



**Health  
Information  
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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:	08 October 2025
Centre ID:	OSV-0000025
Fieldwork ID:	MON-0048311

## About the designated centre

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

Cloverlodge Nursing Home is a single storey purpose built facility located on the outskirts of Athy in Co. Kildare. It is registered for 60 residents who are accommodated in single rooms, with full en suite shower facilities in each. The centre has a day room, an activities room, a visitors' room, a dining room, an oratory and two secure enclosed gardens for residents' use. The centre offers long term care, respite care convalescence and palliative care. The service provides 24 hour nursing care for residents, who are categorised as low to maximum dependency.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	57
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 8 October 2025	08:00hrs to 16:00hrs	Maureen Kennedy	Lead

## What residents told us and what inspectors observed

The inspector spoke with many residents to gain insight into their experience of living in Cloverlodge Nursing Home. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. One resident reported that 'this is a lovely spot to live' and that staff were 'very good here'. Another resident told the inspector that they had 'absolutely, no complaints'. The inspector also spoke with some family members who were visiting their loved one on the day, who said that their family member was 'very well looked after' and that the family had 'great peace of mind'. There were 57 residents living in the centre on the day of this unannounced inspection.

On the morning of the inspection, the inspector attended the morning handover (sharing of relevant clinical information in respect of each resident between the shifts). A handover record was available for staff and each resident was discussed with any pertinent issues highlighted. In the morning, residents were observed sleeping in their rooms while some residents were already up and going about their morning routines. Staff were observed busily attending to residents' requests for assistance in a timely manner and staff who spoke with the inspector were knowledgeable about the residents they cared for and what their needs were.

The centre was tastefully decorated, well-maintained with a calm and friendly atmosphere observed. The lived-in environment was bright, clean and homely throughout. The inspector observed the dementia-friendly environment in the Memory Care unit. The centre worked with families to personalise the bedrooms with items that were important to residents including their family photographs and souvenirs. There was sufficient private and communal space for residents to relax in. Two enclosed outdoor courtyards were easily accessible and suitable for residents to use. A smoking hut was situated within one of the courtyards and was observed being independently accessed by residents. A fire blanket, fire extinguisher and a call-bell were available.

Residents had access to a range of media, including newspapers and TV. A dedicated activity staff was on site to organize and encourage resident participation in events, with opportunities for residents to participate in group or individual activities. An activities schedule was on display and the inspector observed residents participating in rehab therapy on the morning of the inspection. Residents and staff were seen spending time chatting and laughing together, as residents went about their daily routines. The inspector observed visitors coming to and from the centre throughout the day.

The inspector observed in detail the lunch time meal experience in the centre's dining rooms. Memory Care unit dining area had a big aquarium with large brightly coloured fish enhancing the relaxed and calm atmosphere along with music playing in the background. Pictorial food menus were on display and staff were knowledgeable of the residents' preferences including those with special

requirements. The food served to residents at lunch appeared nutritious and well-presented. A variety of drinks were being offered to residents with their lunch. Residents' independence was promoted with easy access to condiments and individual sauce boats on each dining room table. Feedback received from residents on the day of the inspection was that they enjoyed the meals on offer. Residents told the inspector that 'If you don't like the food you get, they will get something else for you'. Snacks were available outside of regular mealtimes.

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, the inspector found that residents benefited from a well-run centre with good leadership and good governance and management arrangements in place which contributed to the centre's high level of regulatory compliance as evidenced by the findings of this unannounced inspection. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being.

The registered provider of Cloverlodge Nursing Home is Mowlam Healthcare Limited. The person in charge had responsibility for the day-to-day operations of the centre and is supported by a clinical nurse manager, a team of nurses and healthcare support 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 inspector reviewed a sample of staff duty rotas. The centre was appropriately resourced with adequate staffing numbers across all disciplines to meet the needs of the residents. The inspector observed the staff interaction with the residents to be unrushed, kind and patient. There was a training schedule in place and all staff had attended the required mandatory training to enable them to care for residents safely. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

Documents were available for review including, written policies and procedures, and the residents' guide and were compliant with the legislative requirements.

## Regulation 15: Staffing

Taking into account the size and layout of the designated centre, there were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the 57 residents.

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 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

The annual review and quality improvement plan for 2024 was reviewed and it met the regulatory requirements.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures as required in Schedule 5 of the regulations were available for review, and had all been updated within the last three years.

Judgment: Compliant

## Quality and safety

Overall, the inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

Residents' family and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Visitors confirmed they were welcome to the home at any time. They praised the care, services and staff that supported their relatives in the centre.

Overall, the premises was designed and laid out to meet the needs of the residents. It was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. The general environment and residents' bedrooms, communal areas and toilets inspected appeared clean and clutter-free. The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance and renovations. For example, there was en-suite flooring in some of the bedrooms being replaced on the day of the inspection.

There was information for residents and visitors on display. This was to inform residents of the services available to them whilst being a resident in the centre such as how to make a complaint, advocacy and other support services with their contact details displayed.

The environment was very clean and tidy on inspection day. The inspector observed good practices in relation to standard precautions to reduce the spread of infection. For example, waste and laundry linen were managed in a way to prevent the spread of infection. Linen was appropriately segregated at point of care. Staff were observed to have good hand hygiene practices. The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately.

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.

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and were aligned with the centre's visiting policy.

Judgment: Compliant

### Regulation 17: Premises



The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide for the designated centre was available. This guide contained all of the required information in line with regulatory requirements.

Judgment: Compliant

### Regulation 27: Infection control

Infection prevention and control training was up to-date. The registered provider had adequate resources available to ensure safe infection prevention and control practices were effectively implemented.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A sample of residents' care plans were reviewed. Each resident had a pre-admission assessment carried out to ensure the centre could meet the residents' needs. Assessments were completed within 48 hours of admission and all care plans updated within a four month period or more frequently where required.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant