



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Cloverlodge Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Clonmullion, Athy, Kildare
Type of inspection:	Unannounced
Date of inspection:	01 February 2024
Centre ID:	OSV-0000025
Fieldwork ID:	MON-0042489

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Cloverlodge Nursing Home is a single storey purpose built facility located on the outskirts of Athy in Co. Kildare. It is registered for 60 residents who are accommodated in single rooms, with full en suite shower facilities in each. The centre has a day room, an activities room, a visitors' room, a dining room, an oratory and two secure enclosed gardens for residents' use. The centre offers long term care, respite care convalescence and palliative care. The service provides 24 hour nursing care for residents, who are categorised as low to maximum dependency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 1 February 2024	07:30hrs to 15:35hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

The overall feedback from residents was one of satisfaction with the quality of care in the centre. The inspector greeted and chatted to a number of residents and spoke in more depth with approximately six residents to gain an insight into their experience of living in Cloverlodge Nursing Home. On the day of the inspection there were 56 residents living in the centre. Residents who spoke with the inspector were content living in the centre. Some of the residents spoken with were very complimentary of the staff working there saying they were friendly and very good to the residents. The inspector did not have an opportunity to speak with any visitors on the day of inspection.

The inspector arrived at the centre early in the morning and was greeted by a staff nurse on night duty. The inspector walked around the centre and found that most residents were sleeping in bed and three residents were sitting in the dining room and day rooms enjoying their tea and toast. Residents spoken with were early risers and told the inspector they were usually up quite early as this was their preference.

The centre had a large welcoming reception area. There was a large notice board beside the residents' day room in the reception area that detailed upcoming events in the centre and in the wider area. Events such as a DIY pizza day, Mass, details of music taking place in the Memory Care centre and details for upcoming Ash Wednesday were on display. Residents who had birthdays during the month were also listed on display here.

The main unit day room was large, bright and nicely decorated. On the morning of the inspection there were residents in the day room relaxing having tea and watching TV. Later on in the day residents were making St Brigid's crosses and engaging in other arts and crafts activities. Residents in the Memory Care unit were also engaging in activities on the day of inspection and were observed playing a game with balloons and participating in one-to-one activities with staff. There was a sensory area in the Memory Care unit where one-to-one and group activities took place also. There was an Oratory room available for residents also and on the morning of inspection many of the residents were gathered in the day room to watch and listen to the Rosary.

Residents told the inspector they were happy in the centre. They said the staff were kind and that the centre felt like home. Staff were observed going into rooms to check on residents and chatting to them throughout the day. Many residents were in the day room and dining room in both units and staff were always present in these areas. The staff appeared to be very familiar with the residents and were respectful in their interactions. Residents' rooms were nicely decorated, clean and tidy. Some residents' rooms required maintenance to areas such as flooring, furniture and there was a broken lock on one of the bedroom doors. This is discussed further under the relevant regulations.

Residents had unrestricted access to outdoor courtyards, a connecting courtyard door from the Memory Care unit to the main unit was unlocked so all residents could spend time in both garden areas. The inspector observed residents freely move about the centre and saw residents independently access the outside smoking area. There were many bird feeders in the garden areas and surrounding grounds of the centre which provided an opportunity for residents to sit and admire the birds either from inside the centre or out in the garden.

The centre was contained on one floor and was bright and airy with pictures lining the walls and handrails throughout. Residents' rooms were spacious with ample storage for residents' belongings. Communal rooms were furnished with suitable seating and large televisions for residents' use. There was a fish tank with large colourful fish in the Memory Care unit. Bedrooms were seen to be personalised and homely with photographs and personal items on display. Some residents had brought personal items of furniture into the centre and a risk assessment was needed to reflect this. The centre was clean, with a full cleaning schedule in place, which was monitored by the person in charge. Ongoing maintenance was required in the centre with actions required for improvement. The inspector also found external fire doors had seals that required replacing, this was an outstanding action from the compliance plan from the previous inspection.

The inspector observed the dining experience at breakfast and dinner time. The menu and choices for these meals were available to residents in the dining room with pictorial menus on display also. Most residents had chosen to eat in the dining room and all residents in the Memory Care unit were sitting together for dinner. There was a relaxed atmosphere and it was evident to the inspector that staff serving the meal were aware of residents' likes and dislikes and were seen offering the residents choice at meal times. Sauces and condiments were readily available on the tables for residents to apply themselves. Residents spoken with about the food were very complimentary.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall the inspector found that the governance and management arrangements in the centre were effective and ensured that residents received person-centred care and support. The services were delivered by a well-organised team of trained and competent staff. The centre had a good history of regulatory compliance and while some improvements were required in respect of premises, oversight of fire precautions and residents' guide, the inspector was assured that the registered provider had the capacity and capability to deliver a safe and high quality service.

