

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cloverlodge Nursing Home	
Centre ID:	0026	
Centre address:	Shinrone	
	Birr, Co Offaly	
Telephone number:	0505-47969	
Email address:	shinrone@clhc.ie	
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public	
Registered provider:	Cloverland Healthcare Ltd.	
Person authorised to act on behalf of the provider:	Paul Minogue	
Person in charge:	Jency John	
Date of inspection:	20 August 2013	
Time inspection took place:	Start: 11:00 hrs	Completion: 19:00 hrs
Lead inspector:	Jackie Warren	
Support inspector(s):	n/a	
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced	
Number of residents on the date of inspection:	46	
Number of vacancies on the date of inspection:	10	

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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with 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*.

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. In addition, some aspects of records were also reviewed. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input checked="" type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the inspection the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

There were 46 residents in the centre, 14 of whom were maximum dependency, 10 high dependency, eight medium dependency and 14 low dependency. Two of these residents were in hospital at the time of inspection.

The inspector found that the provider, manager and person in charge strived to provide a high level of health and social care to the residents and demonstrated a strong commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

There was evidence of good practice in all areas. However, some improvement was required in the areas of needs assessment, documentation and risk management.

The person in charge and staff demonstrated a comprehensive knowledge of residents' health and social care needs. The inspector was satisfied that residents' nursing, healthcare and social needs were being well met and that a high standard of nursing care was delivered to residents. However, there were some improvement required in the assessment and documentation of the use of bedrails.

While the provider had introduced risk management and fire safety measures and the inspector was satisfied that the residents were generally cared for in a safe environment, some improvements were required in risk assessments and fire safety.

Some of the documentation in the centre, including operational policies and the contract of care, was not reflective of practice and required to be updated.

There were sufficient staff on duty during the inspection and staff rotas confirmed staffing levels were adjusted to address changes in residents' needs. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

The building was warm, clean and comfortable, with a variety of well furnished communal areas available to residents.

Residents and relatives were highly complimentary of staff, and of the healthcare, social activities and meals provided in the centre.

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service 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.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The statement of purpose was generally in line with the requirements of the Regulations, but required some additional information such as the experience of the registered provider and person in charge and the arrangements for the supervision of therapeutic services. The statement of purpose set out the services and facilities provided in the centre and had been revised to reflect the recent change of person in charge. The centre could accommodate 56 male and female residents with long and short-term care needs.

Outcome 2

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.

References:

Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The contract of care was generally in line with the requirements of the Regulations but required some further development, as it did not fully indicate what was included in the fee. The person in charge confirmed that there was a contract of care in place for each resident. The inspector reviewed a sample of residents' contracts of care which were appropriately signed. They included the fees to be charged and outlined services to be provided in the fee and those which would incur an additional payment. However, the contract did not include information about the provision of activities, although the person in charge confirmed that all in house recreational activities were included in the fee.

Outcome 3

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Since the last inspection a new person in charge had been appointed. The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people. The person in charge was knowledgeable of her responsibilities under the Regulations and Standards. She had recently completed a nursing home management course and planned to commence a gerontology course in the near future. The person in charge worked in the centre each weekday.

There was a clinical nurse manager (CNM) who assisted the person in charge and deputised for her in her absence. The person in charge and CNM were on call out of hours.

Outcome 4

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:

Regulations 21-25: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Residents' Guide

This document was not reviewed during this inspection.

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required *

General Records (Schedule 4)

Substantial compliance

Improvements required *

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required *

Some of the operational policies did not fully reflect practice in the centre and required some further development. The inspector viewed a sample of the operational policies in use in the centre and found that although the policies were generally informative, some of the policies, such as the complaints and the prevention and detection of elder abuse policies required some further development. The person in charge had already identified a review of policies as work which she had intended to undertake in the near future.

Directory of Residents

This document was not reviewed during this inspection.

Staffing Records

Substantial compliance

Improvements required *

Medical Records

Substantial compliance

Improvements required *

Insurance Cover

This document was not reviewed during this inspection.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that measures were in place to protect residents from being harmed or abused, although the elder abuse policy required some further development.

