<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cloverlodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000025</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Clonmullion, Athy, Kildare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>05986 40623</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:athy@clhc.ie">athy@clhc.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Cloverland Healthcare Limited (in Receivership)</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Pat Shanahan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>55</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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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:
09 September 2014 10:00  09 September 2014 18:00
10 September 2014 09:30  10 September 2014 15:30

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

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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
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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, the operations manager and the person authorised to act on behalf of the provider.

Overall, the inspector was satisfied that residents will receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the
The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were robust. Recruitment practices and staff files met the requirements of the Regulations. The centre was managed by a suitably qualified and experienced nurse who was accountable and responsible for providing a high standard of care to residents.

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 dining experience was pleasant, and residents were treated with respect and dignity by staff.

Although improvements were noted to the premises, additional work was required to ensure it met the requirements of the Regulations. This is discussed further in the report and included in the Action Plan at the end of this report.
### 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 medication management. 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. There was evidence of improvements being identified following these audits and
interventions put in place to address them. For example following a risk management audit, additional action was taken regarding missing resident profiles to ensure that all required information was readily available. 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. Resident satisfaction surveys were also completed on a yearly basis to measure residents' satisfaction with the service provided.

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

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**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 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 Quality 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 a certificate course in gerontology and management. She had also recently completed the LEO programme (Leading and Empowered Organisation) 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. 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. 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.

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 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 two Clinical Nurse Managers (CNM), who deputise for her in her absence. The inspector spoke with both staff members during the inspection and found that they were aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards.

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):**
This was the centre’s first inspection by the Authority.

**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 information about suspected abuse of a resident.

Residents spoken with and questionnaires received confirmed that residents felt safe in the centre. They primarily attributed this to the staff being available to them at all times.

Small amounts of money were managed for some residents at their request. The inspector was satisfied that this was managed in a safe and transparent way, guided by a robust policy. Frequent checks of the balances were carried out by two staff members to ensure that they were correct.

**Judgment:**
Compliant

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

**Findings:**
The inspector was satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

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 risk management policy met the requirements of the Regulations. Previous actions relating to this had been completed.
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 fire alarm system was in working order and fire exits, which had daily checks, were unobstructed. Fire drills with training were carried out on a six monthly basis and were run over a couple of days to ensure that all staff attended. Staff spoken with were clear on the procedure they would follow in the event of a fire. A list of residents who were in the centre was updated on a daily basis and the senior nurse on duty acted as fire marshal.

Additional equipment had been provided to use for residents who liked their bedroom door to remain open. This was noise activated and released the door if the fire alarm sounded.

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. Individual risk assessments were also completed on the use of the slings.

**Judgment:**
Compliant

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### 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 medication management policy had recently been reviewed and provided guidance to staff across the range of medication practices.

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. In addition, staff told the inspector that plans were in place for the supplying pharmacy to attend the centre and speak to residents or relatives regarding their prescriptions. 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.

**Judgment:**
Compliant

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**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.

**Judgment:**
Compliant

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**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):**
The action(s) required from the previous inspection were satisfactorily implemented.
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. Relatives and residents confirmed their involvement at development and review.

The inspector reviewed the management of clinical issues such as wound care, nutritional care and falls management and found they were well managed and guided by robust policies. The use of restraint was identified as requiring action at the previous inspection. Although usage remained high, the inspector saw that appropriate safeguards were in place including risk assessments, consideration of alternatives and ongoing checks while bedrails were in use. Low low beds had also been provided to reduce the need for bedrails.

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 in house including speech and language therapy (SALT), physiotherapy and dietetic services. Additional occupational therapy sessions were being introduced. 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 the activity coordinator who outlined how the programme was planned with the residents and that individual and group sessions were carried out. He was attending additional training the following day on Sonas, a therapy with a focus on promoting communication, especially for people with dementia. Daily records were maintained of residents’ participation in the various activities. Residents were seen enjoying various activities during the inspection. An art session was underway and bingo was also a firm favourite.

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. This included:

Some of the carpet in the centre was worn and very dirty in places. The inspector acknowledged that this had already been identified by the provider and staff. A plan was in place to replace this on a phased basis and the inspector saw that so far five rooms had new covering.

The inspector noted that most of the doors in the en suites did not have a locking mechanism and was concerned that this could impact on the privacy of the residents.

A fridge in the main kitchen was not working and staff stated that it was required to maintain food safety.

These issues were discussed at the feedback meeting and the inspector was made aware that there was a system in place for planned internal decorating which was underway within the organisation.

