



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

Issued by the Chief Inspector

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| Name of designated centre: | Croft Nursing Home |
| Name of provider: | Croft Nursing Home Limited |
| Address of centre: | 2 Goldenbridge Walk, Inchicore, Dublin 8 |
| Type of inspection: | Unannounced |
| Date of inspection: | 19 July 2022 |
| Centre ID: | OSV-0000028 |
| Fieldwork ID: | MON-0036956 |

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The Croft Nursing Home is located just a few miles from Dublin city centre and within walking distance of Inchicore village. The home is a single-storey building providing accommodation for 37 long stay beds. Accommodation is configured to address the needs of all potential residents and includes superior single, companion and shared accommodation with assisted bath and shower rooms. There are a number of lounges and reading areas located throughout the building. The centre also has access to a secure garden area for residents to use.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 37 |
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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 |
|----------------------|----------------------|---------------|---------|
| Tuesday 19 July 2022 | 10:30hrs to 20:00hrs | Margo O'Neill | Lead |
| Tuesday 19 July 2022 | 10:30hrs to 20:00hrs | Niall Whelton | Support |

What residents told us and what inspectors observed

Residents reported that overall they were happy with the service and care received and that the staff and food provided in the centre were very good. There was however action required to ensure that systems in place addressed gaps identified in the service, particularly in the areas of fire safety, health care, premises and residents' rights.

On arriving, the centre's staff took inspectors through the required infection prevention and control measures such as the completion of a COVID-19 health questionnaire, hand hygiene and the wearing of face masks. Following this there was a short introductory meeting with the assistant director of nursing to discuss the format of the inspection and documents were requested to inform the inspection process.

Inspectors took the opportunity to speak to residents and visitors to gain an insight about living in the centre and the service provided. Residents looked well cared for and residents who spoke with inspectors reported that they were satisfied with the service and care provided to them and that they felt secure and safe.

The centre comprises of a single storey building registered to accommodate 37 residents. The centre is pleasantly decorated and furnished with suitable furniture in the communal spaces. There are two sitting day room spaces, a conservatory and a large dining room where residents were observed to spend time, chatting and enjoying the company of fellow residents or their visitors. Inspectors observed however that several areas such as communal bathrooms and bedrooms required attention as there was significant deterioration noted in tiling, radiator covers and paintwork in these areas.

There were 12 twin occupancy bedrooms, one triple occupancy bedroom and ten single bedrooms. Of the ten single bedrooms, six had ensuite facilities. The twin occupancy bedrooms contained hand wash basins and the triple occupancy bedroom contained a toilet and wash hand basin facilities.

All bedrooms provided a wardrobe and lockable drawer space for residents to store their clothes and personal possessions. Inspectors observed however that twin rooms did not contain chairs should a resident want to sit and spend time in their room. Inspectors observed that in the centre's twin and triple occupancy bedrooms, individual bed spaces, did not provide 7.4m² area of floor space. Furthermore the location of residents' wardrobes in the twin and triple occupancy rooms impacted on residents' ability to access their belongings privately.

Residents reported that they were satisfied with their bedrooms; one resident who shared their twin room reported they liked the company while one of the residents occupying the triple room said they didn't mind sharing. Inspectors observed that residents had personalised their space with pictures, paintings and other personal

and treasured objects. A resident who had many pieces of their own art work on display in their room, informed inspectors that they had contributed to a local art project.

Residents had access to a garden and patio area at the rear of the premise and a secure area at the front of the premises. Both areas required further attention as parts of these areas were observed to be covered in garden debris, weeds and were generally disorganised. The rear garden and patio contained seating which allowed residents to sit and take fresh air however inspectors noted that some tables and chairs showed signs of rusting and deterioration. Inspectors observed that plants in the raised beds in this area had dried out and wilted.

The centre's designated smoking area was located in the patio area; this contained a call bell facility, however a fire blanket was not available.

Residents praised the staff working in the centre and reported that they were kind and came to them when they needed help. During the inspection day, inspectors observed residents and staff interactions and found them to be relaxed and cordial and that staff supported residents in a manner that ensured residents' dignity was maintained at all times.

