

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cloverlodge Nursing Home
Centre ID:	OSV-0000025
Centre address:	Clonmullion, Athy, Kildare.
Telephone number:	059 864 0623
Email address:	athy@clhc.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cloverland Healthcare Limited (in Receivership)
Provider Nominee:	Pat Shanahan
Lead inspector:	Sheila Doyle
Support inspector(s):	Ide Cronin
Type of inspection	Unannounced
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	12

About monitoring of compliance

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualized, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 February 2016 10:30 To: 23 February 2016 17:00

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

Outcome	Our Judgment
Outcome 01: Health and Social Care Needs	Compliant
Outcome 02: Safeguarding and Safety	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliant
Outcome 04: Complaints procedures	Compliant
Outcome 05: Suitable Staffing	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. This centre rated the service as compliant in five of the six outcomes with a substantial compliance in the sixth relating to the premises. Inspectors findings were in agreement with this.

Inspectors met with residents, relatives, and staff members during the inspection. They tracked the journey of a number of residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records and staff training records. Inspectors reviewed the self assessment questionnaire which were submitted by the provider prior to inspection and noted that the relevant policies were in place.

Cloverlodge Nursing Home is a purpose-built single-storey centre, which provides residential care for 60 people. Approximately 40% of residents have dementia. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there.

Each resident was assessed prior to admission to ensure the service could meet their need and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs. Safe and appropriate levels of supervision were in place to maintain residents' safety. There were policies and procedures in place around safeguarding residents from abuse. Arrangements were in place to support the civil, religious and political rights of residents with dementia.

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. Staff were offered a range of training opportunities, including a range of specific dementia training courses.

The person in charge discussed plans already afoot to further improve the quality of life/care for the residents with dementia, including additional changes to the premises, a full review of the activity schedule and working with families to personalise the rooms. An audit timescale was in place to monitor completion of these plans.

In order to ensure the design and layout of the premises will promote the dignity, well being and independence of residents with a dementia the provider needs to complete the planned action in relation to the premises.

These are discussed further in the body of the report and the action required is included in the action plan at the end.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. In recent weeks, the common summary assessment (CSARs) developed in the community prior to admission was now being provided to the centre.

Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls, level of cognitive impairment and their skin integrity. There was also an appropriate pain assessment tool. A care plan was developed within 48 hours of admission based on the resident's assessed needs.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Should admission to the acute services be required a detailed transfer form was completed to ease the transition for the resident. This included details regarding the level of mobility, falls risk, communication needs, nutritional requirements and medications. Inspectors noted that similar information was provided on discharge back to the centre including updates from members of the multidisciplinary team.

Inspectors reviewed the management of clinical issues such as wound care, epilepsy and falls management and found they were well managed and guided by robust policies.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly

thereafter. Residents' weights were checked on a monthly basis or more frequently if required. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dieticians and speech and language therapists where appropriate. Inspectors also noted that individual preferences and habits around mealtimes were recorded. This included details such as whether the resident liked to eat in the dining room, at what time they preferred their soup and strategies to use if the resident left the dining room etc.

Inspectors were satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. 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 practices were supported by an end-of-life policy. Having reviewed a sample of care plans inspectors were satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. In some cases very specific information was documented regarding their preferences. The person in charge stated that the centre received advice and support from the local palliative care team

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. In the sample of prescription and administration records reviewed, inspectors found that they met with regulatory requirements. Residents had access to the services of the pharmacist of their choice and the pharmacist was available to meet with residents if required. He was in the centre on the day of inspection and in addition to carrying out an audit of medication practices he was also scheduled to meet with some residents and relatives. Records showed that all nursing staff had attended medication management training.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was a policy in place covering the prevention, detection, reporting and investigation of allegations or suspicion of abuse. It incorporated the national policy on safeguarding vulnerable persons at risk of abuse. Staff spoken to by inspectors confirmed that they had received training on recognising abuse and were familiar with

the reporting structures in place.

There were policies in place about managing behaviour that challenges. Policies were seen to give clear instruction to guide staff practice. The use of psychotropic and night sedative medication was audited on a regular basis. Three monthly reviews of all medications were undertaken by general practitioners (GP) and the pharmacist. The person in charge and nursing team were clear on the considerations they would give with regards to whether or not psychotropic medication was needed in consultation with the medical team.

Nursing staff spoke of monitoring residents for signs of infections, constipation and changes in vital signs in order to establish the cause of behaviours that challenge. Currently there were no residents with behaviour that challenges but staff spoken with described various strategies they would use. This included the identification of possible triggers and appropriate intervention strategies. During the inspection staff approached residents in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Inspectors saw that additional support and advice were available to staff from the mental health services.

Ongoing improvements were noted around the use of bedrails and usage was now low. Inspectors noted that appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Safety checks were completed hourly when in use. Additional equipment such as low beds and sensor alarms had also been purchased to reduce the need for bedrails.

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

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Inspectors were satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected.

Rights, privacy and dignity were respected with personal care delivered in their own bedroom or in bathrooms. There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends in the large open plan

areas which was bright and spacious. During the day residents were observed to move around the centre freely. Staff were observed to interact with residents in a warm and personal manner.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents. The observations took place in the activity room, the day room and the dining room at lunch time. Observations of the quality of interactions between residents and staff in for selected periods of time indicated that 79% of interactions demonstrated positive connective care, 17% reflected task orientated care while 4% indicated neutral care. Inspectors saw that a large number of staff of different grades interacted in a positive way with residents during the observation periods. At one stage four staff members were involved in activities with a group of residents ensuring that all the residents were fully engaged at that time. Similarly at lunch time inspectors noted that a staff member was sitting at each table with a small group of residents thereby allowing positive connective care to take place.

