgment |
|---|--------------------------|
| Outcome 01: Statement of Purpose | Compliant |
| Outcome 02: Governance and Management | Compliant |
| Outcome 03: Information for residents | Compliant |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Non Compliant - Moderate |
| Outcome 06: Absence of the Person in charge | Compliant |
| Outcome 07: Safeguarding and Safety | Compliant |
| Outcome 08: Health and Safety and Risk Management | Substantially Compliant |
| Outcome 09: Medication Management | Compliant |
| Outcome 10: Notification of Incidents | Compliant |
| Outcome 11: Health and Social Care Needs | Compliant |
| Outcome 12: Safe and Suitable Premises | Non Compliant - Moderate |
| Outcome 13: Complaints procedures | Compliant |
| Outcome 14: End of Life Care | Compliant |
| Outcome 15: Food and Nutrition | Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Non Compliant - Moderate |
| Outcome 17: Residents' clothing and personal property and possessions | Compliant |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

There were 37 residents in the centre during the inspection. All residents were residing in the centre for continuing care, several had a diagnosis of either dementia

or cognitive impairment as their primary diagnosis.

The inspectors met with residents, relatives, clinical governance manager, person in charge and staff. A number of questionnaires from residents and relatives were received prior to the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Inspectors found there were robust governance and oversight arrangements in place. There were sufficient resources to ensure the delivery of care was in accordance with the Statement of Purpose and there was a clearly defined management structure in place.

The building was warm and comfortably decorated and visually clean. Fittings and equipment were clean and well maintained.

Residents spoken with stated that they felt safe in the centre. There was an adequate complement of nursing and care staff on each work shift. A range of activities was facilitated by an activity coordinator, however this could be further extended.

Residents spoken with were highly complementary of the food and told inspectors they could have a choice at each mealtime. Catering staff were very familiar with each resident's food likes and dislikes.

A total of 18 Outcomes were inspected. 14 Outcomes were judged as compliant with the regulations and of the remaining outcomes one was judged as substantially compliant and three were judged to be moderate non-compliances.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of 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.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the statement of purpose. There was a written statement of purpose which documented the aims, objectives and ethos of the centre and stated the facilities and services which were provided for residents. The inspectors found that the statement of purpose reflected the care and services provided for the residents and the ethos of the centre. The document was reviewed regularly.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

Inspectors found that there were systems in place to monitor the quality of care and experience of the residents in the centre.

The service provided in the centre was seen to be in line with the statement of purpose. Inspectors found that there were sufficient resources made available to provide safe and effective care and services for residents.

There was a clearly defined management structure that identified the lines of authority and accountability, and all staff with whom the inspectors spoke were clear about the reporting structure. The clinical governance manager worked closely with the person in charge [PIC] and reported back to the Provider and the senior management team on a regular basis. The person in charge was supported in their role by an assistant director of nursing [ADON].

Management meetings were held monthly between the person in charge and the clinical governance manager. A review of the meeting minutes showed that key issues such as staffing, training, complaints, audits, incidents and concerns about individual residents were discussed and management plans drawn up to resolve issues raised. The minutes identified timescales and individual responsibilities for actions agreed in the meetings. Inspectors noted that agreed actions had been completed by the responsible persons in a number of areas including menus, activities, refurbishment and decoration of the centre.

Documentation showed that the quality of care and the experience of residents were monitored and reviewed on an ongoing basis. The person in charge had made a number of improvements in the centre based on the previous inspection report and feedback from residents and families. These included changes to the pre-admission and admission processes in line with the centre's policies, staff supervision and appraisals, the layout and refurbishment of communal areas and the personalization of residents' bedrooms.

As part of the ongoing governance within the centre the PIC carried out a range of monthly audits on practice in the centre and used the findings to identify areas for improvements. Areas audited included complaints, incidents, care plans, medications, use of bedrails and falls. The centre had completed an annual review of the quality and safety of care delivered to residents against the National Standards for Residential Care Settings for Older People in Ireland. The review included feedback from residents and relatives on the quality of services provided in the centre, a review of practice from 2016 and areas for improvement for 2017. The report was available to residents and their families.

Inspectors found that the centre had appropriate arrangements in place to supervise staff in their work. Nursing and care staff were supported and supervised in their day to day work by the ADON. The ADON worked a flexible roster in order to provide support and supervision at weekends and out of hours when required. Support staff in catering, housekeeping and the laundry were supervised by the person in charge. Annual appraisals were in place for staff. There were regular staff meetings including staff handover meetings at the beginning of each shift and after lunch each day. All meetings were minuted. Staff told the inspectors that they had regular contact with the PIC and the ADON in the centre and that senior staff were approachable

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

There was a good standard of record keeping and records were stored securely, this was addressed since the last inspection. Information was very well organised and readily accessible when requested.

