

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Cloverlodge Nursing Home Shinrone	
<b>Centre ID:</b>	0026	
<b>Centre address:</b>	Shinrone	
	Birr	
	Co Offaly	
<b>Telephone number:</b>	0505 47969	
<b>Fax number:</b>	0505 47960	
<b>Email address:</b>	shinrone@clch.ie	
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>	
<b>Registered providers:</b>	Cloverland Healthcare Ltd	
<b>Person in charge:</b>	Francis Parlon	
<b>Date of inspection:</b>	14 November 2011	
<b>Time inspection took place:</b>	<b>Start:</b> 09:30 hrs	<b>Completion:</b> 12:30 hrs
<b>Lead inspector:</b>	Sheila Doyle	
<b>Support inspector:</b>	N/A	
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced	
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection	

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

Cloverlodge Nursing Home, Shinrone is a two-storey purpose-built centre which provides residential care for 56 older people. There were 33 residents at the time of inspection, some of whom had dementia related conditions. Two residents were under 65 with chronic health conditions.

The entrance on the ground floor is through a porch. This leads to the spacious front lobby area which has comfortable seating, a fish tank and a reception desk. The corridor from the front lobby leads to a large sitting room, a small oratory and a dining room. There is a visitors' toilet and two wheelchair accessible toilets close by. Other facilities on the ground floor include an assisted bathroom, quiet seating areas, and a store room for equipment.

Bedroom accommodation on the ground floor includes 29 single bedrooms and eight twin bedrooms, all with shower and toilet en suite facilities. The nurses' station is close to the residents' bedrooms.

The first floor is accessed by stairs and a lift. Facilities provided on the first floor include a hairdressing room, a sitting room, assisted shower, treatment room, laundry, linen store, and staff room with toilets. Bedroom accommodation on the first floor includes seven single and two twin bedrooms all with en suite shower and toilet facilities.

Residents have access to an enclosed courtyard with a water fountain. A smoking area is provided there. In addition there is another garden area to the right of the centre which has accessible, hazard free pathways and garden seating.

There is ample parking to the front of the building.

### Location

The centre is within a short walking distance of the village of Shinrone, Co. Offaly, which has a church, a pub and local grocery shop.

<b>Date centre was first established:</b>	5 September 2001
<b>Number of residents on the date of inspection:</b>	33
<b>Number of vacancies on the date of inspection:</b>	23

Dependency level of current residents	Max	High	Medium	Low
Number of residents	nil	5	15	13

### Management structure

Paul Minogue is the nominated Provider of Cloverlodge which is part of the Cloverland Healthcare Group. He is the Provider for two designated centres, Cloverlodge in Shinrone and Cloverlodge in Athy. The Centre Manager is Frances Gilligan who reports to the Provider. The Person in Charge is Frances Parlon and she reports to the Centre Manager. The nursing staff, healthcare assistants and catering staff report to the Person in Charge. The household staff report to the domestic supervisor who in turn reports to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	PIC on day off	2	5	3	2	2	3* **

\* Two activity coordinators and the centre manager

### Background

The centre was first inspected by the Health Information and Quality Authority (the Authority) on 6 and 7 October 2009. A follow up inspection was undertaken on 4 February 2010 and a registration inspection on 10 and 11 August 2010. A further follow up inspection was carried out on 29 March 2011. These inspection reports can be found at [www.hiqa.ie](http://www.hiqa.ie).

Overall, at these inspections, inspectors found that the health needs of residents were met. Residents had access to GP services, to a range of other health services and evidence based nursing care was provided. Improvements were required in some areas such as care planning and checking of medication.

Inspectors were concerned for the safety of residents and staff as risk management systems had not been implemented and all staff had not attended mandatory fire training and moving and handling training. Other areas identified for improvement included staff induction, operating policies, the statement of purpose and the Residents' Guide.

## Summary of findings from this inspection

This was an unannounced follow up inspection, and the centre's fifth inspection by the Health Information and Quality Authority (the Authority). Overall the inspector found that four of the six actions from the previous inspection were complete while the other two were partially complete.

Issues relating to risk management were addressed including the emergency plan and the required policies. The statement of purpose, the Residents' Guide and the complaints policy had been amended and met the requirements of the Regulations. Although improvements were noted in the care plans, further work was required in this area. Recruitment practices still did not meet the requirements of the Regulations.

These issues are discussed further in the report and addressed in the Action Plan at the end of the report.

### Actions reviewed on inspection:

#### 1. Action required from previous inspection:

Put in place a comprehensive written risk management policy and implement this throughout the designated centre. Ensure each staff member understands his/her responsibility for the safety of residents and other staff members.

Revise and update the emergency plan to provide clear direction to staff in the event of an emergency.

Provide suitable training for staff in fire prevention.

Provide mandatory training for staff in the moving and handling of residents.

This action was completed.

The risk management policy was reviewed and it met the requirements of the Regulations.

