

**Health Information and Quality Authority  
Regulation Directorate**

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



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| <b>Centre name:</b>                                       | Cloverlodge Nursing Home                                 |
| <b>Centre ID:</b>   | OSV-0000026  |
| <b>Centre address:</b>                                    | Main Street,<br>Shinrone,<br>Birr,<br>Offaly.            |
| <b>Telephone number:</b>                                  | 0505 47969   |
| <b>Email address:</b>                                     | shinrone@clhc.ie   |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | Cloverland Healthcare Limited (in Receivership)          |
| <b>Provider Nominee:</b>                                  | Pat Shanahan   |
| <b>Lead inspector:</b>                                    | Sheila Doyle   |
| <b>Support inspector(s):</b>                              | None   |
| <b>Type of inspection</b>                                 | Unannounced  |
| <b>Number of residents on the<br/>date of inspection:</b> | 39   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 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.

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

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

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

**The inspection took place over the following dates and times**

From: 11 April 2017 09:00 To: 11 April 2017 17:30

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

| <b>Outcome</b>                                    | <b>Our Judgment</b>      |
|---|--------------------------|
| Outcome 02: Governance and Management             | Compliant                |
| Outcome 03: Information for residents             | Compliant                |
| Outcome 04: Suitable Person in Charge             | Compliant                |
| Outcome 06: Absence of the Person in charge       | Compliant                |
| Outcome 07: Safeguarding and Safety               | Non Compliant - Moderate |
| Outcome 08: Health and Safety and Risk Management | Compliant                |
| Outcome 09: Medication Management                 | Non Compliant - Moderate |
| Outcome 11: Health and Social Care Needs          | Non Compliant - Moderate |
| Outcome 12: Safe and Suitable Premises            | Substantially Compliant  |
| Outcome 18: Suitable Staffing                     | Compliant                |

**Summary of findings from this inspection**

The inspector followed up on the findings from the inspection of March 2016. The inspector found that of the seven actions required from that inspection, three had been completed within the agreed timescale. One other was partially completed while the remaining had not been addressed within the agreed timescale.

Cloverlodge Nursing Home is a purpose-built two-storey centre, which provides residential care for 56 people.

The overall atmosphere was homely and comfortable. There were appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff were offered a range of training opportunities including a range of dementia specific training courses.

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. Some improvement was required relating to the assessment of residents who, due to their conditions, had episodes of responsive behaviour.

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

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services and to a range of other health services.

Improvement was also required to ensure that appropriate care plans were in place to address residents' assessed needs. Actions required from the previous inspection relating to care planning and medication had not been addressed within the agreed timescale. In addition, some outstanding action, previously identified in relation to floor covering, required completion. Other actions relating to the premises were also identified.

These are discussed further in the report and included in the action plan at the end.

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

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

The inspector was satisfied that 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.

Audits were being completed on several areas such as complaints, falls and the use of restraint. The inspector saw where the results of these were analysed and presented in written reports which were shared with staff. The inspector saw evidence of improvements being brought about as a result of these.

A relative satisfaction survey was underway at the time of inspection.

The inspector saw that the annual review of the quality and safety of care delivered to residents in the designated centre was undertaken and the recently completed version was at final draft stage. Arrangements were in place to discuss the findings at the next residents' meeting.

**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.***

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| <p><b>Theme:</b><br/>Governance, Leadership and Management</p>  |
| <p><b>Outstanding requirement(s) from previous inspection(s):</b><br/>No actions were required from the previous inspection.</p> <p><b>Findings:</b><br/>The inspector read a sample of completed contracts and saw that they met the requirements of the regulations. They included details of the services to be provided and the fees to be charged.</p> <p>The inspector read the Residents' Guide and noted that it met the requirements of the regulations. It was on display in the front hall and was available to all residents.</p> |
| <p><b>Judgment:</b><br/>Compliant</p>   |