Throughout the day of inspection inspectors observed that there was little activities or occupational opportunities for residents to participate in. Residents were observed to spend large parts of their day sitting in the centre's larger sitting room with seating organised against the walls and another smaller row of chairs in front of the television and fireplace. This area was also a busy thoroughfare to another part of the centre. Some residents watched television in this area while other residents were observed to sleep in their chairs. When speaking to residents about how they spend their day, one resident told inspectors 'doing nothing as usual' while another resident and their visitors said there was a lack of activities and that mostly it was watching television.

All residents reported positive feedback regarding the food on offer to them. One resident reported that the soup was 'fantastic' while another resident said their favourite was 'bacon and cabbage' but that all the options were good. Written menus were displayed on chalk boards in the dining room.

Visitors were observed in the centre during the inspection, sitting and chatting with residents. While visitors were complimentary of staff they raised concerns regarding the lack of flexibility with visiting and that they were required to let the centre know 24 hours in advance if they were attending the centre.

This inspection included a focused review of fire precautions. While walking through the centre, the inspectors looked at a sample of fire doors. The smoke seals to a number of doors had been painted over, thereby reducing the effectiveness of the door to contain the spread of smoke. Others were noted to have gaps and sections of heat or smoke seals missing.

The inspectors saw a number of fire doors were being held open by means other than appropriate hold open devices connected to the fire alarm. Furthermore

inspectors observed that the closing device on the door to the reception was disconnected and a closing device to a bedroom was too strong and posed a risk of injury.

Approximately half of the bedroom doors were fitted with devices which afforded residents the choice to have their bedroom door open. Door closers were not an impediment to resident mobility through the building. Once the fire alarm activated, these doors would close.

The inspectors saw black staining behind the wall lights in bedrooms. Inspectors saw holes in fire rated ceilings and walls which required sealing up . A hot press was being used as a cleaners store; the inspector observed combustible items stored against hot pipes. Management undertook to have this addressed on the day of inspection. In one bedroom, the sockets for the resident's electrical devices were seen to be overloaded and required additional sockets to be provided to accommodate the appliances in use.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The governance and management structure in place provided clear lines of authority and there was sufficient resources available to deliver the service in accordance with the centre's statement of purpose. Action was needed however to improve the providers' oversight of fire safety, premises, training and development of staff.

The nursing home is part of a larger nursing home group, Silver Stream Health Care Group and there is a senior management team in place to provide management support at group level. The person in charge was responsible for the day to day operations in the centre, they were assisted in their role by an assistant director of nursing, nursing staff, care staff, activity staff, an administrator, maintenance and catering staff.

Action was required to ensure that management systems in place effectively identified areas of risk to ensure these areas were effectively mitigated so that the service provided was safe, appropriate, consistent and effectively monitored. For example; the management systems in place did not ensure that a number of significant fire safety risks were identified, managed and effectively mitigated, as detailed under Regulation 28: Fire precautions. Following this inspection, an urgent compliance plan was issued regarding fire precautions and health care, to seek immediate assurances regarding risks observed on inspection.

On the day of the inspection inspectors were assured that the registered provider had arrangements in place so that appropriate numbers of skilled nursing and care

staff were available to meet the assessed needs of 37 residents living in the centre.

Training records provided to inspectors indicated that the majority of staff were up to date with the centre's mandatory training requirements. New staff starting in the centre completed an induction programme and there were annual appraisals for the review of staff performance. Supervision of staff required review to ensure that appropriate and safe practices were adhered to at all times.

An updated statement of purpose was available to inspectors. Details regarding residents' individual contributions to cover the cost of the service which was not covered by the Fair Deal scheme needed to be included in contracts for the provision of care.

Regulation 15: Staffing

On the day of inspection, inspectors were assured that the registered provider had arrangements in place so that appropriate numbers of skilled staff were available to meet the assessed needs of 37 residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors were not assured that there was adequate supervision in place to ensure that staff adhered to safe and appropriate practices at all times when supporting residents with additional mobility and transfer needs. For example; inspectors observed a resident being assisted by staff to transfer from their chair in an unsafe manner.

Judgment: Substantially compliant

Regulation 21: Records

The sample of records provided to inspectors were found to meet the requirements of the regulations. For example; staff records were seen to contain all necessary records as outlined by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider failed to ensure that management systems in place were effective. Inspectors identified the following concerns.

Action was required to ensure that oversight of fire precautions was effective. Following the previous inspection in August 2021, the provider arranged for a fire safety risk assessment of the centre which included the following actions listed below. These actions were still outstanding at this inspection.

- Fire doors to be upgraded by a competent contractor
- Opening up works were required to establish the fire resistance of protected corridors and compartments
- A review of the fire damper requirements to bedroom ensuite extract vents.

Furthermore, although there was a fire safety policy in place, this was not approved or signed and there were several sections in the document blank. For example, the list of fire wardens for the centre.

Action was required to ensure that oversight of residents' health care was safe and effective. This is detailed under Regulation 6, Health care.

Following this inspection, an urgent compliance plan was issued regarding fire precautions and health care, to seek immediate assurances regarding risks observed on inspection. These assurances were received within the time frame required.

Systems in place for the oversight of the centre's premises required strengthening to ensure that the premises met the requirements of regulation 17, Premises and that actions required to ensure the premises was maintained to a good standard were completed. Inspectors were informed of several planned works to refit or upgrade damaged facilities throughout the centre. Although the centre's management had escalated and followed up regarding these works with the senior management team there was no clarification provided regarding when these identified projects would commence.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of services did not contain details regarding each residents' individual monetary contribution in addition to the allocated Fair Deal contribution.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

An updated copy of the centre's statement of purpose was provided to inspectors. This met the requirements of the regulations.

Judgment: Compliant

Quality and safety

Inspectors observed that there had been some improvement made to the service and care provided to residents since the last inspection, For example; medicines management practices. Action was required however in the areas of fire safety, health care, residents' rights, assessments and care planning, premises and with infection control practices.

A sample of resident care records were reviewed with a member of the nursing team. Pre-admission assessments were carried out for each resident prior to being admitted to live in the centre to ensure the residents needs could be met. On admission to the centre each resident had a comprehensive assessment completed by nursing staff which was used to develop care plans for the residents' identified needs. These assessments and care plans were reviewed and updated every four months or as required and there were details provided to show that residents or their appointed support person, as appropriate, were involved with these updates. Action was required however to ensure that care plans were updated with all pertinent information following multidisciplinary team member reviews and that information contained in care plans was person-centred.

There were arrangements in place for a general practitioner (GP) to attend the centre weekly, or as required to meet residents' medical needs. Residents had access to a physiotherapist one day a week. The physiotherapist completed resident assessments, post fall reviews and carried out exercise classes in the centre. Residents also had access to other allied health services, either privately or through referral to community services. These services included, amongst others, tissue viability nursing, occupational therapy and chiropody. An urgent compliance plan was issued to the registered provider however, to ensure that appropriate measures were put in place to protect residents from the risk of sunburn. This is discussed further under Regulation 6, Health care.

Efforts were made to support residents' rights. Residents met every two months to discuss the service provided to them and action plans to address issues raised were developed. There were relaxed interactions between staff and residents observed throughout the day and staff were seen to knock on resident's bedroom doors before entering. There was an advocacy service available to residents should it be

required and this was advertised in the centre's reception area. Residents had access to TV, radios and newspapers and religious services.

Action was required to improve opportunities for occupation and recreation for residents. Throughout the day of inspection inspectors observed that there was little activities or occupational opportunities for residents to participate in except watching television. This is discussed further under Regulation 9, Residents' Rights.

Inspectors were not assured that the required 7.4 m² of resident space was available in all bed spaces in twin and triple occupancy bedrooms. Inspectors were also not assured that the layout of twin occupancy bedrooms facilitated adequate floor space for residents to undertake activities or access to personal storage space in private.

Maintenance of many areas in the centre required review. Inspectors identified that a number of areas such as the external patio area, bathrooms and ensuite facilities had deteriorated and required attention.

Inspectors observed that one of the centre's shared bathrooms, near the entrance hall, had been upgraded to a modern wet room facility. Inspectors were informed that there were other plans to upgrade facilities in the centre however a plan to complete the works had not been agreed.

