



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

Issued by the Chief Inspector

Name of designated centre:	Clondalkin Lodge Residential Home
Name of provider:	Bartra Op Co (Clondalkin NH Pres) Limited
Address of centre:	New Road, Clondalkin, Dublin 22
Type of inspection:	Short Notice Announced
Date of inspection:	12 October 2023
Centre ID:	OSV-0008600
Fieldwork ID:	MON-0041690

About the designated centre

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

Clondalkin Lodge Residential Home is located in the centre of Clondalkin Village, with the convenience of the M7 and M50 motorways, and is close to a variety of shops and restaurants. The centre can accommodate 150 residents, male and female over the age of 18 years. There are 142 single bedrooms, and four twin bedrooms, all of which are en suite. Currently the home is registered for 40 beds. Clondalkin Lodge Residential Home aims to provide a person-centred, caring, and safe alternative for older persons with varied care needs in a professional and empathetic manner.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
------------------------------------------------	----

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
Thursday 12 October 2023	08:00hrs to 18:30hrs	Karen McMahon	Lead
Thursday 12 October 2023	08:00hrs to 18:30hrs	Frank Barrett	Support
Thursday 12 October 2023	08:00hrs to 18:30hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

From inspectors' observations and from what residents told them, it was evident that residents living in the centre received a good standard of quality and personalised care. Throughout the day, the atmosphere in the centre was relaxed and calm. Residents and visitors told inspectors that they were happy with the care provided in the designated centre.

On the day of the inspection the inspectors were met by the receptionist who guided them through the sign-in procedure. A brief introductory meeting was then held with members of the registered provider's management team.

The centre was observed by inspectors to be clean and well maintained. There was a variety of communal areas for use, including dining, activity and day rooms. These rooms were seen to be clean, bright, comfortable and tastefully decorated. Residents' bedrooms were clean, warm and comfortable. There was adequate storage in all of the bedrooms for residents to store their clothes and personal possessions, and all bedrooms had lockable storage unit if they wished to use it. The inspectors observed that many residents had personalised their bedroom space with pictures, photographs and soft furnishings to reflect their lives and interests. All bedrooms had en-suite facilities including a toilet, shower and wash hand basin.

There was an outside enclosed garden available to residents which was easily accessible through the day room. Ample outside seating and planting areas were well maintained and created a pleasant outside environment which was accessible to wheelchair users. A smoking hut for residents was also located in the garden space, with relevant fire safety equipment. However, it was noted that there was no call bell facilities for residents to request assistance should they require it.

Staff members were observed to be gently interacting with residents and did not hurry residents when providing care. It was evident that the staff members knew the residents' needs and particular preferences well. Inspectors observed residents making choices about where they spent their time during the day, and staff reported that they provided different options to residents on what they could do during the day and this was respected.

Activity notice boards throughout the centre clearly showed the planned activities for the day ahead. The inspectors observed activities taking place in the day room throughout the day. Details of advocacy services and the complaints procedure were also displayed throughout the centre to inform residents.

The inspectors observed that lunch time in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. The dining room was large and allowed all residents to dine at the same time. A daily written menu was available for residents, which was displayed on each table. There was a

choice of hot meals at lunchtime and a choice of a hot and cold meals for the evening. Food was cooked fresh on-site. There was an appropriate level of supervision and help for residents, who required it, in the dining room. There was also assistance available to residents who chose to eat meals in their bedrooms.

The inspectors spoke with residents and visitors on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their life in the centre. Many residents said the staff were friendly and helpful.

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 impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

There was a clear governance and management structure in place in the centre and the registered provider had arrangements to ensure that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. Systems were in place to oversee the quality of care.

This was a short announced inspection conducted over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and to inform a response to applications to vary Condition 1 and 3 attached to the registration of the centre. The designated centre was registered in July 2023 for 40 beds. The Chief Inspector of Social Services received an application to vary the registration to increase the bed numbers to 150 beds.

The designated centre operated by Bartra Op Co (Clondalkin NH Pres) Ltd. The person in charge was supported in their role by nurse managers, nurses and healthcare staff. Other members of staff included activity co-ordinators, household and catering staff.

There were sufficient resources in place in the centre to ensure the effective delivery of good-quality care and support to residents. Staffing and skill-mix were appropriate to meet the assessed needs of the residents. A comprehensive staff training system was in place which ensured that staff attended mandatory training. This included safeguarding, manual handling and infection prevention and control training.

There was a directory of residents made available to inspectors, in electronic format. However this was found to be incomplete and contain inaccurate information. This is further discussed under Regulation: 19 Directory of Residents.

Condition 1 part 3 of the center's registration states "Any resident who occupies

Room 2, 3, 6, 7, 11 or 39 on the Ground Floor will undergo a periodic assessment of their mobility to determine if they can independently access the ensuite bathroom facilities." Residents in two of these rooms, while not directly impacted by their need for assistance with their mobility to use these facilities, were found not to be independently mobile which was not in line with their condition of registration.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate having regard to the needs of the residents and the size and layout of the centre. They had also ensured that there was at least one registered nurse on duty at all times in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and were appropriately supervised. All staff attended training on dementia care and managing behaviour that is challenging. Copies of the Health Act and regulations as well as relevant standards and procedures were available to staff within the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was not fully in line with the information specified in paragraph (3) of Schedule 3 of the regulations. For example, a number of admission dates were incorrect.

Judgment: Substantially compliant

Regulation 23: Governance and management

Notwithstanding the good management structures in place the registered provider had failed to ensure the designated centre was operated at all times in line with its conditions of registration, as set out in condition 1 part 3. While residents needs were being met, further assurances are required to make certain that compliance

with condition 1 of registration was being adhered to ensure the safety and well-being of residents occupying these rooms.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care were clear and concise. The terms and conditions were clearly outlined including the room number and occupancy, fees and additional charges for other services that residents may choose to avail of.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was thorough and included all of the requirements as set out under the regulation.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the care and support residents received was of high quality and ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. Residents were supported and encouraged to have a good quality of life where their choices were respected. Resident meetings between the provider and residents ensured that resident's voices were being heard in the centre.

A sample of care plans were reviewed on the day of inspection and were found to be individualised and clearly outlined the care, health and social needs of the resident.

Residents had access to health care services including general practitioner (GP) services, physiotherapy, dietitian and chiropody to name a few. These services were accessed through the GMS service, where possible. Services that could not be accessed through the GMS were available to residents at an extra cost that was clearly laid out in their terms and conditions.

Residents were seen participating in activities, in the day room, on the day of the inspection. Residents were observed to be enjoying the activities being provided. There was an activity room available in the centre but it was not seen in use on the day of inspection. Staff informed inspectors that the activities take place between the two rooms on different days. Minutes of residents meetings identified that residents had provided feedback and made suggestions around the activity plan in the centre. There was a clear action plan in place to act on this feedback and the recommendations made. Residents showed inspectors their painted nails having had a pamper session, and resident craft work was also on display in the activities room.

Residents bedrooms had ample wardrobe space to store clothes, and each contained a lockable bedside cupboard. Laundry was completed by an external company, and returned to residents in a timely manner. One resident said that they were very happy with the laundry service, and described how they were able to store their books and personal possessions safely in their bedroom.

A copy of the resident's information booklet was supplied to the inspector, for review. The guide included a summary of the services and facilities in the designated centre, the terms and conditions relating to residence and the arrangements for visits. However gaps were identified regarding the complaints procedure. This information was updated in the information booklet on the day of inspection.

Inspectors reviewed fire safety arrangements at the centre. The provider had put in place a suite of fire safety measures to ensure fire safety within the centre. These measures included a robust fire safety training schedule and policy which staff were familiar with, a fully serviced and maintained sprinkler system throughout the centre, a category L1 fire alarm system with repeater panels on each floor, fully serviced and maintained emergency lighting, kitchen fire suppression, gas detection and fire detection throughout the building. On the day of inspection, inspectors spoke with individual members of staff who had oversight of fire safety systems. A good system of fire safety checks was in place managed by maintenance at the centre. This included checks on escape routes, fire doors, evacuation aids, fire safety systems and recording of issues. Additional measures were in place at the centre to provide a detailed induction to new staff, to ensure that they were familiar with their responsibility in the event of a fire. This provided staff with a good level of knowledge which was demonstrated in conversation with staff on the day.

The registered provider had taken adequate precautions against the risk of fire, and did provide suitable fire fighting equipment, suitable building services and suitable bedding and furnishings. The registered provider had ensured by means of fire safety management and fire drills at suitable intervals, that the persons working in the centre are aware of the procedure to be followed in the event of a fire. Evidence of numerous fire drills was available on the day, which was supported by a robust fire safety culture in the centre. However, some areas in relation to containment required attention, and these are detailed under Regulation 28 Fire Precautions.

Regulation 12: Personal possessions

The registered provider ensured that residents had sufficient space to store their clothes and belongings including a lockable bedside cabinet. An efficient laundry service was in place that made sure residents clothes were cleaned properly and returned to them in a timely manner.

Judgment: Compliant

Regulation 17: Premises

The premises were well maintained and appropriate to the number and needs of the residents.

Judgment: Compliant

Regulation 20: Information for residents

The designated centre provided an information booklet which included information about visiting, complaints, terms and conditions of residing in the designated centre and the services and facilities provided.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required to ensure that adequate arrangements were in place for containing fires for example:

- A door to the laundry was not closing fully when released. This would result in a lack of containment of fire and smoke at these doors contrary to the fire rating required.
- A door at the kitchen was propped open with a wedge. This would result in a lack of containment of fire and smoke in the event of a fire.
- The door out of the kitchen to the adjoining room was being kept open by the suction action of the extractors in the kitchen. While it was noted that the extractor would shut-off automatically in the event of a fire, this would only occur after the fire alarm had sounded, and may cause smoke and fumes to be pulled through adjacent areas in the early stages of a fire event.

- A cross corridor door near the staff changing area had a keypad lock device fitted to the door. This could cause delays in evacuation in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were individualised and reflective of the health and social care needs of the resident. They were updated quarterly and sooner if required. Care plans demonstrated consultation with the residents and where appropriate their family.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities for recreation and activities, and were encouraged to participate in accordance with their interests and capacities. The provider consulted the residents through residents meetings on the organisation of the service. Residents were facilitated to exercise their civil, political and religious rights.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clondalkin Lodge Residential Home OSV-0008600

Inspection ID: MON-0041690

Date of inspection: 12/10/2023

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Directory of Residents was reviewed on 13/10/23 and is now fully in line with the information specified in paragraph (3) of Schedule 3 of the regulations. The Directory is updated by the Nurse on Duty following admission and thereafter as required. It is further reviewed on a weekly basis by the Director of Nursing and the Senior administrator to ensure full compliance.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following on from the inspection on 12/10/23, further discussion took place on the 17/10/23 between the Office of the Chief Inspector and Bartra, in relation to the wording of Condition 1 part 3 and this is now reflected in the new certificate of registration and Condition 1 of which Clondalkin Lodge is compliant with. The Person in Charge will periodically review the mobility status of the residents in the rooms attached to the condition to ensure the safety and well-being of residents occupying these rooms.</p>	
Regulation 28: Fire precautions	Substantially Compliant

--	--

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The door into the laundry was adjusted on the 13/10/23 and is now closing fully when released.
- All staff were informed that doors are not to be propped open with wedges or any other items and the Home's maintenance manager ensures this is the case during daily inspections.
- Ceiling tile grids were installed in the kitchen on 16/10/23, this created more airflow in the kitchen that elevated the suction action of the extractors in the kitchen keeping the door open. Since this action was taken the door remains closed.
- A cross corridor door near the staff changing area that had a keypad lock device fitted to the door was removed on the day of inspection 12/10/23.

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	13/10/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	17/10/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	16/10/2023