

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Craddock House
Centre ID:	OSV-0000027
Centre address:	Craddockstown Road, Naas, Kildare.
Telephone number:	045 898 600
Email address:	craddockhouse@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Werlay Limited
Provider Nominee:	Karl Gallagher
Lead inspector:	Sheila Doyle
Support inspector(s):	Conor Dennehy;
Type of inspection	Announced
Number of residents on the date of inspection:	75
Number of vacancies on the date of inspection:	2

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 December 2015 10:00	07 December 2015 18:30
08 December 2015 09:00	08 December 2015 15:30

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

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

Summary of findings from this inspection

As part of the inspection, inspectors met with residents, relatives and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Inspectors also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate prior to inspection. As part of the registration process, an interview was

carried out with the person in charge and the person authorised to act on behalf of the provider.

Overall, inspectors were satisfied that residents receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, 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.

The centre was managed by a person in charge who was a suitably qualified and experienced nurse who was accountable and responsible for providing a high standard of care to residents.

Recruitment practices and staff files met the requirements of the Regulations. There were very positive comments about the staff in the questionnaires received.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. The dining experience was pleasant, and residents were treated with respect and dignity by staff.

A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons.

Inspectors found that the health and safety of residents and staff was promoted and protected although one area of improvement was noted regarding fire safety.

Improvements relating to medication management practices were required to ensure that each resident was protected by the centre's procedures for medication management. An action was also required relating to incidents notified to the Authority.

These are discussed further in the report and included in the Action Plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 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:

Inspectors reviewed the Statement of Purpose and found that it accurately described the aims, ethos and objectives of the designated centre. It was noted that the Statement of Purpose was missing one of the necessary pieces of information required by the Regulations but this was rectified before the completion of inspection.

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:

Inspectors were satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

Audits were being completed on several areas such as care planning, falls, medication management, infection control and health and safety issues. The results of these audits were shared with all staff at team meetings.

There was evidence of improvements being identified following these audits and interventions put in place to address them. For example following a care plan audit it was identified that the process could be strengthened by additional input by the health care assistants. Inspectors saw that this was discussed with staff and also included in the communication book. Structured meetings now took place between the primary nurse and the primary carer.

Data was also collected each week on the number of key quality indicators such as the use of psychotropic medication, the use of restraint and the number of wounds, to monitor trends and identify areas for improvement.

Resident surveys were completed on a twice yearly basis to measure residents' satisfaction with the service provided. Inspectors saw that the results of these were analysed. Required actions were completed. For example one resident requested additional religious ceremonies. Inspectors saw that the mass from the local church was aired through the local radio station on a daily basis and additional prayer groups were held.

There was evidence that the annual review as required by the Regulations was being carried out. Inspectors saw that this was at final draft stage and included summaries of audits completed on areas such as infection control and falls. The summaries from the resident satisfaction surveys were also included. The person in charge discussed plans to have the review available to residents once it was finalised.

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:

A residents' guide and contracts for the provision of services were in place within the designated centre.

The residents' guide was reviewed and found to contain all the information as required

by the Regulations. In addition a copy of this guide was available in the reception area and in the bedrooms of all residents.

Contracts for the provision of services were also inspected and noted to contain the necessary details such as the services to be provided and the fees to be charged. These contracts had been agreed to by residents or their representatives.

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 has the required experience in nursing older people.

The person in charge had maintained her continuous professional development having previously completed a certificate course in gerontology and a management course. She continued to attend training and seminars relevant to her role such as end of life care, dementia care and medication management. She also had plans in place to attend further training in palliative care.

During the inspection she demonstrated her knowledge of the Regulations and the Standards. The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection and it was obvious that she was well known to all. Relatives and residents spoke very highly of the person in charge in the questionnaires returned to the Authority.

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:

Inspectors were satisfied that the 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. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.

All information requested by inspectors was readily available.

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 regulatory requirement to notify the Authority should the person in charge be absent for more than 28 days. To date this had not been necessary.

The assistant director of nursing deputises for the person in charge in her absence. Inspectors interviewed this person and found that she was aware of her responsibilities and had up to date knowledge of the Regulations and Standards.

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:

Inspectors found that measures were in place to protect residents from being harmed or abused.

