



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Craddock House Nursing Home
Name of provider:	Werlay Limited
Address of centre:	Craddockstown Road, Naas, Kildare
Type of inspection:	Unannounced
Date of inspection:	04 September 2024
Centre ID:	OSV-0000027
Fieldwork ID:	MON-0044398

About the designated centre

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

Craddock House Nursing Home is purpose-built and was established in 1999. It is located on the outskirts of Naas town, close to the general hospital and across from a secondary school. Residents have good access to amenities and have a range of recreational activities within a warm, welcoming and friendly atmosphere. There is unrestricted access to colourfully planted, paved and secure courtyards with open and sheltered seating areas along with many tactile items, including water features. The large courtyard garden has covered seating. There is a small courtyard garden off Rose Cottage and two other garden areas for resident use. The nursing home provides 24-hour nursing care seven days per week and is designed to ensure the comfort and safety of residents in a home-like environment. The nursing home provides a respite service, residential and convalescent care. Male and female residents are primarily over 65 years of age. The home can accommodate 89 residents over two floors serviced by a passenger lift and stairwells. It comprises 77 single and six double/twin bedrooms. Most bedrooms have full en-suite facilities or shared bathrooms, and nine single bedrooms that have access to communal toilet and bathroom facilities within close proximity. There are three main day and dining areas, called The snug, The cosy corner and The relaxation room. There are two conservatories and a spacious reception area for residents to relax in. In addition to these, there are two administration offices and three nurses stations, a hairdressing salon that operates three days weekly, a spacious oratory where mass is celebrated weekly, the main kitchen that services the households and a spacious multi-purpose room for family functions, meetings and staff training. Separate and adjacent to the main building are the laundry, boiler room and additional administration offices. To the front of the building, there are ample car parking spaces.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	86
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 September 2024	09:00hrs to 18:45hrs	Geraldine Flannery	Lead
Wednesday 4 September 2024	09:00hrs to 18:45hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in Craddock House Nursing Home. The residents appeared relaxed in their surroundings and were seen to be interacting well with each other and the staff on duty. The inspectors observed that, the registered provider had made positive changes in response to the previous inspection to improve the delivery of services, however further improvement was required to meet the requirements of the regulations and will be discussed further in the report.

The lived-in environment was clean and met residents' needs. There was sufficient private and communal space for residents. There had been improvements in the upkeep of the centre since the previous inspection and a programme of works was put in place. Some fire doors in the centre had been fitted since the last inspection, however inspectors noted that they were being held open with wedges placed under the doors. Maintenance staff were on site on the day of inspection and were busy attending to outstanding items.

Residents' accommodation and living space was laid out over two floors, and served by one lift. Inspectors observed that many residents had personalised their bedroom space with pictures, soft furnishings and photographs. Residents spoken with said they were satisfied with their bedroom accommodation. Flooring on the ground floor and one bedroom and one hallway upstairs was replaced. Assurances were given that the remaining floors upstairs would be replaced soon with contractors imminently due on site.

Residents and their visitors had access to the enclosed garden, the doors of which were unlocked and accessible at all times. Uneven surfaces had been addressed ensuring the area was safe for residents' use.

Mealtime was observed in the centre's dining rooms and was supervised by the nurse on duty. The daily menu was displayed and there was a choice available for the main meal at dinner, dessert and tea time. The lunch food served on the day of inspection was seen to be wholesome and nutritious. Inspectors observed staff to offer encouragement and assistance to residents. Inspectors noted that additional portions and a variety of drinks were offered to residents by staff. Residents spoken with were all complimentary of the food.

Residents had access to radio, television and newspapers. The registered provider had information displayed on notice boards relating to advocacy services available to residents. Residents had access to activities Monday to Sunday within the designated centre. Inspectors saw activity resources available to residents such as art and crafts, bingo, music and flower arranging. Residents informed the inspectors that they liked keeping in touch with their local community and 'enjoyed very much' the visits from the men's shed and the children from the local crèche. Residents told

inspectors about the most recent garden party, where family, friends and staff gathered to celebrate with them.

Laundry facilities were available on site. Residents informed the inspectors that they were happy with the laundry service. Some residents informed the inspectors that they sent their laundry home with family and they were happy with that arrangement. Other family members said they brought the laundry home to avoid the extra cost incurred. The inspectors highlighted these views to management on the day of the inspection and assurances were given that laundry services were provided for residents without additional cost and they ensured that this would be communicated effectively to all residents and their families.

Residents' family and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Visitors confirmed they were welcome to the home at any time. They all praised the care and staff that supported their relatives in the centre.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspectors found that residents were supported and encouraged to have a good quality of life in the nursing home. Inspectors followed up on the compliance plans from the previous inspection and acknowledged the improvements and positive changes. However, this inspection found that further action was required by the provider to ensure that the management systems in place were effective in bringing the designated centre into compliance with the regulations.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended), and inform the application to renew the registration.

The registered provider was Werlay Limited, which is part of a larger group. A senior management team was in place to provide managerial support at group level. The person in charge was responsible for the local day-to-day operations in the centre and was supported in the role by the deputy person in charge. The person in charge had recently resigned from their position and was working their resignation notice. The inspectors were informed that the provider had a recruitment plan in place to fill the position of the person in charge. There were management systems in place to oversee the service, however further improvements were required and will be discussed further in the report.

An application for registration was submitted to the Chief Inspector of Social Services within the required time frame. The statement of purpose accurately reflected the facilities and services provided. On first review, some adjustments were required to the statement of purpose, including minor adjustments to the organisation structure and a review the registration conditions.

On the day of the inspection, there were adequate staffing levels and skill mix to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs.

There was evidence of continual staff training and the inspector saw evidence that staff had updated mandatory training and there were adequate supervision arrangements in place.

The registered provider had ensured that records were made available to inspectors. The policy on the retention of records was in line with regulatory requirements. While records were stored securely, on the day of inspection a more appropriate location had been identified. The new archive room required some refurbishment with work due to start on the week following the inspection.

Records of complaints were available for review and the inspectors reviewed a number of complaints received in 2024. Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if they needed to.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspectors on the day of inspection.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place required greater oversight to ensure that the service provided was appropriate, consistent and effectively monitored. Evidence of where further oversight was required included:

- Management systems to provide assurance in respect of medicine management were insufficient. For example, investigations into medication incidents that had occurred in the centre had not yet been concluded in a timely manner.
- Greater management oversight was required to ensure adequate precautions were taken against the risk of fire for example; items such as a table and awning were observed stored in the boiler room and boxes were observed stored in the heat exchanger room, which is an area of high risk. They were removed by the end of the inspection.
- Management systems for the oversight of cleaning of equipment required review. For example, the registered provider had introduced a tagging system

to support identification of clean equipment, however the provider's own monitoring systems had failed to identify that the system was not appropriately implemented. This will be further discussed under Regulation 27; Infection, prevention and control.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

Overall, residents in Craddock House Nursing Home were supported by a team of staff that knew them well. Residents lived in an unrestricted manner according to their needs and capabilities. While inspectors found that improvements had been made since the previous inspection, further oversight and action was required to come into full compliance with the regulations.

Generally, the premises was clean and bright with a homely atmosphere. Maintenance staff were employed by the centre and there was an ongoing schedule of works in place following the previous inspection. Work was scheduled to commence on the first floor flooring by external contractors, as identified from the previous inspection. Inspectors saw that one corridor area had been completed by the maintenance team within the centre.

The designated centre had a risk management policy and emergency plan in place. It included potential risks identified in the centre and the management of risks such

as abuse, unexplained absence and accidental injury. The emergency plan had recently been updated and included up-to-date information for staff to follow as required.

The inspectors reviewed a sample of resident files and found evidence that resident's assessments and care plans were completed within 48 hours of admission to the centre, in line with regulatory requirements. Each resident had a care plan in place and they were seen to be person-centred. However, residents' individual assessments and care planning required further improvement to ensure that they were accurate, up-to-date and provided personalised information for staff to follow when providing care. This finding is further detailed under the relevant regulation.

All staff had received training in Infection Prevention and Control (IPC) and staff were observed frequently washing their hands or using hand sanitizer. However, inspectors observed that some areas of the centre were unclean and staff practices required improvement to prevent the cross-contamination of equipment and ensure efficient cleaning of items and surfaces. Staff practices in relation to the use of the 'I am clean' stickers required a full review to ensure a consistent approach was being taken by all staff.

