



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

Issued by the Chief Inspector

Name of designated centre:	Cratloe Nursing Home
Name of provider:	Cosgrave Nursing Consultancy Limited
Address of centre:	Gallows Hill, Cratloe, Clare
Type of inspection:	Unannounced
Date of inspection:	21 July 2022
Centre ID:	OSV-0005393
Fieldwork ID:	MON-0037031

About the designated centre

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

Cratloe nursing home was originally built as a domestic dwelling which had been extended and adapted over the years to meet the needs of residents. It is located in a rural area on the outskirts of the village of Cratloe in Co. Clare. It is split level building and it accommodates up to 32 residents. Accommodation for residents is provided on both levels with a lift provided between floors. It provides 24-hour nursing care to both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining, day and visitors rooms as well as an enclosed garden courtyard area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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
Thursday 21 July 2022	09:00hrs to 17:15hrs	Claire McGinley	Lead

What residents told us and what inspectors observed

On the day of inspection, the clinical nurse manager on duty informed the inspector that the centre remained in a COVID-19 outbreak, and identified the infection control precautions in place to prevent the spread of the virus.

An introductory meeting was held with the person in charge, who accompanied the inspector on a walk around the centre. The building was split level and accommodation for residents was provided on both levels, with a lift provided between floors. There was a variety of communal day spaces including a day room, dining room, snug, visitors' room and reception area.

The premises internally and externally was clean and in a good state of repair. Some residents had personalised their rooms, with pictures and their own furniture. One resident requested the inspector to see his room which he was "very happy with". Disposable curtains were used in shared accommodation to reduce the risk of infection. Window curtains had been replaced by blinds in most of the resident's bedroom windows. Hand rails were available in corridors, however, they were observed to be on one side of corridors only.

On the main level there was an external large, gated patio area, which was open and accessible to residents throughout the day. This area contained raised planter boxes, growing tomatoes, courgettes and herbs. There was a number of tables with umbrellas available for residents to sit at. This area was also used by residents who smoked. There was a range of outdoor storage areas which were clean, insulated and secure.

The inspector spoke with a number of residents during the course of the inspection. The feedback received was positive, residents informed the inspector that their room was comfortable, the 'call bell was answered', and that 'staff talked to you'. Residents who were unable to speak with the inspector were observed to be comfortable in the environment. Residents were observed to have had their personal care attended to a high standard. All interactions observed between staff and residents were person centred, kind and respectful. The residents were observed to have access to the internal gardens. Residents were observed moving freely throughout all parts of the centre during the day.

The lunch-time dining experience of residents was observed. The food appeared appetising and well presented. Staff assisted residents with their meals in a relaxed, sociable manner, ensuring an enjoyable dining experience.

The inspector observed a notice board in the entrance foyer that contained the centre's quality improvement plans. The inspector observed the complaints process for the centre, and the centre's certificate of registration on display.

The next two sections of the report present the findings of this inspection in relation

to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was a one day unannounced risk inspection, by an inspector of social services, to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspector followed up on the action taken by the registered provider to address the findings of the previous inspection on the 18 August 2021 and on notifications received by the Chief Inspector.

Overall, the findings of this inspection were that the governance and management arrangements in place were effective, and ensured that residents received appropriate care and support.

The registered provider was Cosgrave Nursing Consultancy Ltd. The registered provider representative was also the person in charge. A director of the company was actively involved in the management of the centre, and deputised for the person in charge in their absence. The person in charge was supported by two clinical nurse managers, nurses, care staff, an activities coordinator, catering, housekeeping, laundry, administration and maintenance staff.

The provider had management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. Nurses meeting, staff meetings and clinical governance meetings were held on a regular basis.

Governance meeting minutes reviewed included discussions and an action plan on, quality indicators, communication, risk, health and safety, staffing and audit. The service was monitored by a schedule of internal clinical audits. An annual review of the quality and safety of care delivered was completed for 2021.

