

**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)
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	15

About Dementia Care Thematic Inspections

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, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 21 May 2018 09:30 To: 21 May 2018 18:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	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 Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's rating and the inspector's rating for each outcome.

The inspector met with residents and staff members during the inspection. The

journey of a number of residents with dementia was tracked within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed.

Cloverlodge Nursing Home is a purpose-built two-storey centre, which provides residential care for 60 people. All resident areas are on the ground floor. Approximately 57% of residents have dementia. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. Action required from the previous inspection in relation to the premises had been addressed.

Each resident was assessed prior to admission to ensure the service could meet their needs 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.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services, and evidence-based nursing care was provided.

Recruitment practices were in line with the regulations. Safe and appropriate levels of supervision were in place to maintain residents' safety. 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.

The management of complaints was compliant with regulations. Appropriate policies, procedures and practices were in place to safeguard residents. Residents had access to advocacy services as required.

Improvement was required to the activity programme to ensure that each resident was provided with opportunities to participate in activities in accordance with their interests and capacities. Improvement was also required to ensure that independence was consistently promoted by facilitating occupation where possible.

In order to ensure the premises is appropriate, having regard to the needs of the residents, the provider needs to complete the planned actions in relation to the premises.

These are discussed further in the body of the report and the actions required are 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 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:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

Samples of clinical documentation were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. The pre-admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident. 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. Following admission, the assessment process involved the use of validated tools to assess each resident including the risk of malnutrition, falls, level of cognitive impairment and their skin integrity. Detailed and person centred care plans were then developed to guide the care provided.

The inspector found that, at the time of inspection, residents were protected by safe medication management practices. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy.

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 temperature, which had twice daily checks, was within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked

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

There 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. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dietitians and speech and language therapists where appropriate. The inspector also noted that individual preferences and habits around mealtimes were recorded.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT), physiotherapy, dietetic and occupational therapy (OT) services. Chiroprody, dental and optical services were also provided on site. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

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 the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. The person in charge stated that the centre received advice and support from the local palliative care team.

Previous initiatives relating to end-of-life care continued. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. Family handover bags were also in use for the return of possessions.

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:
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 to guide practice. Staff spoken with displayed sufficient knowledge of the

different forms of elder abuse and all were clear on reporting procedures.

Although not currently required, procedures were in place to ensure that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received specific training and a detailed policy was in place.

A restraint-free environment was promoted. The inspector noted that appropriate risk assessments had been undertaken. Usage was low and staff spoken with confirmed the various alternatives that had been tried, prior to the use of bedrails. Care plans were in place to guide practice and safety checks were completed when restraint was in use.

The provider was not currently a pension agent for any resident but was aware of the procedure should it be necessary. Pocket monies were being managed for one resident. The inspector checked the balance and found it to be correct. Documentation such as signed receipts and details of each transaction were maintained.

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:

The inspector was satisfied residents' privacy and dignity was respected although some improvement was required to ensure that all residents were provided with facilities for occupation and recreation.

The inspector noted that when activities were taking place that did not suit some residents with dementia, no alternative was available, and the inspector saw these residents sleeping in the activity room at that time. The inspector noted that this was a change since the previous inspection as, at that time, two activity coordinators were employed whereas now there was one. No other staff member was allocated to provide additional activities. There was a varied activities programme with quiz sessions, arts and crafts, bingo, baking and knitting included, but many of the activities did not suit the residents with dementia.

The inspector also noted some missed opportunities for occupation. For example, although many residents were able to butter their own bread, it was buttered before being given out to residents.

The inspector was satisfied that residents' religious and civil rights were supported. Mass was celebrated on a weekly basis. There was an oratory located in the centre which provided a quiet space for residents to pray and reflect. Each resident had a section in their care plan that set out their religious or spiritual preferences.

Residents were conversant in current affairs and reported being afforded the opportunity to vote. In-house voting took place the week before inspection.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The observations took place in the day room and the dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 62% of interactions demonstrated positive connective care, 21% reflected task orientated care, and 17% indicated neutral care. These results were discussed with the staff who attended the feedback meeting

Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well.

There was evidence that feedback on the service provided was sought from residents with dementia on an ongoing basis. There was a residents' committee in operation and regular meetings were held. There was evidence that there were designated personnel acting as advocates for residents on this committee.

Satisfaction surveys had recently been completed which were being analysed at the time of inspection. Family satisfaction surveys were also recently completed and indicated overall satisfaction with service provided. The results were used to improve practices where required.

Independent advocacy services were available and attended the centre on a regular basis. There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends.

Judgment:

Substantially 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.

The inspector read the complaints' log and saw that all complaints received had been investigated and any required actions were taken. The outcome and satisfaction of the complainant were 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:

The inspector was satisfied that, at the time of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents.

The inspector reviewed a sample of staff files and saw that all documents required by Schedule 2 were in place. Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

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. They had been vetted appropriate to their role and their roles and responsibilities were set out in writing as required by the regulations.

A comprehensive induction plan was in place. An appraisal system was also in place and this included self-appraisal and the opportunity to outline any areas for improvement and planned steps to achieve this.

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 dementia-specific training. All mandatory training requirements were up to date.

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 improvements to the heating system 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 two-storey centre with all resident areas on the ground floor. The building was 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.

It as noted at the previous inspection that some carpets were very stained and required replacement. This action had been completed.

Previous plans to change the colour of toilet doors had been completed to assist residents' orientation. Appropriate signage in word and picture format was also available at eye level height throughout the centre. The inspector saw that many bedrooms were nicely personalised and had photographs, plants and memorabilia. There was a clock and calendar in most residents' rooms. Bedrooms windows were at a low level and residents had good views of the gardens.

The inspector 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 inspector noted that some areas of the centre were uncomfortably warm at the time of inspection. This included the dining room where, despite windows being opened, several residents commented on how warm it was. This was discussed with the person in charge who told the inspector that this had already been identified, and plans were in place to address this.

The centre had two secure well-equipped courtyard areas with walkways through them which residents could access.

The inspector noted that new outdoor signage was also in place. 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:

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-0000025
Date of inspection:	21/05/2018
Date of response:	01/06/2018

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 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

When activities were taking place that did not suit some residents with dementia, no alternative was available.

There were missed opportunities for occupation.

1. Action Required:

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

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

The Person In Charge has undertaken a review of the activity and social care schedule for residents.

The revised schedule now includes group activities and social engagement for residents with cognitive impairment and offers alternative options for residents according to their expressed choices and preferences. A range and variety of meaningful activities are available based on the needs of the different cognitive abilities of participants in the groups and an ethos of inclusivity is actively promoted.

Proposed Timescale: 31/05/2018

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Complete the planned improvements to the heating system to ensure that all areas of the centre are comfortably warm.

2. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

A full overhaul of the entire under floor heating system in the nursing home has been completed. Further works are required to improve the control of the heating output and better control of the zoning of the heating system. These works are underway.

Proposed Timescale: 30/06/2018