Inspectors found that residents had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspectors reviewed a sample of contracts of care and found they were in the process of being updated in line with recent amendments to the relevant Regulation. Expenses not covered by the overall fee were clearly detailed in the contracts such as chiropody, hairdressing and escort to appointments.

There was a comprehensive residents' guide developed that contained all the information required by the Regulations. This detailed the visiting arrangements, the services provided and the complaints procedure. Copies were made available for residents.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced manager who worked full time in her role as Person in Charge [PIC] at the centre.

The PIC was a qualified nurse who held a management qualification and who had worked in older persons services for more than ten years. The PIC was committed to providing person centred care for residents and had made a number of changes and improvements in the centre following their appointment to the role.

Feedback from staff, residents and the families was that the PIC was approachable and that the focus of her work was the residents and the quality of their care and ongoing lives at the centre.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that there were systems in place to maintain complete and accurate records. Medical records and other records, relating to residents and staff were maintained in a secure manner and easily retrievable.

The directory of residents was electronic and contained all of the information required by Schedule three of the regulations, it was well maintained and kept updated.

All of the policies required by Schedule 5 were in place and were kept updated, staff were aware of the centres policies.

A sample of staff files was reviewed and most of them were in full compliance with the requirements of the Regulations, however, there was no evidence of updated vetting for one staff and only one suitable reference for another staff member.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspectors found that the centre had appropriate procedures in place for the management of the centre in the absence of the person in charge [PIC].

The centre had appointed an assistant director of nursing [ADON] to support the PIC and to manage the centre in their absence. The ADON was a qualified nurse with over three year's experience of working with older persons in a designated centre.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe 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 there were measures in place to protect residents from suffering harm or abuse. Staff were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. This was further confirmed by a review of records which indicated that training in elder abuse detection and prevention was ongoing and staff had received this mandatory training. This training was supported by a policy and procedure on elder abuse which defined the various types of abuse and

outlined the process to be adopted to investigate abuse issues should they arise.

Inspectors met with the financial controller who explained the procedures used to maintain and record residents finance when they act as pension agents. Inspectors found that there robust procedures and checks in place to ensure that residents' finances were safeguarded appropriately.

Staff had attended training on the management of behaviours that challenge and there was a policy in place to guide practice. Advice and support was available from the psychiatry of old age services.

There is a policy on the management of responsive behaviour. Staff spoken with were very familiar with residents' behaviours and adopted a person centred approach and they could describe particular residents' daily routines to the inspectors. Staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia. Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services.

Restraint management procedures were in line with national policy guidelines and a restraint free environment was promoted. There were a small number of residents with raised bedrails, a risk assessment was completed prior to the use of restraint and assessments were revised. Inspectors saw evidence of alternatives to restraint being used such as alarms and special mats. Staff spoken to were aware of the use and potential risks of restraint.

Judgment:

Compliant

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

Theme:

Safe care and support

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

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

Findings:

Inspectors found that the health and safety of residents, staff and visitors was actively promoted.

The centre had a comprehensive health and safety and risk management policies in place which met the regulations. There was an up to date Health and Safety Statement which was centre specific and detailed the processes that were in place relating to health and safety. The centre's risk register was reviewed regularly and had recently

been updated. The risk register documented the measures that had been put into place to mitigate any identified risks. The centre had an emergency plan in place which provided guidance to staff on the contact numbers and the alternative accommodation for residents should a full evacuation of the centre be required.

Training records showed that staff had good access to a range of health and safety training including moving and handling, infection control and fire safety. Staff who spoke with the inspectors demonstrated a good awareness of health and safety issues and were able to articulate specific risks relating to their work and the measures that were in place to manage that risk. Staff were observed to be following appropriate health and safety practices in their day to day work.

Records showed that fire drills were carried out regularly and included a night time scenario. Documentation of fire drills included the staff involved, the area of the centre where drill took place and the response outcome. Staff interviewed demonstrated that they had taken part in a recent fire drill and that they knew what to do in the event of a fire including the centre's evacuation procedures. Fire action signs were on display throughout the building. Smoke detectors and fire blankets were in place. There were a number of residents who smoked living at the centre. There was a dedicated smoking area which was sited away from other resident areas. Individual residents who smoked each had a risk assessment and a care plan which gave clear instructions about the actions that staff needed to take to maintain the safety of the resident and other residents within the centre.

Evacuation equipment was available for those residents who were identified as needing full support during an evacuation. Each resident had a personal emergency egress plan [PEEP] which clearly outlined the resident's needs in terms of mobility, communications and cognitive impairment in the event of an emergency evacuation. Fire action signs were on display throughout the building. Fire exits were unobstructed however the inspectors found that the fire exit from the main dining area was not fully wheelchair accessible due to one step immediately outside the door leading to the exit ramp. This posed a potential risk to residents as it did not provide an adequate means of escape.

Maintenance records confirmed that fire equipment was serviced regularly. The centre was compartmentalized through the use of fire doors which closed automatically when the fire alarm sounded.

The inspectors found that the centre had appropriate processes in place to assess and reduce the risk of residents absconding. Risk assessments were completed and recorded for each resident and appropriate care plans were in place for those residents who had been identified as being at risk. This had been addressed since the last inspection.

Staff were observed to follow the centre's infection control guidelines. The inspectors found that staff washed their hands regularly and wore personal protective equipment such as aprons and gloves. Hand sanitizers and hand washing facilities were in place around the centre.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

Inspectors found that there was a comprehensive medication management policy in place which provided guidance to staff on all aspects of medication management from ordering, prescribing, storing and administration.

All medication was dispensed from individual blister packs delivered from the pharmacy. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error in the sample reviewed. The prescription sheets reviewed were legible and clear. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. There was space to record when a medication was refused on the administration sheet. Drugs being crushed were signed by the GP as suitable for crushing.

Nursing staff had completed training in medication management and audits were completed monthly by the management team.

Medicines were being stored safely and securely in the clinic room which was secured.

Medications that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs. There was one resident on controlled drugs at the time of this inspection. Controlled drugs were checked by two nurses at the change of each shift. The inspectors checked a selection of the medication balances and found them to be correct.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and,

where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found that a record was maintained of all incidents occurring in the centre and where required these are notified to the Authority within the appropriate timescales.

There were clear and comprehensive policies and procedures in place for recording and reporting incidents and accidents that occurred in the centre. Nursing and management staff who spoke with the inspectors were clear about their roles in recording and reporting incidents. Inspectors reviewed the incident log and found that incidents were recorded appropriately and that appropriate action plans were documented and followed up.

Incidents were part of the centre's monthly management audit report. All serious incidents were investigated promptly. There was clear evidence of policy and procedure reviews following incidents and learning outcomes were communicated to the relevant members of staff.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

The inspectors were satisfied that resident's wellbeing and welfare was maintained by a high standard of evidence-based care and appropriate medical and allied health care was available. The arrangements to meet residents' assessed needs were set out in an

individual care plan.

Samples of clinical documentation including nursing and medical records were reviewed which indicated that all recent admissions to the centre were assessed prior to admission.

Comprehensive assessments were carried out and care plans were developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including assessment for the risk of malnutrition, falls and pressure ulcer development. Care plans were developed based on the residents' assessed needs. In addition, there was documented evidence that residents and their families, where appropriate, were involved in the care planning process, including end of life wishes and care preferences.

Based on a sample of records viewed by the inspectors, residents' health needs were met and they had timely access to General Practitioner (GP) services including out-of-hours services. There was evidence of referral to and review by allied health services such as dietetics, speech and language, chiropody and dental. All residents spoken with expressed satisfaction with the service provided.

Inspectors met with the activities coordinator who works for five hours on Monday to Friday, they ensured that there was a varied activities programme in place such as arts and crafts, exercises, bingo, outings and live music sessions. Inspectors observed residents taking part in a range of these activities throughout the day. Life stores were collated for all residents which described their past lives and interests, this allowed staff to engage with them and care for them in a person centred manner.

Residents told inspectors how much they enjoyed the activities; however some residents, relatives and staff expressed a wish for more activities to be available in the evenings and weekends. This was also identified at the last inspection and while there were improved arrangements in place for care staff to facilitate activities when possible at weekends the questionnaires for residents and families returned to the inspectors suggested that this did not always happen. This is actioned under Outcome 16.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

In most areas the layout and design of the centre met the needs of the residents and was appropriate for its intended purpose. However the inspectors found that the configuration of one of the shared rooms did not ensure that the privacy and dignity of the residents who occupied the room could be maintained at all times.

The centre is situated in a large one storey bungalow with enclosed gardens which has been extended to provide the current accommodation. Bedroom accommodation consisted of 10 single rooms, 12 twin rooms and one multi-occupancy room with three beds. Five single rooms were en-suite with toilet and shower facilities. The size and layout of the en-suite shower rooms did not facilitate residents who needed wheelchair or hoist equipment. The centre had three further wheelchair accessible shower rooms. Grab rails, raised toilet seats and shower chairs were available in these areas.

