

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Suncroft Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000106
<b>Centre address:</b>	Suncroft, The Curragh, Kildare.
<b>Telephone number:</b>	045 442 951
<b>Email address:</b>	suncroftlodge@trinitycare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Costern
<b>Provider Nominee:</b>	Keith Robinson
<b>Lead inspector:</b>	Carol Grogan
<b>Support inspector(s):</b>	Conor Dennehy
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	53
<b>Number of vacancies on the date of inspection:</b>	7

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From: 16 December 2014 09:10 To: 16 December 2014 16:30

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

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

**Summary of findings from this inspection**

As part of this inspection, the inspectors met with residents, relatives and staff members. The inspectors observed practices and reviewed documentation such as policies, care plans, accident/incident logs and staff files. The inspectors also reviewed resident and relatives questionnaires.

To inform the registration process, the inspectors met with the Person in Charge, her Assistant Director of Nursing and the Chief Executive.

Overall, the inspectors were satisfied that the residents received a quality service that focused on their outcomes and quality of life. There were numerous sources of evidence of a high level of compliance with the Regulations and Standards.

Under the direction of the Person in Charge, staff promoted the safety of residents. A wide range of education and training courses were offered to staff including continence management, protection of vulnerable adults, nutrition and infection control. There were clear risk management procedures in place.

The health and social needs of residents were met to a high standard. Residents had access to general practitioner (GP) and other allied health professionals as required. There was a very wide and varied social programme that included both individual and group activities.

All the above is discussed in more detail in the body of the report.

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

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The designated centre had a Statement of Purpose which complied with the Regulations.

The Statement of Purpose in Suncroft Lodge Nursing Home accurately described the aims, objectives and ethos of the service. The facilities and services described in the Statement of Purpose were reflected in practice while all the information required by Schedule 1 of the Regulations was contained within. The Statement of Purpose was made available for visitors in the reception area of the designated centre.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspectors was satisfied that there was an effective and clearly defined management structure in place in the centre. The provider is a company however, the CEO and Human Relations Directors are frequently in the centre. The provider had ensured that there was a person in charge in the centre that meet the requirements of the regulations and that she was supported in her role by a team of very competent staff. The provider had also ensured that there was sufficient resources in place, and the

person in charge deployed those resources to ensure effective deliver of care.

The inspectors observed clear direction and leadership from both the person in charge and her assistant director of nursing. Residents, relatives and staff were very familiar with the management team and were heard addressing them by their names. Residents, relatives and staff told the inspectors that there was an emphasis on the quality of life for residents, which was evident from the observations of the inspector. One resident described a prize the nursing home had recently won to the inspector and was evidently pleased about this achievement.

The inspectors were satisfied that there was a system in place to monitor and review the quality and safety of the care provided. There was a well established quality programme that included in-house audits as well as audits carried out by the Operations Manager, which an inspector read. Some of the audits reviewed included ones of accidents and incidents, end of life and quarterly audits.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

An inspector read a sample of contracts and saw that they contained the requirements as outlined in the regulations.

There was a residents' guide which an inspector read and noted that it met the requirements of the Regulations also.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge is a registered nurse and had the required experience in nursing older people. Following review of documentation submitted as part of the renewal of registration application the inspectors noted that she had demonstrated a commitment to continuous professional development.

Throughout the inspection she demonstrated her knowledge of the Regulations and the requirement placed on her by them. An inspector discussed the requirement for fitness for the role she held and was satisfied that she understood this requirement. The inspector found that during discussions she answered all questions posed in a forthright manner and demonstrated that she was very familiar with all aspects of the running of the centre. The person in charge outlined improvements implemented during the current cycle of registration which included improved garden space for the residents and a comprehensive training and education plan (which is further discussed in other outcomes). She also outlined plans for the future. The inspector was satisfied that this demonstrated a commitment to continuous review and improvement of the service provided and the outcomes for residents.

Residents, relatives and staff spoke very highly of the person in charge and told inspectors that she would and has dealt with issues in a prompt manner. One particular family of a deceased resident spoke of how effectively the person in charge managed the centre and how appreciative they were of her and all the staff in how they cared for their relative. Comments included in the residents' questionnaires included "every credit to the director of nursing who leads by example" and relative questionnaires said that the person in charge was always approachable and available to talk to.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge and provider had in place a range of policies and procedures to guide staff in the safe delivery of care to residents. During discussion with staff it was evident to an inspector that they were familiar with these policies.

