



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

Issued by the Chief Inspector

Name of designated centre:	Suncroft Lodge Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Suncroft, The Curragh, Kildare
Type of inspection:	Unannounced
Date of inspection:	14 February 2024
Centre ID:	OSV-0000106
Fieldwork ID:	MON-0042758

About the designated centre

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

Suncroft Lodge Nursing Home is a 60-bed purpose-built facility, set in off the road and within walking distance of Suncroft village centre. The premises is a two-storey building, and a lift and stairs provide access to each floor. Residents' accommodation is set out over both floors and consists of 44 single and eight twin bedrooms. All bedrooms have en suite shower, toilet and wash and basin facilities. A variety of communal accommodation is provided, including a sitting room and quiet room on each floor and a dining room on the ground floor. Kitchen and laundry facilities are located on the ground floor. The provider employs nurses and care staff to provide care for residents on a 24-hour basis. The provider also employs catering, household, administration and maintenance staff. The centre's statement of purpose outlines that the ethos of care is to promote the dignity, individuality and independence of all residents. The centre provides care for male and female residents aged over 18 years with long term, respite, convalescence, acquired brain injury and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57
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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
Wednesday 14 February 2024	09:10hrs to 17:40hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Feedback from residents' was that this was a very good place to live, and that they were very well cared for by staff who were kind and caring. Staff were observed to deliver care and support to residents which was respectful, and in line with their assessed needs.

The atmosphere was calm and relaxed throughout the centre. Residents' spoken with on the day of inspection were complimentary of the centre and remarked on how much they liked living there. One resident spoken with said "the staff are fabulous" and another resident told the inspector they were well looked after by staff and that the place was exceptionally clean. The inspector observed there were sufficient staff in the centre on the day of inspection.

The centre is laid out over two floors, the inspector walked around the centre and saw that residents' accommodation was provided in single and twin bedrooms. The inspector saw that many bedrooms were personalised, with items such as family pictures and soft furnishings. Bedrooms were found to contain sufficient storage facilities for residents to store their personal belongings securely. All bedrooms contained televisions and call bells. A review of privacy arrangements was required in some of the twin rooms as not all residents had their bedside locker, wardrobe, and access to a chair within the privacy curtain.

The centre was clean and brightly decorated with evidence of recently completed paintwork however, further maintenance was required in areas such as a replacement of the flooring in a day room and some wear and tear which was observed in some areas of the building. This is discussed further under the relevant regulation. There were a variety of communal areas for residents' to use including, a communal sitting room, a dining room and an activity room. On the first floor there was a large balcony that overlooked the surrounding area with nice views. This was also the outdoor smoking area for residents' on the first floor. While the balcony was accessible for residents' with a ramp leading up to the internal door the balcony outside required attention as the surface was slippy and posed a risk of falling.

On the ground floor residents' had unrestricted access to a large landscaped garden that had various seating arrangements where residents could enjoy the garden. Residents' artwork was on display on tiles throughout the outside area. There was a lift in the centre providing access to all areas for residents. The inspector observed residents freely move about the centre and saw residents access the outside smoking area.

Residents were observed to be socially engaged with each other and staff throughout the day of the inspection. There were activities taking place in the day room and there was live music provided by local musicians in the dining room. Most

residents had chosen to attend. The inspector observed residents enjoying the singing with some residents dancing with each other and with staff. A resident spoken with afterwards told the inspector they had danced the day away. Residents' each received a gift for St Valentines day and had received ashes for Ash Wednesday. Staff were observed going into rooms to check on residents and chatting to them throughout the day. The person in charge was well known in the centre to residents, visitors and staff.

There were snacks available for residents in the dining area throughout the day and on request. There was a choice of meals available at mealtimes and the inspector saw there were drinks available to residents in their rooms and in the day rooms throughout the day.

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 inspector found that residents living in Suncroft Lodge received a good standard of care and residents were supported to live a good quality of life.

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). The registered provider had submitted an application to renew the registration of the designated centre and at the time of this inspection the documentation submitted was currently under review.

Costern Unlimited Company is the registered provider of Suncroft Lodge. There was a clearly defined management structure in place and staff and residents were familiar with staff roles and their responsibilities. There was a clinical operations manager who provided support to the person in charge and attended the feedback meeting on the day of inspection. The centre had a full time person in charge who was supported in their role by an assistant director of nursing, clinical nurse managers, a team of nursing staff, care staff, housekeeping, catering, administrative and maintenance staff.

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team held a structured schedule of meetings such as management meetings and staff meetings where key issues were communicated and required action taken. The inspector reviewed a sample of these minutes and found that quality improvement plans were put in place where required. The provider had an audit schedule in place in areas such as infection prevention and control, falls and care plans. There was an ongoing maintenance

schedule and evidence of premises oversight where the provider had identified areas that required attention, however not all areas were identified such as the privacy arrangements for residents.

There was sufficient staff on duty on the day of the inspection to meet the needs of the residents. Staff worked well together to provide care and support for residents. The inspector observed that call bells were answered promptly and residents' did not have to wait for staff to attend to them.

The person in charge met the requirements of the regulation and was well known to staff and residents. The inspector reviewed a sample of records and found that not all staff files contained the required information. This is discussed further under Regulation 21: Records. Other records, such as the statement of purpose, contracts of care and residents guide were available for review.

There was a directory of residents available for review, however some gaps were identified in it. The statement of purpose reviewed on inspection also required some minor revisions to ensure it accurately described the services the centre provided.

There was evidence that residents' feedback was valued and residents were facilitated and encouraged to feed back on aspects of the service they received. The registered provider had completed an annual review of the quality and safety of the service delivered to residents for 2023.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the designated centre was made. The application was received in a timely manner. Both the floor plans and statement of purpose required review to ensure they included accurate room measurements and all areas in the centre were included.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge worked full time in the centre. They held the required qualifications under the regulations. They were well known to staff and residents, and they were aware of their responsibilities under the regulations

Judgment: Compliant

Regulation 19: Directory of residents

The centre had a directory of residents available for review. A sample of residents' records were reviewed and there were gaps noted in areas such as the address of the resident and the address of resident's next of kin.

Judgment: Substantially compliant

Regulation 21: Records

A review of a sample of five personnel files found evidence of the staff member's identity, Garda Síochána (police) vetting disclosures, documentary evidence of relevant qualifications and current registration details. However, the personnel files for two staff did not contain two written references as required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Two of these references were later provided to the inspector on the day of inspection.

The full file for the person in charge was not available on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

While management systems were in place to ensure the service was appropriately managed and the provider had completed maintenance work stronger oversight was required to ensure any identified issues were timely followed up. For example:

- There was building work still required to reconfigure some staff areas to match the floor plans submitted as part of the registration renewal of the centre despite assurance this would be completed
- The lack of and inappropriate placement of privacy curtains were not identified by the provider through their environmental audits.

More oversight of the premises was required to that the service provided is safe appropriate and effectively managed as discussed further under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose document required some minor revisions to ensure it contained all information set out in Schedule 1 of the regulations as the statement of purpose referred to an oratory which was not listed on the floor plans for the building or observed on the day of inspection.

Judgment: Substantially compliant

Quality and safety

The inspector found that overall the residents living in Suncroft Nursing Home enjoyed good quality care and support from a staff team who knew them well. The inspector observed that care provided was person centred and that daily routines were flexible. There was a relaxed and welcoming atmosphere in the centre where residents could spend time socialising together or with their families and friends. Residents' were found to be comfortable in their lived environment however, improvements were still required in some areas such as premises and infection control.

Residents' were kept informed with information provided on notice boards such as, details of activities provided and information on advocacy services. There was a resident's guide available for residents and this contained all the required information.

The provider and the clinical management team had infection prevention and control procedures in place in the centre. This included training for staff and policies and procedures in place to guide staff. The provider had identified a clinical lead for infection prevention and control and this person carried out regular audits and spot checks of staff practices. The centre was clean and tidy with alcohol hand gel dispensers and personal protective equipment (PPE) readily available for staff use and staff were observed to perform hand hygiene appropriately. There were adequate staffing resources in the centre to ensure residents' rooms were cleaned everyday. There were appropriate laundry practices in place in the centre also. While there was evidence of good infection control practices in this centre the inspection found that further actions were necessary to bring the centre into compliance with Regulation 27: Infection control. These actions included replacement of flooring in a residents en suite and the inspector was informed this

en suite was on a schedule for upgrading.

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were in place. Controlled drugs were stored safely and checked at least twice daily as per local policy. There was good pharmacy oversight with regular medication reviews carried out. The inspector observed good practices in how the medicine was administered to the residents. Medicine was administered appropriately as prescribed and dispensed.

The layout of the premises met residents' needs, however some areas required maintenance attention as outlined under Regulation 17: Premises. The residents' living environment was warm and well decorated. Communal sitting and dining room facilities for residents' use were available on both floors. Access between the floors was facilitated by a lift in addition to a stairs between all floors. Maintenance issues identified from a previous inspection in August 2023 had been completed or were on a schedule to be completed within the time frame given. The registered provider had recently completed work to increase the available space in a twin room, this structural work was complete and there was one resident living in the bedroom however, the inspector found a call bell and grab rails were required for the newly refurbished en suite. This was put in place by the end of the inspection.