Staff had received training on identifying and responding to elder abuse. Since the last inspection the person in charge and the CNM had attended an elder abuse trainers course and were providing six-monthly training to staff. Staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. The person in charge was clear on the process for responding to and investigating any allegation of abuse. There was a policy which provided guidance to staff on the recognising and reporting any allegations or suspected abuse, but did not include guidance on investigating an allegation of abuse. This is further discussed in outcome 4 of this report.

Residents' finances continued to be managed in a safe and transparent way. Deposits and withdrawals were clearly recorded and receipted. Money and valuables surrendered for safekeeping were securely stored.

Outcome 7

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

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Actions required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The provider had put measures in place to protect the safety of residents, staff and visitors to the centre, although the inspector found that improvement to the risk management policy and identification of risks was required.

There was a health and safety statement and a risk management policy which included a risk register. The risk management policy required some further development. While the risk management policy included all the specific risks required by the Regulations, it did not identify some hazards specific to the centre. During the inspection, the inspector noted that risks associated with residents smoking, a readily accessible stairway and access to the laundry when not attended by staff had not been identified in the risk register, although the person in charge could outline the measures which were in place to control these risks. In addition, the inspector found that in one part of the building suitable measures had not been implemented to prevent the access of tobacco smoke into a habitable room. The windows in the visitors' room opened onto the external smoking area, and consequently allowed the entry of smoke into this room when the windows were opened.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency, including evacuation procedures, emergency accommodation and transport details.

Although the inspector found a high level of fire safety awareness and compliance in the centre there was a practice observed which did not sufficiently prioritise the safety of residents in the event of fire. A small number of residents preferred to have their bedroom doors open while in their rooms. The doors to these bedrooms were obstructed from closing and were held open using wedges. This presented a risk to the prompt implementation of fire safety measures in the event of a fire.

Fire safety records showed that all fire equipment, including extinguishers, alarms and emergency lighting, had been regularly serviced. Regular internal fire safety checks were being undertaken, including weekly fire alarm testing, weekly inspections of all internal and external fire doors, emergency exits and fire extinguishers and daily checks of escape routes.

The inspector viewed the fire training records and found that all staff had received up-to-date fire safety training and had attended fire drills. This was confirmed by staff. Staff who the inspector spoke with knew what to do in the event of a fire. All fire exits were clear and unobstructed and fire evacuation orders were displayed in different parts of the building.

The provider had arranged for all staff to receive training in moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents and were retained in residents' files. There were plenty of hoists available for the moving of residents who required this assistance. Measures were in place to reduce accidents and promote residents' mobility, including safe floor covering and handrails provided in the main circulation areas to promote independence.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The processes in place for the management of medication were generally safe and secure.

Medications requiring strict controls were well managed. They were secure and stock levels were checked and recorded at time of administration and by two nurses at each change of shift. The inspector checked the balance of some medication and found that the balance recorded was consistent with the remaining stock. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored daily. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines. There was a medication policy which was available to nurses for guidance.

The inspector reviewed the administration of medication. Each resident's medications were individually stored in pre-packed blister-packs which were prepared and delivered by the pharmacist. There were colour photographs of residents on the administration charts, which the nurse could check to verify identification if required. The medications listed on administration sheets, including crushed and discontinued medication, were individually signed by the GP. The nurses recorded and signed to confirm each medication administered. There was an up-to-date nurses' signature sheet available.

Outcome 9

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector was satisfied that accidents and incidents were suitably recorded, actioned and notified to the Chief Inspector as required.

The inspector reviewed the recording of accidents, incidents and near misses and found that relevant details of each incident were recorded. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All relevant incidents, recorded in the incident log had been notified to the Chief Inspector by the person in charge. Quarterly notifications had also been regularly and suitably submitted to the Chief Inspector.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests

and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

During the last inspection, the inspector was satisfied that residents' health care needs were met to a high standard. On this inspection the inspector found that this standard continued to be evident and that residents' healthcare needs were well met. Residents had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The inspector found a high standard of nursing care and appropriate medical care was provided to residents. However, the assessment and documentation of restraint management required improvement.