The registered provider had committed to addressing fire safety concerns identified at the previous inspection and inspectors were assured that most items were addressed from the previous compliance plan. Notwithstanding the improvements made, there were some areas identified on this inspection that required attention. These areas are discussed further under Regulation 28: Fire Precautions.

The inspectors saw that checks of controlled medication were recorded by two nurses at the change of every shift. Medication administration was observed and of the sample seen, the practice was in line with professional guidelines. There was a system in place to record the administration of controlled drugs. However, inspectors observed that a controlled drug was returned to the medication trolley which was not in line with the registered provider's medication management policy, which stated that all controlled drugs must be stored in the controlled drugs cupboard. Inspectors also found that a previous resident's medications had not been returned to the pharmacy in line with policy and were being stored in a cupboard in the drugs store room alongside residents' personal items. This did not provide assurance of sufficient oversight of medication management in the centre.

Regulation 17: Premises

Further improvement was required to bring the centre into compliance with Schedule 6 of the regulations for example;

- Replacement of the flooring on the first floor was not yet complete apart from one corridor area. The provider informed inspectors this work was due to be started the day after the inspection.

- While some repairs to the hair salon had been completed further review of the area was required to ensure all items were addressed.
- Ventilation in the medication room in Rose Cottage required review as there was none in place to ensure the room was kept at a suitable temperature for storing medications.
- An area of panelling that had been removed from the wall in Rose Cottage had left exposed nails posing a health and safety risk.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Transfer documentation and information that was required if a resident was transferred to another facility for treatment, was maintained in each resident's file.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. Risk reduction records including an emergency plan and an up-to-date risk register were in place.

Judgment: Compliant

Regulation 27: Infection control

The inspectors found that the registered provider had not ensured that some procedures were consistent with the *National Standards for infection prevention and control in community services (2018)*. The following findings required action:

- The centre had introduced a tagging system to identify equipment cleaned, however this system had not been consistently applied at the time of inspection.
- Storage practices required review. For example, a dirty jug used to decant urine was being stored alongside clean equipment in one of the sluice rooms.
- Commodes in residents' rooms were observed to have rust on the wheels, this did not provide assurance that they could be effectively cleaned.
- The kitchenette area in Cherry Blossom was visibly dirty and required a deep clean, this was a repeat finding from the previous inspection.

- Kitchen trolleys that were in use were visibly dirty.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had implemented most of the actions required from the previous compliance plan however, improvements were still required in the following areas;

Improvements were required to ensure that adequate arrangements were in place for containing fires, for example:

- Fire doors in a corridor on Rose Cottage, which had been moved as part of the provider's response to the previous inspection findings, were observed held open with door wedges as they had not yet been fitted with an automatic door closures. Staff spoken with did not know that these doors would require to be manually closed in the event of a fire alarm evacuation. Another set of fire doors close to the oratory were being held open with wedges while awaiting automatic door closures. Inspectors were informed by management that these were completed by the end of the inspection.
- Fire doors also required further review as there were some gaps observed, and an intumescent strip was damaged on the nurses office door which would not provide effective containment of smoke in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the storing and administration of medicines required review by the registered provider and person in charge to ensure they were safe and evidence-based;

- Medication in a blister pack belonging to a previous resident from February 2024 was found stored in a cupboard in the drugs store room. While this cupboard was locked it was not allocated for medicine storage and was stored alongside miscellaneous items belonging to residents. The medication had not been returned to the pharmacy in line with the medication policy and this had not been identified by internal audits.
- Keys were observed by inspectors left in the medication trolley while a staff nurse attended to a resident in the day room.
- Temperatures in the drugs store room required review to ensure they were suitable for the storage of medications as at times they were recorded as being above 25 degrees.