Inspectors found that action was required to ensure that infection prevention and control practices in the centre were in line with best practice. This is further discussed under regulation 27 below.

In view of the fire safety concerns identified during this and the previous inspection, the inspectors were not assured that the fire safety arrangements adequately protected residents from the risk of fire in the centre, or their safe and effective evacuation in the event of a fire. While staff spoken with had a good knowledge of the fire evacuation procedures, attended fire safety training and participated in fire drills, inspectors found a number of areas of concerns for residents safety in relation to fire precautions.

Inspectors found that some improvements had been made with medicines management since the last inspection. There were however further areas identified for action. This is discussed under Regulation 29, Medicines and pharmaceutical services.

Regulation 17: Premises

Action was required to ensure the registered provider was compliant with Regulation 17, Premises. Inspectors viewed a number of twin occupancy bedrooms and the triple occupancy bedroom and found that they did not meet the requirements of 7.4m² of floor space for each resident of that bedroom, in which area there shall

include the space occupied by a bed, a chair and personal storage space.

Furthermore, inspectors were not assured that the layout of twin occupancy bedrooms provided adequate floor space for residents to undertake activities or access to personal storage space in private. Twin occupancy rooms did not have chairs available for residents to use beside their bed where they could sit to get dressed in privacy or to have quiet time in their own space. In the twin and triple occupancy bedrooms viewed by inspectors, it was not clear where a chair could be located so that it did not block access to residents' beds or lockers.

Maintenance of the premises required attention as illustrated by the following issues identified by inspectors:

- Items on the centre's maintenance log were not addressed in a timely manner; for example one item was not addressed for four months despite escalation from the centre's staff.
- Inspectors observed rusty bins in areas, chipped paint work and damaged and chipped doors on cupboards throughout the centre. There was one hand rail along a main corridor that was chipped and unvarnished.
- Radiator covers were seen to be chipped and damaged throughout the centre. In one multioccupancy room the radiator cover was no longer attached to the wall. Inspectors asked the person in charge to have this addressed immediately as it posed a risk of falling and potentially causing injury.
- In many of the shared bathrooms there were tiles cracked while others contained residual holes from where fixtures had hung.
- Inspectors were not assured that all items of equipment had regular servicing. For example; an oxygen concentrator in one resident's room did not have a record of maintenance and staff were unaware when this piece of equipment had last been serviced. This meant that the provider could not be assured that the machine worked effectively.
- In two bedrooms it was noted that there was a long crack along the walls; the person in charge reported that these had been identified and awaiting repair.
- Inspectors observed that the outdoor area at the front of the premises and at the back required further attention as areas were littered with garden debris and weeds.

Judgment: Not compliant

Regulation 27: Infection control

Action was required to ensure that all infection prevention and control practices and procedures were implemented and in line with national standards for infection prevention and control in community services (2018). The following risks were

identified:

- Inspectors observed that a raised toilet seat was stored on a shower chair and that unlabelled personal hygiene products were stored in communal bathrooms. This posed a risk of cross infection.
- One storage area found to be disorganised and cluttered with items piled one on top of the other on the ground and in one in communal bathroom there were exposed pipes under a sink. Cleaning of these areas could not be effectively achieved.
- In a communal toilet, hand rails showed signs of rusting and had visible dirt accumulated in gaps. This posed a risk of cross infection.
- Inspectors observed that some pressure relieving cushions contained holes or tears; cleaning of these items could not be effectively achieved.
- Adhesive tack was observed to remain on walls when no notice was being displayed. This posed a risk of cross infection.
- There were no labels on smoking aprons used by residents. This practice posed a risk of cross infection.
- Clean linen was stored on uncovered trolleys on corridors where residents and staff were walking. These practices may lead to cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had failed to meet the regulatory requirements in relation to fire precautions and had not ensured that residents were adequately protected from the risk of fire. Inspectors issued an urgent compliance plan to the registered provider for immediate action and measures for residents' safety

The fire door to the electrical room in the nurse station could not close and the medication trolleys were stored up against the electrical panels. There was no fire detection in the electrical room.

