Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Clover Lodge Nursing Home
Centre ID:	0026
Centre address:	Shinrone Birr Co Offaly
Telephone number:	0505 47969
Fax number:	0505 47960
Email address:	shinrone@clch.ie
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered providers:	Cloverland Healthcare Ltd
Person in charge:	Francis Parlon
Date of inspection:	29 March 2011
Time inspection took place:	**Start:** 10:45 hrs **Completion:** 17:15 hrs
Lead inspector:	Sheila Doyle
Support inspector:	Carol Grogan
Type of inspection:	☐ Announced ☒ Unannounced
Purpose of this inspection visit:	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☐ Information received in relation to a complaint or concern ☒ Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Clover Lodge Nursing Home is a two-storey purpose-built centre which provides residential care for 56 older people. There were 33 residents at the time of inspection, some of whom had dementia related conditions. Two residents were under 65 under with chronic health conditions.

The entrance on the ground floor is through a porch. This leads to the spacious front lobby area which has comfortable seating, a fish tank and a reception desk. The corridor from the front lobby leads to a large sitting room, a small oratory and a dining room. There is a visitors' toilet and two wheelchair accessible toilets close by. Other facilities on the ground floor include an assisted bath, quiet seating areas, and a store room for equipment.

Bedroom accommodation on the ground floor includes 29 single bedrooms and 8 twin bedrooms, all with shower and toilet en suite facilities. The nurses' station is close to the residents' bedrooms.

The first floor is accessed by stairs and a lift. Facilities provided on the first floor include a hairdressing room, a sitting room, assisted shower, treatment room, laundry, linen store, and staff room with toilets. Bedroom accommodation on the first floor includes seven single and two twin bedrooms all with en suite shower and toilet facilities.

Residents have access to an enclosed courtyard with a water fountain. A smoking area is provided in this area. In addition there is another garden area to the right of the centre which has accessible, hazard free pathways and garden seating.

There is ample parking to the front of the building.

Location

The centre is within a short walking distance of the village of Shinrone, Co. Offaly, which has a church, a pub and local grocery shop.

Date centre was first established:	5 September 2001
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	23

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	7	18	8

Management structure

Veronica McNamara is the nominated provider of Clover Lodge which is part of the Cloverland Healthcare Group. She is the Provider for two designated centres, Clover Lodge in Shinrone and Clover Lodge in Athy. The Centre Manager is Frances Gilligan who reports to the Provider. The Person in Charge is Frances Parlon and she reports to the Centre Manager. The nursing staff, health care assistants and catering staff report to the Person in Charge. The household staff report to a newly appointed domestic supervisor who in turn reports to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	5	2	3	1	4*

* 2 Further Education and Training Awards Council (FETAC) Level 5 students undertaking their work placements, maintenance person and activity coordinator

Background

The centre was first inspected by the Health Information and Quality Authority (the Authority) on 6 and 7 October 2009. This was followed by an unannounced follow up inspection on 4 February 2010 and a registration inspection on 10 and 11 August 2010. These inspection reports can be found at www.hiqa.ie.

Overall, at the registration inspection, inspectors found that the health needs of residents were met. Residents had access to general practitioner (GP) services, to a range of other health services and evidence based nursing care was provided. Improvements were required in some areas such as care planning and checking of medication.

Inspectors were concerned for the safety of residents and staff as risk management systems had not been implemented and all staff had not attended mandatory fire training and moving and handling training. Other areas identified for improvement included staff induction, operating policies, the statement of purpose and the Residents' Guide.

Summary of findings from this inspection

This was an unannounced follow up inspection, and the centre's fourth inspection by the Health Information and Quality Authority (the Authority). Overall inspectors found that two of the eight actions required from the registration inspection of August 2010 had been fully completed, two were partially completed and four actions had not yet been addressed within the agreed timescale. Two of three recommendations had been completed.