There was in place all the written and operational policies as required by Schedule 5 of the Regulations. Adequate insurance cover was in place. All information required to be reviewed as part of this inspection was readily available and complete.

The inspectors were also satisfied that records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations.

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector should the person in charge be absent for more than 28 days.

From discussion with the provider, person in charge and ADON, the inspectors were satisfied that the deputising arrangement in place were adequate to provide continued governance in the centre.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors was satisfied that the provider and person in charge had measures in place to protect residents from being harmed or suffering abuse. Staff spoken to were



knowledgeable about all forms of abuse and were very clear who to report any concerns to. An inspector discussed protection of vulnerable adults with residents, relatives and staff and all said they would have confidence in reporting any concerns to the management team. They also commented they would be confident that such concerns would be managed appropriately.

There was a policy on the protection of vulnerable adults which an inspector found to be evidence based and up to date. It provided clear guidance to staff. Frequent training had been provided to staff in this area. However, as discussed under Outcome 10 improvements were required in the area of notifying the Chief Inspector of allegations of suspected abuse.

An inspector spent time in one of the day rooms and heard and observed staff interacting with residents in a respectful manner. Throughout the inspection, the inspector observed staff assisting residents in a careful manner to ensure no injury to residents. Residents were seen mobilising in transit wheelchairs with the appropriate footrests in place.

The inspectors were satisfied that there were appropriate measure in place to assist and support residents with behaviour that challenges. At the time of the inspection there were no residents displaying any behaviour that may be determined as challenging. The inspectors found a very calm atmosphere in the designated centre. There was age appropriate music softly playing in the background.

The inspectors were satisfied that appropriate documentation including assessments were in place for residents who used bed rails/restraint. A restraint register was in place.

An inspector reviewed the system in place for the management of residents' finances. There was a policy in place which provided adequate guidance. Each resident had a sheet detailing their accounts and corresponding receipts were in place and maintained.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that the designated centre had addressed the health and safety of residents, staff and visitors while also appropriately managing risk.

A safety statement dated 30 January 2014 was reviewed by inspectors. The safety statement was found to be comprehensive and centre specific dealing with a range of

issues including manual handling, challenging behaviour and infection control. The safety statement was subject to annual review.

Inspectors examined a risk management policy dated October 2013, risk assessments and a risk register. This register was reviewed every three months, most recently on 30 October 2014. The minutes of the Risk Management committee were also seen by Inspectors where issues relating to risk were discussed and addressed. Residents indicated in pre-inspection questionnaires that they felt safe within the centre.

All necessary maintenance checks on the fire detection system, fire extinguishers and emergency lighting had been carried out and documented. At the time of inspection three fire drills had taken place in 2014, all of which were recorded. Fire exits were observed to be unobstructed by inspectors while the fire evacuation plan was seen to be on display throughout the centre.

An emergency plan dated 25 July 2014 was seen by inspectors. This plan outlined the response to be taken in the event of emergencies such as heating failure, power failure or adverse weather conditions arising. Alternative accommodation was listed in the emergency plan however no means of transporting residents to such accommodation was stated in the plan. When asked about this the Person in Charge referred to a local rural transport company that the designated centre would use should an emergency arise.

The required fire safety and manual handling training for staff had been provided for.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that there were appropriate and safe medication practices in place. There was a policy in place which provided clear guidance to nurses and which nurses were familiar with.

An inspector read a sample of prescription and administration sheets and saw that they were in line with professional guidance. There was evidence of reviews by both the GP and pharmacist. An inspector observed a nurse during a medication round and found that this nurse administered medication to residents in a respectful manner. The nurse was heard explaining to the residents what their medication was.

Medications requiring strict controls (MDAs) were maintained in line with relevant legislation. A register of these medications was maintained and the inspector found it to be accurate. A check of these drugs was carried out at the handover of each shift.

There were appropriate stocks of nutritional supplements in place. There were also a small number of residents who required Percutaneous feeds of which there was sufficient supply.

The inspector found that the system in place for the handling and disposal of unused and out of date medicines was appropriate. There was also a system in place for the disposal of used medicines packaging which promoted the privacy of residents.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The Person in Charge had not notified the Chief Inspector of certain events as required by the Regulations.

