



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:	12 March 2024
Centre ID:	OSV-0005536
Fieldwork ID:	MON-0041740

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 39 residents. 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:	37
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 12 March 2024	10:15hrs to 18:25hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they immensely enjoyed living in Curragh Lawn Nursing Home. The residents spoken with were highly complimentary of the staff that cared for them and the care they received. The centre had a homely feel and staff knew residents' individual likes and dislikes and were seen providing person-centred care throughout the day of inspection. One resident said "I love it here, you would be mad not to love it here". Another resident described the staff and management to the inspector saying "They can't do anything more for you".

The inspector walked around the centre and observed the interactions between residents and staff. There was a homely feel to the centre and residents were familiar with the management and staff team. Staff were seen knocking on residents' doors and waiting for an answer before entering. The centre was laid out over one floor with all residents accommodated on the ground floor. There had been a recent extension to the centre consisting of four single en-suite bedrooms. In the original building there were single and twin bedrooms, some bedrooms were en-suite and there were communal bathrooms and showers available to residents.

The centre was nicely decorated and welcoming with three large communal lounge areas where most residents gathered. There were fresh flowers in vases around the centre and in some residents' rooms. Residents were seen relaxing in communal areas or in their bedrooms throughout the day. In the morning, residents were observed chatting with each other and with staff, reading newspapers and watching television in the large day room. Some residents were eating breakfast and other residents were having their second breakfast or a snack as was their choice. A pictorial menu was on display for residents to see what choice of food was available throughout the day. Mass was available on television and a priest also attended the centre to say Mass every fortnight.

The inspector saw that residents' bedrooms were clean and decorated with items of personal interest to the residents' taste. One resident had decorated their bedroom with beautiful paintings they had brought from home. The registered provider had recently replaced the flooring in all of the bedrooms, however one resident had requested to keep the original flooring and this was facilitated by the provider. There was adequate storage in all of the bedrooms for residents to store their clothes and personal possessions, and all bedrooms had lockable storage space if they wished to use it. There was an enclosed garden with nicely planted flowers and shrubs and seating areas for residents' use. As well as this the centre had a large surrounding garden with areas for seating and comfortable wooden cabins.

There was food available throughout the day and the dining room was nicely laid out and residents were observed sitting together for meals. The food served looked wholesome and nutritious and was served to residents' tastes. All residents spoken with were complimentary of the food and a choice of snacks was seen to be served

throughout the day. Water was available in residents' bedrooms. Residents who required assistance were assisted discreetly by staff in their bedrooms or in their dining room. There were balloons decorating the tables which residents told the inspector were left over from celebrating International women's day.

Activities were available for residents and the schedule was on display in the lounge. Residents told the inspector they were looking forward to the planned festivities for St Patrick's day. On the day of inspection bingo and music activities were taking place and the inspector observed one-to-one activities such as hand massage also. There were pictures of residents taking part in various activities and pictures of day trips and trips to Lourdes also on display in the centre.

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

Capacity and capability

This was a well-managed centre with many good systems in place to monitor the quality of care provided to residents in the centre. The management team were found to be focused on providing a quality service to residents and on improving their wellbeing while living in the centre. There were clear management structures and adequate resources in place that ensured appropriate care was being provided to residents. Residents' welfare and wellbeing was a key priority for the registered provider, management and staff teams and this was evidenced through management meeting minutes, residents' feedback and the allocation of resources.

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). Overall, this inspection demonstrated that the registered provider was committed to ensuring compliance with the regulations. However, action was required by the provider with regards to the complaints procedures, and policies and procedures which are further discussed under the relevant regulations.

Curragh Lawn Nursing Home is operated by CLNH (Kildare) Limited who is the registered provider. There was a clear management structure, with all staff aware of their role and responsibilities. The person in charge was also the registered provider representative who worked alongside the director of nursing. The director of nursing provided clinical care to the residents and was supported by an assistant director of nursing, general manager, a team of nurses, health care assistants, activities co-ordinators, and a catering and domestic team.

The registered provider had a comprehensive and user-friendly annual review of the quality and safety of the service in place for 2023. The annual review included information such as the trending and analysis of complaints received in 2023 and an analysis of various audits carried out in the centre. The annual review also included

details of proposed premises changes, quality improvement initiatives such as changes to flooring and garden improvements as well as containing residents' input on the running of the centre.

There was evidence of a schedule of audits taking place in the centre in areas such as falls management, nutrition and hydration and safeguarding. The inspector reviewed management meeting as and committee meeting minutes and found there were appropriate time bound action plans put in place where needed. There was also a maintenance plan and schedule in place in the centre.

Staff were supported to attend mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse. There was a system in place to oversee this training and highlight when staff required refresher training. Supplementary training was also offered to staff in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), infection prevention and control and end of life care. There was a suite of Schedule 5 policies in place. The inspector reviewed these policies and found there was a number of policies that required updating within the three years required by the regulation. This is further discussed under Regulation 4: Written policies and procedures.

There was an insurance policy in place for cover against injury to residents. The registered provider had also cover in place against damage to residents' property and this was outlined in the residents' guide.

The inspector reviewed the incidents and accidents log and found that all incidents had been reported to the Chief Inspector of Social Services as required under the regulations within the specified time periods.

There was a complaints policy and procedure in place and a copy of this was displayed in the centre however, it did not meet all the requirements of the regulation. All residents spoken with were aware of who to make a complaint to if they needed to. This is further discussed under Regulation 34: Complaints Procedures.

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for against injury to residents and other risks, including damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were good management systems in place to monitor the effectiveness, person centred approach and suitability of care being delivered to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

There were contracts for the provision of service available for the inspector to view, which satisfied regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

While there was a complaints procedure in place it did not contain of all of the required information under the regulation for example:

- The time line for response to a complaint if referred to a review officer was not detailed in the procedure
- It did not contain details of advocacy services or the provision of a written response informing the complainant of the outcome of the review or written response including the reason for any delays and what to do if either the complaints officer or review officer are involved in the matter.
- The procedure did not contain information regarding the implementation of any improvements recommended by a complaints or review officer or ensure that a resident has access to records and information in relation to the complaint.
- The procedure did not ensure that the resident is not adversely affected by

making the complaint and did not state that the registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to understand the complaints process and to be assisted to make a complaint under the procedure.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Six schedule 5 policies and procedures including policies and procedures on end-of-life care, responding to emergencies and management of behaviour that is challenging had not been updated within the last three years as required by the regulation.

Judgment: Substantially compliant

Quality and safety

The inspector found that 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 and management treated residents with respect and kindness throughout the inspection.

Visitors were observed coming and going on the day of inspection. There were two modern wooden cabins available for residents' use. These were furnished and cozy and provided additional space for residents to undertake activities, host celebrations or to bring their visitors. They were easily accessible and on the day the cabins were observed to be warm and well-insulated with central heating in use in both cabins. Both cabins had WiFi access which residents could access on their phones and tablets.

A residents' guide was available and included a comprehensive user-friendly summary of services available, terms and conditions and visiting arrangements, however the complaints procedure in the guide did not contain the review officer details or advocacy services.

Residents' care plans were reviewed and the inspector found that residents with communication difficulties were supported to communicate freely. There were detailed support plans in place and it was evident that residents who required support had their needs and preferences known by staff.

Appropriate arrangements were in place to ensure that when a resident was

transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety. The inspector reviewed a sample of care records and found that there was evidence of safe and appropriate discharge of residents from the centre.

All reasonable measures were in place to protect residents from abuse. Training records indicated that all staff had completed safeguarding training. The inspector reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment. Staff spoken with on the day of inspection were knowledgeable about safeguarding.

Residents' rights were upheld in the centre. Residents were supported to give feedback on the service in a variety of ways and residents spoken with on the day were complimentary of the staff and management team and mentioned how they responded to feedback or suggestions. Residents were provided with choice around how they spent their days and there was an activities schedule in place for them to attend a variety of activities. Independent advocates attended the centre and were available to residents. There were a large amount of newspapers available for residents to read as observed by the inspector on the day of inspection. Residents had access to TV and media also. Residents had been supported to vote in recent elections and procedures were in place to check the voting register on a half-yearly basis. There were residents' meetings taking place, the inspector reviewed meeting minutes and saw there was good attendance and evidence of resident involvement. Residents' satisfaction surveys were sent out twice a year and recommendations or suggestions from these were followed up by management.

Regulation 10: Communication difficulties

Residents' with communication difficulties were being facilitated to communicate freely. Their care plans reflected residents' personal needs with communication difficulties and were appropriately reviewed and updated.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions for visitors in the centre. There was adequate space for residents' to meet their visitors in areas other than their bedrooms if they wished to do so.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide set out the requirements under the regulations however, it did not include all the information in respect of complaints procedure, namely details about the review officer for complaints, or advocacy services.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner.

Judgment: Compliant

Regulation 8: Protection

All staff had completed safeguarding training and were aware of what to do if they suspected abuse. They felt confident to report any concerns that they may have. The centre was not a pension-agent for any of the residents

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had provided facilities for occupation and recreation for the residents in the designated centre. Residents' rights were respected, and their choices were promoted in the centre by all staff. Residents' were provided with access to independent advocacy services if required. Residents' had access to television, radio, newspapers and books. Internet and tablets for private use were also available to support residents keep in touch with loved ones.

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 22: Insurance	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	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Curragh Lawn Nursing Home OSV-0005536

Inspection ID: MON-0041740

Date of inspection: 12/03/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints procedure has been updated to include all the details required by regulation 34. Completed: 23-04-2024</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The six schedule 5 policies which were under review at the time of the inspection have now been reviewed and updated. Completed 15-04-2024</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents: The complaints procedure had been updated as per regulation 34 and this information added to the Resident's Guide. Completed 23-04-2024</p>	



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 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	23/04/2024
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	23/04/2024
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the	Substantially Compliant	Yellow	23/04/2024

	outcome of the review.			
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Substantially Compliant	Yellow	23/04/2024
Regulation 34(2)(h)	The registered provider shall ensure that the complaints procedure provides for the persons nominated under paragraph (a) and (d) should not be involved in the subject matter of the complaint, and as far as is practicable, shall not be involved in the direct care of the resident.	Substantially Compliant	Yellow	23/04/2024
Regulation 34(3)	The registered provider shall take such steps as are reasonable to give effect as soon as	Substantially Compliant	Yellow	23/04/2024

	possible and to the greatest extent practicable to any improvements recommended by a complaints or review officer.			
Regulation 34(4)(a)	The registered provider shall ensure that a resident has access to records and information in relation to the complaint, subject to the law.	Substantially Compliant	Yellow	23/04/2024
Regulation 34(4)(b)	The registered provider shall ensure that a resident (b) is not adversely affected by reason of the complaint having been made by them or by any other person, whether or not that person comes within the definition of complainant or not.	Substantially Compliant	Yellow	23/04/2024
Regulation 34(5)(a)(i)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to understand the complaints process.	Substantially Compliant	Yellow	23/04/2024
Regulation 34(5)(a)(ii)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant,	Substantially Compliant	Yellow	23/04/2024

	as is necessary, for the complainant to (ii) make a complaint in accordance with the designated centre's complaints procedure.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	15/04/2024