Inspectors viewed the training attendance records and saw that all staff had received training on identifying and responding to elder abuse. Inspectors found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge was clear about the measures she would take if they received information about suspected abuse of a resident.

Residents spoken to confirmed to the inspectors that they felt safe in the centre. This was also confirmed in the questionnaires received by the Authority. They primarily attributed this to the staff being available to them at all times.

Inspectors were satisfied that residents were provided with support that promoted a positive approach to behaviour that challenges. A nurse with specialist knowledge in dementia care was employed in the centre and all staff had received training. Inspectors saw completed behaviour assessments and when appropriate responsive behaviour plans were put in place. These included details of possible triggers and interventions. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Additional support and advice were available to staff from the psychiatry of later life services.

A restraint-free environment was promoted and inspectors were satisfied that appropriate risk assessments were in place and there was evidence that alternatives had been considered. Alternatives available included low low beds, crash mats, sensor alarms and various other pieces of equipment. Regular checks were carried out when bedrails were in use.

Small amounts of money were managed by administration staff for some residents at their request. Inspectors were satisfied that this was managed in a safe and transparent way, guided by a robust policy. Staff spoken to discussed plans to introduce additional documentation to further safeguard residents and staff.

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 concerned that one area of the centre did not have a smoke or heat detector which posed a risk to resident safety.

Inspectors noted that there was no smoke or heat detector in the sluice room which could pose a risk to residents. Inspectors saw that this had been a recommendation from a Kildare County Fire Service Officer at their recent inspection. This was discussed with the provider who undertook to address the action.

Otherwise inspectors were satisfied that the designated centre had sufficient procedures in place to protect the health and safety of residents, visitors and staff.

Inspectors saw that fire extinguishers, emergency lighting and a fire detection system were in place and received maintenance at the required intervals. Fire exits were unobstructed and the exit procedures were on display throughout the centre.

A safety statement was in operation which had last been reviewed in November 2015. A risk management policy was in place which contained the information required by the Regulations. A risk register, which covered a range of risks in areas such as clinical, occupational and environmental, was also in place. This register was updated as required and subject to review at the periodic meetings of a risk management committee. These meetings were attended by the person in charge, the provider nominee, the designated health and safety officer and others members of staff.

Risks related to specific residents were also monitored with corresponding assessments and care plans in place. For example for one resident who smoked, inspectors reviewed the care plan in place and found that staff were aware of the contents of same. The designated smoking room was also inspected and found to contain appropriate precautions such as ventilation, a fire apron and ashtrays.

Fire drills took place at regular intervals while fire training was provided annually to staff. Staff members spoken to were aware of the procedures to be followed in the event of a fire alarm activating or a resident's clothes catching fire. Staff were also

knowledgeable in the area of infection control while hand gels and personal protective equipment were available throughout the centre. Hand hygiene and manual handling were provided as mandatory training to all staff.

An emergency plan was in place which provided for alternative accommodation and transport if required.

Judgment:

Non Compliant - Moderate

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:

Improvement was required regarding a number of medication management practices to ensure that each resident was protected by the centre's procedures for medication management.

Some residents required medication on a PRN basis. However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

Some residents required their medication to be crushed. However this was not consistently prescribed this way in line with national guidelines.

Improvement was also required regarding the transcribing of medications by nursing staff. The practice in place was that a nurse transcribed the resident's prescription on a three monthly basis or as required. This was subsequently signed by the general practitioner (GP). However the transcribing nurse had not signed the transcription which was not in line with professional guidelines. In addition there was no evidence that a second nurse checked the transcribed document.

Improvement was also required around the storage and related records for medications that required strict controls. Inspectors checked the stock balance of some medications. Although the balances were correct unsafe practices were observed. The practice was that the controlled drugs were supplied for individual residents with the resident's name on the label and box. In one case the medication patches had been removed from their original container and put with other similar medications and dispensed to all residents from the communal supply. In addition the stock check was completed on the overall numbers in stock and not as they were supplied by the pharmacy.

Inspectors were also concerned that the system in place for the return of unused or out of date medication was not sufficient robust. The practice was that if a medication was to be returned to pharmacy it was placed in a separate container. However no record was maintained of what was put in the container for return despite this being required to comply with the centres own policy.

Otherwise inspectors saw that a secure fridge was provided for medications that required specific temperature control. Inspectors noted that the temperatures were within acceptable limits at the time of inspection. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy

Judgment:

Non Compliant - Moderate

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:

An accident and incident log was reviewed by inspectors and it was found that all incidents requiring notification to the Chief Inspector has been appropriately submitted other than an issue identified relating to the quarterly notifications.

It was noted that the use of restraint in the designated centre had not been notified at the required quarterly intervals. This was discussed with the person in charge who undertook to address this.

Judgment:

Substantially Compliant

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:

Inspectors were satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The arrangements to meet each resident's assessed needs were set out in individual care plans. Relatives and residents confirmed their involvement at development and review and there was documentary evidence of this.

Inspectors reviewed the management of a sample of clinical issues and found they were well managed. Audits were carried out to ensure that the documentation was comprehensively completed.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. In the questionnaires returned, residents and relatives commented on how important these services were to them.

A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropractic, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

Weight management is discussed in more detail under Outcome 15.

Residents were seen enjoying various activities during the inspection. Each resident's preferences were assessed and this information was used to plan the activity programme. Residents also told inspectors about the various activities that were underway at the moment in preparation for Christmas and this is discussed in more detail under Outcome 16.

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:

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

No actions were required from the previous inspection.

Findings:

Inspectors found that 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.

Inspectors found the centre, a dormer style building, to be comfortable and welcoming. Craddock House consists of 63 single rooms, 53 of which have en suite facilities. There are 5 twin rooms, all of which have en suite facilities. In addition there was one four bedded room. Building works had already commenced in the centre and part of the plans was to convert this area to four single en suite rooms.

The bedrooms were comfortable and had bright, fresh curtains and bed linen. Many of the residents had personalised their bedrooms with family photographs, pot plants and favourite ornaments.

Adequate screening was available in the shared rooms. Call bells were provided in all bedrooms and communal areas.

There was a large comfortably furnished sitting room with an area called the country kitchen attached. There were two comfortable furnished conservatories. There was additional seating in the front hall which was a large bustling area and was very popular with the residents.

The country kitchen was decorated in an old fashioned design with old dressers and farmhouse style tables. This area was used as one of the dining rooms. There were two other areas used. A large dining room was located beside the kitchen and for residents who required a quieter space, the pink sitting room was also used for meals.

The corridors were wide, had grab rails, were clutter free and allowed residents plenty of space to walk around inside.

All areas were very well maintained. Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses.

Inspectors found that a high level of cleanliness and hygiene was maintained throughout the building. Staff spoken with were knowledgeable as regards infection control measures and the safe use and storage of cleaning chemicals and disinfectant agents.

Adequate arrangements were in place for the disposal of general and clinical waste. Ample parking was available at the front of the building although one relative commented that sometimes it was difficult to find a parking space.

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 complaints procedure in the designated centre was found to be appropriately managed and reviewed.

Inspectors read the centre's complaints policy and found that it identified the Person in Charge, Provider Nominee and Assistant Director of Nursing as complaints' officers. A complaints' monitoring officer was also identified along with an independent appeals person.

The procedures in place to deal with complaints were clearly set out and understood staff members spoken to. The complaints' procedure and complaint forms were available in the reception area.

A complaints' log was maintained in the designated centre which was reviewed by inspectors. The log was seen to contain the nature of the complaints, the steps taken to investigate complaints and any resulting actions. Complaints were noted to have been responded to promptly and appropriately while the satisfaction levels of complainants were also recorded.

Complaints were audited at 6 monthly intervals to ascertain if correct procedure was followed and also to identify trends.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors were satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. This centre had undertaken extensive improvements as part of the thematic inspection process the previous year and in response to the training provided by the Authority.

Inspectors found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Inspectors also saw that residents' dignity and autonomy were respected.

Having reviewed a sample of care plans the inspectors were satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. This was identified as an area for improvement at the last inspection. Very specific information was recorded including their wishes regarding transfer to the hospital and their preferences for undertaker and clothes to be worn.

In addition inspectors noted that the centre had developed an information leaflet for relatives which gave practical information on such issues as how to get a death certificate while also providing useful advice on bereavement.

The end-of-life policy was comprehensive, evidence-based and inspectors were satisfied that it guided practice. The person in charge stated that the centre received support from the local palliative care team if required.

There was a procedure in place for the return of possessions and specific handover boxes were in use.

Staff discussed with inspectors other initiatives that were underway within the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying.

The Authority received a questionnaire from a recently bereaved relative who described the care and support given to the resident and relatives at that difficult time. He described the care, dignity and affection shown as 'remarkable' and attributed that to the management and staff.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Appropriate food and nutrition was provided for residents within the designated centre.

During the two day inspection a number of meal servings were observed by inspectors. It was noted that meals were an unhurried social experience with appropriate numbers of staff available to support residents if required. Any assistance given to residents was done in a discrete, caring and respectful manner. One questionnaire received referred to the dining rooms being too small and problems with the food but did not specify what these problems were. Inspectors did not see any evidence of this during the inspection.

The food provided was appropriately presented and provided in sufficient quantities. Inspectors visited the kitchen, spoke to the chef on duty and sampled the food on offer. It was found that food was wholesome, nutritious while also properly prepared, stored and cooked. Residents spoken to also expressed satisfaction with the food provided.

Choice was provided for and issues relating to the choice of evening meal for some residents identified at the previous thematic inspection had been addressed. Resident preferences were also documented and known to staff. A rolling three week menu was in place with a dietician available to review.

A policy on nutrition and hydration was in operation. A sample of nutritional care plans were reviewed by inspectors and found to be appropriately followed. Weights were carried out at regular intervals, dietary/fluid intake was recorded daily and nutritional assessments were carried out. The specific dietary needs of residents were clearly documented and communicated to relevant staff. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Drinking water and juices were provided for residents and snacks were available outside of meal times if required.

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:

Residents' rights and dignity were respected while residents were also consulted with regard to the running of the designated centre.

Staff were observed to interact in a very respectful manner with residents while staff also knocked on all bedroom doors before entering. Residents were supported to communicate as required. With Christmas approaching the centre had been decorated in a warm and colourful fashion while arrangements were in place for a Christmas party to be held in the week following inspection.

Relatives and residents were very complimentary about the centre and the staff. One family described how they were overwhelmed by the care and level of concern. One relative described how her mum was laughing and smiling again more than she had for some years prior to admission. Another relative described how her sister was safe, happy and living her life again.

Residents described the staff as warm and caring. One resident described how staff went above and beyond to help her work in and enjoy her little garden. Several residents stated that it was like home from home. Naturally some residents said they would prefer to be at home.

Inspectors spoke with one of the activity coordinators who outlined how the activity programme was planned with the residents and that individual and group sessions were carried out. A programme of events was displayed and included religious ceremonies, bingo and music. Several residents and relatives commented positively on the activities available in the questionnaires returned to the Authority.

A wide range of activities were in operation including games, knitting, arts and crafts, live music, baking and outings. Inspectors observed a number of activities during the course of inspection and found that residents were clearly enjoying and engaging in these activities. In particular it was noted that artwork produced by residents was used for a charity calendar.

Several residents told inspectors how much they enjoyed painting and one resident said she had never even held a paint brush until she came into the centre. Inspectors saw that the completed artwork was on display around the centre although many had already sold at the recent art exhibition.

Residents also told the inspectors about the various activities that were underway at the moment in preparation for Christmas. Inspectors saw a group of residents busy making

Christmas puddings. Several residents were quite happy to pass on their tips and experience including the important tradition of stirring the pudding from east to west.

Inspectors saw that some activities were dementia specific and staff spoken with confirmed how valuable life stories were in ensuring that the range of activities available suited the needs of the residents.

Arrangements were in place for residents to vote if they wished to do so. Newspapers, magazines, television, telephone and internet were also provided for within the centre. Religious services were provided for and visitors were actively encouraged with sufficient facilities available for a resident to receive a guest in private if they so wished.

Resident meetings were held periodically within the centre which were chaired by the provider nominee. During these meetings issues such as meals, forthcoming events and activities were discussed. A monthly nursing home newsletter was also produced to provide information regarding the designated centre. A suggestion box was present in the centre with notice boards on display throughout the premises.

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:

Residents' personal property was appropriately provided for and laundry services within the designated centre were satisfactory.

A policy on resident's property and possessions was in operation in the designated centre which had been reviewed in October 2015. The policy outlined how residents' possessions were to be managed and provided for the recording of a resident's property and possessions.

There was sufficient space for residents to store their belongings. Each resident had a chest of drawers and a wardrobe in their bedrooms. Lockable storage facilities were available on request.

From speaking to laundry staff, inspectors were satisfied that adequate systems were in

place to ensure the safe return of clothing to residents. All clothes were identifiable by clear markings which were done within the designated centre if required. Any issues relating to clothes which had gone missing were appropriately followed up.

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:

There were appropriate numbers of staff on duty with the required skill mix to meet the needs of residents.

Inspectors reviewed staff rosters and found that there sufficient numbers of staff on duty to provide for residents. It was noted that the number of staff was increased at peak times to ensure resident needs were met as required. During inspection staff were observed caring out their duties in a caring, respectful and professional manner. It was evident that there was a strong continuity of staff which significantly benefitted the residents.

Policies in relation to staff recruitment and volunteering were in operation in the centre. Inspectors reviewed a sample of staff and volunteer files and while some document omissions such as photographic identification, were initially noted any outstanding documents were provided before the close of inspection. All staff and volunteers had been subject to Garda vetting while the registration details of nursing staff were also available.

The training records for all staff were reviewed and the training required by the Regulations in areas such as fire safety and safeguarding was in place and up to date for all. A wide range of training was provided for staff and inspectors saw a training plan for 2016 which included training in areas such as dementia, care planning, end of life and food safety.

Supervision was provided for staff however it was noted that there was no formal arrangement in place for staff appraisal. The person in charge discussed plans to reintroduce this.

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:

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Regulation Directorate
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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Craddock House
Centre ID:	OSV-0000027
Date of inspection:	07/12/2015 and 08/12/2015
Date of response:	22/12/2015

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 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A sluice room did not have a smoke or heat detector.

1. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

¹ 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:

A service advisor from Chubb has assessed the sluice rooms and we are awaiting date of installation of smoke/heat detectors.

Our aim is to have smoke/heat detectors in place by January 10th. Chubb have not issued us with a date for installation.

Proposed Timescale: 10/01/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

The system in place for the return of unused or out of date medications was not sufficiently robust.

2. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

The nursing home already had a procedure in place for the storage of all medicinal products that are for return to pharmacy, either unused or out of date. However, we were not maintaining a list of items we were putting in storage for return to pharmacy. Since inspection we have put a more robust system in place. All nurses who are putting any medicinal products in storage for return to pharmacy must now document each item in a duplicate memo book and on collection of these items by pharmacist to bring items back to pharmacy they must check each item and sign that they are taking those items from nursing home premises.

Proposed Timescale: 22/12/2015

Theme:

Safe care and support

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

Inappropriate storage systems were in use for medications that required strict controls.

3. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or

supplied to a resident securely at the centre.

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

Medications that require strict controls will be stored in their original packaging. We will be maintaining a new controlled book.

We will be carrying out a stock check on each individual residents controlled drugs at the change of each shift morning and evening and a full stock balance of each controlled drug.

Proposed Timescale: 15/01/2016

Theme:

Safe care and support

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

Transcribing of prescriptions by nurses was not in line with professional guidelines.

Crushed medications were not consistently prescribed that way.

The maximum dose that could safely be administered in a 24 hour period for medications to be administered as and when required was not consistently recorded.

4. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

(a) All transcribing of prescriptions will now be signed by two nurses. We have changed our prescription forms to allow for two nurses signatures.

(b) Three of the four residents who are currently requiring their medicinal products to be crushed were prescribed correctly. We will get the 4th prescription changed by the GP to prescribe the medications in a crushed format on Tuesday 16th Dec.

This will be maintained on an ongoing basis.

(c) The GP's had already prescribed medications to be administered as and when required stating the name of the medication, the dose and the frequency.

We will now add in the maximum dose to be given in 24 hrs. This will be commenced with immediate effect on all new residents. We will ask GP's for their co-operation on this and aim to have completed by the end of Feb 2016.

Proposed Timescale: 29/02/2016

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 use of restraint had not been notified.

5. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

Bed rails used by residents in the nursing home are not used as a purpose of restraint. They are used if requested by the resident or as a safety measure. Because the resident themselves are unable to remove the bed rail independently they are viewed as a form of restraint. We have now put in place a system to document the use of these bedrails. We will send a report of same to the Chief Inspector at the next quarterly 31st Jan '16 and at the end of each quarterly on an ongoing basis.

Proposed Timescale: 22/12/2015