The emergency shut off levers for the gas supply in the kitchen and laundry were not easily accessible. The external shut off valves were located within a metal cage, the key for which was located remotely in the nurses office. Furthermore, the gas supply pipe for the laundry room led through a store room and a protected corridor was at risk of being damaged.

Practices were observed where fire doors were being held open by means other than appropriate hold open devices.

Deficiencies were noted to fire doors, and there were a number of areas where utility services penetrated fire rated walls and ceilings; these required sealing up. Further assessments referred to in the aforementioned fire safety risk assessment were required to ensure adequate containment of fire.

Adequate arrangements were not in place for maintaining all fire equipment. Defects noted in the service records for the fire alarm system were outstanding, including two fire alarm sounder bells on bedroom corridors, which were not working. The acoustic door release system on fire doors relies on the fire alarm sounders to release the door to the closed position.

A store room and the above mentioned electrical room were not fitted with smoke detection. Furthermore, the front living room appeared to be fitted with a heat detector, and not a smoke detector to ensure early detection of fire.

A number of emergency lighting units failed the most recent test and had not been repaired.

Deficiencies to the fire detection and alarm system and the emergency lighting were also documented in the centres own defects log, but had failed to be actioned.

Inspectors were not assured that adequate measures were in place, to ensure an adequate means of escape and for the safe evacuation of residents. The number of evacuation aids did not correlate with the assessed requirements in the residents' PEEPs (Personal emergency evacuation plans). A review of the PEEPs showed some had not been reviewed to reflect where some residents had changed rooms. This resulted in one instance where the required evacuation aid for one resident was positioned at a location remote from their bedroom. Evacuation aids had not been tested on all escape routes to ensure they could fit along the route. A fire drill record was not available for the largest compartment of 13 beds, reflecting night time staffing levels. The evacuation aids in use did not align with the centre's own fire safety policy.

Other than outside the main entrance, there was no external emergency lighting noted.

Additional exit signs were required from some areas to ensure escape routes and exits were readily apparent during an evacuation. For example, this was noted in areas known as corridor 1 and corridor 3.

The smoking assessments for residents did not correlate with what inspectors were told and observed. The smoking area was not provided with a fire blanket. This was a repeat finding.

The fire instructions in the nurse office were covered over by another notice and were not prominently displayed. Fire instructions and floor plans were displayed along corridors but did not reflect the phased evacuation procedure adopted in the centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors followed up on actions from the last inspection and found that some improvements had been made around medicines management. However the following areas for action were identified:

- There was a medicines fridge and a specimen fridge in the centre. The medicines fridge temperature was on two occasions measuring greater than 8 degrees celsius during the inspection. Inspectors were not assured that medicines within were being stored at the correct temperature. The fridge where specimens were stored did not have its temperature recorded for five days prior to the inspection.
- Inspectors observed that baskets on top of the medicines trolleys were not clean and required attention and that in the centre's medicines fridge that there was an unlabelled tube of ointment open.
- For three residents their prescriptions had not been reviewed in over four months.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors identified the following gaps in residents' assessments and care plans:

- Care plans had not been updated with the most recent information and guidance from members of the multidisciplinary team who had reviewed residents. For example, one residents' care plan did not contain information following a psychiatry or later life review while another resident's care plan did not detail guidance from the assessing dietitian.
- ABC (antecedent, behavioural, consequence) observational charts were used to document and analyse responsive behaviours of some of the residents living in the centre. Inspectors identified that these forms were not always fully completed and that triggers for behaviours were not always detailed clearly therefore not providing clear guidance for staff on how best to support residents.
- One care plan contained generic information and did not fully reflect the person centred information about a resident that staff imparted to inspectors verbally.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider failed to provide appropriate medical and health care for

residents. On the day of inspection, inspectors observed that there were inadequate measures in place to protect residents from the risk of sunburn despite weather warnings on the days prior to the inspection. For example; inspectors observed that a resident had sustained sun burn in the centre, on asking what precautions were being taken to protect other residents inspectors found that there were no sun hats readily available for residents to use and that sun screen was an inadequate strength level to protect residents. Inspectors issued an urgent compliance plan to the registered provider for immediate action and measures for residents' safety.

