

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cloverlodge Nursing Home Athy
<b>Centre ID:</b>	0025
<b>Centre address:</b>	Clonmullion
	Athy
	Co. Kildare
<b>Telephone number:</b>	059-8640623
<b>Email address:</b>	<a href="mailto:cloverlandltd@eircom.net">cloverlandltd@eircom.net</a>
<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 provider:</b>	Cloverland Healthcare Ltd
<b>Person authorised to act on behalf of the provider:</b>	Paul Minogue
<b>Person in charge:</b>	Sneha Nair
<b>Date of inspection:</b>	16 and 17 April 2013
<b>Time inspection took place:</b>	Day 1 <b>Start:</b> 10.00 hrs <b>Completion:</b> 18.00 hrs Day 2 <b>Start:</b> 09.15 hrs <b>Completion:</b> 16.00 hrs
<b>Lead inspector:</b>	Jackie Warren
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	54, three of whom were in hospital
<b>Number of vacancies on the date of inspection:</b>	6

## 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 six of the 18 outcomes were inspected against. 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.

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

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

There were 54 residents in the centre, 20 of whom were maximum dependency, nine high, 13 medium dependency and 12 low dependency. Three 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.

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

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 evidence-based nursing care was delivered to residents. However, there were some improvement required in the documentation of care interventions and the management of use of bedrails.

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 complementary of staff, and of the healthcare, social activities and meals provided in the centre. A concern about the standard of heating in the building was brought to the attention of the Authority prior to the inspection. This matter was reviewed during the inspection and the provider was not required to take any further action in this matter.

#### **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 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**

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 as well as in management. She was committed to ongoing learning and had completed a diploma course in gerontology in June 2012 and a management course in 2013. She also kept herself up-to-date in evidence-based nursing practice by attending courses, researching online healthcare data and reading professional publications.

The person in charge demonstrated a clear knowledge of the legislation and her legal responsibilities while talking to the inspector. She was very involved with the residents and knew all of the residents very well, both clinically and personally.

Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents informed by ongoing learning and review of practice. The person in charge worked closely with the general manager and was on call at weekends and out-of-hours.

There were appropriate arrangements in place for the absence of the person in charge.

**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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The person in charge and the general manager had taken strong measures to protect residents from harm and abuse. There was a training plan in place which ensured that each staff member attended training in detecting and reporting elder abuse every six months. The HSE DVD on elder abuse was used to deliver this training and one staff member had been trained to present this training to staff. The person in charge was also being trained to deliver this training. Staff who spoke with the inspector were aware of their responsibilities for detecting and reporting abuse. The person in charge was clear on how to manage and respond to allegations of abuse.

There was a policy on detecting and reporting abuse, which guided staff on recognising and reporting elder abuse. However, the policy did not include any guidance on how investigations of elder abuse would be managed.

The inspector examined the arrangements for the safekeeping of residents' valuables and found that residents' money and valuables which had been given to staff for safekeeping were managed in a secure and transparent manner. All money was safely stored and transactions were documented. The transactions were witnessed and signed by either one or two staff members. The transactions were not routinely signed by the residents involved whenever possible, as required by the Regulations. The person in charge or administrator and a witnessing staff member carried out regular checks of the system.

**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:**

No actions were required from the previous inspection.

**Inspection findings**

Although the provider had put measures in place to protect the safety of residents, staff and visitors to the centre, there were some significant risks identified during the inspection.

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. The emergency plan did not, however, provide clear guidance on how to manage all aspects of an evacuation in the event of an emergency. In addition, all the required emergency contact numbers, such as emergency transport companies, were not recorded in the emergency plan.

Staff had received six-monthly training in fire safety and evacuation and this was confirmed by staff and in the training records. The person in charge also organised six-monthly fire drills. Fire evacuation blankets were supplied on all beds. All staff who spoke with the inspector were very clear on fire safety practices and knew what to do in the event of a fire. However, the fire orders, which were displayed throughout the building, did not provide clear instructions on evacuating the building in the event of an emergency.

The inspector viewed the fire records which showed that all fire equipment had been regularly serviced. The fire extinguishers and emergency lighting were serviced twice each year and had been serviced in February 2013 and April 2013 respectively. The fire alarm system was serviced quarterly and had been serviced in March 2013. There were records to indicate that any other internal safety checks were being carried out, such as daily inspections of fire exits and escape routes and weekly checks of fire doors and automatic doors releases. At the time of inspection all fire exit doors were free from obstruction.