Inspectors remained concerned for the safety of residents and staff as risk management systems had not been implemented. In addition, all staff still had not had mandatory fire or moving and handling training. Inspectors were also concerned that the quality of life of residents with dementia related conditions could be negatively affected as there was incomplete documentation relating to social assessments.

Other areas identified for improvement included the complaints procedure, operating policies, the statement of purpose and the Residents' Guide.

These are discussed in more detail in the report and addressed in the Action Plan at the end of this report.

Actions reviewed on inspection:

1. Action required from previous inspection:

Revise and update the risk management policy to comply with the requirements in the Regulations.

Revise and update the emergency plan to provide clear direction to staff in the event of an emergency.

Revise and update the safety statement to meet the legal requirements.

Provide mandatory training such as fire training and manual handling training for all staff.

Inspectors found that these actions were not completed in the timescale agreed and inspectors were concerned about the possible risks to the safety of residents and staff.

The risk management policy was in draft format and not fully implemented. Staff spoken with were not knowledgeable about its contents. An external consultant had been engaged to assist the provider in identifying risks, developing the policy and providing training for staff. The safety statement was also under development. Inspectors read where arrangements were in place for the external consultant to return in two weeks time to continue this work. Staff spoken with were unaware of their responsibility for the safety of residents and other staff members.

Inspectors read the emergency plan and noted that it was not specific enough to inform staff of a safe procedure in the event of all types of emergencies. It provided guidelines only in the event of fire.

Inspectors reviewed the training records and noted that not all staff had attended fire training. Fire training and drills had taken place in February but not all staff had attended. Staff spoken with were knowledgeable about the procedure to follow in the event of fire.

Inspectors reviewed the training records and noted that not all staff had attended training in moving and handling. In addition, inspectors saw evidence of poor moving and handling techniques. For example, inspectors saw three staff members physically lifting a resident into a wheelchair and wheeling this same resident without putting foot plates on the chair. This was discussed with the centre manager who agreed to source additional training immediately. She told inspectors about plans to train a member of staff to provide training in moving and handling and had identified the person in charge as the trainee. Inspectors spoke to the person in charge who confirmed that she will be undertaking this training.

2. Action required from previous inspection:

Put systems in place ensure that drugs which require extra safety procedures are checked at each change of shift.

This action was complete.

Inspectors carried out a spot check on medications that required additional controls and found that the balances were correct. Inspectors read the register and saw that a nurse from each shift checked the balances, confirmed the count and both signatures were present.

In addition, inspectors noted that frequent audits had been carried out by the pharmacist and centre manager to assist with the safe management of medication. Results of these were used to inform future learning. Inspectors read where areas for improvement were identified such as stock management and the disposal of medications and a plan was put in place to address the issues. Inspectors read the medication policy which outlined the procedures to follow and staff spoken with were able to outline and show inspectors how these medications had been returned to the pharmacy.

However, inspectors also noted that the medication policy did not meet the requirements of the Regulations. For example it did not outline procedures for the administration of as and when required (PRN) medication.

3. Action required from previous inspection:

Provide all policies required by the Regulations.

Develop a system of implementation so that staff understand and implement all policies, procedures and guidelines.

This action was partially completed within the agreed timescale.

Inspectors read a sample of the policies and noted that some had not been reviewed since the last inspection. Many did not meet the requirements of the Regulations. For example, there was no admissions policy and the recruitment policy did not state that references should be obtained for prospective employees.

The centre manager had already identified that the policies required updating and she told inspectors that she intended to address this immediately.

4. Action required from previous inspection:

Put arrangements in place to provide pre admission assessments to inform admission decisions.

The person in charge must ensure social assessments are completed and care plans are in place to address activities and social needs of residents.

Put arrangements in place to involve residents as partners in the care planning process and make care plans available to residents.

This action was partially complete.

