



**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:	Curragh Lawn Nursing Home
Name of provider:	CLNH (Kildare) Limited
Address of centre:	Kinneagh, Curragh, Kildare
Type of inspection:	Unannounced
Date of inspection:	07 July 2023
Centre ID:	OSV-0005536
Fieldwork ID:	MON-0040646

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:	39
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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
Friday 7 July 2023	08:50hrs to 15:00hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

Overall, the inspector observed that staff were working to enhance the quality of life and promote the rights, choices and independence of residents in the centre. The residents living in this centre expressed a high level of satisfaction with the service provided. The inspector found that the centre was well-run and residents enjoyed a good quality of life. Residents stated that the staff were kind and caring, that they were well looked after and they were happy in the centre.

The inspector observed lovely and kind, person-centred interactions between residents and staff during the inspection, and it was obvious that the staff knew residents and were aware of their needs. Residents appeared to be well cared for and comfortable and relaxed in their environment.

On the day of inspection, residents were seen to be well dressed in their choice of clothes, and they had their hearing aids and glasses to support their needs where required. Residents that spoke with the inspector gave positive feedback with regard to the quality and quantity of food they received and the activities schedule.

The inspector saw a number of residents having breakfast in the dining room, and all said that they enjoyed it. The menu choice was displayed by the dining room entrance, and this showed an array of choices for residents. Residents had access to a fresh supply of drinking water and refreshments throughout the day of inspection. Meals served at dinner time looked very appetising, with additional portions being served up where requested. Residents were observed to be appropriately supervised in communal areas, and staff were seen to be attentive to residents' needs. The mealtime experience appeared to be a social occasion with happy folkore music playing in the background. Residents were observed to be chatting with one another and enjoying the company of staff and other residents.

A social programme with a variety of meaningful activities for occupation and engagement was being implemented, and residents could choose to participate or pursue their own interests. In the morning, the inspector observed residents enjoying group activities, such as bingo, one-to-one interaction and music. Residents said there was always a great selection of activities, and they had a choice of which area or activity they wanted to attend. Mass was also available in the centre.

Advocacy services were also available to support residents, and the contact details for these services were advertised in the designated centre.

The next two sections of the 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

Overall, the inspector found that this was a well-managed centre with a clearly defined management structure and effective management systems in place. The centre has a good history of compliance with the regulations, and this was evident on the day of the inspection.

This was an unannounced risk inspection by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The provider of Curragh Lawn Nursing Home is CLNH (Kildare) Limited. The person in charge, who is also the registered provider representative, worked full-time and was supported in their role by a director of nursing who was in a supernumerary capacity, staff nurses, healthcare assistants, activities coordinators, catering, administration and maintenance staff. Management meetings and staff meetings were held regularly in the centre, as per records reviewed by the inspector.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre which reviewed areas such as, for example, complaints, activities, assessment and care plans, medicine management and residents' rights. Audits were objective and identified improvements.

Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and resident meetings. The annual review for 2022 was available and included a quality improvement plan for 2023. It was evident that the provider was continually striving to identify improvements.

Regulation 14: Persons in charge

There was a person in charge who worked full-time in the designated centre. The person in charge was an experienced registered nurse who met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

From a review of the rosters and speaking with staff and management, the inspector found that there were adequate levels of staff members on duty for the

size and layout of the centre.
Judgment: Compliant
Regulation 16: Training and staff development
The provider was committed to providing ongoing training to staff. Staff members who spoke with the inspector were familiar with residents' needs and competent in their respective roles. There was also appropriate supervision of the staff in place.
Judgment: Compliant
Regulation 19: Directory of residents
There was a directory of residents available which included the information required as set out in Schedule 3 of the Regulations.
Judgment: Compliant
Regulation 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 and suitability of care being delivered to residents.
Judgment: Compliant
Regulation 30: Volunteers
From a review of a sample of records, the inspector found that volunteers supporting recreational activities in the centre had their roles and responsibilities set out in writing and were vetted in accordance with the National Vetting Bureau Act.
Judgment: Compliant

Regulation 32: Notification of absence

The registered provider was aware of the statutory requirements stated in the regulation that they should inform the Office of the Chief Inspector of Social Services in writing in the event of the proposed absence of the person in charge from the centre.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The inspector was assured on the day of the inspection that the provider was aware of the notice to be given to the Office of the Chief Inspector in the absence of the person in charge from the centre. The centre had arrangements in place for the person who would deputise in the absence of the person in charge.

Judgment: Compliant

Quality and safety

Residents living in this centre received a good standard of care and support which ensured that they were safe and could enjoy a good quality of life. The inspector found that the residents' well-being and opportunities for social engagement, together with evidence-based nursing and medical care, were promoted in the centre.

Residents were seen to have adequate lockable space to store and maintain clothes and personal possessions.

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received food based on their individual dietetic requirements. Residents' nutritional status was assessed monthly, and health care professionals, such as dietitians, were consulted if this was required.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs, wishes and preferences.

Behavioural support care plans were developed for residents, and these detailed the triggers of behaviours and contained de-escalation strategies to guide staff when

supporting residents.

Residents had access to pharmacy services. Medication administration charts and controlled drug records were maintained in line with professional guidelines. Medication administration practices were being monitored well, and areas for improvement were identified and actioned.

The centre had monitoring arrangements for the use of restrictive practices in the centre, and generally, where restraint was used, it was risk assessed and used in line with the national policy.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely while having regard for their well-being, safety and health and that of other residents.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had adequate laundry and clothes labelling arrangements in place to ensure that residents had access to and retained control over their clothes. The wardrobes were clean and neatly organised.

Judgment: Compliant

Regulation 13: End of life

From the documentation reviewed, the inspector was assured that each resident received end-of-life care based on their assessed needs, which maintains and enhances their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 18: Food and nutrition

The food served to residents appeared to be wholesome and nutritious, and the food was attractively presented. Adequate quantities of food and drink were made available to residents. There was an appropriate number of staff members to assist residents when and if required.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector saw that a copy of all transfer letters when the resident was temporarily transferred to the hospital was kept in the resident's file. The nursing staff also ensured that upon residents' return to the designated centre, all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines controlled by misuse of drugs legislation were stored securely, and balances were checked appropriately and correctly. The pharmacist, in collaboration with the general practitioner (GP), had a comprehensive review system in place for all residents relating to the prescribing and administering of medication.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents' care plans relating to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were reflective of residents' needs and triggers and provided clear guidance for staff to assist residents with their care needs.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant