Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

# 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: | 14 June 2023 |
| Centre ID: | OSV-0000028 |
| Fieldwork ID: | MON-0040238 |

## 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: | 35 |

## How we inspect

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 June 2023 | 09:00hrs to 17:00hrs | Margo O'Neill | Lead |
| Wednesday 14 June 2023 | 09:00hrs to 17:00hrs | Kathryn Hanly | Support |

## What residents told us and what inspectors observed

There was a relaxed and social atmosphere within the centre. Residents who spoke with inspectors were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents were also happy with the standard of environmental hygiene.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Residents reported positively regarding staff saying that staff were 'very kind and helpful and that staff 'come to me whenever I need them, I have a bell right beside me, it is a great comfort'.

This inspection included a focused review of infection prevention and control practices and compliance with national standards. While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example some of the surfaces and finishes including wall paintwork and flooring were worn and as such did not facilitate effective cleaning. Storage space was limited and there was inappropriate storage of equipment, documentation and clean supplies in some areas of the centre. There was no janitorial unit within the housekeeping store. Findings in this regard are further discussed under Regulation 27, Infection Control.

Barriers to effective hand hygiene practice were also observed during the course of this inspection. There were a limited number of clinical hand wash sinks available for staff use. Inspectors were informed that sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.

Despite the infrastructural issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. Clean linen was stored on covered trolleys.

The centre comprises of 37 registered beds across ten single occupancy bedrooms, 12 twin-occupancy bedrooms and one triple occupancy bedroom. Inspectors observed that the majority of twin occupancy bedrooms did not contain chairs to allow residents to sit and spend time in their bedroom. Furthermore the layout of twin occupancy bedrooms did not afford adequate space for residents to have a chair beside their bed to allow residents to sit to undertake activities in private. Curtain space around beds were observed to be confined and limited.

There was sufficient closet space, display space, and storage for personal items in all but one bedroom, this room had recently been reconfigured and available storage space had been reduced for each resident. Residents spoken with were happy with the standard of environmental hygiene. The provider was aware that aspects of the premises required to be upgraded. Inspectors were informed that a maintenance schedule was in place to address many of the areas identified on this inspection.

The centre's communal spaces comprise of two day rooms, a conservatory and a large dining room. The configuration of the centre's largest sitting room remained the same as from the previous inspection with seating organised against the walls and another smaller row of chairs in front of the television and fireplace. This resulted in some residents sitting with their backs to other residents. This area was observed to be a busy thoroughfare to another part of the centre for staff and residents throughout the day resulting at times in a busy and crowded environment.

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. In the rear garden and patio seating was provided which allowed residents to sit and enjoy the outdoors. This area contained colourful flower beds and plants. The centre's designated smoking area was also located in the patio area.

Inspectors observed that there was improved levels of activities, occupational opportunities and outings for residents during this inspection. Monday to Friday there was an activity programme in place, coordinated by a activity staff member. A notice board near the largest day room was also put in pace to provide information to residents regarding outings, activities and other developments.

The programme of activities included one to one activities, live music, exercise classes and outings to places such as Kilmainham Goal. A volunteer also attended the centre once a week to contribute to the centre's arts programme. Many pieces of residents' art work were on display throughout the centre and inspectors were informed by residents and volunteer that they were busy preparing a collection to contributed to a art project in the local library. Residents appeared to be engaged and to enjoy creating their art. Inspectors were also informed that the weekly bingo session was lead by one of the residents, inspectors observed this bingo activity in the afternoon, many residents were observed to be actively engaged and reported they enjoyed winning prizes. Residents reported positively regarding the activities on offer with one resident saying that staff ' will give you crosswords, jigsaws or anything you like'. Activities were not however provided at the weekend at the time of inspection.

All residents who spoke to inspectors reported satisfaction with the food on offer to them, reporting that it was 'good' food. Written menus were displayed on chalk boards in the dining room. Inspectors observed the dining experience and observed that it was a relaxed and social atmosphere. There were sufficient staff available to provide support to residents who required additional support, this was delivered in a patient and discreet manner.

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

Overall the centre was operating to meet the needs of the residents, however issues raised with the provider previously had not been addressed, for example; space and facilities in residents bedrooms and some fire safety issues.

This inspection was carried out to monitor compliance with the regulations and to inform the upcoming renewal of registration for Croft Nursing Home. A completed application applying for the renewal of the centre's registration had been received by the Chief Inspector prior to the inspection and was under review. There was also an emphasis on Regulation 27, Infection prevention and the centre's implementation of infection prevention and control standards.