Judgment: Not compliant

Regulation 9: Residents' rights

The registered provider failed to provide occupational and recreational opportunities for residents to participate in. Throughout the day of inspection residents were observed to spend large parts of their day sitting in the centre's sitting room. Some residents watched television in this area while other residents were observed to sleep. Inspectors were informed that the activity lead was on leave and were provided with a copy of the activity schedule. No other staff member had been designated to the role for the day however. On review of a sample of activity participation records for residents over the previous three weeks, inspectors found that there was very few records to indicate that residents had access to sufficient activities.

Action was required to ensure residents' right to privacy was maintained. Inspectors observed that persons standing inside privacy curtains in multi-occupancy could be seen. Furthermore in multi-occupancy bedrooms where floor space was limited, inspectors were not assured that residents' right to privacy and dignity could be maintained when being assisted with transfers that required support from staff and use of transfer aids if the required number of chairs were also present within the space.

Action was required too to ensure that all residents can move around the centre unimpeded. The threshold of the door between the day room and the external area was not level. Inspectors identified this as a potential barrier to independent circulation by residents to and from the outside space, particularly for those residents who required mobility aids.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Not compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Not compliant |
| Regulation 9: Residents' rights | Not compliant |

Compliance Plan for Croft Nursing Home OSV-000028

Inspection ID: MON-0036956

Date of inspection: 19/07/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To ensure compliance the person in charge will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • All staff have an orientation program and are supernumerary during the induction period. • All staff are up to date with their manual handling training and attend this training on a two-yearly basis or more if indicated. The two staff identified on the day have repeated their manual handling training. • A weekly training matrix review is being carried out to ensure all staff are up to date with training. • Increased supervision and support are now provided to staff by nurse performing increased rounds on the floor to ensure all staff are adhering to correct/safe manual handling practice. Nurse reports findings/observations directly to DON. • Resident’s manual handling requirements are now discussed/reviewed daily at handovers. • Staff appraisals continue to provide appropriate supervision and development where required. | |
| Regulation 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance the registered provider will have the following in place and</p> | |

implemented and actioned as required:

- Locally the homes maintenance personal completes daily, weekly, monthly and quarterly checks of means or escape, emergency lighting, compartment doors, fire alarm system, fire equipment, bedding and furnishing. Any deficits are now immediately highlighted to the homes PIC and escalated for action to the Group Facilities Manager and the Group Director of Clinical Governance, Quality and Risk. This is to ensure issues are actioned in a timely and safe manner.
- To ensure ongoing compliance the RPR Group Facilitates Manager will review the fire safety plan/policy/evacuation plans/Fire drills and maintenance of fire equipment to include compartment doors, emergency lighting (Internal and external) on a quarterly basis with the PIC and Director of Clinical Governance, Quality and Risk.
- The fire policy will be updated once all works to home internally and externally are completed.
- Home maintenance issues are reviewed by the PIC and the homes maintenance personnel on a weekly basis. A daily work order is in place and reviewed and updated as works added and completed.
- The Group Facilities Manager now meets monthly with the homes PIC to review maintenance issues and follow up to ensure actions completed.
- Following inspection, PIC completed a Risk Assessment for residents for sunburn risks. SOP completed to guide staff to ensure compliance. Staff met with at each handover to sign off on this process. Staff nurses will supervise care staff to ensure SOP followed and residents remain risk free.

| | |
|---|-------------------------|
| Regulation 24: Contract for the provision of services | Substantially Compliant |
|---|-------------------------|

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
 To ensure compliance the registered provider will have the following in place and implemented and actioned as required:

- Each contract is presently in the process of being reviewed in and updated to include resident's individual monetary contribution in addition to the allocated Fair Deal contribution.

| | |
|-------------------------|---------------|
| Regulation 17: Premises | Not Compliant |
|-------------------------|---------------|

Outline how you are going to come into compliance with Regulation 17: Premises:
 To ensure compliance the registered provider and the person in charge will have the following in place and implemented and actioned as required:

- The twin bedrooms will be reconfigured to accommodate each resident with the 7.4m² of floor space, this will be done with the aid and advice from our architect.
- The homes maintenance log is reviewed weekly, and items not actioned by the home's maintenance man are escalated to the Group Facilities Manager for completion.
- All the bins with rust have been replaced.
- Plan being drawn up to address the chipped skirting, doors and handrails in the home.
- Radiator cover repaired on day of inspection and attached to the wall.
- The tiles with holes have been filed and tiles that are cracked to be replaced.
- All service records are help within a centralized folder located in the Nurses station. All equipment serviced as per requirements. All equipment is serviced regularly. Oxygen concentrator in resident's room is serviced every quarter and was last serviced 24/6/2022 as per company maintenance portal. Easy access copy of services reports now kept at Nurse's station.
- The cracks in the wall will be repaired.
- The garden areas are under review and all works required will be completed.

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| Regulation 27: Infection control | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 27: Infection control:

To ensure compliance the registered provider will have the following in place and implemented and actioned as required

- All staff are up to date with Infection Prevention and Control training as reviewed weekly on the training matrix.
- Staff checks performed to ensure that personal hygiene products are not left in communal bathrooms.
- All storage areas reviewed and cleaned and organized. This is reviewed nightly to ensure areas are in order.
- Handrails reviewed and replaced as required.
- Group Maintenance Manager to complete a full review of all communal bathrooms and sinks to ensure exposed pipes are covered.
- Adhesive tack removed from the wall.
- All smoking aprons have now been labeled for each individual resident.
- Damaged pressure relieving cushions have been replaced.
- New enclosed laundry trollies ordered.

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| Regulation 28: Fire precautions | Not Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

In order to comply with Regulation 28(1)(a), Regulation 28(1)(c)(i) and Regulation 28(2)(iv), the following actions have been undertaken.

An update will be submitted to HIQA on a regular basis, to assure the progress of the below actions.

Fire Alarms system bells checked for the entire building and faulty ones to be replaced
Commenced and Planned to be completed by 25.07.22

1 x additional fire smoke head alarm to be installed in the press at the nurses station where the main electrics currently located
Commenced and Planned to be completed by 25.07.22

Internal emergency faulty lights identified to be replaced/repared
Commenced and Planned to be completed by 25.07.22

Fire Drills from all compartments out of all exits, with night time levels of staff.

Ongoing fire drills until all staff have completed the night time drill scenario. Completed and ongoing

External emergency lights reviewed and required numbers are to be installed.
Commenced and planned to be completed by 15.08.22

A new company has been engaged for repair/replacement of fire doors. Planned to start by 02.08.22

A new company has been engaged for opening up works to inspect compartments and review of fire dampers. Planned to start by 15.08.22

Fire consultancy company engaged to update evacuation floor plans showing reviewed evacuation routes and compartments. Planned to start by 15.08.22

An automatic gas detection system will be installed and current gas shut-off point for kitchen and laundry will also be moved to more location accessible for staff. Planned to start by 02.08.22

Review of the external ramps to make them bigger as to better accommodate a safe escape.

Planned to start by 15.08.22

Cardboard boxes stored next to hot pipes have been taken away and the pipes will be insulated with fire proofing. Planned to start by 02.08.22

More internal fire evac signs required to nearest exit. Completed

Fire consultancy company engaged to review red break glass units. Planned to start by 28.09.22

All PEEPS reviewed for all residents. Completed

To ensure compliance the registered provider and the person in charge will have the following in place and implemented and actioned as required:

- The PIC has reviewed all fire Notice positions in the home to ensure all are clearly visible to staff, visitors and residents.
- Emergency Response plan updated.
- Policy and strategy on fire safety management complete and will be reviewed again and updated once all works completed internally and externally.
- Smoking risk assessments all completed and reviewed 3 monthly.
- Fire extinguisher already in place and fire blanketed ordered.
- Fire door guard stoppers are now in place for all resident's bedroom doors.
- The Medication trolleys have been moved to ensure the door can fully close. A fire detection alarm has been installed.

