

**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-0000026
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	Unannounced
Number of residents on the date of inspection:	39
Number of vacancies on the date of inspection:	17

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 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: 01 September 2015 10:00 To: 01 September 2015 15:00

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

Outcome	Our Judgment
Outcome 04: Suitable Person in Charge	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

As this centre is in receivership, the inspector also reviewed some outcomes to ensure that residents were not adversely affected.

The inspector was not satisfied that the safety of residents, visitors and staff was sufficiently promoted. Issues were identified in relation to fire safety and immediate action was required to address these. Some staff had not attended fire training and some checking procedures had lapsed. A confirmation email was received by the Authority that the actions were completed.

Action required relating to medication practices had been completed. The risk management policy had been updated. However the inspector found that the dining experience for residents who required modified consistency diets needed to be improved.

The inspector also found that the action agreed following the previous inspection relating to the floor coverings had not been completed within the timescale. This is discussed further in the report.

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

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 existing person in charge had recently resigned and the inspector met with the person who is to take up this post.

An interview was carried out during which she demonstrated her knowledge of the Regulations and the Standards. She is a registered nurse and has the required experience in nursing older people. She had undertaken a Masters in health care management and a gerontology course.

She continues to attend clinical courses and is also undertaking a specific course on efficiency and effectiveness in the health system.

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

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):

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

Findings:

The inspector was not satisfied that the provider and person in charge had prioritised the safety of residents.

The inspector reviewed the fire training records and noted that a number of staff had not attended the required training. This was discussed with the person in charge and because of the possible risk to residents immediate action was required. The inspector asked that these staff were not rostered for duty until they had attended training. The person in charge undertook to address this immediately.

A confirmation email was received by the Authority the following day confirming that this training had taken place.

In addition the inspector noted that there were no records of weekly checks of the fire alarms or doors. Recorded checks had stopped in April 2015 but there was no explanation as to why.

Other 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 panel was in working order and fire exits, which had daily checks, were unobstructed.

The risk management policy was identified as an area for improvement at the previous inspection and the inspector noted that this now met the requirements of the Regulations. The emergency plan was currently being updated to ensure that it provided sufficient guidance to staff.

Judgment:

Non Compliant - Major

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):

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

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. Action previously required relating to transcribing medications had been addressed. Currently nurses did not undertake

transcribing.

The inspector saw that plans were at an advanced stage to introduce new prescription and administration documentation. The inspector read a sample and saw that they were in line with national guidelines.

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 a sample of balances and found them to be correct.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

A new pharmacist was now supplying the medication and plans were afoot for him to attend the residents' meeting to introduce himself and make arrangements to visit individual residents if that was their choice. Support and advice was also provided as necessary.

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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:

Despite previously agreed action, work was still 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 very dirty in places. Following the previous inspection, an action plan was agreed with the Authority to replace this as part

of a carpet replacement programme on a phased basis. However this had not been completed as agreed.

In addition some areas of floor covering were uneven and posed a trip hazard to residents.

Action previously required in relation to internal structural work had been completed.

Judgment:

Non Compliant - Moderate

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. Improvement was required to the way that meals were presented to residents requiring a modified consistency diet.

The inspector visited the dining room and the separate area used for residents who required assistance. While the tables were set out for residents who could independently manage, they were not set for residents who required assistance. The meals were nicely presented in coloured bowls and each had a teaspoon at the side. However there were no condiments or napkins etc. on the tables. The inspector noted that staff did not ask the residents if they would like salt or pepper or which drink they would prefer. At one table, the residents had almost completed their meal before the drink was served.

Otherwise the inspector was satisfied that residents' dietary requirements were met to a high standard. The chef 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. 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.

Although the inspector was satisfied that choice was offered at each meal and each resident was asked what their preference was, the menu was not as display to act as a reminder for residents and staff.

The chef and person in charge told the inspector that the menus had recently been reviewed and this included surveying the residents to see if there were any additional dishes they would like included. Rabbit stew had been requested by some residents and the inspector saw that this was now included on a regular basis. The menu plans had recently been reviewed by a dietician to ensure that they were wholesome and nutritious and no changes were required.

Judgment:

Non Compliant - Moderate

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. All staff and volunteers 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. 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. The inspector saw that they had been vetted appropriate to their role and had their roles and responsibilities set out in a written agreement as required by the Regulations.

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.

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-0000026
Date of inspection:	01/09/2015
Date of response:	18/09/2015

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:

A number of staff had not attended fire training.

1. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes,

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

All staff who required fire training have received training with a registered instructor on 8th September 2015.

Proposed Timescale: 08/09/2015

Theme:

Safe care and support

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

There was no documented evidence that fire door checks had been completed.

2. Action Required:

Under Regulation 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

The fire door checks had been completed but not documented. The PIC will ensure that all checks are documented in the fire register appropriately.

Proposed Timescale: 18/09/2015

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.

Some floor covering were uneven and posed a trip hazard to residents.

3. 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:

Work commenced in the centre to replace the old and worn carpets. Flooring in the reception and lobby will be replaced and damaged flooring will be repaired.

Proposed Timescale: 18/09/2015

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

The tables were not set for residents requiring a modified consistency diet.

4. Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

Changes were made to the table settings for the tea-time meal on the day of the inspection and these changes will be maintained.

Proposed Timescale: 18/09/2015

Theme:

Person-centred care and support

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

Residents requiring modified consistency diets were not asked regarding additional seasoning or which drink they would like at dinner time.

5. Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

Residents requiring modified consistency diets are now routinely offered seasoning and which choice of drink they would prefer.

Proposed Timescale: 18/09/2015

