



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	19 April 2023
Centre ID:	OSV-0000025
Fieldwork ID:	MON-0038295

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
--	----

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
Wednesday 19 April 2023	09:00hrs to 16:30hrs	Sinead Lynch	Lead
Wednesday 19 April 2023	09:00hrs to 16:30hrs	Karen McMahon	Support

What residents told us and what inspectors observed

From the inspectors' observations and from what residents told them, it was clear that the residents received a high standard of quality and personalised care living in the centre. Feedback from residents and visitors, who the inspectors spoke with, was that the staff were 'gentle and caring', and that residents' choices were respected. One resident reported that "the day flies when you're in here". The resident went on to tell the inspectors that there was 'always something going on in the day room and that the daily papers were always available to read'. Another resident told inspectors that they were 'very happy and content' residing in the centre, and that they had 'no complaints or dissatisfaction about the care they received'. Another resident stated 'they are just great here'. Many of the residents the inspectors spoke with were full of positive comments about the food and activities provided in the centre.

Inspectors spoke with various visitors who were observed visiting throughout the time of the inspection. All visitors were full of praise for the staff and the care, but many said that the premises were in 'bad need of cosmetic repair' and that the centre was 'lacking in quiet communal spaces' to visit their family members. Visitors told the inspectors that although they had the resident's private room to sit in, they liked to take their relative to a different area. Inspectors observed that there was only one visiting room available in the designated centre and saw that residents and their loved one chatted in the corridors or in the hairdressing room.

While the centre was observed to be clean and tidy, the inspectors also observed many areas of faded, stained and chipped paintwork, particularly in a lot of the bedrooms. Handrails around the centre were noted to be in need of repair. The hallway wall outside the laundry room was noted to have two areas of exposed metal on the corner of the wall, which posed a health and safety risk to residents and staff. Outlets for an internal Hoover system that was no longer in use in the centre, were observed to be discoloured and unkempt looking, some had masking tape over them, while one was noted to be open and unable to close.

Residents appeared to be well-cared for and neatly dressed according to their preferences. Residents' views on the running of the centre were sought through residents' meetings and surveys. The inspector reviewed residents' surveys and the minutes of residents' meetings and saw that the provider had taken action to respond to any feedback. Residents had access to televisions, telephones and newspapers. There were two advocacy services available to residents which gave the residents the choice to pick their preference.

There was a list of activities for residents to attend. Mass was also held in the centre one morning a week and available on the television each day, live-streamed from the local parish. There were two day rooms in use on the day of the inspection. One day room was for the residents from the Memory care unit. This had activities and stimulation for residents throughout the day. Residents appeared to interact and

participate in these group activities.

The other day room was used for other activities such as mass and many other larger group activities. Residents were complimentary about the selection of activities. One resident told the inspector that they are 'more into the garden than the inside of the centre'. This garden was nicely decorated with colourful flowers and ample seating. Residents were observed throughout the day going for walks in this enclosed garden.

The next two sections of the report will discuss the governance and management of the centre and the quality and safety of care. The findings will be reported under the relevant regulations in each section.

Capacity and capability

Overall, residents living in the centre were supported to live a good quality of life by a team of staff committed to meet their needs and ensure their safety. There were no immediate risks identified on the day. The inspectors observed a high quality service being delivered to residents. There were effective management systems in this centre, and the management team was proactive in responding to issues as they arose.

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. On the day of inspection the person in charge was on planned leave and the clinical nurse manager (CNM) was on duty in their absence.

The inspectors were provided with a list of volunteers in the centre. Contracts between the centre and volunteers were observed to clearly state their role and responsibilities of each person. It showed evidence of supervision and Garda vetting in place.

The nursing management team used an appropriate, comprehensive audit tool to monitor the care and service delivered to residents. For example, monthly audits on falls and restraints were completed, reviewed and used to develop quality improvement plans that enhanced the service delivered to residents.

There was a sufficient skill-mix of staff on the day of inspector. The centre had two short-term vacancies, one in house keeping and the other in laundry. These posts were temporarily filled by other staff in the centre working extra shifts.

Three staff files for the newest members of staff were reviewed on the day of

inspection. All files inspected were observed to contain all relevant documents as set out in the regulations. There was evidence of Garda vetting and relevant training in all files as well as relevant proof of identification (I.D) and references.

There was a directory of residents made available to the inspectors. This had all the required information in relation to residents' admissions, next of kin details and general practitioner (GP) contact details.

The registered provider had a contract of insurance in place in the event of injury to residents.

There was a suite of Schedule 5 policies in place. The policies were reviewed and updated as required. Staff had access to these policies at all times.

Regulation 19: Directory of residents

There was a directory of residents available which included the information required as set out in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 21: Records

Records required under Schedules 2 were maintained in line with the regulation, stored safely and were accessible on request.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effective in monitoring quality and safety in the centre.