However, the inspector found that during the inspection, suitable fire safety measures were not implemented throughout the building. The majority of bedroom doors were closed during the day and staff confirmed that all doors were closed at night. Automatic door releases had been fitted to the doors of some of the bedrooms of residents who preferred to have their doors open while they were in their rooms. However, an additional four residents were not happy for their doors to be closed while they were in their rooms. Their doors did not have automatic door releases fitted and they were held open during the day using wedges and items of furniture. This presented a risk to the prompt implementation of fire safety measures in the event of a fire.

There was a risk management policy, a health and safety statement and a risk register. The risk management policy included all the specific risks required by the Regulations. The person in charge told the inspector that she had just completed a

risk management course. She said that she had gained a greater understanding of risk management and was planning to review and update the risk register in line with this learning. The inspector reviewed the risk register and found that it included completed risk assessments identifying many hazards in the building such as those associated with manual handling, fire, infections and other hazards associated with smoking, although there were no control measures identified for some of the risks. The risk register had not been updated to include a risk specific to the centre. There were two ornamental ponds in the enclosed gardens which could present a risk to residents using the gardens. A risk assessment had not been carried out on how to maintain the safety of residents and visitors in the gardens.

Staff told the inspector that 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. 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. There were plenty of hoists available for the moving of residents who required this assistance. The sluice room, laundry and clinical room were secured with keypad locking systems and were found to be suitably secured throughout the inspection.

A visitors' book was maintained and completed daily to monitor all visitors to the building.

**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 safe and secure management of medication were generally in accordance with current guidelines and legislation.

There was an up-to-date medication management policy to guide staff in medication administration practices. However, the policy did not contain guidance on transcribing and management of medication errors.

The inspector reviewed the administration of medication. Each resident's medications were individually stored in pre-packed and sealed cassettes 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 nurses recorded and signed to confirm each medication administered. There was an up-to-date nurses' signature sheet retained with the administration chart.

The inspector read some of the medication administration charts and found that they were clear and legible. Discontinued medications were signed by the GP and medication which was required to be administered crushed was prescribed as such by the GP. Dosages and routes of administration of medication and maximum dosages of PRN (as required) medication were recorded. The nurses transcribed medications electronically from the original prescriptions and most of these entries were individually signed by the general practitioner (GP). However, a small number of transcribed entries had not been separately signed by the GP but had one signature to verify a group of medications. Nurses were administering medication to some residents from transcribed entries which had not been individually signed by the GP.

The person in charge had strong measures in place to ensure the safety of medication administration. Systems were in place for recording of medication errors and nursing staff were familiar with it. The person in charge carried out monthly medication audits and weekly checks of medication administration charts to ensure that they were being suitably completed. The pharmacist also carried out quarterly medication audits, the most recent being in March 2013. There was a high level of compliance found in this audit and any issues which had been identified had been addressed, such as the provision of a separate secure receptacle for the disposal of any medication that might fall or be otherwise contaminated during the medication round.

Nursing staff had received training in medication management and the pharmacist carried out annual medication management competency assessments on all nursing staff.

Medications requiring strict controls were stored safely in a double-locked cupboard and stock levels were checked and recorded by two nurses at each change of shift. The balance was also checked and recorded by a nurse and a witnessing staff member at the time of administration. The inspector checked the balance of one 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 and recorded on a daily basis. At the time of inspection none of the residents self administered their medications.

**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**

The inspector found 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 evidence-based nursing care and appropriate medical care was provided to residents.

All residents had access to general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A range of healthcare services was available including speech and language therapy physiotherapy, occupational therapy and dietetic services. The physiotherapist visited weekly and delivered a group session as well as attending to individual residents as required. Speech and language, tissue viability, dietetic, optical and quarterly chiropody services were available to residents at no additional fee, while dental treatment was available for a fee. Recommendations from healthcare professionals were recorded in residents' files.

The person in charge had recently introduced a new care planning system, which was now in place for all residents. The new system was computerised and was clear, comprehensive and well organised. The system had commenced one month before the inspection and all staff had received training in its implementation. Each nurse had developed a number of residents' files and the person in charge was in the process of auditing these individually. The person in charge explained that she had identified a need to expand the quality of social and leisure information recorded for residents, but that this had not yet been included in the new files. She planned for the activity co-ordinators to complete social assessments called 'a key to me' for all residents in the near future.

The inspector viewed a number of residents' files and found that they were completed to a high standard, although some further development was required in the documentation of care interventions.

Comprehensive assessments had been carried out for all residents. Staff had carried out additional risk assessments, such as assessments for mobility, skin integrity, risk of falls and nutritional risks and had developed informative care plans to guide the delivery of care. There was evidence that residents or their representatives were involved in the development and review of care plan.

At the time of inspection there were no residents with pressure ulcers, weight loss, behaviour that challenged or significant wounds, while one resident had recently developed a small wound. The inspector viewed the files of the resident with a wound, of some residents who required modified diets and those at a risk of falls. These issues had been assessed and care interventions had been developed to suit each resident's needs. The speech and language therapist had reviewed all residents who required modified diets and recommendations for these residents were clearly documented and supplied to catering and care staff.

Although the care plans were generally informative and comprehensive, the documentation of care interventions required improvement in some files. The care plan interventions were being reviewed every three months or as required. Some of the care plans contained general interventions and were not sufficiently specific, such as, 'regular' exercise, and check 'as necessary', although the person in charge was very clear about the required interventions specific to each resident. The person in charge explained that these issues would be identified during the current audit and would be discussed with staff and addressed.

There was a restraint policy based on the national policy, but some aspects of restraint management were not being implemented in line with the guidance in the policy.

Some residents used bedrails while in bed and a small number of residents used lap belts for safety while seated in their chairs. The inspector reviewed the use and management of this restraint. Consultation between nursing staff, GP and residents or relatives prior to the use of bedrails was recorded on all files. However, the management of bedrails was not in line with the centre's policy on restraint management and required further development. The reasons for the necessity of

bedrails had not been clearly evaluated and documented. There were no records that other relevant options had been explored before implementing this practice. The restraint assessments did not clearly indicate how often residents with bed rails in place should be checked. Care plans had been developed for the use of bedrails.

Residents had a varied and interesting day. 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. There were three activity coordinators employed who were conscious of including all residents in recreational events of their choice. The activity co-ordinators allocated some time each day to visiting and chatting with residents who preferred to stay in their rooms. There was a monthly schedule of activities, which included bingo, arts and crafts, light exercises and daily Rosary. There was also a sensory room, where daily sensory sessions were organised for residents with dementia and cognitive impairment. Cranial sacral therapy had also been provided to these residents.

The management team and activity coordinators also focused on arranging activities outside the centre and maintaining links with the local community. There were weekly swimming lessons in the local pool and a weekly trip to the town market including tea and coffee in a local restaurant. Outings to nearby places of interest were regularly organised. For example, residents had visited Altamount Gardens and the Japanese Gardens and the previous week a group of residents had travelled to the Museum of Irish Art in Collins Barracks by train and luas. Residents had also visited a local racing yard where they watched racehorses being trained. Photographic reminders of these and other outings were displayed in the activity room.

The centre had links with the Athy Age Action group and some of residents attended events organised by the group. Some residents were planning to attend a dinner dance the following weekend while some had been on an outing to Dublin Zoo including a hotel meal with the group.

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

**Outcome 12**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**References:**

Regulation 19: Premises  
Standard 25: Physical Environment

**Actions required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

## Inspection findings

During previous inspections the inspectors found the centre to be well maintained and furnished to a high standard. The accommodation was comfortable, bright and spacious with ample communal space for residents and visitors. Although outcome 12 was not fully inspected during this inspection, the inspector noted that this high standard continued to be maintained throughout the building.

During the previous inspection the inspector was concerned that there was no locking system on the en suite or the communal toilets doors, which may have compromised the privacy of residents. On this inspection the inspector found that locking systems had been provided on all toilet and bathroom doors.

### **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

### **Action required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

## Inspection findings

The inspector reviewed the staffing levels and found that there were sufficient staff on duty to deliver care and 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. The person in charge confirmed that if any changes in residents' dependencies or needs

were identified that the provider increased staffing levels as required to address this need.

There were normally two nurses and eight care assistants on duty during the day, as well as three cleaning and one laundry worker, one receptionist, a maintenance person, two or three activity coordinators and three catering staff. There was a general manager who was responsible for managing both this centre and Cloverlodge in Shinrone, Co. Offaly. He was working in the centre on both days of the inspection. There were two nurses and two care assistants on duty at night with an additional care assistant working from 16:30 hrs to 22:00 hrs each evening.

Staff told inspectors that they found this staffing level satisfactory. The inspector observed staff being attentive to residents and performing their duties in a timely manner. Residents stated that there were enough staff on duty and praised staff for the care that they received.

The provider organised ongoing training to staff. During the previous year staff had received a range of training including basic life support, continence care, care planning, restraint management, care of adult tracheostomy and nutrition and dysphagia. Nurses had received training in medication management.

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 and three references. There was an up-to-date recruitment policy which had been revised since the last inspection to reflect the legal requirement for the provider to obtain three references for all staff.

## Closing the visit

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

## Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, person in charge, general manager and staff during the inspection.

### ***Report compiled by:***

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

19 April 2013

### Provider's response to inspection report \*

<b>Centre Name:</b>	Cloverlodge Nursing Home Athy
<b>Centre ID:</b>	0025
<b>Date of inspection:</b>	16 and 17 April 2013
<b>Date of response:</b>	08 May 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: Safe care and support

#### *Outcome 6: Safeguarding and safety*

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

The policy on detecting and reporting abuse did not include any guidance on how investigations of elder abuse would be managed.

Transactions involving residents finances were witnessed and signed by either one or two staff members. The transactions were not routinely signed by the residents involved whenever possible, as required by the Regulations.

#### **Action required:**

Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

<b>Action required:</b>	
Maintain an up-to-date record of each resident's personal property that is signed by the resident.	
<b>Reference:</b>	
Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 9: The Resident's Finances Standard 17: Autonomy and Independence Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Completed since inspection.	N/A

***Outcome 7: Health and safety and risk management***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>
<p>The emergency plan did not provide clear guidance on how to manage all aspects of an evacuation in the event of an emergency. All the required emergency contact numbers, such as emergency transport companies, were not recorded in the emergency plan.</p> <p>The risk register had not been updated to include a risk specific to the centre. There were two ornamental ponds in the enclosed gardens which could present a risk to residents using the gardens. A risk assessment had not been carried out on how to maintain the safety of residents and visitors in the gardens.</p> <p>There were no control measures identified for some of the risks identified in the risk register.</p> <p>Some bedroom doors were held open during the day using wedges and items of furniture. This presented a risk to the prompt implementation of fire safety measures in the event of a fire.</p>
<b>Action required:</b>
Put in place an emergency plan for responding to emergencies.
<b>Action required:</b>
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.

<b>Action required:</b>	
Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.	
<b>Reference:</b>	
Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Emergency plan is being amended.	17 May 2013
Risk management policy is being amended and precautions will be in place to control the risks identified. In relation to the control measures for the ornamental ponds the company is currently having manufactured galvanised steel mesh covers which will be submerged and secured approximately 2 inches beneath the surface of the water.	28 June 2013
Fire safety measures will be implemented by providing "Dorgard" automatic door closures where required. As an interim measure until these are fitted, a safety alert has been given to all staff members. This identifies those rooms where the resident insist the door remain open and alerts the staff to close these bedrooms immediately on the raising of any fire alarm.	28 June 2013

***Outcome 8: Medication management***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>
The medication management policy did not contain guidance on transcribing and management of medication errors.
Nurses were administering medication to some residents from transcribed entries which had not been individually signed by the GP.
<b>Action required:</b>
Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

<b>Reference:</b> Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Medication management policy amended since inspection.  All efforts are being made to have all doctors sign individually each prescription. Additionally, we are seeking written guidance from the Irish Medical Council. At present the nurses are administering the medications as per the individually signed cardexes excepting five cardexes from one individual GP from whom we are seeking compliance in respect of individual signature for each entry.	

***Outcome 11: Health and social care needs***

<b>The person in charge is failing to comply with a regulatory requirement in the following respect:</b>  Some of the care plans contained general interventions and were not sufficiently specific to guide staff in the delivery of care.  Care plans were not in place or were not sufficient to reflect the needs of residents in area of the assessment and management of the use of bedrails.	
<b>Action required:</b>  Set out each resident's needs in an individual care plan developed and agreed with the resident.	
<b>Reference:</b> Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment 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>
Provider's response:  Careplans were in place, but not sufficiently specific. Individual	31 July 2013

careplans which reflect the needs of the residents are currently being completed.

Primary nurses have been allocated to a number of residents to amend the careplans to make them specific and to reflect the individual needs of the residents. These are being individually reviewed by the PIC as each nurse progresses through their allocated care plans.