



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:	14 June 2022
Centre ID:	OSV-0000025
Fieldwork ID:	MON-0037168

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:	57
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How we inspect

To prepare for this inspection the inspector or 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
Tuesday 14 June 2022	09:30hrs to 15:30hrs	Sinead Lynch	Lead
Tuesday 14 June 2022	09:30hrs to 15:30hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Residents who spoke with inspectors said they were happy living in the designated centre. Residents commented they liked their bedrooms and also found the staff to be kind.

When inspectors arrived in the centre, some residents were in the communal areas, and gardens, and others were in bed, or in their bedrooms. Residents told inspectors they chose their own routines, and spent their time as they wished.

There was a program of decoration taking place in the centre. The areas that had been completed provided a very homely environment, with bedrooms decorated in a range of colours in line with residents preferences. Residents told inspector they really liked how the rooms looked. The decoration works were ongoing, and records showed action had been taken to ensure the smoke seals that had been painted over were to be cleaned.

Bedrooms varied in size, with some looking out to the front of the property, and some to the back. All rooms provided access to an en-suite bathroom, a wardrobe, locker and seating. Most rooms had two seats, and some also had sofa's. All had been personalised to the residents taste, with ornaments, small items of furniture and other personal items used to make the rooms feel homely.

The garden was in an enclosed courtyard, with doors open for residents to access freely. Some residents described helping out with the maintenance of the garden. At the time of the inspection a new raised flower bed was being worked on, and a resident was painting a raised vegetable plot. There were a range of seating options and there was a level access path, which made the area wheelchair accessible.

Inspectors observed that residents were actively engaged in a range of social activities throughout the duration on the inspection. Many residents were seen undertaking activities in private including listening to the radio or watching TV in their rooms, or chatting with other residents. Other residents were involved in tasks in the garden. In the memory care unit there was a range of activities available through the day to suit the needs of residents with a range of cognitive abilities. Some other items were available in the room and could be picked up by residents who were interested, for example magazines, and puzzles. Other residents were engaged in 'household activities' such as sorting condiment packets in to boxes, folding tea-towels and fitting lids to cartons.

Lunch was served from around 12.45. Dining areas were set up to provide a pleasant environment, including the tables being laid with cutlery, napkins and condiments. The lunch was served from a bain marie, and residents, could select their preferred option from the two choices. Other meals could be provided on request. Trays were prepared for residents who chose to eat in other areas, such as their bedrooms, and there were sufficient staff to support those who needed

assistance with eating their meals.

After lunch the rosary was read in both of the communal areas for residents to take part in if they chose.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

Capacity and capability

This designated centre was found to be well managed by a team who were focused on improving residents' quality of life. This centre had a history of good compliance, which was confirmed again the this inspection's findings.

The centre is owned and operated by Mowlam Healthcare Services Unlimited Company, who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. There was a person in charge who worked in the centre full-time and she was supported by the healthcare manager. In the absence of the person in charge there was a clinical nurse manager (CNM) assigned to the role.

The provider had effective management systems to monitor the delivery of care. Weekly meeting were held between the healthcare manager and the person in charge to highlight any concerns or changes in the centre. Every second week risk management meetings were held to discuss any repairs, maintenance issues or equipment that was required. Minutes of these meeting were viewed by inspectors on the day of the inspection and follow up actions were also documented.

Audits were viewed on falls, restraints, infection control, weight loss and pressure ulcers. These were found to be comprehensive and where learning was identified, action plans was initiated.

There was a training matrix in place, and training was provided on an ongoing basis. Staff appeared to work well together, and inspectors observed that communication systems were effective in ensuring key information was shared within the staff team.

There were safe and effective recruitment practices in place. Staff files viewed by inspectors were found to contain all the documents required by the regulations. Staffing levels on the day of this inspection were adequate to meet the needs of the residents during the day and night. Staff spoken with were familiar with residents' needs, likes and dislikes.

An annual review on the quality and safety of care had been completed for 2021. This involved consultation with residents and visitors of the centre. Residents and visitors were provided with questionnaires which assisted the centre to put a quality

improvement plan in place for 2022.

The complaints procedure for the centre was displayed in prominent places around the centre. The management of complaints indicated that the provider was responsive to all issues identified

Regulation 15: Staffing

The centre had the sufficient number and skill-mix of staff to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had access to the appropriate training required for their roles. There was an adequate amount of senior nursing staff to supervise the care delivered to residents.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

There was a clearly defined management structure in place that ensured the service provided was safe, appropriate, consistent and efficiently monitored.

The annual review of the centre was made available to inspectors which was developed in consultation with the residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of service to residents were made available to inspectors. These indicated the services to be provided;

- whether under the Nursing Homes Support Scheme,
- the fees to be charged for such services,
- any other service which the resident may choose to avail of.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Notifications and quarterly reports were submitted within the specified time frames and as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible and effective complaints procedure which included an appeals procedure. Copies of the complaints procedure were displayed around the centre in prominent areas. There was a nominated person to oversee the process, who is not involved in the matter to deal with the complaints.