Inspectors read the pre-admission assessment undertaken on a recently admitted resident and found that it was comprehensive. The person in charge told inspectors that this assessment was used to make decisions on whether they had the services in place that the resident required, to plan the admission and have available any assistive equipment required.

Inspectors were concerned that the quality of life of residents with dementia related conditions could be negatively affected. Social assessment documentation had been introduced and inspectors read a sample of completed documentation which outlined residents' preferences for meaningful activity. However, inspectors read the care plan of two residents with dementia related conditions and noted that this section was not completed for them.

There was evidence of greater involvement of residents and/or relatives in the care planning process. Inspectors' saw where the review of the care plan was co-signed by residents or relatives. A resident told inspectors that he was aware of his care plan and the nurse discussed it with him.

5. Action required from previous inspection:

Implement appropriate cleaning practices to support infection control and train all staff members in those procedures.

This action was completed.

A domestic supervisor had recently been appointed to oversee the cleaning of the centre and inspectors spoke with her. Although recently appointed she had plans in place to ensure that the centre was maintained at an acceptable level of cleanliness. She told inspectors that a new cleaning system and products were being introduced within two weeks and she outlined the implementation plan for these including the provision of training for staff.

Inspectors also spoke with a staff member seen cleaning a resident's room. She was knowledgeable about the correct cleaning procedures to follow including the procedure to follow in cases of infection. She demonstrated appropriate cleaning techniques.

6. Action required from previous inspection:

Amend the statement of purpose to provide all the required information to meet the requirements of the Regulations.

Inspectors found that this action was not complete.

Inspectors read the statement of purpose and noted that it still did not meet the requirements of the Regulations. For example, it did not contain the size of all rooms nor was it updated to reflect the changes to the organisational structure. Inspectors also noted that it did not outline all the therapeutic activities available within the centre. It made reference to physiotherapy but inspectors read where there was also regular input from other peripatetic services such as the dietician and these were not included.

7. Action required from previous inspection:

Provide a Residents' Guide to include all information required in the Regulations.

This action was not completed within the given timescale.

Inspectors read the Residents' Guide and noted that it did not contain all the information required by the Regulations. For example, it did not contain a summary of the statement of purpose, a standard form of contract nor the most recent inspection report.

8. Action required from previous inspection:

Put in place a complaints procedure with an independent appeals process.

This action was not completed with the agreed timeframe.

Inspectors read the current complaints policy and noted that it still named the Authority as part of the independent appeals process and did not sufficiently describe the process. For example, a second person was not nominated to ensure that all complaints were appropriately responded to nor was the independent appeals process clearly specified.

Best practice recommendations from previous inspection:

While the menu was displayed at the front entrance, inspectors recommend that the menu is also displayed in the residents' dining room.

This recommendation has been completed.

Best practice recommendations from previous inspection:

Put in place an advocacy service, particularly for residents who have difficulties in communicating.

This recommendation has been completed.

In addition to outside advocates, a resident acts on behalf of other residents when required and brings issues to the Residents' committee on behalf of other residents. Inspectors read the minutes of these meetings and saw where the resident had suggested various changes within the centre. For example, he enquired on behalf of other residents if mass could take place more frequently in the centre. An action plan was devised and as a result mass was shown on a big screen from a live link through a web camera from a nearby parish church. The person in charge told inspectors that it was also possible to show all other services from that church including funeral services if residents were unable to attend. Residents confirmed how much they appreciated this link with the community.

Best practice recommendations from previous inspection:

Put in place an induction programme and a performance management system.

This recommendation was not completed.

Some documentation had been developed including a checklist for induction. However, inspectors read the personnel file of a recently employed staff member and this documentation was not completed. Inspectors also spoke with recently employed staff who confirmed that they had not undertaken a formal induction programme. The centre manager showed inspectors draft documentation which she intended using to carry out performance management reviews with staff but acknowledged that this was not yet implemented.

Report compiled by:

Sheila Doyle

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

30 March 2011

Chronology of previous HIQA inspections	
Date of previous inspection	**Type of inspection:**
6 and 7 October 2009	☐ Registration ☒ Scheduled ☐ Follow up inspection ☐ Announced ☒ Unannounced
4 February 2010	☐ Registration ☐ Scheduled ☒ Follow up inspection ☐ Announced ☒ Unannounced
10 and 11 August 2010	☒ Registration ☐ Scheduled ☐ Follow-up inspection ☒ Announced ☐ Unannounced

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Action Plan

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An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report *

Centre:	Clover Lodge Nursing Home
Centre ID:	0026
Date of inspection:	29 March 2011
Date of response:	26 April 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The risk management policy did not comply with the requirements in the Regulations.

The emergency plan was not adequate. There was no guidance for staff on what to do in an emergency other than fire.

The training records reviewed showed that not all staff had attended mandatory training such as fire training and manual handling.

Action required:

Put in place a comprehensive written risk management policy and implement this throughout the designated centre. Ensure each staff member understands his/her responsibility for the safety of residents and other staff members.

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

Action required:

Revise and update the emergency plan to provide clear direction to staff in the event of an emergency.

Action required:

Provide suitable training for staff in fire prevention.

Action required:

Provide mandatory training for staff in the moving and handling of residents.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: As discussed health and safety officer in process of revising same. Moving and handling training arranged for 19 May 2011 for staff due refresher. (In-house trainer currently doing final part of exams and to commence training for all remaining staff in June 2011). Fire Safety Training arranged for 20 May 2011.	 6 weeks May - June

2. The provider is failing to comply with a regulatory requirement in the following respect:

Inspectors read a sample of the policies and noted that some had not been reviewed since the last inspection. Many did not meet the requirements of the Regulations. For example, there was no admissions policy and the recruitment policy did not state that references should be obtained for prospective employees.

Action required:

Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.

Action required: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.
Reference: Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: In progress	4 weeks

3. The provider is failing to comply with a regulatory requirement in the following respect: Inspectors were concerned that the absence of social assessments could negatively impact on the quality of life of residents with dementia related conditions. Inspectors read a sample of completed documentation which outlined residents' preferences for meaningful activity. However, inspectors read the care plan of two residents with dementia related conditions and noted that this section was not completed for them.
Action required: Set out each resident's needs in an individual care plan developed and agreed with the resident.
Action required: Provide facilities for the occupation and recreation of each resident.
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Completed	Completed

4. The provider has failed to comply with a regulatory requirement in the following respect:

The statement of purpose still did not meet the requirements of the Regulations. For example, it did not contain the size of all rooms nor was it updated to reflect the changes to the organisational structure.

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

Action required:

Make a copy of the statement of purpose available to the Chief Inspector.

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Available for Chief Inspector.	Completed

5. The provider has failed to comply with a regulatory requirement in the following respect:

The Residents' Guide did not contain all the information required by the Regulations. For example, it did not contain a summary of the statement of purpose, a standard form of contract nor the most recent inspection report.

Action required:

Produce a Residents' Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

Action required:

Supply a copy of the Residents' Guide to the Chief Inspector.

Reference: Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: In progress.	4 weeks

6. The provider has failed to comply with a regulatory requirement in the following respect: The complaints policy still named the Authority as part of the independent appeals process and did not sufficiently describe the process. For example a second person was not nominated to ensure that all complaints were appropriately responded to nor was the independent appeals process clearly specified.	
Action required: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.	
Action required: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.	
Action required: Make a person available, independent to the person nominated in Regulation 39(5) to ensure that all complaints are appropriately responded to and that the person nominated maintains the records specified under Regulation 39(7).	
Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Complete	Complete

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 24: Training and Supervision	Put in place an induction programme and a performance management system. Provider's Response: In progress.

Any comments the provider may wish to make:

Provider's response:

N/A

Provider's name: Veronica Mc Namara
Date: 19 April 2011