The communication needs of residents were assessed and care plans put in place to address them. Inspectors also observed during a period of observation that the staff member knew the residents well and connected with each resident on a personal level.

There was a residents' committee in operation. Inspectors viewed the minutes of the previous meeting which had taken place on 2 February 2016. There was evidence that there were designated personnel to act as advocates for residents on this committee. Inspectors were satisfied that these were independent advocates from a national group. Posters were displayed at the nurses' station with a photograph of the advocates to act as a reminder for residents. This service ensured that any issues raised for residents with dementia were acknowledged, responded to and recorded, including the actions taken in response to issues raised.

There was evidence that feedback was sought from residents with dementia on an ongoing basis on the services provided. Satisfaction surveys had recently been completed which indicated overall satisfaction with service provided.

Family meetings also took place; the most recent meeting had been on 26 January 2016. Issues discussed included a review of activities/ therapies for residents with dementia and compiling life story books. Inspectors acknowledged that 'a key to me' was already developed for all residents. This contained information about each resident's past life, their jobs and significant events in their lives. Staff spoken with were very knowledgeable about the residents and discussed with inspectors key information about the residents.

There were two activities coordinators employed five days per week. Care staff took over the role of activities at weekends and were also involved in assisting the activity staff during the day. Inspectors found there was a varied activities programme with arts and crafts, exercise, bingo, baking and knitting included. Inspectors spoke with the activity co-ordinators and found that they were well informed. Inspectors saw that there was ongoing development work in relation to residents with dementia. Although at its infancy, it included reviewing dementia appropriate techniques such as life stories, reminiscence, reality orientation and the use of sensory equipment. This was discussed

with the person in charge who confirmed that this was ongoing work.

Residents were facilitated to exercise their civil, political and religious rights. Inspectors were told that residents were enabled to vote in national referenda and elections with the centre registered to enable polling. In house polling had taken place the previous week for the upcoming election.

Inspectors observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Inspectors observed that some residents were spending time in their own rooms, watching TV, or taking a nap. Other residents were seen to be spending time in the various communal areas of the centre. Newspapers and magazines were available as observed by inspectors.

Community involvement was encouraged and the centre itself also fostered links and were involved in local initiatives such as the 'young at heart' retirement group.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed in the front hall met the regulatory requirements.

Some residents and relatives spoken with were clear about who they would bring a complaint to. Records reviewed showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

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

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

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

There was a varied programme of training for staff. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, moving and handling and fire safety. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in dementia specific training which covered issues such as communication needs and strategies, the management of behaviour that challenges, the provision of activities and reminiscence.

Inspectors saw that other courses planned included falls prevention, restraint, infection control, incontinence management and medication management.

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

Outcome 06: Safe and Suitable Premises

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 layout and design of the centre was suitable for its stated purpose and met the needs of the residents. Once the planned renovations are completed, the design and layout will promote the dignity, well being and independence of residents with a dementia.

Cloverlodge Nursing Home is a purpose-built single-storey centre. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. All bedrooms are single with en suite facilities and there are additional wheelchair accessible toilets located around the building. The centre has two main sitting rooms, a dining room, an oratory, treatment room, consultation room, smoking room, laundry, hairdressing room, storage rooms and sluice rooms.

Each resident had a single room which was appropriately decorated and contained personal items such as family photographs, posters and pictures. The person in charge discussed how meetings had been held with families of residents with dementia. Among items discussed included ways of making each resident's room more personalised. Inspectors saw that a lot of quality improvement initiatives were underway in this regard. For example one family had brought in an extensive range of photographs and memorabilia to assist with making the bedroom more homely. Bedrooms windows were at a low level and residents had good views of the gardens and courtyards.

Inspectors saw that memory boxes were being developed for each resident. These contained items such as old photographs, perfume bottles and various other items of interest. Inspectors also noted that there was a clock and calendar in each resident's room

The person in charge discussed plans afoot to further enhance the environment. Work on changing the colour of the toilet doors was due to start the day after inspection. Plans were also afoot to provide contrasting colours in the toilets to aid orientation. Appropriate signage in word and picture format was available at eye level height throughout the centre.

Action previously required relating to the premises had been completed. At previous inspections it was identified that some carpets in hallways, communal areas and bedrooms were worn and very dirty in places. Inspectors saw that this had been addressed and the person in charge discussed plans to continue with this refurbishment on an ongoing basis.

There was adequate communal space. Inspectors found that there was adequate appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Servicing was up to date. There was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access. All walkways were clear and uncluttered to ensure resident's safety when mobilising.

The centre had two secure courtyard areas with walkways through them which residents could access. The person in charge discussed planned renovations to these areas prior to the summer months.

There was ample parking for visitors and staff at the side of the building.

Judgment:
Substantially 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:

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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Cloverlodge Nursing Home
Centre ID:	OSV-0000025
Date of inspection:	23/02/2016
Date of response:	08/03/2016

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 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia.

1. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in

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

accordance with the statement of purpose prepared under Regulation 3.

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

The refurbishment programme is ongoing which will enhance the physical environment.

This will include upgrading of further bedrooms and ensuites.

The two secure courtyard areas will be upgraded before summer (31/05/16).

Proposed Timescale: 31/05/2016