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| <p><b><i>Outcome 04: Suitable Person in Charge</i></b><br/><b><i>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</i></b></p>  |
| <p><b>Theme:</b><br/>Governance, Leadership and Management</p>  |
| <p><b>Outstanding requirement(s) from previous inspection(s):</b><br/>No actions were required from the previous inspection.</p> <p><b>Findings:</b><br/>The person in charge is a registered nurse and has the required experience in nursing older people. She had undertaken a post graduate course in management and was currently completing a Masters' degree in dementia care.</p> <p>She continues to attend clinical courses such as wound care and end of life care.</p> <p>During the inspection she demonstrated her knowledge of the regulations and the standards and outlined plans in place to further improve the service.</p> |
| <p><b>Judgment:</b><br/>Compliant</p>   |

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| <p><b><i>Outcome 06: Absence of the Person in charge</i></b><br/><b><i>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</i></b></p> |
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***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:**

There had been no period when the person in charge was absent from the designated centre in excess of 28 days. The provider was aware of the requirements to notify the Chief Inspector should this occur.

The person in charge is supported in her role by a recently appointed clinical nurse manager (CNM) who will deputise for her in her absence. The inspector interviewed this person 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.

**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 harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. However improvement was required in the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Because of their medical conditions, some residents had episodes of responsive behaviour. The inspector read a sample of care plans and found that they did not contain sufficient detail to guide practice. This could also impact on the continuity of care provided to the residents. For example possible triggers and appropriate interventions were not documented to assist staff in the management of specific

behaviours. This had been identified as an area for improvement at the last inspection.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

The inspector saw that restraint use was minimal. When required, bedrails and lapbelts were in use following a comprehensive assessment. Regular safety checks were completed. Additional equipment was available to reduce the need for restraint including as low beds and crash mats.

The management of residents' finances was not reviewed at this inspection as the person responsible was on leave.

**Judgment:**

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

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

There was a health and safety statement in place. Environmental risk was addressed with hazard identification and controls in place. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection.

The inspector read the risk management policy which met the requirements of the regulations. Robust procedures for fire detection and prevention were in place. All staff had attended fire training. Fire drills were carried out on a regular basis.

**Judgment:**

Compliant

***Outcome 09: Medication Management  
Each resident is protected by the designated centre's policies and procedures***

**for medication management.**

**Theme:**

Safe care and support

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

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

**Findings:**

The inspector reviewed a sample of administration and prescription records and noted that some improvement was required around medication management practices.

Some residents required medication as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded. Some residents also required their medication to be crushed. However nursing staff were administering medication to residents in crushed form although it had not been specifically indicated on the prescription. Both of these issues were identified at the previous inspection and had not been addressed within the agreed timescale.

Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. The pharmacist was available to meet with residents if required.

A secure fridge was provided for medicines that required specific temperature control. The temperature, which was monitored daily, was within acceptable limits at the time of inspection.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate medical and allied health care. However additional work was required to ensure that residents' assessed needs were set out in individual care plans. In addition there was limited evidence of consultation with residents or relatives at the care plan evaluations.

The inspector read a sample of care plans and saw that in some cases the interventions section did not provide sufficient detail to guide staff. For example, a resident had been reviewed by the Speech and Language Therapist (SALT) and a particular consistency meal and thickened fluids were recommended. The inspector found that there was no nutrition care in place to inform practice. Gaps were also noted in care plans relating other clinical issues such as wound care. Action relating to this had been identified at the last inspection and had not been addressed within the agreed timescale.

Otherwise the inspector found that documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A number of GPs provided services to the residents. A full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Physiotherapy was available within the centre. 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.

**Judgment:**

Non Compliant - Moderate

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

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

**Findings:**

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

Some of the carpet in the centre was worn and dirty in places. The inspector acknowledged that this had previously been identified. Some areas had been renewed and a definite plan was in place to replace the remaining carpets in the coming months.

The premises is located on a spacious site and has a secure courtyard area together with a well maintained garden area to the side. Some improvement was required to ensure that all outside areas were maintained as the inspector noted that some grassed areas needed to be cut. The person in charge had already identified this and arrangements were in place to address it.

At the last inspection it was noted that there were some old beds, mattresses and commodes outside the building and clearly visible to residents. This had been addressed. However at the time of this inspection, other items were inappropriately stored in this area and clearly visible to residents from the dining room. This included 6 tyres, an old trolley and a number of pallets.

Otherwise the inspector found that the centre was warm and homely. The large foyer was popular with residents and seating was provided here. Adequate communal space was provided. There was a large day room with an activity room off it. Improvements had occurred to the dining room and definite plans were in place to paint this area. Residents and staff were currently checking out colours to use.