There were no complaints open on the day of the inspection but previous complaints were viewed and included;

- an investigation report
- when and how the complainant was informed of the outcome of the complaint
- the complainant response to the outcome
- the learning from the complaint

Judgment: Compliant

Quality and safety

Overall, this was a good service and a well-managed centre, where a high quality of care was provided. Residents' needs were being met through good access to healthcare services and opportunities for meaningful and varied social engagement. Residents had timely access to general practitioner (GP) services and to health and social care professionals as requested by residents or as required. Where relevant, residents also had access to specialist services such as; chiropody, dental, palliative care, wound care, physiotherapy and occupational therapy.

Residents' records were maintained on an electronic system. Staff used a variety of accredited tools to complete residents' clinical assessments within 48 hours of admission in line with the regulations. Inspectors reviewed a sample of care plans and found that they reflected the recommendation made by speech and language therapy services and dieticians. Where specialist interventions were prescribed, such as textured diets or supplements, these were recorded in the resident's care plan and provided by staff. Care records reflected a lot of detail about the residents preferred routines, and the level of support they required, as stated by the resident themselves, or where appropriate their family. The level of detail included examples such as preferred bathing products, preferred location for washing, and type and number of towels they liked to use.

There were ongoing initiatives to support residents who could not describe their preferences, by gathering information about their lives, interests and key events that had been important to them. Activities in the centre were seen to reflect these interests. For example activities focusing on farming and fashion which residents had been active in during their younger lives.

There was a developed activities program in place to support residents. The activities co-ordinator had identified residents' interest in a range of activities, including household tasks and set up a wide range of activities that would engage residents with dementia. Later in the day, group activities were taking place, with high levels of engagements from the residents.

Residents were seen to have sufficient space for personal belongings in their bedrooms and locked storage for valuable items. Residents had access to televisions, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. Resident' meetings were held regularly, and there was a good level of attendance by residents. Records indicated that issues raised at these meetings were addressed.

Staff spoken with during the inspection were knowledgeable on the centre's fire evacuation policies procedures and had been involved in simulated fire drills. Staff were knowledgeable on the different types of abuse and what to do if they identified a resident at risk of abuse.

Regulation 17: Premises

The centre was appropriate to the number and needs of the residents and in accordance with the statement of purpose.

There had been improvement works completed since the last inspection which had ensured effective cleaning procedures could be completed;

- Bathrooms had been upgraded to meet the needs of the residents.
- Grab rails were now fitted in most of the residents' en-suite and communal toilets.
- The wooden base around the toilets had been removed.

Judgment: Compliant

Regulation 27: Infection control

The premises had undergone a programme of refurbishment since the last inspection. The corridors had been freshly painted and new handrails were in place.

The premises were suitable and met residents' needs while also maintaining the homely and comfortable setting.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessments of residents' needs was completed when residents moved in to the centre. From this assessment a care plan was developed to cover a range of needs.

Care plans were in place that reflected residents identified needs, and how they were to be met, for example in relation to specific diet requirements and pressure area care. Care plans were written clearly, providing clear information on the residents needs, preferences and wishes in relation to care and support. Information also included residents skill levels, and reminded staff to encourage residents to maintain skills where possible.

Care plans were reviewed every four months, or more frequently as required.

Judgment: Compliant

Regulation 6: Health care

Records showed that nursing staff were monitoring residents closely, and where changes were noted, referrals were made to the general practitioner (GP) or other relevant healthcare professionals.

A range of nursing tools were used to monitor residents health, and identify any areas that required care. For example the risk of malnutrition, reduced skin integrity, and pain management. Where residents needs changed, the recommendations from healthcare professionals were included in updated care plans. For example following the advice of the dietitian.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had undertaken training in relation to supporting residents with dementia. Staff were seen to be engaging positively with residents, and the number of occasions where residents experienced periods of anxiety or responsive behaviours, (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment)

There was low use of restrictive practices in the centre. At the time of the inspection, no residents were using bedrails. There were key pads on a number of doors in the centre, and their use was explained to residents and documented in their care plan. There was a restrictive practice register that included the use of keypad locked doors, and kept their use under review.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse.

All staff were trained in relation to the detection and prevention of and responses to abuse.

The person in charge was aware of her obligation to investigate any incident or

allegation of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be exercising choice throughout the inspection, and those who spoke with inspectors confirmed they were able to follow their preferred routines, make choices around meals and drinks, and access outside areas as they wished. There were TVs, radio's, movies, books and newspapers available in the centre for residents.

There was a well-developed activities program which catered for residents with a wide range of skills and interests. Social care plans set out residents interests and skills to support the development of a activities program that was interesting to them.

Residents were asked about their wishes in relation to their religion, and services were held in the centre for those who wished to attend.

There was information on advocacy services available, and residents confirmed they knew who to speak with if they had any concerns.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant