



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

Issued by the Chief Inspector

Name of designated centre:	Curragh Lawn Nursing Home
Name of provider:	CLNH (Kildare) Limited
Address of centre:	Kinneagh, Curragh, Kildare
Type of inspection:	Unannounced
Date of inspection:	19 May 2021
Centre ID:	OSV-0005536
Fieldwork ID:	MON-0031610

About the designated centre

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

Curragh Lawn Nursing home is situated on the edge of the Curragh approximately two kilometres from the village of Athgarvan. The towns of Kilcullen and Newbridge are in close proximity and offer shopping and other local amenities. Curragh Lawn Nursing Home provides accommodation and nursing care for 37 residents. There are 24 bedrooms in total; 13 single bedrooms, 10 twin bedrooms and one four-bedded bedroom, all located on the ground floor. There are three lounges and a dining room in an open plan layout. The home is surrounded by gardens and grounds amounting to approximately five acres. There are outdoor areas for residents to sit outside and enjoy the scenic views and there are walkways around the nursing home that residents can also avail of and enjoy. There is a purpose built enclosed garden that has been designed in line with dementia-inclusive principles and incorporates high colour contrast seating and safe suitable pathways. Curragh Lawn Nursing Home accommodates both male and female residents aged 18 years and over. The service provides full time nursing care and caters for the health and social care needs of residents requiring dementia care, respite care, convalescent care and general care in the range of dependencies low/medium/high and maximum.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
--	----

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 May 2021	10:00hrs to 17:45hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Residents were very positive about their experience of living in Curragh Lawns Nursing home. Good centre governance supported residents to have a good quality of life and provided safe services for residents. The service had already identified the limitations of the premises and had a development plan in place to address these issues. The major impact of the premises was on the availability of separate quiet space for residents to spend time alone in and on those who lived in multi-occupancy bedrooms who could not always undertake personal activities in private. The inspector observed practices, greeted many residents during the inspection and spoke at length with five residents to gain an insight of the lived experience in the centre.

On arrival the inspector was guided through the centre's infection control procedures before entering the building. The centre was warm throughout and there was a relaxed, homely and friendly atmosphere. The centre was clean to a high standard with the exception of some areas of the centre which required maintenance, for example, tiling in bathrooms which the provider was addressing in their improvement plan. Alcohol hand gels were readily available throughout the centre to promote good hand hygiene.

The centre was originally constructed in 1984 and all resident accommodation was on the ground floor of the building. The first floor was accessible by stairs and accommodated staff changing and break rooms and administration spaces. The front door was restricted by a key code and residents who could retain the code could access it. There was open access at the rear of the building to the centre's enclosed garden area and residents were observed walking in the garden at various times during the day with staff members. Residents told the inspector that staff were always available to supervise or assist them outside into the garden whenever they wished, most of the residents were satisfied with this arrangement.

Day spaces were appropriately furnished and there were interesting items and activities resources available for residents. The open plan arrangements of the communal spaces was welcoming and homely, however, a minority of residents would like an option of a quieter space to spend the day in. There was good supervision of residents in the communal areas and staff were observed to be attentive to residents throughout the day. Space in some shared bedrooms was limited and this was identified by the provider as an additional risk to cross contamination should the centre encounter an outbreak of COVID-19. Two outdoor cabins had been installed in the centre's grounds to facilitate safe and private visits for residents- both of these areas were busy throughout the day of the inspection with many visitors observed coming and going.

Staff were observed engaging with residents throughout the inspection. Interactions were kind and person-centered. Activities were provided in the day room and visits were facilitated in the outdoor cabins. Meals were served in the same communal

space as the activities occurred and some residents remained in their armchair and lunch was provided to them there. Residents could choose to have their meals in their bedroom also. Residents were well groomed and care had been taken to ensure that clothing was clean and tidy and reflected each individual's choice.

Residents were very complimentary about the staff, management and the service they received. Residents were very grateful that the centre had not experienced an outbreak of COVID -19 and acknowledged the dedication and hard work of the staff in keeping them safe. Residents said that all of the staff went above and beyond their duties to keep them safe and entertained during a very worrying time.

Residents described person-centred and compassionate care and told the inspector they were listened to and respected by the staff. Residents did not wait long for the call bell to be answered and were confident to discuss any concerns or feedback they had with any member of staff. Residents could choose where and how they spent their day and there was sufficient staff available to ensure they could attend activities and scheduled visits. There was a varied and flexible activities schedule over seven day per week and some activities were very popular, for example, bingo, music and group exercises. Residents were observed participating in group activities in the morning and afternoon of the inspection. One-to-one activities were based on individuals' needs which were regularly re-assessed and updated. Residents told the inspector the providers were very generous in how they celebrated events both individual and group events. For example, birthdays, national holidays and themed events like 'Bealtine festival' for traditional welcoming of summertime.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

There were effective management systems in place to monitor the quality and safety of care resulting in good oversight of care and services. The centre was effectively managing identified risks and had improvement plans in place to eliminate these risks. The centre were still working towards compliance with a condition of registration which is due on 01 September 2021 relating to premises.

CLNH (Kildare) Limited was the registered provider for Curragh Lawns Nursing Home. The company had four directors, all of whom were involved in the daily operations of the centre. There was a clearly defined management structure and both staff and residents were familiar with staff roles and their responsibilities. The Person in Charge worked full time in the centre and was supported by a full time Director of Nursing and an Assistant Director of Nursing. There were sufficient resources to provide care in line with the centre's statement of purpose. There were effective systems in place to monitor the quality and safety of care which resulted in

appropriate and consistent management of risks and quality. For example, the provider had identified risks in relation to the layout of the premises and currently had improvement plans in place to eliminate the risks. An Annual review of care had been completed for 2020 in line with the regulations. A suite of audits were completed and were continually informing the centre's quality and safety improvement plans.

There were sufficient staff available to meet the needs of residents. There was a nurse on duty over 24 hours and contingency arrangements were in place for COVID-19 should they have a suspected or positive case. Staff were competent and knowledgeable about the needs of residents and were observed to be following best practice with infection control procedures and hand hygiene.

A comprehensive suite of appropriate training was provided for all staff in the centre. Training had continued throughout the periods of restriction due to COVID-19, this was facilitated by on-line and remote learning where appropriate. On-site training had resumed and there were arrangements in place for ongoing training in the centre. Arrangements were in place to provide support and supervision to the staff in the centre. The centre valued training and education and demonstrated a longstanding engagement with various validated training providers to ensure ongoing professional development for staff. The benefits of this were evident in the level of competence displayed by staff in evidence-based care and in the high standards of care provided.

The centre promoted the recording of concerns and complaints and used the information for ongoing learning and quality improvement. Based on a sample of complaints viewed there was a responsive approach by management to engage with the complainant and find mutually agreeable solutions to issues and problems.

The management team were responsive to the inspection process and were committed to being fully compliant with the regulations. Building development works which were due to commence in 2020 had to be postponed due to the restrictions caused by COVID-19. Planning for these building works were now at an advanced stage and work would be commencing in the coming weeks.

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of residents. There was a nurse on duty at all times. Night time staffing levels were in line with the centre's contingency plan for an outbreak of COVID-19.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. There was an ongoing comprehensive 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 respective roles.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources to provide services as described in the centre's statement of purpose. Management systems were well developed and were effectively monitoring quality and safety in the centre. For example, infection control audits had identified the lack of clinical hand washing sinks and this is now in the centre's development plan.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

Quality and safety

Resident's well-being and welfare was maintained by a high standard of evidence-based care and support. There was a rights based approach to care, both staff and management promoted and respected the rights and choices of resident's within the confines of the service. The size and layout of the premises was impacting on the privacy and choice of residents and potentially created an infection control risk for residents in shared accommodation.

There was high standard of care planning in the centre. Residents' needs were comprehensively assessed and appropriate person-centered care plans were developed. The format of the care plan allowed residents to easily read their information if they chose to do so. The language used in the care plans was plain English, reflected the centre's person-centered ethos of care and very clearly guided staff to meet the individual needs of residents.

High standards of evidence-based health care were provided for residents. Good clinical oversight and staff knowledge of residents needs resulted in good outcomes for residents, for example, there were no pressure sores in the centre and residents at risk of malnutrition were identified early and appropriate interventions were put in place. There was evidence of ongoing review by the GP and allied health professionals throughout the periods of restriction due to COVID-19.

All resident accommodation and bedrooms are on the ground floor of the centre, three bedrooms are only accessible by walking up two steps. Accessible communal spaces consist of a large open plan area which the provider has subdivided but with free flow throughout. Communal space and bedroom accommodation required review to ensure they complied with the revised regulation SI 293 (2016). The centre have a development plan at an advanced stage and are working towards full compliance with premises. The centre currently have a condition on their registration requiring the physical environment be reconfigured on or before 1 September 2021. The service also acknowledged the additional risks that the current layout of the premises may have on any potential outbreak in the centre and their long term plan is to provide all single bedroom accommodation.

Two outdoor cabins and an unused lobby were provided for visiting however residents required the assistance of staff to access these areas. The centre's enclosed gardens were easily accessible and frequently used by residents. The centre was warm and comfortable throughout with appropriate assistive aids to meet the varied needs of residents.

The centre continued to maintain robust infection prevention and control procedures to help prevent and manage an outbreak of COVID-19 and to date the centre had been successful in this. For example, daily symptom monitoring of residents and

staff for COVID-19 continued and staff were continuing with routine screening. A successful vaccination programme was completed in the centre and there were arrangements for the vaccination of new residents and staff. Staff were observed to have good hand hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place and staff were competent with the correct cleaning procedures to maintain a safe environment for residents and staff. According to staff, high touch areas were being cleaned twice daily in line the national guidelines, however records maintained in the centre did not capture this. The provider was undertaking to review and correct this.