- Dietary supplements were observed to be out-of-date in one of the drugs store rooms.
- Staff practices required review to ensure procedure was being followed in relation to the management of controlled drugs as staff were observed returning a controlled drug to the medication trolley instead of the safe.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A sample of residents' care plans were reviewed and inspectors found that a number of comprehensive assessments were not updated in line with regulatory requirements. Inspectors also observed mobility care plans for residents were not always updated following a fall, or changes in skin integrity which meant that staff were not effectively guided in the provision of care to the residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

Compliance Plan for Craddock House Nursing Home OSV-0000027

Inspection ID: MON-0044398

Date of inspection: 04/09/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The investigation into the medication incidents was concluded on 08/09/2024 and an update provided to HIQA on 11/09/2024.</p> <p>Training is scheduled for the management team relating to Management of Incidents including an investigation process , outcomes and conclusion within the specified time frame in Terms of Reference for all investigations. Completion date: 31/10/2024</p> <p>Four Medication management policy and procedure refresher workshops were completed on Wednesday 9th October and Monday 14th October attended by the CNMs and all registered nurses. Completed: 14/10/2024.</p> <p>The Boiler room is now secured with key access only. The Internal emergency policy was reviewed and updated to reflect access in the event of an emergency and has been communicated to all staff. Completed: 11/10/2024</p> <p>A Standard Operating Procedure is in place regarding safe, appropriate storage and disposing of equipment and communication to staff. Daily spot checks are completed and recorded on the external grounds and storage areas by the maintenance team. Completed: 11/10/2024</p> <p>The Health and Safety audit includes the monitoring of external grounds and storage areas, completed quarterly.</p> <p>The Standard Operating Procedure for cleaning and tagging equipment has been reviewed and updated for specific areas which is accessible to all staff.</p>	

Point-of-care education sessions have been completed with all staff, this included specific equipment to be cleaned, the person responsible, the frequency of cleaning and the cleaning process in line with the SOP thus ensuring its appropriate implementation. Infection prevention and control audits, environmental cleaning audits, weekly IPC spot checks and daily management spot checks now include monitoring and recording of the cleaning and tagging of equipment in line with the Standard Operating Procedure.
Completed: 15/10/2024

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
Replacement flooring was completed on the first floor.
Completed: 08/10/2024.

Renovations and work completed to the Hair salon including repainting.
Completed: 07/10/2024.

The Ventilation to the medication room in Rose Cottage was reviewed and a ventilation fan has been installed. The temperature of the medication room is being monitored and recorded twice daily to ensure medications are consistently stored between 15-25 degrees.
Completed :11/10/2024

The exposed nails following removal of paneling in Rose Cottage have been removed.
Completed: 04/10/2024

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
The tag dispensers have been re-located to facilitate staff in the cleaning and tagging of all equipment.
The Standard Operating Procedure for cleaning and tagging equipment has been reviewed, updated for specific areas, and made accessible to all staff.
Point-of-care education sessions have been completed with all staff, including specific equipment to be cleaned, the person responsible, the frequency of cleaning and the cleaning process in line with the SOP for monitoring and recording of the cleaning and tagging equipment. Infection prevention and control audits, environmental cleaning audits, weekly IPC spot checks and daily management spot checks now include the

Standard Operating Procedure for cleaning and tagging equipment.

Completed: 15/10/2024

The jug identified on the day of inspection was found to be stained following cleaning and sterilising which was appropriately disposed of on the day of inspection.

The Standard Operating Procedure for cleaning of equipment has been reviewed and updated to include the disposal of equipment that is damaged or stained and now communicated to all staff as part of the point of care training. Completed :15/10/24

Monitoring and oversight of the equipment stored in the sluice room forms part of the daily housekeeping checks and daily management spot checks. Any issues identified are discussed during the daily management meeting and are reviewed at that time.

A review of the commodes has been completed. Ten commodes have been purchased since inspection and are in circulation replacing the ten commodes containing rust. A phased plan for replacing remaining equipment as identified in the audit is underway and will be completed by 30/11/2024.

Monitoring of the appropriate use and condition of commodes forms part of the weekly IPC and daily management spot checks.

The kitchenette in Cherry Blossom was deep cleaned following inspection.

The daily cleaning schedules for the 3 kitchenettes are being reviewed daily by the Catering Lead to ensure completion and are included in the daily management meetings.

Completed: 04/10/2024

The kitchenette in Cherry Blossom is undergoing refurbishment including the installation of new cupboard doors to the kitchenette and the kitchenette will be repainted.

