

**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:	OSV-0000025
Centre address:	Clonmullion, Athy, Kildare.
Telephone number:	059 864 0623
Email address:	athy@clhc.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cloverland Healthcare Limited (in Receivership)
Provider Nominee:	Pat Shanahan
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	14

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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 10 April 2017 10:00 To: 10 April 2017 17:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspector followed up on the findings from the inspection of February 2016 and monitored ongoing regulatory compliance. The inspector found that the one action required from the previous inspection relating to floor covering was partially addressed with some bedrooms and corridor areas still outstanding.

Cloverlodge Nursing Home is a purpose-built single-storey centre which provides residential care for 60 residents. It was found to be clean, comfortable and welcoming.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

The safety of residents was promoted. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons. There was evidence of safe recruitment

practices.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided.

The remaining action relating to the premises needs to be completed.

This is discussed further in the report and included in the action plan at the end.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis.

There was a clearly defined management structure in place. Staff understood the management structure and effective systems of communication were in place. The inspector saw that regular meetings took place with all grades of staff.

Audits were being completed on several areas such as complaints, falls, and catheter care and medication management. A detailed auditing schedule was in place. The inspector saw that action plans were put in place to address any issues and the results of these audits were shared with all staff at team meetings and used to inform the annual review of the quality and safety of care delivered to residents.

There was evidence of improvements being identified following these audits and interventions put in place to address them. For example following an audit of person centred care, it was identified that some residents would benefit from an indoor gardening area. The inspector saw that this was being developed at the time of inspection.

Data was also collected on a number of key quality indicators such as the use of restraint and the number of wounds, to monitor trends and identify areas for improvement.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

During the inspection she demonstrated her knowledge of the regulations, the National Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities.

The person in charge had maintained her continuous professional development having completed certificate courses in gerontology and management. She had continued to attend training and seminars relevant to her role such as dementia care and care planning.

She discussed plans to continuously improve the service including ongoing reduction and monitoring of the use of restraint within the centre.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The person in charge is supported in her role by a clinical nurse manager who deputises for her in her absence. This person was not on duty at the time of inspection but was previously interviewed by the inspector.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector noted that the safeguarding policy was comprehensive. The inspector viewed the training attendance records and saw that all staff had received training on identifying and responding to elder abuse. Staff spoken with were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge was clear about the measures she would take if she received information about suspected abuse of a resident.

Improvement continues around the use of bedrails and usage was now low. Appropriate risk assessments had been undertaken. There was documented evidence that various alternatives that had been tried prior to the use of bedrails. Safety checks were completed when in use. Additional equipment such as low beds and sensor alarms had also been purchased to reduce the need for bedrails.

The inspector was satisfied that although not currently required, when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice.

The inspector reviewed the management of residents' finances and possessions and was satisfied that these were managed in a safe and transparent way, guided by a robust policy.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement in place. The inspector read the risk management policy which met the requirements of the regulations. The risk register was updated on a regular basis.

Robust procedures for fire detection and prevention were in place. Servicing records were up to date. All staff had attended fire training. Fire drills were carried out on a regular basis and when required action plans were put in place. Personal emergency evacuation plans (PEEPs) were developed for all residents taking into account the number of staff required to evacuate the resident and the ideal means of evacuation.

The inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. In addition alternative accommodation for residents was specified should evacuation be required.

Judgment:

Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that medication management practices were safe.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available

that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. The inspector checked a sample of balances and found them to be correct.

The inspector saw that the pharmacy provides additional training and guidance for staff and residents. The inspector noted that the pharmacist also attends the centre and speaks with residents on an individual basis.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual computerised care plans. There was evidence of resident or relative involvement at development and review. The inspector reviewed the management of clinical issues such as wound care and diabetic care and found they were well managed and guided by robust policies.

Documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A number of GPs provided services to the residents. A full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Physiotherapy was available within the centre. Podiatry, dental and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes. When required the care plans were updated to reflect the recommendations.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Some work was required to the premises in order to ensure that it met resident's individual and collective needs in a comfortable and homely way.

Cloverlodge Nursing Home is a purpose-built single-storey centre. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming.

All bedrooms are single with en suite facilities and there are additional wheelchair accessible toilets located around the building. The centre has two main sitting rooms, a dining room, an oratory, treatment room, consultation room, smoking room, laundry, hairdressing room, storage rooms and sluice rooms.

It was noted at the previous inspection that some areas of carpeting were very stained and in need of replacement. The inspector saw that most areas had been completed. All residents' bedroom floor covering with the exception of six had been replaced. Some corridor areas were also still outstanding. This work needs to be completed and the provider outlined plans in place to do this before the end of June 2017.

The inspector saw that other improvements had occurred to the premises. The outside had recently been painted and looked fresh and welcoming. The front foyer was recently renovated and was bright, clean and resident orientated.

Each resident had a single room which was appropriately decorated and contained personal items such as family photographs, posters and pictures. Residents had access to assistive equipment where required.

There was adequate communal space. The inspector found that appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and

cushions, wheelchairs and walking frames and there was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access.

The centre had two secure courtyard areas with walkways through them. Residents told the inspector that they enjoyed spending time in the garden during fine weather. There was ample garden furniture for residents' use. There was parking for visitors and staff at the side of the building.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
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.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector read the complaints policy and noted that it met the requirements of the regulations. The complaints policy was on display in the centre.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. A complaints log was maintained and the inspector saw that it contained details of the complaints, the outcome and the complainants' level of satisfaction with the outcome.

Judgment:
Compliant

Outcome 18: Suitable Staffing
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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

A recruitment policy in line with the requirements of the regulations was implemented in practice. The inspector examined a sample of staff files and found that all were complete. A checklist was in place to ensure that all staff files met the requirements of the regulations.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated.

Several volunteers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. They had provided a vetting disclosure in accordance with the National Vetting Bureau and their roles and responsibilities were set out in writing as required by the regulations.

A training plan was in place and all mandatory training was up to date.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Cloverlodge Nursing Home
Centre ID:	OSV-0000025
Date of inspection:	10/04/2017
Date of response:	25/04/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Some carpets were very stained and required replacement.

1. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

¹ 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:

The work has been scheduled to replace the carpets.

Proposed Timescale: 30/06/2017