

**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-0004444
Centre address:	Main Street, Shinrone, Birr, Offaly.
Telephone number:	0505 47969
Email address:	shinrone@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	Announced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	11

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.

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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
16 September 2014 10:30	16 September 2014 17:30
17 September 2014 09:00	17 September 2014 14:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of the inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate prior to inspection. As part of the registration process, an interview was carried out with the person in charge, her deputy, the operations manager and the quality and governance manager for the organisation. The person authorised to act on behalf of the provider was interviewed the previous week during an inspection in a different centre.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

The provider and person in charge promoted the safety of residents. Staff had received training and were knowledgeable about the prevention of elder abuse. A risk management process was in place for all areas of the centre although improvement was required to the risk management policy.

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 quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The dining experience was pleasant, and residents were treated with respect and dignity by staff.

The other improvements identified related to the premises and transcribing practices. These are discussed further in the report and included in the Action Plan at the end.

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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service that was provided in the centre. It had been updated to reflect the change in the provider.

Judgment:

Compliant

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. Effective management systems were in place to support and promote the delivery of safe, quality care services.

Audits were being completed on several areas such as complaints, falls and the use of restraint. The inspector saw that action plans with timescales were put in place to address any issues and the results of these audits were shared with all staff at team meetings. There was evidence of improvements being identified following these audits

and interventions put in place to address them. Data was also collected each week on the number of key quality indicators such as the use of restraint and the number of wounds, to monitor trends and identify areas for improvement.

The inspector saw that plans were in place to develop this area further. An initial clinical governance management meeting was held and plans were in place to introduce an audit management system with the assistance of the quality and governance manager.

Regular residents' meetings were carried out and this is discussed in more detail under Outcome 16. There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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.

Theme:
Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector read the Residents' Guide and noted that it met the requirements of the Regulations. It had been updated to reflect the change in provider and was available to all residents.

The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. This had been identified as an area for improvement at the previous inspection. They had also been updated and included details of the services to be provided and the fees to be charged.

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 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.

The person in charge had maintained her continuous professional development having completed a certificate course in management. She had also completed a gerontology course which she found very beneficial. She had continued to attend training and seminars relevant to her role such as end of life care and infection control and food hygiene.

The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection.

The person in charge had appropriate deputising arrangements in place to ensure adequate management of the centre during her absence.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. This included the Directory of Residents and residents' records. The person in charge was aware of the periods of retention for the records.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. The inspector was satisfied that they had been adopted and

implemented throughout the centre. Action previously required relating to policies had been addressed. The person in charge and the quality and governance manager discussed plans to further develop the policies and procedures and provide training for staff on their contents.

Adequate insurance cover was in place.

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 designated 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 (CNM), who deputises for her in her absence. The inspector spoke with the CNM during the inspection and found that she was aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards. She was knowledgeable of the clinical needs of the residents.

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 viewed the training attendance records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge and Operation's Manager were clear about the measures they would take if they received an allegation of abuse of a resident.

The inspector reviewed the procedures in place for responding to behaviours that challenged. Training had been provided to staff and additional training was planned. There was a policy in place which provided guidance to staff.

The inspector reviewed residents' files and noted that a comprehensive assessment had been undertaken. Possible triggers had been identified and staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector saw that additional support and advice were available to staff from the mental health services.

Improvements were noted around the use of restraint which was identified as an area for improvement at the previous inspection. Staff had attended specific training. The inspector noted that appropriate risk assessments had been undertaken. Frequent checks were completed when bedrails were in use. There was documented evidence that alternatives had been tried prior to the use of restraint as required by the centre's policy. Staff spoken with confirmed the various strategies that had been tried. Additional equipment such as ultra low beds had also been purchased to reduce the need for bedrails.

Residents' monies continued to be 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):

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

Findings:

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents although additional improvement was required to the risk management policy.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection.

The risk management policy had been updated since the previous inspection. However additional information was required in order to meet the requirements of the Regulations. For example it did not outline the measures and actions in place to control the specified risks such as self harm.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. The fire alarm system was in working order. There was evidence of frequent fire drills taking place and all staff had attended training. Previous action relating to bedrooms doors being wedged open at the residents' request had been addressed. Door guards had been fitted to ensure that the doors could close in the event of fire.

An emergency plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately. A weekly check was carried out to ensure that the hoist and slings were in working order.

Judgment:

Non Compliant - Minor

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:

Although there was evidence of good medication management practices improvement was required regarding the transcribing of medications by nursing staff.

The practice in place was that a nurse computer generated the resident's prescription on a three monthly basis or as required. This was subsequently signed by the general practitioner (GP). However there was no signature of the nurse who transcribed it in line with professional guidelines. In addition there was no evidence that a second nurse checked the transcribed document.

Otherwise 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. Support and advice were available for the supplying pharmacy. The pharmacy staff were also assisting in the checking of the medications provided against the prescriptions.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct. The inspector saw that the documentation for recording this was recently amended to provide more accurate records.

A secure fridge was provided for medications that required specific temperature control. The temperature which was within acceptable limits 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.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

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

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning. The person in charge and quality and governance manager discussed plans to introduce a more in-depth auditing system as part of their quality improvement initiatives.

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 appropriate evidence-based nursing, 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. Relatives and residents confirmed their involvement at development and review. Relatives also praised the staff for keeping in contact with them whenever there was any change in the residents' condition or treatment plans.

The inspector reviewed the management of clinical issues such as wound care and falls management and found they were well managed and guided by robust policies. Weight management is discussed in more detail under Outcome 15.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT), occupational therapy (OT) and dietetic services. A physiotherapist attended the centre to provide individual and group sessions for the residents. Chiropody, 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.

Each resident has opportunities to participate in meaningful activities and the activity programme was based on residents' assessed interests and capabilities. The inspector spoke to one of two activity coordinators who outlined how the programme was planned with the residents and that individual and group sessions were carried out. She was due to attend additional training the following day on Sonas, a therapy with a focus on promoting communication, especially for people with dementia. Residents were seen enjoying various activities during the inspection. One resident described how she had made queen cakes the previous day and that they had enjoyed them for tea. She said she really liked this as it reminded her of when she baked for the local church.

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):

No actions were required from the previous inspection.

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.

Some of the carpet in the centre was worn and dirty in places. The inspector acknowledged that this had previously been identified and some areas had been renewed.

Some structural work was underway prior to the new provider taking up position. This included converting an existing bathroom into a treatment room and the provision of a hand washing area for staff. These two areas needed to be finished to an acceptable standard. Although the door to the proposed treatment room was locked, the hand washing area was only secured by a plastic sheet which posed a risk to residents.

Otherwise the inspector found that the centre was warm and homely. Some residents showed the inspector their bedrooms. there were nine twin rooms and 38 single rooms which were appropriately decorated and contained personal items such as family photographs, posters and pictures. Residents had access to assistive equipment where required. Pressure relieving mattresses had a daily check to ensure the setting was correct for the resident.

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 a small secure courtyard area and an extensive safe area to the side of the building. The inspector saw residents out there during the inspection. Residents told the inspector that they enjoyed spending time in the garden during fine weather with one resident showing the inspector how she used the garden swing. There was ample garden furniture for residents' use. There was parking for visitors and staff at the front of the building.

Judgment:
Non Compliant - Minor

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The complaint's policy was in place and the inspector noted that it had been amended and met the requirements of the Regulations. The complaints policy was on display in the centre. Residents, relatives and staff who spoke with the inspector knew the procedure if they wished to make a complaint.

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 of the complaint and the complainants' level of satisfaction with the outcome.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in centre. This practice was informed by the centre's policy on end of life care.

The inspector saw that extensive development work had recently been undertaken as regards the use of appropriate care plan documentation. Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. The inspector saw that in some cases very specific information was documented including choice of undertaker and wishes regarding transfer to the acute services.

The inspector also saw that additional end of life care planning documentation had been introduced. This was comprehensive and dealt with the physical, emotional, psychological and spiritual needs of the residents. The inspector spoke with staff and the person in charge who outlined plans to improve this even further as they felt it did not provide adequate information regarding the residents' needs.

The end-of-life policy was comprehensive, evidence-based and the inspector was satisfied that it guided practice. The policy had been revised and updated in response to the training provided by the Authority on thematic inspections. There was a system in place to ensure that staff read and understood the policy. Staff members spoken with were knowledgeable and confirmed this.

The person in charge stated that the centre received support from the local palliative care team. Staff members were knowledgeable about how to initiate contact with the service when required. Staff said that the service was always available for advice and support when required.

Staff discussed with the inspector other initiatives that were underway within the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying.

An information leaflet entitled 'One is called' was developed. This contained useful information about for example how to register the death. In addition it contained contact details for services such as local funeral directors and florists.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight. Staff also confirmed that some staff attended each funeral and a wreath and mass card were given. An annual remembrance mass was held each November and bereaved relatives were invited to attend.

There was a procedure in place for the return of possessions. A specific bag was set aside for this and relatives were given adequate time to return to the centre to gather

any belongings they wished to keep. A policy was in place to guide the return of personal belongings.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

Residents' dietary requirements were met to a high standard. The catering staff discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff and from speaking directly to residents. The inspector noted that the catering staff spoke with the residents during the meal asking if everything was satisfactory.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. Food diaries were completed for residents who appeared to have reduced appetites and records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately. The inspector saw that the dietician carried out regular reviews until the resident was discharged from the service.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The inspector saw that snacks and refreshments were available at all times. Choices of drinks and fruit were available on the tables in the day room. Although most residents went to the dining room they had a choice as to where to have their meals.

The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. Savoury choices were now available at each meal. The inspector saw that in the main residents who required their meal in an altered

consistency had the same choices as other residents.

All residents spoken with commented on the availability of homemade cakes and scones. The catering staff told the inspector that menu plans had recently been reviewed by a dietician to ensure that they were wholesome and nutritious. The inspector saw that recommendations had been taken on board. For example the inspector read where the dietician had recommended that choices of snacks be increased to include fruit and yoghurts and this was now the case.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred 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 privacy and dignity was respected.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Although the toilet doors could be locked a resident had previously asked that a 'please knock' sign be placed on the toilet doors to remind staff to check before entering. This was now in place.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available. Church of Ireland services and mass took place on a weekly basis. The provider and person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A residents' council had been established. All residents were invited to attend. The inspector read the minutes of some of these meetings and noted that suggestions made by residents had been addressed by the person in charge. For example, residents had made suggestions about the range of activities available. In particular there was a request for more bingo and this had been increased to twice weekly. Some residents had also requested a Sunday fry up and this was in place.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents could have their laundry. The inspector visited the laundry which was organised and well equipped. Staff spoken with were knowledgeable about the different processes for different categories of laundry.

There was adequate space for residents' possessions including a lockable space. Residents and relatives spoken with confirmed that they were happy with the service provided.

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 and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in

accordance with best recruitment practice.

The inspector examined a sample of staff files and found that all were complete. Up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained which identified which staff had attended training, which were due to attend and the dates of courses planned. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training on infection control, use of restraint and dementia care including the management of behaviours that challenge.

The inspector also saw where staff appraisals were undertaken on a yearly basis and the results of these were used to plan a training programme.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the Regulations.

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-0004444
Date of inspection:	16/09/2014
Date of response:	09/10/2014

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 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk management policy did not meet the requirements of the Regulations.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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 risk management policy was amended on 18th September 2014. A risk management policy is now in place which meets all the requirements of the Regulations, and the policy includes the measures and actions in place to control the risks identified.

Proposed Timescale: 10/10/2014

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Improvement was required regarding the transcribing of medications by nursing staff.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

The process of transcribing medications by nursing staff is undertaken in line with An Bord Altranais guidelines and within the Scope of Professional Practice. Transcription is carried out according to the centre policy. Prescriptions are generated electronically. When nurse transcribing occurs, the transcribing nurse enters the prescription information and prints off the prescription, which is then checked, counter-signed and dated by another designated nurse. The transcribed prescription is signed and dated by the GP as soon as possible, and at least within 72 hours.

Proposed Timescale: 10/10/2014

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 of the carpet in the centre was worn and dirty in places.

Some internal structural work was unfinished.

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.

Please state the actions you have taken or are planning to take:

A carpet replacement programme has commenced and four rooms will be completed by Dec' 14. The internal structural work will be finished in the coming weeks.

Proposed Timescale: 31/12/2014