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| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>To ensure compliance the registered provider and the person in charge will have the following in place and implemented and actioned as required</p> <ul style="list-style-type: none"> • Standard Operating Procedure now in place to direct staff in the management of fridge temperature and reporting/actions when deficit is identified. Reviewed weekly by DON/ADON. • Baskets on top of trolleys removed. • Nurse's completed refresher training on medication management following unlabeled ointment being found unopened in fridge. • A schedule is in place for review of resident's and their prescriptions. A new GP had recently started and is working on this schedule. | |
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>To ensure compliance the registered provider and the person in charge will have the following in place and implemented and actioned as required</p> <ul style="list-style-type: none"> • Care plans are reviewed and updated every 3 months. This is audited to ensure compliance. A report is ran weekly based on the AHP notes entered to ensure that this information is captured in the resident's plan of care. The PIC and ADON will review weekly. • Responsive behaviors episodes are to be recorded on the homes Incident tracker. These incidents must now include and have attached the residents ABC chart. The PIC will then review to ensure the forms are fully completed and that triggers for behaviors are detailed and provide clear guidance to staff. The Group Director of Clinical Governance, Quality and Risk will then review to ensure compliance. • Communication and support sessions have commenced with staff nurses to ensure that the information and knowledge they have about their residents is fully documented and reflected in the resident's care plans. | |

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| Regulation 6: Health care | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 6: Health care: To ensure compliance the registered provider and the person in charge will have the following in place and implemented and actioned as required: Following inspection, PIC completed a Risk Assessment for residents for sunburn risks. SOP completed to guide staff to ensure compliance. Staff met with at each handover to sign off on this process. Staff nurses will supervise care staff to ensure SOP followed and residents remain risk free.</p> | |
| Regulation 9: Residents' rights | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure compliance the registered provider and the person in charge will have the following in place and implemented and actioned as required</p> <ul style="list-style-type: none"> • The PIC has completed with the home's activity coordinator a full occupational and recreational review. This review is to ensure that opportunities for residents to participate in activities they wish to partake in are available to them. • When the activity coordinator is on leave, a HCA will be rostered into the activity role to ensure the social needs of the residents are met. • The activity coordinator is now ensuring that she is documenting activity participation in each individual resident's notes. There is also a new activity report in place. • New privacy curtains have been ordered. • The threshold of the exit has a temporary portable ramp that staff can put down when door is opened to allow easy access for residents a more permanent solution will be put in place. | |

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 |
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| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 08/09/2022 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Not Compliant | Orange | 15/12/2022 |
| 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. | Not Compliant | Orange | 21/11/2022 |
| Regulation 24(2)(b) | The agreement referred to in paragraph (1) shall relate to the care | Substantially Compliant | Yellow | 30/09/2022 |

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| | and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services. | | | |
| 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 | 15/12/2022 |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | Not Compliant | Red | 22/07/2022 |
| Regulation 28(1)(b) | The registered provider shall provide adequate means of escape, including emergency lighting. | Not Compliant | Orange | 15/08/2022 |
| Regulation 28(1)(c)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, | Not Compliant | Red | 22/07/2022 |

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| | means of escape, building fabric and building services. | | | |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Not Compliant | Orange | 15/08/2022 |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Not Compliant | Orange | 21/11/2022 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 21/11/2022 |
| Regulation 28(2)(ii) | The registered provider shall make adequate arrangements for giving warning of fires. | Not Compliant | Orange | 21/11/2022 |
| Regulation 28(2)(iv) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre | Not Compliant | Red | 22/07/2022 |

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| | and safe placement of residents. | | | |
| Regulation 28(3) | The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre. | Substantially Compliant | Yellow | 21/11/2022 |
| Regulation 29(4) | The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre. | Substantially Compliant | Yellow | 08/09/2022 |
| Regulation 5(1) | The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2). | Substantially Compliant | Yellow | 31/10/2022 |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's | Substantially Compliant | Yellow | 31/10/2022 |

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| | family. | | | |
| Regulation 6(1) | The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident. | Not Compliant | Red | 22/07/2022 |
| Regulation 9(2)(a) | The registered provider shall provide for residents facilities for occupation and recreation. | Not Compliant | Orange | 08/09/2022 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Not Compliant | Orange | 08/09/2022 |
| Regulation 9(3)(b) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private. | Not Compliant | Orange | 15/10/2022 |