The registered provider for Croft Nursing Home is Croft Nursing Home Limited. 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. Local management in the centre is led by the person in charge who is supported by an assistant director of nursing, nursing staff, carers, catering, household, activity and maintenance staff. The person in charge, is responsible for the day to day operations in the centre. Weekly governance meetings occur with the person in charge and a senior manager for quality and clinical governance to discuss the quality and safety of the service. Although there were management systems in place for reviewing the service to identify areas of risk, inspectors found that the management systems were ineffective at addressing and mitigating risks and issues in a timely manner. Key areas of concern are discussed under Regulation 23, Governance and Management.

The provider generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge. The provider had also nominated the assistant director of nursing to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

During the inspection there appeared to be adequate number of suitably qualified staff on duty to meet the dependency needs of the residents. Housekeeping was outsourced to an external cleaning company. Two housekeeping staff were rostered on duty on the day of the inspection and all areas were cleaned each day.The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included both internal and external

oversight audits, cleaning specifications and checklists, flat mops and colour-coded cloths to reduce the chance of cross infection. A deep cleaning schedule was also in place.

Monthly environmental audits were carried out. Inspectors found that findings of recent audits did not align with the findings on this inspection. Hand hygiene assessments were also undertaken. However other elements of standard precautions were not routinely audited. Details of issues identified are set out under Regulation 23, Governance and Management.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. However copies of laboratory reports were not routinely filed in the resident's healthcare record. Inspectors were informed that reports were not always readily accessible to staff working in the centre and to out of hours medical personnel.

Surveillance of healthcare-associated infection (HCAI) and multi drug resistant bacteria colonisation was routinely undertaken and recorded on the weekly care indicator report. The volume of antibiotic use was also monitored each month. However the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Details of issues identified are set out under Regulation 23, Governance and Management.

There was a current and valid contract of insurance against injury to residents in place. A sample of contracts for the provision of services were reviewed and found to meet the requirements of the regulations and appropriate notice regarding absence of the person in charge was submitted as required to the Chief inspector.

One volunteer attended the centre to provide support and activities for residents. Records detailed volunteers' written roles and responsibilities and inspectors were assured that there was appropriate vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and appropriate support and supervision by staff in place.

## Registration Regulation 4: Application for registration or renewal of registration

An application for the renewal of registration of the Croft Nursing home had been received by the Chief Inspector and was under review.

Judgment: Compliant

## Regulation 22: Insurance

There was a contract of insurance against injury to residents in place which was found to be in date.

Judgment: Compliant

## Regulation 23: Governance and management

Oversight systems required strengthening to ensure that areas of risk identified were addressed with timely action and mitigating measures. For example; inspectors identified repeated non-compliance with Regulations 17, Premises, 28 Fire Precautions and 9, Residents' rights that had not yet been fully addressed since the last inspection in July 2022. Further detail is provided under the respective regulations.

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- Disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services. For example local audits found that there were adequate facilities available for clinical hand washing. Furthermore some elements of standard infection control precautions such as sharps safety, waste and laundry management were not audited.
- While antibiotic usage was monitored, there was no evidence of multidisciplinary targeted antimicrobial stewardship quality improvement initiatives, audit, guidelines or training.

Judgment: Not compliant

## Regulation 24: Contract for the provision of services

Inspectors followed up on the action from the last inspection in July 2022 and found that the sample of residents' contracts reviewed contained details such as the residents' bedroom number, occupancy level, fees and individual contributions payable.

Judgment: Compliant

## Regulation 30: Volunteers

Volunteer records provided to inspectors were found to meet the requirements of the regulations.

Judgment: Compliant

## Regulation 32: Notification of absence

The Chief Inspector received appropriate notice regarding absence of the person in charge as required.

Judgment: Compliant

## Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. There were no visiting restrictions in place and public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visits and social outings were encouraged with practical precautions were in place to manage any associated risks. Residents had recently visited Knock Shrine and Farnleigh House. Positive interactions between staff and residents were observed during the inspection.

Management informed inspectors that there was an ongoing programme of maintenance in the centre that included painting and repair of fixtures. Inspectors identified however that there remained outstanding issues identified on the last inspection that required addressing. Further action was also needed to ensure that fire safety risks were addressed promptly. This is discussed under Regulation 17, Premises and Regulation 28, Fire Precautions respectively.

