Dear Mr Robinson,

The Health Service Executive Nursing Home Inspection Team from a Nursing and Environmental Health perspective inspected Suncroft Lodge Nursing Home from 9am to 12.30pm on the 3rd July 2007. This inspection was a focussed inspection on the Acquired Brain Injury/Chronic Sick Unit. This inspection was a follow up and unannounced.

There were 21 residents on this date. 19 residents were in the secure unit on the second level and 2 residents were in the Older Persons Unit on the ground floor level. The Nursing Home is currently fully registered for 60 residents.

Issues identified in the previous Inspection Report dated 19th May 2007
The following:

- **Articles have been satisfactorily addressed,**
  Article 11.2 (g), (h), (i) and (j)
  Required Actions 1,2,3,4,5 and 6

  Article 12 (a), Article 27 (a), Article 15 (d)
  Required Actions 1,2,3,5,6 and 7

  Article 14 (a) and (b), Article 12 (a)
  Required Actions 1,2,4,5,6,7,8,9,10,11,13,14a,16,17,18,19,21,22,23,24 and 25

  Article 5 (g)
  Required Actions 1

  Article 29 (a)
  Required Actions 1,2,4,6

  Article 5 (d) and (e)
  Required Actions 2

  Article 10.5 (d)
  Required Actions 7

  Article 5 (a) and (b), Article 30 (b)
  Required Actions 2,4,5,8,9and 10

- **Articles have not been satisfactorily addressed,**
  Article 12 (a), Article 27 (a), Article 15 (d)
  Required Actions 4 and 9

  Article 14 (a) and (b), Article 12 (a)
  Required Actions 3, 14b,15, 20

  Article 16.3
  Required Actions 1

  Article 29 (a)
  Required Actions 3 and 5

  Article 10.5 (d)
  Required Actions 8

  Article 5 (a) and (b), Article 30 (b)
  Required Actions 7

- **Articles have been partially addressed,**
  Article 11.2 (g), (h), (i) and (j)
  Required Actions 6
Article 14 (a) and (b), Article 12 (a)
Required Actions 12

Article 5 (d) and (e)
Required Actions 1

Article 10.5 (d)
Required Actions 1,2,3,4,5,6,7

Article 5 (a) and (b), Article 30 (b)
Required Actions 6

- Recommendations remain in relation to those which did not constitute a breach but which were of concern,

Recommendations 2,3,8 and 10

**Current Inspection**
The following issues require your attention and action.

**Article**
**Article 12**
“The registered proprietor and the person in charge of the nursing home shall:—
( a ) take precautions against the risk of accidents to any dependent person in the nursing home and in the grounds of the nursing home;”

**Article 14**
“The registered proprietor and the person in charge of the nursing home shall:—
( a ) ensure that the nursing home and its curtilage is maintained in a proper state of repair and in a clean and hygienic condition;
( b ) make adequate arrangements for the prevention of infection, infestation, toxic conditions, or spread of infection and infestation at the nursing home;”

**Non Compliances(s):**
(1) The step from the sitting room to the secure balcony was extremely high for any of the residents to use. It is acknowledged there is a wheelchair accessible exit to the balcony from a corridor adjacent to the sitting room. It is further acknowledged that work is in progress to ensure residents cannot access the outside area from the sitting room to the balcony thus ensuring the safety of the residents.

(2) The sewage treatment plant is being repaired but a health & safety issue was being posed through the discharge of partially treated effluent directly onto the grass in the garden.

(3) The garden has been contaminated with partially treated sewage and must not be used for recreational purposes until it is suitably disinfected.
(4) Adequate and suitable freezer storage space is not provided in the kitchen area, currently food is being stored in a freezer in an office.

(5) While the practice of food waste being collected in a bucket in the dining room and given to staff to take home to feed their pets had ceased on level one, this practice continued on the ground floor level.

(6) There was evidence of communal toiletries in use throughout the Nursing Home e.g. shaving foam, shampoo, razors and hair brushes.