An emergency plan was in place and this included the procedure for dealing with all emergencies including flood, fire and power failure. The inspector read the training schedule which showed that education sessions had been held for staff and those spoken with were familiar the procedures to follow.

The inspector read the training records and saw that all staff had attended fire training. A tracking system had been implemented and this identified which staff were next due to attend training. Staff spoken with were familiar with the procedure to follow in the event of a fire.

The training records also confirmed that all staff had attended training in manual handling. An on-site trainer was available.

**2. Action required from previous inspection:**

Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.

Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

This action was not completed.

The inspector remained concerned for the safety of residents as the recruitment policy was not sufficiently robust and did not meet the requirements of the Regulations.

The policy had been reviewed. However, the requirements from staff were not sufficient to guide safe practice. For example, it stated that a medical declaration would be required 'as necessary'.

The inspector read a sample of personnel files and noted that while efforts had been made to obtain the information required, many deficits remained. For example, there was no evidence of physical or mental fitness on any file reviewed and although three references were available on the nurses' files, only two were in the healthcare assistants' files.

**3. Action required from previous inspection:**

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Provide facilities for the occupation and recreation of each resident.

This action was partially completed.

The inspector read a sample of care plans and noted that three-monthly reviews were not consistently undertaken. In some care plans reviewed there was no evidence of resident or relative involvement. The staff and centre manager outlined how they had already identified deficits in the documentation and new care plan documentation had been introduced. Plans were in place to provide additional training for staff. The centre manager outlined her intention to carry out audits of the documentation to ensure that each resident's needs were set out in an individual care plan developed and agreed with the resident.

The inspector read a sample of care plans and noted that each resident had an assessment undertaken of their social needs. The staff explained that this information was gathered from the residents and their families if necessary. The inspector saw the activity programme outlined a range of activities to suit the residents' preferences. It also included one to one sessions for residents who so wished. A daily record for each resident was maintained and included details of activities undertaken. Residents spoken with confirmed that they enjoyed the activities.

**4. Action required from previous inspection:**

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

This action was completed.

The statement of purpose had been revised and met the requirements of the Regulations. The inspector also noted that it reflected the services and facilities offered in the centre.

**5. Action required from previous inspection:**

Produce a Residents' Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

This action was completed.

The inspector read the Residents' Guide and noted that it met the requirements of the Regulations. The inspector also noted that it was available in each resident's room.

**6. Action required from previous inspection:**

Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

Make a person available, independent to the person nominated in Regulation 39(5) to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

This action was completed.

The complaints policy and procedure had been updated and met the requirements of the Regulations. It included details of an independent appeals process. It was on display in the front hall and residents and staff spoken with were aware of the contents.

**Best practice recommendation from previous inspection:**

Put in place an induction programme and a performance management system.

This was completed.

The inspector read completed appraisals which were maintained in the personnel files. They included performance reviews. Additional training requirements were also identified and the inspector saw where these requirements informed the training plan.



**Report compiled by:**

Sheila Doyle

Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

16 November 2011

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection</b>	<b>Type of inspection:</b>
6 and 7 October 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
4 February 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
10 and 11 August 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
29 March 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

## Provider's response to inspection report \*

Centre:	Cloverlodge
Centre ID:	0026
Date of inspection:	14 November 2011
Date of response:	6 December 2011

### Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### 1. The provider has failed to comply with a regulatory requirement in the following respect:

There was no evidence of physical or mental fitness on any file reviewed and although three references were available on the nurses' files, only two were in the health care assistants' files.

The recruitment policy did not meet the requirements of the Regulations.

#### Action required:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

\* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

<b>Reference:</b> Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All staff had self medical declarations of fitness to practice completed.  50% of staff have submitted medical certificate declarations from their GP and we are in talks with remainder and their union as the union has recommended that their members should not pay for same.  Three references for all staff are now on file.	Complete  Ongoing  Completed

<b>2. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>  Three-monthly reviews of care plans were not consistently undertaken.  In some care plans reviewed there was no evidence of resident or relative involvement.	
<b>Action required:</b>  Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances as and no less frequent than at three-monthly intervals.	
<b>Action required:</b>  Revise each resident's care plan, after consultation with him/her.	
<b>Reference:</b> Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 11: The Resident's Care Plan	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

<p>Provider's response:</p> <p>With the introduction of new nursing assessment documentation, nurses are currently reviewing and updating all resident files and care plans.</p> <p>Some care plans require care representatives signature, which in some cases are difficult to obtain on time, therefore staff have to wait for care representatives to visit the home.</p> <p>A new system for recording three-monthly care plan reviews is being introduced to ensure all care plans get updated on time.</p>	<p>In progress</p>
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**Any comments the provider may wish to make:**

**Provider's response:**

We continually strive to improve our standards of care and to ensure all documentation complies with the Standards.

**Provider's name:** Paul Minogue to act on behalf of Cloverland Healthcare Limited.

**Date:** 30 November 2011