

**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):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	15

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: 31 August 2015 10:00 To: 31 August 2015 15:30

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

Outcome	Our Judgment
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
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 satisfied that measures were in place to protect residents from being harmed or abused. The inspector found that the safety of residents was prioritised and fire procedures were robust.

Each resident was provided with food and drinks at times and in quantities adequate for his/her needs and there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services.

Actions were required from the previous inspection related to the premises specifically the worn and dirty carpets and the lack of locks in the en suite shower rooms. However the inspector found that the action agreed 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 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

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. Staff spoken with displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Improvements were noted around the use of bedrails. The inspector noted that appropriate risk assessments had been undertaken. Additional equipment such as low beds and crash mats had also been purchased to reduce the need for bedrails. There was a robust system in place for checking residents while restraint was in use and usage was reviewed on a daily basis.

The inspector reviewed the procedures in place for responding to behaviours that challenged. Training had been provided to staff. There was a policy in place which provided guidance to staff. The inspector reviewed residents' files and noted that a comprehensive assessment had been undertaken. Possible triggers and appropriate interventions had been identified. The inspector saw that additional support and advice were available to staff from the psychiatric services.

Residents' monies continued to be managed in a safe and transparent way, guided by a robust policy. The inspector saw that changes had been made to ensure that appropriate documentation and receipts were available.

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):

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 health and safety policies implemented which included risk assessments on such areas as waste management.

The inspector read the risk management policy which met the requirements of the Regulations. The risk register was updated on a regular basis as circumstances changed. For example the inspector saw that it was currently being updated following changes to the en suite locking mechanisms.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire panel was in order and fire exits, which had daily checks, were unobstructed. Weekly fire door checks were completed. There was evidence of regular fire drills taking place and all staff had attended training.

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

All staff had attended training in moving and handling.

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. At the previous inspection there was a plan in place to replace this on a phased basis and at that time the inspector saw that five rooms had new covering. An action plan was agreed with the Authority which included a six month program with significant works planned for completion by 31 Dec 2014. However this had not been completed as agreed.

In addition some areas of floor covering were frayed and posed trip hazards to residents.

The inspector spoke to the person authorised to act on behalf of the provider. Some work was planned for the coming month. However it was unclear if the badly affected residents' rooms were included in this. A detailed list was compiled of the rooms that needed to be attended to as a priority to ensure that the premises conform to the matters set out in Schedule 6 of the Regulations.

The inspector also noted that there was ongoing repair work underway to the tiles and floors in some of the en suites as the tiles had come off the walls and some floor tiles were chipped and broken. This will need to have a maintenance plan in place and be monitored by the provider.

The inspector noted that appropriate locking mechanisms were now in place on the doors in the en suites, an action also required from the previous inspection.

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. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

The centre continued with the work undertaken last year as regards improvements in meals and mealtimes.

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. Some residents had been referred for dietetic review. 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 when required. The inspector observed practices and saw that staff were using appropriate feeding techniques as recommended.

The inspector was satisfied that there was a plentiful supply of fresh and frozen food which was stored appropriately. Residents who required their meal in an altered consistency had adequate choices available to them.

The inspector saw that the dining experience was pleasant. Tables were nicely laid and meals were appetisingly presented.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. 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. Volunteers 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 inspector noted that there was an ongoing recruitment process in place to fill existing vacancies.

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 staff spoken with confirmed this. This included training on medication management, oral care and dementia care including the management of behaviours that challenge.

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:

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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-0000025
Date of inspection:	31/08/2015
Date of response:	17/09/2015

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 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 frayed areas of floor covering presented a trip hazard to residents.

1. 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

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

designated centre.

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

All trip hazards have been identified and repaired.

The main lobby will be upgraded by replacing the floor covering, improving the lighting and painting the walls to brighten up the area. Work will also be completed on replacing carpets in the identified residents' rooms.

The tiles in bathrooms are currently being repaired and replaced as required.

Proposed Timescale: 30/10/2015