However, renewed focus was required as the inspector found that not all outstanding actions from the previous compliance plan had been completed.

This was an unannounced inspection conducted by an inspector of social services to monitor ongoing regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider of Cloverlodge Nursing Home is Mowlam Healthcare Limited. The person in charge (PIC) was a registered nurse who worked full-time in the designated centre. They reported to a Healthcare Manager and they were supported in their role by a clinical nurse manager, staff nurses, health care assistants, activities co-ordinators, housekeeping, laundry, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was well-known within the centre by staff and residents.

There were management systems in place to monitor the centre's quality and safety. The inspector found audits were completed and action plans were devised to improve the delivery of care to residents. Systems of communication were in place. Quality and safety meetings took place monthly and areas for quality improvement were discussed. Staff meetings and residents meetings also took place within the centre. The registered provider had completed an annual review and reported on areas such as falls, resident satisfaction and nutrition.

Notwithstanding the systems in place the registered provider had failed to identify all risks through their own auditing or monitoring systems. The inspector followed up on the provider's progress with completion of the actions detailed in their compliance plan from the last inspection in April 2023. The inspector found that the provider had completed actions to bring eight of the nine areas identified under Regulation 17: Premises into compliance. However, as a repeated finding, fire exit doors had damaged seals that required replacement or repair and the inspector found that this was not addressed since the last inspection. On the day of inspection the inspector also identified a risk in relation to the storage of combustible and flammable materials in the maintenance room, which was addressed on the day.

The registered provider had a plan in place for the training and development of staff and there was evidence of training completed by all staff in areas such as fire safety, managing challenging behaviours, and safeguarding vulnerable adults. There was an ongoing schedule of training to ensure all staff were kept up-to-date on training and staff were appropriately supervised in their roles.

There was a complaints procedure on display in prominent areas of the designated centre. Details of advocacy services were on display in brochure format in residents' communal areas and on corridors. The registered provider had a complaints procedure in place and complaints in the centre were well-managed, documented and all complaints reviewed by the inspector were addressed appropriately. Complaints and concerns were also discussed at residents' meetings.

Contracts for the provision of service for the residents contained all the information required by the regulations.

Regulation 14: Persons in charge

The person in charge worked full time in the centre, they held the required qualifications and was well-known to residents and staff.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff had regular access to appropriate training. The training schedule indicated that staff were provided with mandatory training for safeguarding vulnerable adults, patient moving and handling, and fire safety. Staff were also provided with appropriate supplementary training, such as infection prevention and control, food hygiene, and managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 23: Governance and management

Further action was required for the following to ensure that management systems in place to ensure that the service provided by the centre was safe, appropriate, consistent and effectively monitored:

- There was a repeated finding in respect of emergency fire exit doors seals which required repair or replacement. The registered provider had failed to fully complete all actions arising from the previous inspection within the required time frame as per commitments given to the Chief Inspector of Social Services following the last inspection.
- Oversight systems in respect of fire precautions had not identified the fire risk of storing flammable materials alongside combustible materials in the maintenance room.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care contained the fees, terms of service, room number and additional service costs to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display around the designated centre. The complaints policy and procedure identified the complaints officer and outlined the complaints process.

Judgment: Compliant

Quality and safety

The inspector found that residents felt safe and were supported and encouraged to have a good quality of life in the centre.

Action had been taken with regard to the maintenance of the premises since the previous inspection. Tiles in the assisted bathroom had been replaced, damaged flooring in the centre had been repaired and some en-suite bathrooms had been upgraded. However, action was required to ensure full compliance with Schedule 6 of the regulations. This included further replacing damaged flooring and furniture and addressing wear and tear. There was inappropriate storage in a maintenance room with flammable materials such as solvents and gas stored alongside combustible materials with Christmas decorations and miscellaneous items also being stored in the maintenance room. These flammable materials were removed from the area before the end of the inspection.

Residents' meals appeared wholesome and nutritious, there was a choice of meal offered to residents and residents told the inspector there was always something available to them if they wanted a snack in between meals. On the morning of inspection residents were observed enjoying a cooked breakfast. The inspector observed the lunch time meal and found that there was a lovely atmosphere in both units with adequate staff available, all residents in the Memory Care unit were all eating together. Residents that required assistance with their meals received support in a caring and dignified manner. Residents had tea and refreshments throughout the day and water jugs were available in all residents' rooms.

A residents' guide was available which included a summary of the services and facilities available, the complaints procedure and visiting arrangements. While advocacy services brochures were on display in the centre this was not contained in the residents' guide as detailed under the relevant regulation.

The registered provider had taken reasonable precautions to safeguard residents from abuse. There was a safeguarding policy and staff safeguarding training in place, staff spoken with on the day of inspection were knowledgeable in relation to the detection and prevention of abuse. Residents' money was managed in a transparent manner in line with the centre's policy. Residents' rights were upheld in the centre. Residents' meetings took place on an ongoing basis with good attendance from residents. Minutes reviewed by the inspector showed good engagement and feedback arising from the meetings. Residents were seen mobilising freely around the centre and had opportunities to participate in a variety of group activities as well as one-to-one activities.

On the day of inspection residents were seen relaxing in their rooms, socialising together, watching television and engaging in activities. A resident spoken with on the day of inspection told the inspector they enjoyed staying in their room to watch television and liked that the staff understood that and respected their preferences. Staff and residents had a good rapport and complaints were discussed with residents in an open and transparent manner. Satisfaction surveys that were completed with residents and their families provided excellent feedback on the quality of care received in the centre.

Regulation 17: Premises

Action was required to ensure that the premises complied with Schedule 6 of the regulations. For example:

- The pad storage room was disorganised and some pads were stored on the floor this meant that the floor could not be cleaned properly
- Seals on external fire exit escape doors were damaged and needed repair or replacement, this was a recurrent finding from the last inspection.
- There was evidence of damaged flooring in one room, some bedroom doors were damaged and showing wear and tear
- A lock on a resident's bedroom door was broken, which meant that residents' privacy needs could not always be upheld.
- Shower drains needed cleaning in some residents' rooms
- Furniture in one room needed replacement as it was damaged and peeling
- A maintenance store room was storing combustible items alongside chemicals and solvents creating a risk of fire and required a full review of storage arrangements

Judgment: Substantially compliant

Regulation 18: Food and nutrition
All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes. Regular drinks and snacks were provided throughout the day.
Judgment: Compliant
Regulation 20: Information for residents
The residents' guide did not contain details of advocacy services.
Judgment: Substantially compliant
Regulation 8: Protection
The inspector found that all reasonable measures were taken to protect residents from abuse. The policy in place covered all types of abuse, and it was being implemented in practice. The registered provider was the pension-agent for four residents. The inspector viewed the documents in relation to this and found that there were appropriate procedures in place to safeguard residents' finances.
Judgment: Compliant
Regulation 9: Residents' rights
Residents rights were upheld in the centre. Residents' rights to choice and dignity were respected in the centre.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cloverlodge Nursing Home OSV-000025

Inspection ID: MON-0042489

Date of inspection: 01/02/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • We will store combustible materials in a storeroom with suitable fire detection in place and not in the Maintenance Store. We have provided a lockable fireproof chemical storage cabinet to store any flammable items such as paint etc. within the Maintenance Store. • We will conduct a full review of storage arrangements in th centre to ensure that all equipment and items required for the nursing home are stared safely and appropriately and in accordance with fire safety requirements. • Fire door seals will be repaired or replaced as required as a priority. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The pad storage room will be decluttered and tidied up. All equipment, including incontinence wear will be stored on a shelved unit and not left on the floor; this will ensure that the floor can be cleaned properly. • Seals on external fire exit escape doors will be repaired and replaced as a priority. • The damaged flooring will be repaired or replaced as required. Bedroom doors will be inspected and any damaed doors will be repaired or repainted as required. • The lock on a resident's bedroom door has been repaired to ensure that the resident’s privacy needs can be upheld. • Shower drains in residents’ bedrooms will be inspected and will be cleaned and cleared. • Furniture that is damaged or peeling will be discarded and new items of furniture will be purchased to replace those items. 	

• We will store combustible materials in a storeroom with suitable fire detection in place and not in the Maintenance Store. We have provided a lockable fireproof chemical storage cabinet to store any flammable items such as paint etc. within the Maintenance Store.

Regulation 20: Information for residents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:

• The Residents' Guide has been updated to include relevant information on advocacy services available to all residents.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2024
Regulation 20(2)(e)	A guide prepared under paragraph (a) shall include information regarding independent advocacy services.	Substantially Compliant	Yellow	31/03/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2024