(7) The cleaning schedule in place was confusing and unclear in part as to whether cleaning had actually occurred on specific days. Evidence of this was requested but could not be provided.

(8) There was no documentation from the manufacturer to indicate which chemical cleaning agent was suitable for the various surfaces and areas.

(9) The use of bleach and water to soak mop heads was observed, this would be contrary to current infection control guidelines.

(10) Infection control policy on the floor and which cleaners had access to was not the infection control policy being implemented by the nursing home. The policy which the cleaners had access to was outdated and contrary to current infection control guidelines.

**Required Action:**

1. Continue the work in progress to ensure the step from the sitting room areas to the secure balcony is made safe for residents.

2. The effluent must be suitably disposed of preferably off site pending connection to the main sewer.

3. Ensure residents have access to outside secure and safe garden areas for exercise and enjoyment until this is available residents should not access this garden until it is suitably disinfected.

4. Adequate and suitable freezer storage space must be provided in the kitchen area. The practice of storing food in a freezer in an office must cease.

5. Immediately cease the practice of collecting waste foodstuffs in a bucket for the staff. Ensure all waste foodstuffs are disposed of in the appropriate manner in line with infection control guidelines and segregation of waste guidelines. Ensure required actions are implemented where relevant throughout the Nursing Home and not in specific areas only.

6. Remove all communal toiletries and ensure each resident has their own specific individualised toilet bag containing individualised toiletries.

7. Streamline the daily cleaning schedule to ensure a single sign off sheet per cleaning area/zone. Ensure the type of cleaning agent required to be used in each area is clearly outlined in the sheet. Ensure each cleaner signs off each area on a daily basis. Ensure the supervisor signs off on the cleaning schedule.

8. Ensure the manufacturer supplies information and documentation pertaining to each cleaning product and its use.

9. Contact the Clinical Nurse Specialist in Infection Control, Naas Hospital to attain copies of the up to date infection control policies and guidelines, SARI document, Hand Hygiene guidelines, Segregation of Waste, SRSV and MRSA prevention and treatment guidelines.

10. Ensure the up to date policy on infection control and the appropriate cleaning measures for the prevention and treatment of infectious diseases are known to the cleaning staff and implemented e.g. the correct and appropriate method of cleaning mop heads.
Timescale:
(1) Continue with the timescale as per inspection report of 19th May 2007.
(2), (3) and (4) Immediately upon receipt of this report
(5) Within 48 hours of receipt of this report
(6), (7) and (9) Within 4 weeks from receipt of this report
(8) Within 7 days of receipt of this report
(10) Within 14 days of receipt of this report.

Article
Article 16.3
“Fresh/potable drinking water shall be provided on each floor of the nursing home.”

Non Compliance:
(1) No suitable supply of potable drinking water was available on this floor.

Required Action:
(1) A cold supply of potable drinking water directly from the main shall be provided here. This should be delivered by means of a single cold tap and not through a mixer tap.

Time Scale:
(1) A further 2 weeks is allocated for this work from receipt of this report.

Article
Article 29
“The registered proprietor and the person in charge of the nursing home shall (a) make adequate arrangements for the recording, safekeeping, administering and disposal of drugs and medicines;”

Non Compliances(s):
(1) Medicines were stored for administration in a leather type storage box. This was carried to the dining room for administration of medications. There was no lock on this box.
(2) Transcribing of medication orders is being undertaken by nurses.

Required Action:
(1) A medicine trolley should be provided for the safe storage and administration of medicines. “The practice of using a storage box for medicines should be for emergency use only and should cease. All containers and trolleys storing medicines should be locked and secure when not in use” (An Bord Altranais, Guidance to Nurses and Midwives on Medication Management, June 2003).
(2) The nurse’s must cease the practice of transcribing medication orders. “Transcribing of medication orders should not occur in any setting where healthcare
is provided. The responsibility for transcription should remain with the medical practitioner to prevent the possibility of error by another individual” (An Bord Altranais Guidance to Nurses and Midwives on Medication Management, June 2003).