Communal areas included the main lounge, a dining room, a conservatory with access to the garden and a smoking lounge which was situated away from the other resident areas.

The centre was nicely decorated and comfortably furnished. The management team were working towards providing a safe and suitable environment for residents with a variety of needs whilst maintaining a homely, welcoming atmosphere. The layout of the seating and dining areas encouraged social interaction between residents and the conservatory provided a pleasant space for residents who preferred to spend time quietly or who needed a higher level of supervision.

Residents were observed mobilizing throughout the centre during the inspection, some spending time in their rooms and others choosing to spend time in the communal areas or in the garden.

Residents had access to an enclosed garden area to the rear of the property. The garden provided a safe and pleasant outside space for residents. Residents had a view of the garden from the conservatory and from some bedrooms.

The inspectors reviewed a number of resident's bedrooms. Each room had a wardrobe, chest of drawers and bedside locker for each resident. Residents had lockable storage space in their rooms. Twin and multi occupancy rooms had screening curtains in place to respect residents' privacy and dignity.

However the layout and design of three bedded multi-occupancy room did not ensure that the privacy and dignity of the residents in this room could be maintained at all times. The deficits included;

There was no space for a bedside locker or chair beside two residents' beds.
The privacy curtains around one of the beds were inadequate

One resident had to pass through the other two residents' bed spaces to access their bed.

The bed space available for two residents did not allow them to undertake personal activities in private.

In two beds the space around the bed did not permit the safe use of moving and handling equipment.

These deficits were discussed with the Group Facilities Manager during the inspection who agreed to review the bedroom.

Each resident had a nurse call bell beside the bed. However the inspectors found that five residents who were assessed as being at risk of falls had their nurse call bell mechanism diverted to the sensor mat beside the bed and did not have access to a nurse call bell from their bed. This was highlighted during the inspection and the management team sourced and installed a suitable alternative nurse call bell system to address the risk. The facilities manager agreed to provide assurance to the Authority that this work had been fully completed.

Storage space for hoists and wheelchairs in the centre was limited. Storage facilities had recently been reviewed and although storage space was limited the inspectors found that equipment was stored appropriately within the space available. The centre had developed a dedicated hoist storage room with recharging facilities and residents' wheelchairs were stored in their rooms when not in use. The inspectors reviewed the service records for the equipment in use and found that the items had been serviced within the last twelve months. Staff reported that equipment was repaired and replaced promptly if needed.

The inspectors found that the centre was clean, well lit, in a good state of repair and was suitably heated throughout. The maintenance records showed that there were systems in place to service and maintain the building and equipment including fire equipment.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found that complaints were being recorded in the centre. Complaints were being listened to and acted upon.

The centre had a comprehensive complaints policy in place. The policy clearly outlined the processes in place to make a complaint, who to go to and what could be expected from the centre to manage the complaint. The policy included the appeals process to follow if a complainant was not satisfied with the outcome of their complaint. The complaint policy was user friendly, accessible to residents and their families and displayed at various points throughout the centre. Staff were able to articulate the procedure for making and dealing with complaints.

The inspectors reviewed the complaints log and found that written and verbal complaints had been recorded. Records showed that the centre dealt with complaints promptly. The complaints record included the actions taken by the centre to resolve the complaint, the outcome of the complaint and the complainant's satisfaction with the outcome. The complaints log was reviewed monthly as part of the centre's monthly management audit.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

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

Findings:

There was an end of life care policy detailing procedures to guide staff. Resident's end-of-life care preferences were identified and documented in their care plans with evidence of consultation with their GP and family members.

While there were no residents receiving end of life care on the day of inspection, the person in charge confirmed they had good access to the palliative care team in the hospice who provided support when required. There was also evidence of religious beliefs being made available as required.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents were provided with food and drink at times and in quantities adequate for their needs. Food was wholesome and nutritious and cooked fresh each day. Inspectors visited the kitchen and found that it was clean, organised and well supplied with fresh fruit, vegetables and meat. The chef on duty had a good knowledge of each resident's likes and dietary requirements. Information on residents' dietary needs and preferences was documented and records were held in the kitchen.

Inspector visited the dining room during lunch and saw that this was a popular social occasion. Tables were nicely laid and meals were well presented. small number of residents required their meal in an altered consistency and this was well managed by the kitchen staff. There were adequate staff to assist residents when required.

Weights were recorded on a monthly basis or more frequently if required. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were repeated if any changes were noted in residents' weights.

Inspectors reviewed the menus and saw that choices were available at each meal. Residents spoken with also expressed satisfaction with the food provided. Snacks and drinks were readily available throughout the day.