Audits informed ongoing quality and safety improvements in the centre.

There was a clearly defined management structure in place that identified lines of responsibility and accountability.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2022 was being developed that identified service improvement initiatives.

Judgment: Compliant

Regulation 30: Volunteers

Records examined on the day demonstrated that volunteers had their roles and responsibilities clearly defined, received relevant supervision and were all Garda vetted, in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures on the matters set out in Schedule 5.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had the number and skill mix of staff appropriate to the needs of the residents in the centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Quality and safety

The inspectors found that the residents were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents. The inspectors observed that the staff treated residents with respect and kindness throughout the inspection. However, further improvements were required in relation to Temporary absence or discharge of residents and Premises. These will be discussed under their respective regulations.

Overall, the centre was observed to be clean, and the staff who spoke with the inspectors were knowledgeable about effective cleaning practices. However, improvements in relation to the premises were required. Some areas of the centre were on an improvement plan such as; en-suite bathrooms that required re-tiling and re-painting, loose tiles in the assisted bathroom, handrails chipped requiring repair or replacement and many bedroom door with chips or scuff marks displayed.

Many visitors were seen coming and going from the centre. They informed the inspectors that visits to the centre were not restricted but they were left with little option on areas to go to for quiet time with their loved ones.

Each bedroom had ample storage space for residents to store their personal belongings. Some bedrooms were observed to have personal items of furniture that residents had brought in from home. Every resident has access to a lockable space, if required, for safe-keeping.

Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights.

Residents had access to advocacy services and notices were displayed around the centre identifying how to contact the advocates.

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

The registered provider ensured that residents has access to facilities for occupation and recreation. There was a varied activities programme available for residents to attend. Residents also had access to individual activities. There were minutes of residents meetings reviewed by the inspectors, where their voice could be heard and their opinion provided.

Admission and transfer documentation reviewed did not include a comprehensive infection prevention and control history, the contact details for the transferring centre and in some cases the incorrect information documented.

Regulation 11: Visits

The registered provider had arrangements in place for a resident to receive visitors in so far as is reasonably practicable.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that all residents have access to and retains control over their personal property, possessions and finances.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises met the regulatory requirements, however, the following issues which did not meet Schedule 6 requirements were identified;

Not all areas of the premises were kept in a good state of repair, for example;

- Damage and chipping to doors and handrails around the centre
- Loose tiles in the assisted bathroom
- Hoover outlets no longer in use taped closed on the corridors posing an infection control risk
- Damage to flooring in the sluice room
- Damaged seals on emergency exit doors
- Inappropriate storage of five oxygen concentrators in the nurses station
- En suite bathrooms were found to require upgrading in relation to tiles loose and paint damage

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Although records of residents' temporary transfers to hospital were maintained, the inspectors found that they were not appropriately completed in all cases, with gaps noted in some areas such as;

- The infection status for residents was not documented
- The blood sugar status for two different residents had a name recorded in place of the result

- Contact details for the centre were left blank

Judgment: Substantially compliant

Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Staff spoken with on the day of the inspection were aware of what abuse is and what they would do if they witnessed or suspected such an incident.

The registered provider was acting as a pension-agent for four residents. There were clear and transparent documentation made available to the inspectors in relation to this process.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights to choice, privacy and dignity were respected in the centre. Residents' social activity needs were assessed, and their needs were met with access to a variety of meaningful individual and group activities.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 15: Staffing	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cloverlodge Nursing Home OSV-000025

Inspection ID: MON-0038295

Date of inspection: 19/04/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Facilities Manager has reviewed the nursing home premises, and we will carry out the following improvements and repairs to the centre:</p> <ul style="list-style-type: none"> • Damage and chipping to doors and handrails around the centre will be repaired. • Loose tiles in the assisted bathroom will be replaced and regouted. • Vacuum outlets no longer in use will be permanently blocked off with a suitable material to prevent any infection control risk. • Damage to flooring in the sluice room will be repaired. • Damaged seals on emergency exit doors will be repaired or replaced as required. • Oxygen concentrators will be stored safely in the clinical treatment room. • En suite bathrooms will be upgraded as part of the programme of redecoration and refurbishment. • New toilets have been ordered and will be installed in all bathrooms where these are determined to be required. There is a 12 week approximate delivery time on these items, hence the target date for completion of works is 31/08/2023. 	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <ul style="list-style-type: none"> • Upon investigation of the inspector's findings at the time of inspection, an error was identified on the electronic system within the home, and this has since been rectified. • The PIC will monitor the documentation provided for residents who are going on temporary absence or those who have been discharged from the nursing home to ensure that: 	

1. the infection status for residents will be recorded
2. Correct blood sugar levels will be recorded
3. Contact details for the nursing home will be recorded

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	31/08/2023
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	30/06/2023