While reviewing the complaints log as discussed further under Outcome 13, the inspectors noted two complaints from May 2014 which related to allegations of physical abuse made against staff members. These complaints were promptly investigated and appropriately responded to. While the nature of the complaints, the investigations and the outcomes were recorded, the two allegations of abuse had not been notified to the Chief Inspector as required under the Regulations.

During the feedback session at the end of inspection this issue was highlighted. The Person in Charge stated that she did not notify the Authority of the two instances described as, following the investigations, the allegations were not upheld. However, under the Regulations the person in charge of the centre is required to notify the Chief Inspector of any allegation, suspected or confirmed, of abuse of any resident.

**Judgment:**

Non Compliant - Moderate

**Outcome 11: Health and Social Care Needs**

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

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that residents' health and social care needs were met to a high standard.

The inspector saw that the arrangements to meet residents assessed needs were set out in an individual care plan. Residents and relatives spoken to were aware of the care plans and had appropriately contributed to these reviews. An inspector reviewed a number of care plans and found that there were appropriate assessments in place. Care plans had been developed for identified needs. The inspector found that the residents file was comprehensive and included personalised information regarding residents such as an 'about me' and 'sharing life history' sections.

Residents and relatives spoken to and a review of resident and relative questionnaires indicated that they were satisfied with the service and care provided. There was access to health professionals as required such a GP, nutritional advisor and speech and language therapy. Evidence of these reviews were seen by an inspector in the residents' files. Relatives also told the inspector of how they were kept informed of any changes to their relatives health status in a prompt and timely manner.

Following review of residents' files and discussion with staff, the inspectors were satisfied that the clinical needs of residents were managed well and were guided by evidence based policies. An inspector saw up to date falls assessments, post falls reviews and changes to care plans where required in the management of falls. An inspector reviewed the care plans of the residents that were receiving percutaneous feeds and found that they were informed by an assessment, contained detailed information to guide staff in the care of both the resident and the tube. There was evidence of reviews by a nutritional advisor when required.

**Judgment:**

Compliant

**Outcome 12: Safe and Suitable Premises**

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

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that the design and layout of the building was suitable for the needs of the residents and for the stated purpose as outlined in the Statement of Purpose.

The inspectors found that premises was maintained to a high standard. It was found to be very clean and tastefully decorated. It was also decorated appropriately for Christmas. The inspectors were shown Christmas drawings on windows which had been done by a resident.

The inspectors observed assistive equipment such as hoists, wheelchairs and chair alarms which were deployed for the safety and comfort of residents. This equipment was seen to be well maintained.

Residents had access to a number of different day and dining rooms. There was also a well laid out and maintained secure garden which residents could access. The inspector also observed that residents on the first floor had access to a safe balcony area.

The inspector spoke to the maintenance staff member and reviewed the maintenance logs and found a robust system in place for the ongoing maintenance in the designated centre. The maintenance staff member also described how he was supported by other staff in the organisation such as electrician and plumber when required. The inspector also read a document which contained 'contractors guidelines' which provided guidance to external contractors while working in the centre.

**Judgment:**

Compliant

**Outcome 13: Complaints procedures**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The designated centre had a complaints policy and procedures in place which ensured that all complaints were listened to, promptly addressed and recorded.

A complaints policy dated October 2013 was in operation in Suncroft Lodge Nursing Home. The policy identified the Person in Charge as the complaints officer and provided for an appeal to the CEO of the Registered Provider. The procedure for complaints was on display in the reception area of the designated centre and staff spoken to were knowledgeable about the steps to be taken if a complaint was made to them.

Inspectors reviewed the complaints log in the nursing home and found that all complaints made were listened to and responded to in a prompt manner. Any investigation carried out, necessary corrective action and considerations for future preventative action were all documented. The complainant's satisfaction with the outcome of his/her complaint was also recorded. As per the centre's policy the complaints log was subject a review every three months which was most recently carried out on 13 November 2014.

**Judgment:**

Compliant

***Outcome 14: End of Life Care***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents at end of life received a high standard of care. The previous inspection carried out was thematic and focused on the area of end of life and nutritional care. The inspectors found that the high standard of care had continued to be delivered.

Care plans reviewed demonstrated a person centred approach to end of life and included information to guide staff in respecting residents wishes at the end of life. There was a policy on end of life which was comprehensive, evidence based and the inspector found it provided guidance to staff.

A remembrance mass was held in March in memory of residents who had passed away. There was also a remembrance tree on display.

**Judgment:**

Compliant

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that the nutritional needs of residents were met to a satisfactory level.

A comprehensive Nutrition and Hydration Policy was in operation in the designated centre which provided for a nutritional assessment on admission, care planning, the monitoring of nutritional intake and a review every three months. Staff spoken to were very knowledgeable of the policy's requirements. Inspectors reviewed a sample of residents files and found that assessments had been carried out which were reflected in residents' care plans.

Inspectors joined residents for lunch where the food served was appealing, nourishing and provided in sufficient quantity. Residents spoken to expressed their satisfaction with the quality of the food in the designated centre while stating that there was always a choice and that snacks outside of mealtimes were readily available. The mealtime observed was an unhurried event where staff provided appropriate assistance to residents and warm interactions were observed between staff and residents.

A documented system of communication between nursing and catering staff was shown to inspectors by the head chef. There was a 4 week menu plan in operation which was reviewed by a dietician. The chef also indicated that, when possible, he would cater to the food choices expressed by residents and would regularly inquire as the quality of food. The kitchen was appropriately maintained with sufficient supplies of fresh and frozen food in its proper storage.

It was also noted by inspectors that a range of nutritional training was provided for staff in areas such as nutritional screening and dysphagia.

**Judgment:**

Compliant

**Outcome 16: Residents' Rights, Dignity and Consultation**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that residents were consulted about how the centre was run and were enabled to make choices about how they lived their lives in the centre.

Throughout the inspection, the inspector observed residents being treated with dignity. The inspector observed friendships and familiarity between residents. Staff were seen providing individualised supports to residents. For example a resident was seen being set up with his CD player and headphones so that he could listen to his music.

Residents' civil and religious rights were respected. On the day of the inspection Mass was being celebrated in one of the dining rooms. A choir from a local school also participated in this mass.

There was an extensive range of activities with both group and individual activities on offer. The inspectors observed card games, one on one attention and a local pre school choir provided entertainment on the day of the inspection. In addition there was a full schedule of activities in the run up to Christmas both in the centre and by trips out of the centre.

Both the activities coordinator and residents spoke of the numerous activities available such as bowling and cinema.

**Judgment:**

Compliant

**Outcome 17: Residents' clothing and personal property and possessions**

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

**Theme:**

Person-centred care and support

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



No actions were required from the previous inspection.

**Findings:**

The designated centre had appropriate arrangements in place to deal with residents' clothing, personal property and possessions.

A policy on residents' personal property and possessions was seen by the inspectors. The policy had been in operation since October 2013 and set out the procedures to be followed in managing residents' belongings. This included maintaining a record of all residents' valuables and other possessions which was to be kept in the residents' files. Such records were seen by the inspectors and observed to be satisfactorily maintained.

Laundry staff spoken to outlined the processes for the laundering and return of residents' clothes. Each item of a resident's clothing was clearly labelled. Staff would carry out labeling and would also ensure that they introduce themselves to residents and family members. Labels seen by inspectors were distinctive and each resident had a shelf space marked with their name in the laundry to facilitate the return of their clothes.

There was sufficient storage in residents' bedroom to store their personal belongings. Such storage included shelves, drawers and bedside lockers.

**Judgment:**

Compliant

**Outcome 18: Suitable Staffing**

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

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there was appropriate staff numbers and skill mix to meet and care for the assessed needs of the residents.

From discussion with staff and observation, the inspector found that provider and person in charge had ensured a well trained and competent workforce. The inspector was satisfied that staff provided safe care in a respectful friendly manner to residents.

The inspector reviewed the records of recruitment and ongoing appraisal of staff and

found them to be robust. There was a clear recruitment policy in place. An induction programme was in place which was evident in staff files. The inspector spoke with a staff member who had recently completed this induction programme and found that it was as described in the policy. Staff files contained evidence of ongoing supervision and appraisal of staff.

An inspector reviewed the staff roster and found that it reflected the staff on duty.

There was a comprehensive training and education schedule as previously described which demonstrated a commitment to ongoing improvement.

**Judgment:**  
Compliant

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Carol Grogan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	Suncroft Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000106
<b>Date of inspection:</b>	16/12/2014
<b>Date of response:</b>	

**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

**Outcome 10: Notification of Incidents**

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The person in charge had not notified the Chief Inspector of two allegations of abuse.

**Action Required:**

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

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

Suncroft Lodge Nursing Home will notify the chief inspector in writing of the occurrence of any incident within 3 working days of its occurrence.

**Proposed Timescale:** 09/01/2015