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:	21 July 2026
Centre ID:	OSV-0000025
Fieldwork ID:	MON-0049180

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

How we inspect

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
Tuesday 21 July 2026	08:00hrs to 16:00hrs	Maureen Kennedy	Lead
Tuesday 21 July 2026	08:00hrs to 16:00hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

The inspectors spoke to fourteen residents who were complimentary in their feedback and expressed a good level of satisfaction with the care provided in this centre. The residents reported that the staff were very kind and that they treated them with patience, compassion and respect. Based on the observations of the inspectors, and from speaking with residents, it was clear that the staff providing direct care were committed to providing person-centred care to residents. Residents were satisfied with the length of time it took for staff to answer their call-bell and confirmed that their requests were attended to promptly. One resident praised the cooked breakfast on Sundays. There were 57 residents living in the centre on the day of this unannounced inspection.

On the morning of the inspection, the inspectors found a calm, quiet atmosphere as residents were observed sleeping in their rooms while some residents were already up. The inspectors observed that there were sufficient staff around to meet residents' needs. Staff who spoke with the inspectors knew the residents and were familiar with their needs. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs.

The premises was designed and laid out to meet the needs of the residents. It was spacious, bright and tastefully decorated. Bedrooms were personalised with items of furniture and family photographs to help residents feel more at home. There was sufficient private and communal space for residents to relax in. The centre is situated on the ground floor facilitating access to two enclosed courtyards garden areas available for residents to use. However, while the centre was observed to be clean, tidy and fresh smelling, improvements were required in housekeeping practices. For example, the housekeeping room was not organised in a manner that supported effective infection prevention and control (IPC) practices. This is discussed further under Regulation 27: Infection Control.

There was a well-developed activities programme in place, offering a varied schedule of activities each day. Activities were provided in a range of formats, including large group sessions, smaller group activities, and individual one-to-one support. Residents who spoke with inspectors expressed satisfaction with the activities provided and stated that staff created a positive and engaging atmosphere within the centre. On the morning of the inspection, a large number of residents participated in chair-based exercise sessions. These were facilitated simultaneously in different areas of the centre, with one session led by the on-site physiotherapist and another by an activities staff member. On the afternoon of the inspection, the inspectors observed a garden party with residents and family members enjoying ice cream in the sunshine.

There was a calm unhurried atmosphere in the centre's dining rooms as residents dined. There was a menu available with choice of courses and a variety of drinks

were offered to residents. The meals provided appeared appetising and were served hot. The inspectors observed adequate numbers of staff available offering encouragement and assistance to residents as required, and staff spoken with were knowledgeable of residents' dietary needs, including relevant modified diets. Residents who spoke with the inspectors were complimentary about the food saying it tasted good, they got plenty to eat and had access to food at all times.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found that the registered provider had good governance and oversight procedures in place, which ensured that residents were kept free from harm in their home. This unannounced risk inspection was carried out by inspectors of social services over one day to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people Regulations 2023 to 2025 (as amended).

The registered provider of Cloverlodge Nursing Home is Mowlam Healthcare Limited, and part of the wider Mowlam group who own a number of nursing homes throughout Ireland. The person in charge had responsibility for the day-to-day operations of the centre and is supported by an Assistant Director of Nursing (ADON), a Clinical Nurse Manager (CNM), a team of nurses and health care staff, activities staff, kitchen and household staff. There was a schedule of regular meetings in place and the management team had developed audits that identified where improvements were required. There was an annual review of the centre and a quality improvement plan in place.

The director of nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had an IPC link practitioner who had completed the national IPC link practitioner course.

A review of staffing rosters found that staffing levels were adequate to meet the needs of the 57 residents, and were appropriate to the size and layout of the centre. Direct care was provided by a team of registered nurses and healthcare assistants. Sufficient housekeeping, activities, and catering resources were in place, with maintenance support available five days per week.

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely. There was good supervision of staff on the day of the inspection.

Regulation 15: Staffing

There were sufficient staff on duty on the day of the inspection to meet the assessed needs of the residents. A review of worked and planned rosters confirmed that there were always two nurses on duty in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and had completed training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents which met the regulatory requirements and was made available when requested.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities.

There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was within date, available in the centre and contained the prescribed information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge ensured that people working as volunteers had their roles and responsibilities set out in writing and received supervision. Garda vetting was in place for all staff working in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents were supported to have a good quality of life that was respectful of their wishes and preferences. Residents' rights and choices were respected, and

residents were actively involved in the organisation of the service. However, some improvements were required in relation to the premises and infection control as further detailed under their respective regulations.

The provider had ensured that hand hygiene facilities were available for staff in-line with best practice guidelines. For example, clinical hand hygiene basins were available on the corridors as well as alcohol gel dispensers.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that the resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

The inspectors found that all reasonable measures were taken to protect residents from abuse. A notice board reviewed had all relevant information available on advocacy service, Ombudsman, complaints officer, and residents' rights service. There was a policy in place which covered all types of abuse and the inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse.

The inspectors were assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out. There was evidence of good oversight of multi drug resistant organisms (MDRO) and antibiotic strewardship.

Regulation 17: Premises

Overall, the centre was well-maintained in most areas and was observed to be nicely decorated. However, some improvements were required. For example,

- The flooring in a number of en-suite bathrooms was significantly worn and in poor repair, which did not support effective cleaning and maintenance of the environment.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Transfer letters reviewed on the day of inspection contained all relevant resident information, demonstrating effective communication between services to minimise risk and support continuity of care.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy in place. Risks were identified and managed appropriately.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- Housekeeping practices were not consistently in line with best practice guidance for the safe storage, and preparation of cleaning chemicals. For example:
    - The chemical dosing system used for the dilution, and preparation of cleaning products was located within the dirty utility room. The location of the dosing system in an area designated for the handling of contaminated equipment and waste increased the risk of contamination.
    - There was no janitorial unit available in the housekeeping room for hand hygiene or the disposal of dirty water.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. There was good oversight with regular medication reviews carried out.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an infection and those residents that had a urinary catheter.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a medical practitioner of their choosing or who was acceptable to them. Residents also had good access to other health and social care professionals. From a review of records, inspectors found that timely referrals were made to health and social care professionals, including physiotherapists and dietitians, in response to changes in condition. Residents were reviewed promptly by those professionals and recommendations were accurately incorporated into the residents' care plans.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns. Staff had An Garda Síochána (police) vetting prior to starting work in the centre. Appropriate pension-agent arrangements were in place to safeguard residents' finances.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cloverlodge Nursing Home OSV-0000025

Inspection ID: MON-0049180

Date of inspection: 21/07/2026

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
Outline how you are going to come into compliance with Regulation 17: Premises: • The en-suite floors are a tiled finish and over the past number of years they have been sealed/painted. The areas identified during the inspection were areas where the sealer/paint has worn away from the tiles. As an immediate action, we have re-sealed/painted the areas identified to ensure the surfaces can be effectively cleaned and maintained. An enhanced cleaning schedule has been implemented for all en-suite bathrooms that were found to have worn flooring, to mitigate infection prevention and control risks pending permanent repair/replacement. This includes increased frequency of cleaning and additional spot-checks which will be monitored by the Person in Charge (PIC). • A full assessment of flooring in all en-suite bathrooms will be carried out BY THE Facilities team to ensure that the floors are appropriately maintained and to consider a replacement option in the longer term.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • We will submit an Application to Vary the registration of the centre to incorporate the existing Chemical Store Room into part of the existing Sluice Room/Dirty Utilities Room, creating a dedicated, separate sluicing facility distinct from the housekeeping/cleaning storage area. • This will ensure clear separation between "cleaning" functions (Housekeeping Room & Store) and "dirty" functions (Sluice Room), thereby reducing contamination risk. • A dedicated Sluice Room equipped Sluice Disinfection Unit, racking for Bedpans/Urinal	

Bottles and Clinical Hand Wash Station will be included.
• A dedicated Housekeeping/chemical storage area with an appropriate janitorial unit, chemical dosing system, Chemical Storage Unit & space for storage of Cleaning Trolley along with hand wash facilities in line with best practice will be included.
• Design/layout plans for the reconfigured space are currently being drawn up to be submitted as part of the proposed Application to Vary and we will submit a revised Statement of Purpose and revised floor plans which will clearly outline the proposed changes.

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	30/11/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/11/2026