To enhance the feeling of homeliness and assist the residents with settling into the centre the provider and person in charge create an environment which encourages residents, including those using respite services, to bring with them items that are meaningful to them. Resident's bedrooms were equipped with ample and secure storage for personal belongings with the exception of one bedroom. Furthermore

the sink within the majority of twin bedrooms was installed within the wardrobe belonging to one of the residents posing a infection control risk.

Where necessary, residents were provided with support to manage their financial affairs. Records of residents monies spent were kept in line with the centres policy on managing residents' finances and were transparent.

The universal requirement for staff and visitors to wear surgical masks in designated centres had been removed on the 19 April. Residents and staff expressed their delight at improved communication since the masks had been removed. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection.

Inspectors identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Waste and used laundry was observed to be segregated in line with best practice guidelines. Safety engineered needles were available which reduced the risk of a needle stick injury.

A review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated specimen fridge was available for the storage of samples awaiting collection. However this fridge was located within the clinical room posing a cross contamination risk.

Processes were in place for the prescribing, administration and handling of medicines, including controlled drugs, which are safe and in accordance with current professional guidelines and legislation. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs.

Residents who from time to time displayed responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were supported by staff who were familiar with the potential triggers of these behaviours and the de-escalation strategies to use to positively support residents. There was ongoing efforts to ensure that the number of restrictive practices used in the centre were reducing.

There were care plans in place for residents that reflected residents' health care needs and details of residents' wishes and preferences. Inspectors identified that some action was required to achieve full compliance however. This is detailed under Regulation 5, Individual assessment and Care plan.

Residents had access to appropriate medical care and healthcare professionals to meet their identified healthcare needs. A general practitioner attended the centre on a weekly basis and there was access to other health professionals such as physiotherapists and tissue viability specialists.

A safeguarding policy for the prevention of and for responding to allegations of abuse had been developed to inform staff how to respond to allegations, concerns or disclosures of abuse. Training records showed that almost all staff had received training in safeguarding and the protection of vulnerable adults. Staff who spoke with inspectors were clear about their responsibility to keep residents safe, however some staff were not immediately clear on the requirement to report or who to report to if concerns or allegations of abuse arose.

There was a programme of activities provided in the centre which residents reported they enjoyed; however inspectors noted that there was some action required to ensure that all residents received recreational and occupational activation throughout the week. Action too was required to address the layout and configuration of the multi-occupancy bedrooms to ensure that residents' right to privacy and dignity were supported. This is a repeat finding from the last inspection and is detailed under Regulation 9, Residents' rights.

## Regulation 11: Visits

Updated visiting guidelines were implemented on the day of the inspection which meant that scheduled visits were no longer required. Visits were encouraged and practical precautions were in place to manage any associated risks.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions with the exception of the newly refurbished bedroom. Within this room residents had access to a bedside locker and a wardrobe, however the wardrobe was much smaller than the wardrobes provided in the other bedrooms throughout the centre. Shelf space was also reduced in this room.

Clothes were marked to ensure they were safely returned from the laundry.

Judgment: Substantially compliant

## Regulation 17: Premises

Following the last inspection in July 2022, the registered provider had commmitted to reconfiguring twin and triple occupancy bedrooms. Inspectors were informed that since that time one twin bedroom had been reconfigured two months prior to the

inspection. As part of this reconfiguration new furniture had been purchased and the built in wardrobes within the room had been removed and replaced with two smaller wardrobes. This created space for two chairs to be placed between the two wardrobes under the television. Inspectors found that although the refurbishment was completed to a good standard, the layout and available space for residents to carry out their personal activities in private remained a concern in the bedroom and other multi-occupancy bedrooms. For example;

- The layout of the twin occupancy bedrooms did not provide adequate floor space for residents to have a chair beside their bed to allow residents to sit to undertake activities in private or just to have some quiet time. Curtain space around beds were found to be confined and limited spaces.
- Inspectors observed that there were no chairs in the vast majority of multi-occupancy bedrooms and there was inadequate space available for chairs to be placed beside residents beds in twin occupancy bedrooms without blocking access to residents' lockers or impeding access for other residents' bed and locker.
- Inspectors observed that space was limited for performing transfers with large items of equipment; for example transfers that required equipment such as hoists could not be completed without entering into other residents' personal space. Inspectors identified that on the day of inspection most residents who were accommodated in multi-occupancy bedrooms were deemed as a high to maximum dependency requiring some form of equipment for transfers.
- Access to sinks in the majority of twin occupancy bedrooms was found to be limited. For example sinks were located in the built-in wardrobes, limiting access for wheelchair users.
- In one twin bedroom only one locker could fit between the two beds in the room. The other locker was placed at the foot of one of the beds. There was less than one metre between the two beds which is not in line with infection prevention and control guidelines and standards.