The person in charge facilitated this inspection, and demonstrated a clear understanding of their role and responsibilities. All records requested during inspection were made readily available to the inspector. The designated centre had an appropriate staffing level and skill mix in place to meet the needs of the residents accommodated. The team providing direct care to residents consisted of two registered nurses with three health care assistants on day duty, and a nurse led team of three staff on night duty.

The person in charge, their deputy and the clinical nurse managers provided supervision to all staff. Training records provided identified that staff had completed a range of infection prevention and control training, and training appropriate to their role.

An induction programme was completed by all newly recruited staff members. An Garda Siochana (police) vetting disclosure in accordance with the National Vetting

Bureau (Children and Vulnerable Persons) Act 2012 was available for each member of staff.

A review of these complaints records found that they were managed in line with regulatory requirements.

Regulation 15: Staffing

A review of the rosters provided found that number and skill mix of staff rostered on the day of inspection was appropriate to meet the assessed needs of the residents and for the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately supervised and had access to training relevant to the service.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were sufficient resources available to ensure effective delivery of care and support to residents.

Governance systems were in place to ensure the service was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints reviewed were managed in line with the requirements under Regulation 34.

Judgment: Compliant

Quality and safety

Overall, residents were in receipt of a high standard of care by staff who knew the residents well, and were responsive to their needs. There were systems in place to ensure that the resident's care environment was safe and appropriate to their assessed needs. Some improvements were required in relation to infection control management to ensure full regulatory compliance.

As mentioned earlier, the centre was near the end of a COVID-19 outbreak on the day of inspection. The residents who were positive with COVID-19 were cared for in separate wing by a staff nurse and a health care assistant, who were observed wearing appropriate personal protective equipment (PPE). The inspector observed good compliance with infection prevention and control guidance in the centre. However, the laundry facilities within the centre did not provide sufficient space to prevent cross infection. These findings are detailed under Regulation 27: Infection Control.

There was an electronic care planning system in place. The inspector reviewed a sample of residents records and found that assessments and care plans were individualised, person-centred and contained relevant information to direct care.

On the day of inspection, visitors were observed coming and going from the centre. Residents confirmed that they had unrestricted access to their visitors. The provider had provided additional outdoor visiting space, at the entrance to the building which was accessible to residents and their visitors.

Residents were observed to be offered a choice of meals and drinks. The chef was in the process of updating the menu following feedback from residents and a dietitian.

Residents had access to a choice of general practitioners (GPs), and had access to a variety of allied health care professionals, as required.

The activities coordinator was seen to encourage participation and stimulate conversation with the residents. The resident had an opportunity to discuss and participate in the organisation of the centre through regular resident meetings. The observation and interaction between residents and staff was observed to be positive, engaging, patient and kind.

Regulation 11: Visits

Visiting was facilitated within the centre in line with the requirement of Regulation

11.
Judgment: Compliant
Regulation 18: Food and nutrition
A choice of meals, refreshments and snacks were available to residents, at all reasonable times, in line with the requirements under Regulation 18.
Judgment: Compliant
Regulation 27: Infection control
Action was required in the management of infection prevention and control (IPC) to ensure compliance with Regulation 27. This was evidenced by; <ul style="list-style-type: none"> • The location of washing machines and driers did not provide sufficient separation necessary to avoid the risk of cross contamination.
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan
Assessment and care plans were in place for each resident, as required under Regulation 5.
Judgment: Compliant
Regulation 6: Health care
Residents' were provided with appropriate access to medical and allied health professional services.
Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were found to be upheld. Residents' opinions were sought through resident meetings. The centre facilitated an activities programme.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cratloe Nursing Home OSV-0005393

Inspection ID: MON-0037031

Date of inspection: 21/07/2022

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>I have been in liaison with a Commercial Laundry Company in relation to upgrading our Laundry Machines/Equipment and in relation to ensuring a complete segregation of clean and dirty laundry. We have a planning review of services with the commercial company on 16th September 2022 and as Registered Provider I would assess that we should have the segregation completed within the next month (Action by Friday 14th October 2022).</p>	

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 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	14/10/2022