Other rooms included a laundry, staff facilities, offices, an oratory and hairdressing salon as well as a treatment room.

Extensive work had been completed in bedroom areas which were now appropriately decorated and contained personal items such as family photographs, posters and pictures. This was an action required from the previous inspection.

There were 11 twin rooms and 34 single rooms and all had en suite facilities. Two twin and 4 single rooms were located upstairs which is accessed by stairs and a lift.

Residents had access to assistive equipment where required. The inspector found that appropriate assistive equipment was available such as 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.

Call bell facilities were available.

The inspector noted on going improvements in making the centre more dementia friendly including the use of contrasting colours in toilets and additional signage. The inspector noted that white boards were at various locations throughout the centre reminding residents of the date, day, weather and planned events.

Ample parking was available at the front of the building.

**Judgment:**

Substantially 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 found that at the time of inspection, there was an appropriate number and skill mix of staff to meet the assessed needs of the residents. Residents and staff spoken with felt there was adequate levels of staff on duty.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed that absences were covered.

The inspector examined a sample of staff files and found that all were complete. The recruitment policy met the requirements of the regulations. Induction and appraisal systems were in place.

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. Training records showed that extensive training had been undertaken and additional training was scheduled for the coming months. This included responsive behaviours, first aid and infection control.

Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety and moving and handling.

Several volunteers attended the centre and provided very valuable 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 writing 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 report<sup>1</sup>

|                            |                          |
|----------------------------|--------------------------|
| <b>Centre name:</b>        | Cloverlodge Nursing Home |
| <b>Centre ID:</b>          | OSV-0000026              |
| <b>Date of inspection:</b> | 11/04/2017               |
| <b>Date of response:</b>   | 02/05/2017               |

### Requirements

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

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

### Outcome 07: Safeguarding and Safety

#### Theme:

Safe care and support

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

Some care plans for the management of responsive behaviours did not contain sufficient detail to guide practice.

#### **1. Action Required:**

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

<sup>1</sup> 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 PIC has identified the residents with behavioural and psychological symptoms of dementia. They will have an individualised, person-centred care plan which includes identifying the behavioural issue through the use of ABC charts: the triggers that may escalate the problem and the specific techniques required to de-escalate these behaviours. The PIC will support the nursing staff and educate them on how to develop appropriate behavioural care plans.

**Proposed Timescale:** 09/05/2017

**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:**

For medications to be administered as and when required, the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

Some residents also required their medication to be crushed. However nursing staff were administering medication to residents in crushed form although it had not been specifically indicated on the prescription.

**2. 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 PIC will ensure that the new medication administration system will include details of the maximum dose that can be safely administered in a 24 hour period. The PIC will ensure that each medication that can be crushed is signed by the GP as appropriate. Staff nurses will be reminded to ensure that this is checked when a GP prescribes medication. Medication Management Audits will be carried out bi-monthly and action plans will be implemented based on identified areas of non-compliance. The outcome of audits will be communicated to nurses at monthly management team meetings.

**Proposed Timescale:** 01/06/2017

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

Improvements were required to ensure that residents' assessed needs were set out in individual care plans.

**3. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All necessary assessments and care plans will be updated and reviewed at a minimum of every four months and more frequently according to changes in their care needs. A focus team of four nurses to include PIC and CNM will work to develop and implement care plans to meet the resident's needs.

**Proposed Timescale:** 01/06/2017

**Theme:**

Effective care and support

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

There was limited evidence of consultation with residents or relatives at the care plan reviews.

**4. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All care plans will be updated and reviewed at a minimum of every four months and more frequently according to changes in their care needs. Meetings will be scheduled to discuss these care plans formally with residents and relatives as appropriate and evidence of this consultation process will be documented.

**Proposed Timescale:** 01/06/2017

**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:**

Continue with planned replacement of stained carpets.

There was inappropriate storage of old tyres and equipment on the grounds.

Grass needed to be cut.

**5. 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:**

Planned replacement of carpets is due to continue in Q2 2017. The landscape and gardening works have been carried out and will be maintained in good order. All items requiring disposal have now been removed from the garden and exterior of the premises.

**Proposed Timescale:** 01/07/2017