All residents had access to GP services. A review of residents' medical notes showed that GPs visited the centre regularly and an out of hours service was available.

The residents had access to the services of chiropodists and a physiotherapist by private arrangement and the provider provided weekly group physiotherapy sessions for residents. The person in charge arranged dental screening and optical testing for residents. The services of a dietician and language therapy were available to residents if required. Records of referrals were maintained on residents' files.

A new computerised care planning system had recently been introduced and the person in charge had been working with staff to make the changeover and establish this system. The inspector viewed a sample of files of residents with a range of needs such as nutritional issues, risk of developing pressure ulcers, behaviour that is challenging and mobility issues and found that they were completed to a high

standard. Pre-admission and comprehensive assessments had been carried out for residents. Staff had carried out assessments on residents, including mobility, manual handling, skin integrity, risk of falls and nutritional risks and had developed informative care plans to guide the delivery of care based on the assessments. The care plan interventions were being reviewed every three months or as required by the changing needs of the residents. Staff who spoke with the inspector knew the residents well and were very aware of each resident's health care needs.

There were no residents in the centre with wounds or pressure ulcers. The inspector reviewed the file of a resident who had previously had a pressure ulcer and found that it had been well managed.

The person in charge was focussed on reducing the use of bed rails and since the last inspection the use of bed rails had been considerably reduced. None of the residents used lap belts and the use of bed rails had been reduced from 13 to five in 2013. The inspector reviewed the use and management of this restraint, and found that assessments for the use of bed rails were not well documented in some cases. Staff had not recorded detailed assessments prior to the use of bedrails. The alternatives which had been considered had not been consistently recorded and risk balance assessments had not been undertaken. There were records that the use of bed rails had been discussed or agreed with the resident or their representative, the GP and the nurse.

There was a range of activities and light exercises which residents were encouraged to participate in, although residents were free to opt out if they preferred. Detailed social and leisure assessments had been carried out for residents, who had access to recreational and social activities based on their likes and preferences. All staff were involved in interacting socially with residents. There were two activity co-ordinators on duty each weekday, one of whom allocated some time each day to visiting and chatting with residents who preferred to stay in their rooms. One of the activity coordinators had recently completed a training course in 'butterfly moments' a sensory therapy for people with dementia, and had commenced holding these therapy sessions with residents. The other activity coordinator was scheduled to train in the delivery of Sonas, a therapy with a focus on promoting communication, especially for people with dementia, in the near future. Residents were seen enjoying various activities during the inspection. For example, staff played popular music in the day room before lunch and encouraged residents to dance along with them. The residents clearly enjoyed this activity and some told the inspector how much they enjoyed it. The inspector observed that daily newspapers were supplied to residents, there was a supply of books, board games and magazines and the television was available in the dayroom. A daily programme of events was prominently displayed in the centre.

Residents also had access to the gardens, including a secure area with garden furniture, where residents who enjoyed planting had developed a selection of potted plants and window boxes. Residents spent time outdoors when the weather was fine. On the day of inspection, staff had organised a barbeque in the garden which many of the residents attended.

Staff promoted residents' autonomy and independence. Inspectors observed staff encouraging and assisting residents to mobilise and walk to the dining room and bathrooms.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found evidence of good complaints management, although some further development of the complaints policy was required. The person in charge had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a complaints procedure which was clearly displayed and outlined the name of the complaints officer and details of the appeals process. The complaints policy, however, required some further development as it did not include guidance on the recording of complaints and did not identify the person who reviewed complaints records to ensure that they were completed correctly. Policies are further discussed in outcome 4 of this report.

The inspector reviewed the complaints folder and found the complaints were recorded in detail, identified the complainant, the issue and the action taken. The records also included the satisfaction of the complainant with the outcome of the action taken. All complaints and actions were signed and dated. The person in charge carried out quarterly reviews of complaints.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that the staffing levels and skill-mix at the centre were sufficient to meet the needs of residents. The person in charge told the inspector that staffing levels were based on the assessed health, social and personal needs of residents using a validated tool and her own clinical judgment. There were two nurse and seven care assistants on duty on the days of inspection, in addition to the person in charge, CNM, two catering staff, two cleaning staff, one laundry worker, three administrative staff, two activity coordinators and a maintenance person. There was one nurse and three care assistants on duty at night. There was a general manager who was responsible for managing both this centre and Cloverlodge in Athy, Co. Kildare although he was not working in the centre on the day of the inspection. The staff roster confirmed that this was the normal staffing level. Staff told the inspector that they found this staffing level satisfactory and residents stated that there were enough staff on duty. The inspector observed staff being attentive to residents and performing their duties in a timely manner.

The person in charge worked in the centre each weekday and knew the residents well.

Records indicated that staff had received a variety of training. For example, since the last inspection some staff had received training in venepuncture, infection control and elder abuse. Training in medication management, restraint, nursing documentation, behaviour that is challenging, and falls prevention were scheduled for August and September 2013. All staff had also received up-to-date mandatory training in fire safety and manual handling.

The inspector examined a sample of staff files, all of which were in line with legal requirements and contained all of the information required by the Regulations, such as evidence of the employee's mental and physical fitness, photographic identification, three references and Garda Síochána vetting.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge and the clinical nurse manager to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents and staff during the inspection.

Report compiled by:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

26 August 2013

Action Plan

Provider's response to inspection report *

Centre Name:	Cloverlodge Nursing Home Shinrone
Centre ID:	0026
Date of inspection:	20 August 2013
Date of response:	03/09 /2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The statement of purpose did not meet all of the requirements in Schedule 1 of the Regulations.

Action required:

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

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

* 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 with timescales:	Timescale:
<p>Provider's response:</p> <p>We have amended the statement of purpose to incorporate with the additional information .</p>	Completed

Outcome 2: Contract for the provision of services

The provider is failing to comply with a regulatory requirement in the following respect:	
<p>The contract of care required some further development, as it did not fully indicate what was included in the fee.</p>	
Action required:	
<p>Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.</p>	
Reference:	
<p>Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The contract of care will be amended to incorporate with the additional information.</p>	30/09/2013

Outcome 4: Records and documentation to be kept at a designated centre

The provider is failing to comply with a regulatory requirement in the following respect:	
<p>Some of the operational policies such as the complaints and abuse policies required updating to fully reflect practice in the centre.</p> <p>The complaints policy did not include guidance on the recording of complaints and did not identify the person who reviewed complaints records to ensure that they were completed correctly.</p> <p>There was a policy which provided guidance to staff on the recognising and reporting elder abuse, but did not include guidance on investigating an allegation of abuse.</p>	

Action required:	
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.	
Reference:	
Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
All the operational policies and procedures of cloverlodge Nursing home will be reviewed annually and will be reviewed by end of February 2014.	February 2014

Theme: Safe care and support

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect:
Some doors to residents' bedrooms were obstructed from closing and were held open using wedges. This presented a risk to the prompt implementation of fire safety measures in the event of a fire.
All risks specific to the centre and their control measures had not been identified in the risk management policy/risk register.
Action required:
Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.
Action required:
Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.
Reference:
Health Act, 2007 Regulation 32: Fire Precautions and Records Regulation 31: Risk Management Procedures Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Five door guards recently been fitted in resident's rooms those who want to leave the room door opened and there is a programme to progressively fit all rooms with these devices. Meantime all wedges been removed (excepting while the house keeping team is working in the room). Risk management policy is updated with the risks specific to the centre.</p>	Completed

Theme: Effective care and support

Outcome 11: Health and social care needs

<p>The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Assessments for the use of bed rails were not well documented. The alternatives which had been considered had not been consistently recorded and risk balance assessments had not been undertaken.</p>	
<p>Action required:</p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Bed rail assessment form is amended and new assessment had been carried out on resident's use of bed rails and it is incorporated with residents care plan.</p>	Completed