



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

## Issued by the Chief Inspector

Name of designated centre:	Kilmainhamwood Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kilmainhamwood, Kells, Meath
Type of inspection:	Unannounced
Date of inspection:	26 February 2025
Centre ID:	OSV-0000144
Fieldwork ID:	MON-0046531

## About the designated centre

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

Kilmainhamwood Nursing Home is a purpose-built facility which can accommodate a maximum of 43 residents. The designated centre is a mixed gender facility providing 24 hour nursing care to dependent persons aged 18 years and over, who require long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit. There are seven multi-occupancy rooms each of which accommodate up to three residents. The remaining 22 beds are made up of eight twin bedrooms and six single rooms. There are three small secured courtyards available to use for the residents. The centre is decorated and furnished to a high standard throughout. Care is provided to all dependency levels. The centre has a team of medical, nursing, direct care and ancillary staff and access to other health professionals to deliver care to the residents. The philosophy of the centre is to enhance residents' quality of life by providing high quality resident-focused nursing care.

**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
Wednesday 26 February 2025	09:00hrs to 17:00hrs	Geraldine Flannery	Lead
Wednesday 26 February 2025	09:00hrs to 17:00hrs	Maureen Kennedy	Support

## What residents told us and what inspectors observed

The inspectors spoke with residents, visitors and staff to elicit their opinion on the service being provided in Kilmainhamwood Nursing Home. The feedback was that the centre was a lovely place to live and that the care provided was good. All of the residents and visitors who were spoken with were complimentary of the staff.

The inspectors observed that the registered provider had made positive changes since the previous inspection, however further improvement was required in respect of storage of records, residents' rights and individual assessment and care plans. These areas will be detailed in the report under the relevant regulations.

Following an opening meeting with the clinical nurse manager (CNM), the inspectors were accompanied on a tour of the premises. The design and layout of the home promoted free movement. Several enclosed courtyards were easily accessible.

Fire exits were not obstructed, however due to insufficient storage, inspectors observed inappropriate storage of resident wheelchairs in the sunroom, overnight. As residents began to move around the centre, the chairs were utilised and the sunroom was able to be used again as a communal space. Throughout the day some residents were observed enjoying this room with their visitors.

Overall, the centre was seen to be clean and met residents' needs. Facilities included a sitting room, a dining room, a sunroom, a visitors/quiet room and a hair salon. Seating was also available in a large central foyer, located just inside the main entrance. Due to the open plan nature of this foyer and location of the nurses station, this did not appear to be a quiet space for residents to relax in peace and tranquility.

However, on the day of inspection many residents were seen seated in the central area, some hosting their visitors there and others were partaking in activities, including a prayer service on the afternoon of the inspection. All residents spoken with said they enjoyed sitting in this location, with one resident saying they loved 'sitting in the hustle and bustle', while another said they liked 'watching all the coming and goings'.

Bedroom accommodation comprised of both single and multi-occupancy bedrooms. Residents who spoke with the inspectors were happy with their bedrooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel.

The inspectors observed the lunchtime experience and found that the meals provided appeared appetising and served hot. Residents were complimentary about the food and confirmed that they were always afforded choice and provided with an alternative meal should they not like what was on the menu. Adequate numbers of

staff were available and were observed offering encouragement and assistance to residents.

Residents were supported to enjoy a good quality life in the centre. Activity staff were on site to organize and encourage resident participation in events. One resident spoken with said that there were lots of activities to choose from and that in particular they enjoyed visits from various animals, including alpacas. Another resident said they enjoyed the outings, especially trips to the local pantomime and shopping centre.

The inspectors observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspectors were knowledgeable about the residents they cared for and expressed a commitment to making every effort to support the safety and welfare of residents. For example, various visual props had been explored and trialled in an attempt to aid residents who had impaired vision to navigate the home, and on the day of inspection inspectors observed the successful visual prompts in-situ.

Residents' families 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 in the centre. Visitors confirmed they were welcome to the home at any time. They all praised the care, services and staff that supported their relatives in the centre.

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

## Capacity and capability

Overall, residents were provided with a good standard of care by management and staff, who were focused on improving residents' wellbeing while living in the centre.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The registered provider was Mowlam Healthcare Services Unlimited Company. A management team was in place to provide managerial support at group level. The person in charge was responsible for the local day-to-day operations in the centre and was supported in the role by the clinical nurse manager. Also in support were staff nurses, healthcare assistants, activity, catering, housekeeping, administrative and maintenance staff.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

Records reviewed on the day of inspection were stored securely within the designated centre and made available for the inspection. However, due to a lack of storage within the centre, some resident records were stored in an off-site location and will be further discussed under Regulation 21: Records.