Otherwise the inspector found that the centre was warm and homely. Some residents showed the inspector their bedrooms. 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:
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):
No actions were required from the previous inspection.

Findings:
The complaint’s policy was in place and the inspector noted that it met the requirements of the Regulations. It had recently been updated to reflect a change in the provider. 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 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. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents’ dignity and autonomy were respected.

The training records showed that training had been provided for a range of different grades of staff. The inspector spoke to staff members concerning this training and all stated that they found it helpful and beneficial.

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, dress they would like to wear and wishes regarding transfer to the acute services. The practices were supported by an end-of-life policy which had recently been reviewed.
The person in charge stated that the centre received advice and support from the local palliative care team. Staff were also using some of 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.

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 the return of possessions. 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. In addition a system was in place to ensure that the final bill was not sent to the family until after the month's mind mass.

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 each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

There was a food and nutrition policy which was centre specific and provided detailed guidance to staff. The policy had been reviewed in response to the training provided by the Authority on thematic inspections. Staff members spoken to by the inspector were knowledgeable regarding this policy.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents’ food intake and fluid balance were accurately completed when 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 residents had been reviewed by a speech and language therapist
if required. The inspector read the treatment notes and observed practices and saw that
staff were using appropriate feeding techniques as recommended. The inspector saw
that there was adequate staff to provide assistance in a discreet and sensitive manner if
required. Each morning a staff member was allocated to each resident who required
assistance or supervision so that each staff member was aware of who they were to
provide assistance or supervision to for snacks and meals throughout the day.

The inspector saw that other specialist services were available to the residents if
required including dental services which were available in house or in the local
community. Improvements were on going as regards residents' oral health. Oral health
assessments were completed on all residents and the inspector saw that oral hygiene
care plans were in place if needed.

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 chef on
duty discussed the special dietary requirements of individual residents and information
on residents’ dietary needs and preferences.

The catering staff discussed on-going improvements in the choice and presentation of
meals that required altered consistencies. Some staff had attended additional training
and moulds were in use to improve the presentation of the meals. The inspector saw
that residents who required their meal in an altered consistency had choices available to
them and both chefs spoken with confirmed that they had plans to increase this even
further with the introduction of the winter menu.

The inspector saw that snacks and refreshments were available at all times. Jugs of
water and juices and fruit were available in the day rooms. The inspector saw residents
frequently offered a choice of drinks including smoothies. Residents spoke very highly of
the catering staff and praised the selection of homemade desserts and cakes.

The inspector saw that suggestions made by residents at the committee meetings had
been taken on board. For example some residents felt that the morning breakfast tray
was too packed. As a result a 'choice trolley' was set up and as each resident was given
their usual morning breakfast they were asked if they would like additional items from
the trolley such as fresh fruit, home made brown bread or boiled eggs.

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 residents were consulted about how the centre was run and were enabled to make choices about how to live their lives.

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. Locking mechanisms are discussed under Outcome 12. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

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 or some residents returned home for this. Mass took place on a weekly basis. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A residents’ committee had been established and regular meetings were held. The inspector read some of the minutes and saw that when residents had made some recommendations these had been acted upon. For example the residents had asked that visitors who were not joining in the daily resident led rosary did not stay in the day rooms at this time. Staff confirmed that visitors had been informed about this request.

The person in charge told inspectors that she promoted links with the local community. Some residents continued to attend day services and transport was available from outside the centre. Some residents and staff took walking trips down to the town either shopping or going for coffee. Home visits and outings were encouraged.

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 attended to within the centre. The laundry was organised and well equipped. Staff spoken with were knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided.

Adequate storage space was provided for residents’ possessions.

### Judgment:
Compliant

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### 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 was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. The inspector examined a sample of staff files and found that all were complete.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly.

The person in charge promoted professional development for staff. Training was tailored to meet residents’ needs. Staff told the inspector they had received a broad range of
training which included nutrition, end of life care and infection control.

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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cloverlodge Nursing Home</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004443</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>09/09/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26/09/2014</td>
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</tbody>
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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 of the carpet in the centre was worn and very dirty in places.

Most of the doors in the en suites did not have a locking mechanism.

A fridge in the main kitchen was not working and staff stated that it was required.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 replacement plan for the carpets has been initiated. Five bedrooms have already been completed and further replacements are scheduled in the coming months. This will be a six month program with significant works planned for completion by 31 Dec 2014.

A programme has commenced to add thumb locks to each en-suite.

The Fridge is the main kitchen has been ordered and due for delivery in the coming week.

Proposed Timescale: 31/12/2014