The registered provider had taken reasonable precautions to safeguard residents from abuse. All residents' spoken with on the day of inspection said they felt safe in the centre. There was a safeguarding policy and staff safeguarding training in place and staff spoken with were knowledgeable in relation to the detection and prevention of abuse. Residents' money was managed in a transparent manner in line with the centre's policy

Regulation 17: Premises

The designated centre did not conform to the matters set out in Schedule 6 of the regulations in the following areas:

- Privacy curtains in twin bedrooms required a full review, there was one missing on the day of inspection, this was replaced on the day. In another two twin bedrooms privacy curtains were not aligned with the residents bed space and therefore their private space could not be used appropriately if they wished.
- Some skirting boards were scuffed and chipped
- Flooring in the day room on the ground floor was damaged in areas. Grab rails were not in place in a residents en suite posing a risk of falling to residents.
- The outside balcony area surface was slippery and posed a risk of falling to residents, this had been identified by the provider and a risk assessment was in place to minimise the risk.

- There was no call bell or grabrails in a newly refurbished en suite, these were put in place by the end of the inspection.
- An oxygen tank was being stored beside the external cage rather than inside it.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that the following required action by the provider to ensure residents' were protected from risk of infection:

- There were two hazardous waste bins that were not signed on assembly this did not ensure traceability.
- Equipment such as hoists were not consistently signed by staff to indicate they had been cleaned
- A mop head and sweeping brushes were dirty and worn and required replacement.
- The flooring in one of the en suites was patchy which did not provide assurance that it could be appropriately cleaned.
- Boxes of pads were stored directly on the floor in an outdoor storeroom and as such hindered effective floor cleaning.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place in the centre relating to the ordering, prescribing, storing and administration of medicines. Medications were stored in line with professional guidelines. Medicines that required administration in an altered format were appropriately prescribed.

Judgment: Compliant

Regulation 8: Protection

The inspector found that all reasonable measures were taken to protect residents from abuse. The policy in place covered all types of abuse, and it was being implemented in practice. The registered provider was the pension-agent for one resident. The inspector viewed the documents in relation to this and found that there were appropriate procedures in place to safeguard residents' finances.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Suncroft Lodge Nursing Home OSV-0000106

Inspection ID: MON-0042758

Date of inspection: 14/02/2024

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: A full review of both floor plans and statement of purpose has taken place to ensure accurate room measurements in all areas. This has been submitted to registration@hiqa.ie</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents: A comprehensive review of the resident's directory was completed, and the 2 gaps identified were rectified immediately.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The full file of the person in charge is now in the designated Centre. A full review of all personnel files has taken place and all staff have 2 written references</p>	

in place.	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Building works to reconfigure staff areas to match floor plans were completed on 7/3/2024.</p> <p>A full review of privacy curtains within the home has taken place and 5 rooms will have new tracks and curtains installed on or before 15th April 2024. Confirmation of this has been forward to the inspector.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The word 'oratory' was removed from the statement of purpose & update version has been forwarded to the inspector to reflect this.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A full review of privacy curtains within the home has taken place and 5 rooms will have new tracks and curtains installed on or before 15th April 2024.</p> <p>The flooring to the dayroom on ground floor will be replaced.</p> <p>The outside balcony area floor will be covered and a canopy installed which in turn prevent rain getting into the area and the flooring will be reviewed for a non-slip surface.</p> <p>Skirting boards will be regularly painted & maintained when chips or scuffs are observed. This will incorporated into maintenance schedule.</p>	

Oxygen cylinder that was not in use was placed inside the external cage on the day of inspection.

Regulation 27: Infection control

Substantially Compliant

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

All sharps' boxes in the home will be checked daily by nursing staff to ensure infection control compliance.

The signing sheet will be reviewed in collaboration with staff to ensure compliance with cleaning of equipment in between uses.

All mop heads and sweeping brushes throughout the home have been replaced.

There is a schedule in place for the Re-furbishment of the ensuites identified in the report.

All incontinence wear in the outdoor storeroom will be elevated off the floor to ensure effective floor cleaning.

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	22/03/2024
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.	Substantially Compliant	Yellow	30/09/2024
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of	Substantially Compliant	Yellow	15/02/2024

	Schedule 3.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	15/02/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	15/04/2024
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	31/10/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/02/2024