Judgment:

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

Theme:

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors observed staff interacting with residents in a courteous manner. They knew residents well and were able to engage in a very personable manner. Questionnaires completed by residents and relatives submitted to HIQA prior to the inspection confirmed satisfaction with the quality and safety of care provided by the centre's management team.

Residents looked well cared for and had access to reading material and a phone. A residents' forum was in place and was facilitated by the activities coordinator and an advocate. There was evidence of residents' suggestions being taken on board by the management team on issues such as food and activities.

Residents' civil and religious rights were respected. Residents could practice their religious beliefs.

There was information on residents' life prior to coming to live in the centre and detailed their hobbies, interests, likes and dislikes. The environment in the sitting rooms was relaxed and those engaged in activities had sufficient personal space.

However as identified in Outcome 12 the design and layout of the three bedded room did not provide sufficient space to facilitate two of the residents to undertake personal activities in private.

Judgment:

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe. The centre provided the service to launder all residents' clothes and families had the choice

to take home clothes to launder if they wished. There was a labelling system in place to ensure all clothes were identifiable to each resident

A staff member was assigned to the laundry each day of the week. Inspectors found that they had a good knowledge of the procedures and processes involved in providing an efficient laundry service for the residents.

A property list was completed with an inventory of residents' possessions on admission. The property list was updated at regular intervals.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

Inspectors found that there was an adequate complement of nursing and care staff on duty, this had been addressed since the last inspection. Staff had the skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The inspectors noted that the planned staff rota matched the staffing levels on duty.

There was a policy for the recruitment, selection and vetting of staff. However as identified in Outcome 5 two staff files did not contain all of the required documentation as stated in Schedule 2 of the regulations.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspectors found that in addition to mandatory training required by the Regulations, staff had attended training on infection control, care of residents with dementia and end of life care.

There was also evidence of staff reviews taking place with annual appraisals being completed and probation reviews at three and six months for new staff.

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:

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|------------------------|
| Centre name: | The Croft Nursing Home |
| Centre ID: | OSV-0000028 |
| Date of inspection: | 12/06/2017 |
| Date of response: | 03/07/2017 |

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Two staff files did not contain all of the required documentation as stated in Schedule 2 of the regulations

1. 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

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

the Chief Inspector.

Please state the actions you have taken or are planning to take:

The policy with regard to Garda vetting has been reviewed following the inspection and the home is in the process of updating Garda vetting for employees where the vetting is on file for 5 years or more.

With regard to references, new employees are only appointed on receipt of two satisfactory references. On the day of the inspection, a reference on file for one employee was in Polish. This employee has since submitted an English translation of said reference. Going forward, the home will ensure that notarised translations are provided for all 'other language' documentation.

Proposed Timescale: 28/07/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Fire exit from the dining room was not wheelchair accessible due one step immediately outside the door leading to the exist ramp. This posed a potential risk to residents as it did not provide an adequate means of escape.

2. Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:

We have completed the installation of a concrete ramp to replace the step at the Fire Exit from the Dining Room making it an adequate means of escape.

Proposed Timescale: 03/07/2017

Outcome 12: 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 layout and design of three bedded multi-occupancy room did not ensure that the privacy and dignity of the residents in this room could be maintained at all times. The deficits included;

There was no space for a bedside locker or chair beside two residents' beds. The privacy curtains around one of the beds were inadequate. One resident had to pass through the other two residents' bed spaces to access their bed. In two beds the space around the bed did not permit the safe use of moving and handling equipment.

3. 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:

We are remodelling the layout of the three bedded multi-occupancy room to ensure that the privacy and dignity of the residents of this room can be maintained.

The room is large enough to allow the repositioning of the beds so that a bedside locker or chair can be positioned beside the bed.

The privacy curtain installation will be reconfigured around both beds to ensure that residents can undertake personal activities in private without a resident passing through one another's space.

The wardrobes will be repositioned to ensure that there is adequate space for safe moving and handling.

Proposed Timescale: 28/07/2017

Outcome 16: 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:

The design and layout of the three bedded room did not provide sufficient space to facilitate two of the residents to undertake personal activities in private.

4. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:

The three bedded room will be remodelled in terms of bed and furniture positions and privacy curtain configuration to ensure that residents have sufficient space to undertake personal activities in private.

Proposed Timescale: 28/07/2017

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Feedback from residents and families reported that there was a lack of activities available in the evenings and weekends. This was also identified at the last inspection and had not been fully addressed by the centre.

5. 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:

The activity coordinator role will be over a 7 day a week period, to allow activities at the weekends. A detailed time table will be developed with residents and PIC for the evening times.

Proposed Timescale: 03/07/2017