Completion Date: 25/10/2024

The kitchen trolleys were deep cleaned following inspection. The daily cleaning of all kitchen trolleys is now included in the kitchen daily cleaning schedules, which are reviewed weekly and signed off by the Catering lead.

Completed: 11/10/2024

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The fire doors identified were fitted with automatic door closures on the day of inspection. Should this situation arise again staff will be informed at that time that such Fire doors would require to be manually closed in the event of a fire evacuation and this will be included in the Fire Training provided going forward.

Completed: 04/09/2024 and 15/10/2024.

The intrumesent strips have been replaced to the fire door to the office identified on day of inspection.

Completed: 11/10/2024

The annual fire inspection was completed on October 9, 2024 and any actions arising will inform the associated quality Improvement plan on receipt of final report.
 Completion date: 30/11/2024.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 The medication practices identified on the day of inspection that were not in accordance with medication management requirements were recorded as medication errors and managed in-line with policy and procedure.
 The ventilation system in the medication room in Rose Cottage was reviewed and a fan has been installed. The temperature of the medication room is being monitored and recorded twice a day to ensure medications are consistently stored between 15-25 degrees.
 Completed :11th October 2024

The out of date dietary supplements were disposed of in-line with policy and procedure on the day of inspection. The Process for continuous stock rotation when medications are received from pharmacy, is now in place to ensure medication is administered based on expiry dates going forward to prevent a reoccurrence. This process will be included in the medication management audits .
 Completed: 04th September 2024

Four refresher workshops on Medication Management Policy and Procedure including safe storage, administration and disposal of all medications including Controlled Drugs. were completed and attended by all Clinical Nurse Managers and registered nurses. The workshops also addressed concerns identified during the inspection and as a result of internal investigation findings including management of medications no longer required or when a resident is discharged or deceased.
 Topics covered also included the procedure for checking and rotation of stock medications and the procedure when medications reach expiry dates, as well as the safe handling of keys for the medication room and the controlled drug cupboard.
 The workshops emphasized appropriate storage temperatures for medications, daily monitoring and recording of these temperatures, and the procedure when temperature deviations are identified to ensure immediate control measures are implemented.
 Completed 14th October 2024

The medication management audit tool has been revised to ensure effective monitoring is in place to identify gaps including safe storage, administration and disposal of medicines including controlled medicines.
 Medication management audits will be conducted monthly. Daily Management spot checks to ensure the safe handling of medication keys. A medication management audit

was completed on 16th September 2024 using the revised comprehensive medication management audit tool with an associated Quality Improvement Plan created.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

An audit was completed on all existing comprehensive assessments with an associated Quality Improvement plan in place.

All resident's currently living in Craddock House have an UpToDate Comprehensive assessment in line with regulatory requirements.

Reviewing of Comprehensive assessments is included as part of the Documentation audits.

Completed 16th October 2024

The care plan audit schedule has been reviewed and updated. Moving forward, care plan audits will be completed monthly to ensure timely identification of any gaps.

A care plan audit was completed on 17th September 2024 with an associated Quality Improvement Plan.

Completed 17/09/2024

Staff Nurses have attended training relating to the requirement and need for the continuous re-assessment of residents changing needs and to be reflected in Residents Documentation including Residents Care plans. Continuous assessment and Care Plan review forms part of the monthly Staff Nurse Meetings which occurred on 3rd October 2024.

The Care Plan Project has been revised to incorporate continuous re-assessments of residents' needs when changes occur, along with a review of the corresponding care plans. The revised Care Plan Project commenced on 16th September 2024. Progress is monitored weekly by the senior management team in Craddock and discussed as part of the weekly Leadership Meetings.

Completion Date: 30/11/2024.

A monthly falls and wound analysis including the review of accurate and timely re-assessment and care plan reviews commenced forming part of the overall governance plan and is completed by the Senior management team.

Any resident who sustains a fall, or changes in their skin integrity or indeed following any other change in residents' condition are fully reflected in their person-centered care plans.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	11/10/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/11/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/11/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2024
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	14/10/2024
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal	Not Compliant	Orange	14/10/2024

	products and disposed 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.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/11/2024