**Timescale:**
(1) and (2) An additional 14 days is allocated for this work from receipt of this report.

**Article**
**Article 10.5**
“The registered proprietor and the person in charge shall ensure that there is provided for dependent persons maintained in a nursing home:—
(d) a sufficient number of competent staff are on duty at all times having regard to the number of person maintained therein and the nature and extent of their dependency.”

**Non Compliances(s):**
(1) The Inspection team acknowledge that work is in progress to ensure staff have undertaken all the mandatory training required at which time it is envisaged that a multi disciplinary approach will be undertaken to identify education and training needs required to up skill staff in caring for this specific client group.

**Required Action**
(1) Ensure a formalised structured education and training programme is in place.
(2) Ensure the education and training is sufficient to meet the needs of this specific client group.
(3) Ensure all staff undertake such education and training and accurate records are maintained to reflect the staff members who attend.
(4) Ensure staff members attending education and training sign off on same.
(5) Continue the work in progress in developing a training matrix for education.
(6) Ensure documentation is maintained of course curriculum and provider.

**Timescale:**
(1), (2), (3), (4), (5) and (6) Within 6 weeks of receipt of this report.

**Article**
**Article 11.2**
“In every nursing home there shall be provided suitable and sufficient accommodation which meets the minimum standards as follows:—
(g) bed and bedding appropriate to the dependency of each person and suitable and sufficient furniture and other necessary fittings and equipment

**ISSUE:**
(1) The beds were of domestic style and not appropriate for delivery of care and/or the dependency levels of the residents.

**Required Action:**
(1) Continue the work in progress to implement an equipment replacement programme to ensure the domestic type beds are replaced with more appropriate beds suited to the healthcare setting and the type of residents being care for therein. Continue the work in progress to finalise the draft equipment replacement programme.

**Timescale:**
(1) Continue within the timeframe agreed in inspection report of 19th May 2007.

**Article**
**Article 5**

“The registered proprietor and the person in charge shall ensure that there is provided for dependent persons maintained in a nursing home:—

( d ) facilities for the occupation and recreation of persons;

( e ) opportunities to participate in activities appropriate to his or her interests and capacities;”

**ISSUE:**
(1) The team acknowledge the work in progress to assess the social and psychosocial needs of the residents and to develop individualised recreational programmes, this work needs to continue to ensure all residents have their social and psychosocial needs assessed and a programme developed for their individual requirements.

**Required Action:**
(1) Continue the work in progress to ensure all clients have an individualised social and psychosocial assessment of their needs and an activation programme developed and implemented.

**Timescale:**
(1) Complete within 12 weeks of receipt of this report.

**Recommendations:**
(1) Continue the work in progress to ensure a single comprehensive resident file as previously recommended progress this recommendation on five resident files at a time through to completion.

(2) Consideration should be given to the provision of emergency call bells in all bathrooms.

(3) Consideration should be given to the replacement of the current call bells to ones which do not have long wires which may pose a risk to specific residents.

(4) As there has been a number of assaults on staff consideration should be given to the introduction of staff personal alarms to increase staff safety while working with this specific client group.

(5) A formal procedure to deal with staff following incidences of assault. This procedure should be actioned immediately after an assault and should include formal counselling for the staff involved. The team acknowledge the appointment of a Clinical Neuro-Psychologist who will progress this recommendation.

(6) Monitor the temperature within the Nursing Home to ensure there is no overheating as a consequence of the glass ceiling windows. If this occurs consideration must be given to provision of blinds for these windows.
(7) Do not dump or store grass cuttings in the garden as this attracts rodents. Dispose of grass cuttings appropriately.
(8) Ensure the area around the bath which has been damaged as a result of lowering the bath is repaired.
(9) Monitor the flooring in ensuites which have been painted to ensure if flaking occurs it is repaired immediately.

The Nursing Home Inspection Team is to be notified in writing on or before the above dates indicating the steps taken by the Nursing Home to carry out the actions as required under the Regulations.

**Your immediate attention to this report is requested.**

Signed:

__________________   ____________________  
Chairperson     Designated Officer  
Designated Officer