There was a proactive approach to risk management in the centre. Records of incidents were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe.

There was a rights based approach to care in this centre. The service promoted the rights of individuals by respecting individual choices and preferences and by involving residents in the organisation of service. There were regular resident meetings and residents were encouraged to make suggestions about the organisation of the service. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. However, residents in shared accommodation could not always undertake activities in private due to the limitations of the premises as outlined above. Facilities and opportunities were available for all residents to participate in activities in accordance with their abilities and preferences. There was a recent increase in staff resources available for activities in the centre which residents were very pleased about. High levels of satisfaction were received from resident surveys.

Regulation 11: Visits

Visiting indoors had resumed in line with the most up to date guidance for residential settings. Three designated areas in the centre were assigned for safe visiting and systems were in place to facilitate booking and safe visiting for residents. Residents could also receive visits in their bedroom. Window visits had continued throughout level five restrictions for COVID-19.

Judgment: Compliant

Regulation 17: Premises

There is currently no accessible quiet space for residents to use within the centre.

Two cabins were recently installed in the gardens to facilitate visits. These are available to residents when they are not in use by visitors, however only a small number of residents can independently access these spaces.

One twin bedroom will not meet the minimum space requirements of amended regulations SI 293 (2016). The layout of the centre's only four bedded room does not facilitate all residents to access their personal possessions easily and there is not sufficient space for all four residents to have a chair beside their bed.

Judgment: Not compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. A register of live risks was maintained and regularly reviewed with appropriate actions in place to eliminate and mitigate risks.

Judgment: Compliant

Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Housekeeping procedures were improved in order to provide a safe environment for residents and staff. Protocols for surveillance, testing and reducing the impact of COVID-19 remained in place and the vaccination programme for COVID-19 had been completed.

Judgment: Compliant

Regulation 28: Fire precautions

Only one aspect of this regulation was reviewed on inspection in follow up from the previous inspection, 28. (1)(d) . The centre had practiced fire drills in the centre's largest compartment based on night time staffing levels. The drill records lacked sufficient detail to assure the inspector that drills were robust. Further drills were practiced and records submitted following the inspection which demonstrated a responsive approach to fire safety and ongoing commitment to ensuring good evacuation times.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's and consultant psychiatry of older age attended the centre to support the residents' needs. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

The privacy and dignity of residents in shared bedrooms was impacted at times by noise, smells and disruptions from others living in this shared space.

Additional information submitted by the provider following the inspection indicated that current residents were happy with their living arrangements. Residents in shared accommodation who would like a single room are facilitated when one becomes available. The provider had a long term plan in place to provide all single bedroom accommodation over the next five years.

Judgment: Substantially 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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Curragh Lawn Nursing Home OSV-0005536

Inspection ID: MON-0031610

Date of inspection: 19/05/2021

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We have 2 cabins which are used to facilitate visiting and these are also used frequently by Residents independently who wish to relax or enjoy the gardens. However we also have two new communal areas planned, one of which will be available to Residents as a quiet room. Date to be Completed: 30-11-2021</p> <p>The Twin bedroom mentioned in the report will reduce to a single bedroom. Date to be Completed: 30-11-2021</p> <p>The four bedded room will reduce to 3 beds with wheelchair accessible en-suite. Each bed space will meet the minimum space requirement as set out in the amended regulations SI 293 (2016). The re-configuration of the room will ensure that all Residents in the room will be able to access their personal possessions easily and have a chair beside their bed. Date to be Completed: 30-11-2021</p> <p>An application to vary Condition 4 has been drafted and will be submitted to the Chief Inspector to apply for a short extension on the date previously granted. The reconfiguration and building planned in Phase 1 was not possible due to the impact and risk COVID-19 would have had on the Residents and Staff.</p> <p>RPR plans for Phase 1 building works (4 single en-suites, a communal sitting room and dining area and quiet room and a sluice) to be complete by 30-11-2021.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: An audit of all Residents in shared accommodation was completed on 26 May 2021. No</p>	

Resident wished to move to a single room on that date and all felt they were afforded privacy to undertake personal activity.

However as discussed with the Inspector the planned extension due for completion 30-11-2021 will enable us to facilitate more Residents in single occupancy rooms.

Once the amended regulations SI 293 (2016) have been met by the RPR on 30-11-2021, the development plan over the coming 5 years is to reduce all multi occupancy rooms to single bedrooms. We do envisage the need for some double bedrooms (en-suite) to accommodate couples or siblings as per Regulation 9 - Resident's Rights. These double bedrooms will meet the recommended IPC guidance and HIQA Standards 2016.

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant		30/11/2021
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.	Not Compliant		30/11/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in	Substantially Compliant		30/11/2021

	activities in accordance with their interests and capacities.			
--	---	--	--	--