Documents were available for review including, written policies and procedures, directory of residents, contracts of care, complaint procedures and residents guide and were compliant with the legislative requirements.

### Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

### Regulation 21: Records

Records of residents who had ceased to reside in the designated centre, were not retained in the designated centre for a period of not less than 7 years. This resulted in some Schedule 3 records not being readily available for inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Notwithstanding the good governance and management arrangements in place to oversee the service, some improvements were required to ensure the centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose, as evidenced by:

- Residents did not have access to an assisted bath. The bath had been out-of-order for more than six months, with no definite plans to repair or fix it.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any additional fees. The contract also clearly stated the bedroom to be occupied, and the occupancy number of the room.

Judgment: Compliant

### Regulation 31: Notification of incidents

Accidents and incidents had been reported to the Office of the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 of the regulations, were available for inspection. All were updated within the time frame as set out by the regulations.

Judgment: Compliant

## Quality and safety

Overall, the residents were safe and appeared happy living in the centre. The inspectors saw evidence of individual residents' needs being met and a good level of compliance with regulations and standards. Notwithstanding the positive findings,

this inspection found further improvements were required and will be detailed in the report under the relevant regulations.

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. Inspectors reviewed a sample of care plans and found some gaps in the updating of care records, which meant that key information was not available to support a comprehensive overview of residents' care.

Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre. There was evidence of resident meetings to discuss key issues relating to the service provided. Inspectors found that the rights of the residents were not upheld at all times, and is discussed further under Regulation 9: Residents rights.

The inspectors observed that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals.

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse.

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 their safety. Staff confirmed, they completed and sent 'The National Transfer Document' with the resident to the hospital. Copies of documents were available for review and they contained all relevant resident information.

A risk management policy and risk register was available and reviewed regularly. A risk register included potential risks identified in the centre and the management of risks such as abuse, unexplained absence and accidental injury.

Medication management practices were in line with the centre's policy. Nurses were observed administering medication as prescribed by the medical practitioner and in line with the requirements set out by the Nursing and Midwifery Board of Ireland (NMBI).

## Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

### 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 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

### Regulation 20: Information for residents

The provider maintained a written 'Information Booklet and Residents Guide'. It was available to all residents and contained all the requirements of the regulation.

Judgment: 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 26: Risk management

There was a risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of residents' care plans found that they were not fully in line with the requirements of the regulations. For example;

- There was no safeguarding care plan for two residents who had involvement in previous safeguarding incidents.
- Some residents' care plans contained historical information which was no longer relevant, and could lead to confusion regarding the most relevant plan of care.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Inspectors were not assured that residents rights were being maximised, as evidenced by;

- Inspectors found that residents could not exercise choice in relation to their preferred hygiene routines. There was one bath installed in the centre but it was out-of-order since June 2024. This meant residents could not choose to have a bath, if they so wished.

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
<b>Capacity and capability</b>	
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Kilmainhamwood Nursing Home OSV-0000144

Inspection ID: MON-0046531

Date of inspection: 26/02/2025

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> <li>• We will complete a risk-based assessment of the storage of records and ensure that records are appropriately and safely stored and retained in line with legislative requirements.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• The bath that was out of order on the day of inspection was not usable as the specific bath hoist was deemed to be beyond repair. The long-term plan will be to install new assisted bath facilities as part of the new build project.</li> <li>• In the interim, following assessment, it has been determined that the bath itself can be used and is accessible to residents using a standard hoist for safe transfer into and out of the bath as required.</li> </ul>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• The PIC has ensured that safeguarding care plans have been put in place for the two residents that had been involved in previous safeguarding incidents.</li> <li>• The PIC will oversee the audit of care plans and all historical information that is no longer relevant will be removed and archived in the individual resident's care plan record. Care plans are now current, contemporaneous and the individual needs of each resident are detailed accurately. The PIC will monitor the care plans to ensure these standards are maintained.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The bath that was out of order on the day of inspection can be used with a standard hoist and is now available for use by residents as required.</li> <li>• The long-term plan will be to install new assisted bath facilities in the new build project.</li> </ul>	

## 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 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/03/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have	Substantially Compliant	Yellow	31/05/2025

	been assessed in accordance with paragraph (2).			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/03/2025