Although some areas of the centre had received repainting and some areas of flooring had been replaced, further action was required to ensure compliance with regulation 17 and the matters set out in schedule 6, for example:

- Parts of the centre required painting and repair to ensure it could be effectively cleaned, such as flooring, walls, tiles and skirting boards.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment and supplies. For example supplies were stored within a communal bathroom and communal living space.
- Items on the centre's maintenance log were not addressed in a timely manner. For example, two storage units within one living space had not been safely secured despite a request and in put in to the maintenance log by local management in March 2023.
- The layout of the only sluice room in the centre did not support effective infection prevention and control practices. For example; this room was very small, there was no equipment cleaning sink and a spray hose was in place

over the sluice hopper. The sluice hopper was located directly beside the handwashing sink which posed a risk of cross contamination.

Judgment: Not compliant

## Regulation 27: Infection control

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- The housekeeping store did not have a running water. Inspectors were informed that mop buckets were prepared within the sluice room. This practice increased the risk of cross contamination.
- The dedicated specimen fridge for the storage of laboratory samples awaiting collection was located within the clinical room. This increased the risk of environmental contamination.
- Hand hygiene facilities were not in line with best practice. For example there were a limited number of hand hygiene sinks available. This may impact the effectiveness of hand hygiene.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Since the last inspection in July 2022, action had been taken to address compartmentation in centre through completion of works in the attic space of the centre. However other issues with the fire doors identified on the last inspection and on a fire door risk assessment and remedial report commissioned by the provider remained unaddressed. No time-bound action plan was available to give assurances that the remedial works were being carried out with an urgency that reflected the level of risk identified in the assessments and report. This required further action.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Medicines were stored securely in the centre. A medicines fridge was available for the safe storage of relevant medication that required refrigeration. Temperatures in the pharmacy fridge were set to between 2°C and 8°C and records showed temperatures were checked on a daily basis. Controlled drugs balances were

checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management.

Electronic medication administration records were used for the documentation of medication administration. This software used bar code technology to record medicines given with time and date captured, medication refused, and reason for refusal. Prescriptions were reviewed every four months or sooner if required.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

A sample of care records reviewed by inspectors indicated that action was needed to ensure the following areas were addressed;

- There was no written record of a safeguarding care plan in place for one resident. Although staff had been verbally informed of the measures in place to protect the resident there was no written record to direct staff.
- There was no formalised assessment or systematic approach when assessing residents to identify their recreational and occupational needs. Inspectors found that only some residents had a 'key to me' document completed. Furthermore not all residents had care plans in place to inform and direct staff regarding residents' recreational and occupational preferences.
- Behavioural support care plans did not reflect the person-centred information imparted verbally to inspectors from staff. The sample of care plans contained vague information regarding de-escalation strategies.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had weekly access to general practitioner and timely access to allied healthcare professionals when required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Residents who displayed behaviours of concern (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were supported by staff who

knew the residents and who provided support in a dignified and respectful manner. Relevant training had been completed by staff to support them in their roles.

There was ongoing efforts being made in the centre to reduce the number of restrictive practices; for example the number of bed rails in use had reduced by 20 percent in quarter one 2023 compared to quarter four in 2022. A sample of restrictive practices assessment and care plan records were reviewed and contained details of risk assessments, alternative trialled prior to implementing restrictive practices with each resident, details of multi-disciplinary team review and consent.

Judgment: Compliant

## Regulation 8: Protection

The majority of staff had received training in safeguarding of vulnerable adults. However some staff who spoke with inspectors were not immediately clear when to report if any concerns, allegations or disclosures of abuse arose.

The provider acted as a pension agent for 13 residents at the time of inspection. There were clear and transparent arrangements in place to manage this.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Inspectors found that the layout and available space for residents to carry out their personal activities in private in 11 of the 12 twin bedrooms and in the triple bedroom did not support residents' right to privacy and dignity. Curtain space around beds were found to be confined providing limited space for residents to carry out personal activities or rest in privacy. In 11 of the 12 twin bedrooms inspectors observed that space available for performing transfers with large items of equipment was inadequate and required that other residents' personal space was entered. Although attempts had been made to address this issue in one recently refurbished twin bedroom, the layout remained the same and did not support residents' right to privacy and dignity. This is a repeat finding from the last inspection in July 2022.

Thresholds of doors between the day room and the conservatory area to the external area were not level. Although a temporary portable ram had been acquired to aid freedom of movement for residents in and out of the day room for residents, a permanent solution had yet to be taken. Furthermore residents using wheelchairs required assistance to get the ramp in place prior to using it. Further action was required to ensure all barriers to the independent circulation of all residents to and from the outside space were removed. This is a repeat finding.

Improvements were seen in the provision of activities Monday to Friday however there were no arrangements in place for the provision of activities at the weekend. This resulted in residents having few recreational and occupational opportunities on Saturdays and Sundays.

The layout of the centre's largest day room required review. Chairs were observed to be placed against the walls in the room and a central row of chairs where residents sat with their backs to other residents. This layout did not encourage resident engagement with each others. The room also contained the main exit to the garden and smoking area and acted as a thoroughfare from one side of the centre to the other for staff and residents. This resulted in a busy, distracting and crowded space at times and particularly when activities were ongoing.

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** | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 32: Notification of absence | Compliant |
| **Quality and safety** | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Substantially compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Not compliant |

# Compliance Plan for Croft Nursing Home OSV-0000028

## Inspection ID: MON-0040238

## Date of inspection: 14/06/2023

**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 23: Governance and management | Not Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>To ensure compliance the RPR will have the following in place and implemented and actioned as required:<br>• To improve and ensure governance regarding IPC audits and actions we have implemented the IPC Audit as laid out under a system called ViClarity. Training is provided to ensure all staff are aware of how to complete a realistic and honest audit. An audit has been completed since inspection and all non-compliances have been given an action plan re follow up, resolving and learning. This audit is repeated quarterly. The new audit covers all areas and includes sharps safety, waste and laundry management.<br>• To ensure the surveillance of MDRO colonisation is comprehensive, there is now a antimicrobial review completed by the PIC and submitted to DCGQR to verify with audit.<br>• Antibiotic consumption data is reviewed on a montly basis by the clinical team and reviewed with residents GP on a three monthly basis to inform or target antimicrobial stewardship quality improvement initiatives.<br>• Antimicrobial stewardship measures are now included in MDRO and Clostridioides difficile care plans.<br>• To strengthen the oversight of Regulation 17 Premises, the Group Estates and Engineering Manager has commenced a full and comprehensive review of all facilities issues raised during inspection. The multi-occupied rooms have been reviewed and the scope of works have been identified. Prior to the last inspection two multi occupancy rooms have been reconfigured with installation of two TVs to follow by end of September 2023.<br>The scope of work for the remaining multi occupancy rooms have been identified and it has been agreed to upgrade each room as it becomes available. Most of the building works will be carried out with internal resources and we don't envisage a delay.<br>In relation to the bespoke furniture, we are facing a long lead time of 12 weeks and we predict the first set will arrive in December 2023.<br>Currently we have no available rooms, and it is impossible to predict the timeline for the completion of overall room refurbishment. However, we are happy to notify our | |

Inspector of the progress of works once the rooms become available.
To strengthen oversight for regulation 28 Fire Precautions, the Group Estates and Engineering Manager has completed a full review of all outstanding fire related issues. As identified in the Fire Door Risk Assessment dated February 2023 all identified fire doors which required repair has been completed.
The fire doors that require replacement have been ordered. Given a lengthy lead time we have received confirmation from the supplier that they can supply us with 3 doors in 6 weeks (beginning of October 2023.) The remaining fire doors lead time to follow, again we will notify our Inspector accordingly.
To ensure Regulation 9 Residents rights is met the PIC and Group Estates and Engineering Manager have completed a full and comprehnsive review of each multi occupancy room in the centre and ensure rooms are configured to provide opitum layout for each resident.

***The inspector has reviewed the provider's compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.***

| Regulation 12: Personal possessions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
To ensure compliance the PIC will have the following in place and implemented and actioned as required:
• Each resident is offered storage as per their request and need. We have reviewed the room in question and both residents currently do not wish for further storage, including shelving. We will review this quarterly or at their request.

| Regulation 17: Premises | Not Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:
To ensure compliance the RPR will have the following in place and implemented and actioned as required:
• A full and comprehensive review has commenced with our architect, builder and furniutre designer to review each multiple room in the centre to ensure it is configured to provide an opitum layout for each resident. This will include the position and access to their sink, chair and ensure IPC concerns are adressed. The work required will commence as the rooms become avaliable .The lead time for the bespoke furniture is 12

weeks plus, we currently are at full occupancy.
• The PIC and DCGQR have completed a review of the dependency needs of the residents in the mulitioccupancy rooms. This together with the full and comprehnsive review is currently under way to review each twin room in the centre to ensure it is configured to provide opitum layout for each resident. Currently theire are 3 high to max resident accomadated in the sharing rooms.
• A painting contractor has since been commissioned to the home and has completed the plan of works for painting decoration as required, the maintenance operative in the home will continue with these works on an ongoing basis as issues are identifed.
• A number of rooms were identified as requiring flooring to be repaired or replaced this work has commenced.
• A full and comprehensive review of storage has taken place to ensure the optimum storage needs are achieved and maintained. Stock levels will continue to be monitored as well as a continual process for ensuring all storage areas are being used effeciently.
• A full and comphrensive review has taken place and a program of works with prioritization as been drawn up to ensure maintenace managememt at a local level.The maintenance operatives performace is under continous review, adherence on mandatory daily, weekly, and qurterly checks are being carried out by the facilities management team.
• The Sluice room will be modifed to support effective infection prevention and control practices, including a Clinical hand wash sink and removal of the the spray hose as required.

***The inspector has reviewed the provider's compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.***

| 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 RPR will have the following in place and implemented and actioned as required:
• SOP now in place whereby a sink as been identifed for use in bathroom C to accommodate the supply of water for cleaning purposes.
• The specimen fridge has been removed from the clinical room and is now located at reception.
• We have increased the number of hand gel units for staff in the centre and clinical handwash sinks will be installed.

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| Regulation 28: Fire precautions | Not Compliant |

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
To ensure compliance the RPR will have the following in place and implemented and actioned as required:
• As identified in the Fire Door Risk Assessment dated February 2023, all identified fire doors which required repair have been completed.
The fire doors that require replacement have been ordered. Given a lengthy lead time we have received confirmation from the supplier that they can supply us with 3 doors in 6 weeks (beginning of October 2023.) The remaining fire doors lead time to follow, again we will notify our Inspector accordingly.

***The inspector has reviewed the provider's compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.***

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| Regulation 5: Individual assessment and care plan | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
To ensure compliance the RPR will have the following in place and implemented and actioned as required:
• All care plans re safeguarding have been reviewed and the one care plan as identified on the day of inspection was updated that day to reflect the needs for the residents.
• The activity and social care plan have been completed for all residents and is reviewed together with the Key to me on a quarterly basis.
• All behavioural support care plans have been reviewed and reflect the current residents' needs. Reviewed quarterly at a minimum.

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| Regulation 8: Protection | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 8: Protection:
To ensure compliance the RPR will have the following in place and implemented and actioned as required:

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| • All staff have completed their safeguarding training and the PIC has followed this up with a competency review. |

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| Regulation 9: Residents' rights | Not Compliant |

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| Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure compliance the RPR will have the following in place and implemented and actioned as required:<br>• To ensure Regulation 9 Residents rights is met the PIC and Group Estates and Engineering Manager have completed a full and comprehnsive review of each multi occupancy room in the centre and ensure rooms are configured to provide opitum layout for each resident.<br>• Thresholds of doors between the day room and the conservatory area to the external area were not level and a new assessment will be carried out to establish how best to address this issue. A temporary reamp is place for now.<br>• Activites are now allocated to take place 7 days a week with support to coordinate this and recorded on the staff allocation sheet.<br>• The PIC and the DCGQR have completed a review with the residents re the layout and use of their space. Additional communal space is now in use. |

## Section 2:

## Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---|---|---|---|---|
| Regulation 12(c) | The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions. | Substantially Compliant | Yellow | 04/08/2023 |
| 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 | 31/03/2024 |
| Regulation 23(c) | The registered provider shall ensure that | Not Compliant | Orange | 31/03/2024 |

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| | management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | | | |
| 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 | 31/03/2024 |
| Regulation 28(1)(c)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Not Compliant | Orange | 31/03/2024 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 31/03/2024 |
| Regulation 5(3) | The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after | Substantially Compliant | Yellow | 04/08/2023 |

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| | that resident's admission to the designated centre concerned. | | | |
| Regulation 8(2) | The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse. | Substantially Compliant | Yellow | 04/08/2023 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Substantially Compliant | Yellow | 31/03/2024 |
| 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 | 31/03/2024 |