



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

Issued by the Chief Inspector

Name of designated centre:	Kilrush Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kilimer Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	27 August 2024
Centre ID:	OSV-0000452
Fieldwork ID:	MON-0043493

About the designated centre

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

Kilrush Nursing Home is a purpose built facility located on the outskirts of Kilrush, Co. Clare. It is part of the Mowlam Healthcare group. The nursing home is two storey in design and accommodates up to 46 residents. It is a mixed gender facility catering for dependant persons over 18 years. It provides long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met. There is a designated memory care unit which offers care for residents with a diagnosis of dementia. Bedroom accommodation is provided in 17 single bedrooms on the ground floor and 23 single and three twin rooms on the first floor. All bedrooms have en suite toilet and shower facilities. There is a variety of communal day spaces including day rooms and dining rooms on each floor and a lift is provided between floors. Residents also have access to an enclosed courtyard and gardens.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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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 27 August 2024	09:50hrs to 17:40hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. The overall feedback from residents was positive. Residents who spoke with the inspector about their experience of living in the centre said it a nice place to live and staff were described as 'very good'.

On arrival to the centre, the inspector was greeted by the person in charge. Following an introductory meeting, the inspector spent time walking through the centre, giving an opportunity to observe the lived experience of residents in their home environment, and to observe staff practices and interactions.

Located in the town of Kilrush, Co.Clare, Kilrush Nursing Home is registered to provide long-term and respite care to a maximum of 46 residents. The inspector was informed that the centre was fully occupied on the day of inspection. The designated centre was a purpose built, two-storey facility, with stairs and passenger lift access between floors. The first floor of the centre provided accommodation to 29 residents, and care for residents living with dementia was provided on the ground floor, in a 17-bedded unit, known as the memory care unit.

The inspector noted that the atmosphere in the centre was bustling and friendly. In the morning time, some residents were observed relaxing in their bedrooms and communal areas and some were in the process of getting ready for the day. The inspector observed that staff were attentive to residents requests, and they appeared to be knowledgeable of residents' individual needs and preferences.

There were a variety of communal spaces available for resident use on first floor of the centre, including a sitting room, a visitors room and kitchenette. The inspector noted that several residents spent time at the nurses station and they were seen to engage in friendly conversations with staff. The inspector observed that residents moved freely from the first floor to the communal areas on the ground floor, which included a spacious day room and dining room. Several residents, who were observed relaxing in their bedrooms, told the inspector that this was their preferred routine.

Resident accommodation in the memory care unit was provided in 17 single bedrooms, and the decor in this unit was designed to support and facilitate residents to move independently around the unit. Corridor walls were decorated with colourful murals in order to stimulate memory which may enhance the lives of residents with dementia. The inspector noted that residents had access to communal spaces such as a day room and a spacious dining room, which offered views of a courtyard. The atmosphere in the unit was relaxed.

Residents were observed to engage in a music therapy activity on the morning of the inspection, and the inspector noted that a member staff facilitated a ball game activity in the afternoon. The inspector observed that there was a constant staff

presence in the communal sitting room. Residents who did not wish to attend the sitting room were observed relaxing in their bedrooms and in the dining room. A small number of residents experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector observed that residents were well supported by staff who were seen to offer discreet assistance. The inspector noted that one resident enjoyed a cup of tea in the company of staff at the nurses station, and another resident was supported to mobilise around the unit with staff.

Resident bedrooms were observed to be clean, and the inspector noted that many bedrooms were personalised with items of significance such as residents' photographs, artwork and ornaments. Residents' bedrooms had sufficient wardrobe and storage space for their clothes and personal belongings. Call bells and televisions were provided in all bedrooms. Handrails were available along all the corridors to maintain residents' safety and independence. Overall, the centre was clean and tidy, however, the inspector noted that floor surfaces in the laundry and house-keeping room were visibly unclean. Resident communal rooms were clean and well-maintained, and the inspector observed that painting was in progress on the day of inspection. However, similar to previous inspections, there was visible damage to floor surfaces in multiple resident bedrooms and ensuite bathrooms in the memory care unit.

Residents were complimentary of the quality of the food and the menu choices available in the centre. Meals were described as 'excellent', and one resident compared the choice of desserts offered to a hotel menu. The inspector observed that residents were offered refreshments throughout the day of inspection.

Information regarding advocacy services was displayed in the reception area of the centre, and the inspector was informed that residents were supported access this service, if required.

Visitors were observed being welcomed into the centre throughout the day of the inspection. Residents met with their loved ones in their bedrooms or communal rooms.

The next two sections of the report detail the findings with regard to the capacity and management of the centre, and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced 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 (as amended). The inspector also followed up on the actions taken by the provider to address issues identified on the

last inspection of the centre in August 2023. This inspection found that, while the provider had taken action to address the findings of the previous inspection in relation to assessment and care planning, and the quality of care delivery to residents was at a good standard, the compliance plan committed to by the provider had not been completed. Consequently, the care environment, in relation to the premises, was not in line with regulatory requirements. Regulation 23: Governance and management, Regulation 31: Notification of incidents, Regulation 34: Complaints procedures were also not found to be fully compliant.

The registered provider of the centre is Mowlam Healthcare Services Unlimited Company. A director of the company represented the provider entity. There was a clearly defined management structure in place, with lines of authority and accountability. The local management team comprised of a person in charge and a clinical nurse manager. Additional governance support was provided by a regional healthcare manager and a director of care services. A team of registered nurses, health care assistants, housekeeping, catering, maintenance and reception staff made up the staffing compliment. This inspection was facilitated by the person in charge and they were knowledgeable regarding residents individual care needs.

On the day of inspection, the number and skill mix of staff was appropriate, with regard to the needs of the 46 residents being accommodated in the designated centre. It was evident that staffing levels were kept under review by the person in charge, and meeting records demonstrated that clinical supervision hours were recently increased, to support the governance of the centre.

Records demonstrated that staff had access to a varied training programme and education, appropriate to their role. This included infection prevention and control training, safeguarding vulnerable persons, fire safety and patient moving and manual handling.

There was evidence of regular meetings with heads of department within the centre, to review key clinical and operational aspects of the service. Records of these meetings were maintained and detailed the attendees, the agenda items discussed and the actions that were agreed. Monthly Key Performance Indicator (KPI) meetings were scheduled to review clinical risks including wounds and infection control. There were management systems in place to oversee the service and the quality of care, which included a comprehensive programme of auditing in clinical care and environmental safety. The inspector viewed a sample of audits in relation to medication management, hand hygiene and call bell response times, and found that they effectively identified areas for improvement and had quality improvement plans developed. Notwithstanding this positive finding, the inspector found that some deficits in relation to the premises were not addressed a timely manner. For example, an infection control audit in May 2024 identified that there was damage to floors which rendered them permeable to moisture, particularly in the memory care unit of the centre. However, works to replace the floors were not completed at the time of this inspection. This is a repeated finding from previous inspections.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. A review of records identified that not all required

incidents, as specified by the regulations, were notified to the Chief Inspector. Notification of a potential safeguarding incident that occurred had not been submitted to the Chief Inspector in the required time-frame, as required by Regulation 31.

An up-to-date complaints procedure was in place, however, records did not demonstrate that all concerns were acted upon in a timely and effective manner. This is detailed further under Regulation 34: Complaints procedure.

A directory of residents was maintained by the registered provider which included all of the requirements of Regulation 19.

The provider ensured that records were securely stored, accessible, and maintained in line with the requirements of the regulations. A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

An annual report on the quality of the service had been completed for 2023 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose. There were two registered nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records demonstrated that staff were facilitated and supported to attend training in fire safety, moving and handling practices, and safeguarding vulnerable persons. Staff also had access to additional training to inform their practice which included infection prevention and control, restrictive practices and cardiopulmonary resuscitation.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residence in the centre which contained all information, as specified under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Some of the management systems in place to ensure that the service was safe and effectively monitored were not fully effective. This was evidenced by:

- Actions identified as part of the auditing programme were not consistently progressed to completion. For example, deficits in relation to the premises identified on audits were identified on repeated inspections and, while a time bound action plan was devised, the issues in relation to damaged flooring had not been addressed.
- There was inadequate oversight of complaints management.
- Management systems had failed to identify the regulatory requirement to notify the Office of the Chief Inspector of a notifiable incident, as set out in Schedule 4.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of care were reviewed. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident. All contracts had been signed by the resident and/or their representative.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had not notified the Chief Inspector of a potential safeguarding concern, as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspector found that complaints management was not in line with regulatory requirements or the centres' own complaints policy. For example:

- A record of investigation was not available for three complaints reviewed, consequently the complaint resolution and the complainant satisfaction level was not recorded.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 in the regulations were available for review on the day of the inspection.

Judgment: Compliant

Quality and safety

The inspector observed that the interactions between residents and staff were kind and respectful throughout the inspection. Residents expressed satisfaction with the standard of care provided and they gave positive feedback about the staff and management team. However, premises and infection control did not achieve full compliance with the regulations.

The design and layout of the premises was generally suitable for the centre's stated purpose and function. The centre was warm and homely, and residents were supported to personalise their bedrooms. However, some areas of the centre were in a poor state of repair. For example, floor surfaces in several resident bedrooms and en-suite bathrooms in the memory care unit were damaged. This is a repeated finding which is discussed further under Regulation 17: Premises.

Although residents bedrooms and communal areas were generally clean, good standards for infection prevention and control were not maintained consistently, as evidenced by deficits in cleaning in some parts of the premises. For example, areas of the laundry rooms were visibly unclean including sink surfaces, wooden finishes

and the floor surface. This finding is discussed under Regulation 27: Infection control.

The centre had an electronic resident care record system. A review of resident records demonstrated that pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspector viewed a sample of residents' files, and found that care plans for residents who were admitted to the centre were person-centred and informative.

Residents had timely access to a General Practitioner (GP) and a physiotherapist was employed by the centre. Referrals were made to allied health services including tissue viability nurses, dietitians and occupational therapy services, where required.

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse. The provider acted as pension agent for nine residents and, all pensions were paid into a separate resident bank account. Records detailing each resident's payments and surplus amounts were available to review.

Residents were supported to participate in meaningful activities and the weekly schedule included art, music therapy, bingo, garden walks and live music. Residents had access to television, radio and newspapers. Residents were provided with opportunities to express their feedback about the quality of the service through scheduled resident meetings and questionnaires.

Advocacy services were available to residents, and there was evidence that residents were supported to avail of these services, as needed. Residents had access to religious services and resources, and were supported to practice their religious faiths in the centre. A catholic mass took place alternate weeks in the centre and there was a chapel available for resident use.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. The inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Regulation 10: Communication difficulties

The inspector observed that communication requirements were recorded in resident care plans and resources were available to support the communication needs of residents.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in the communal areas.

Judgment: Compliant

Regulation 17: Premises

A review of the premises confirmed that the following areas did not meet the requirement of Schedule 6 of the regulations:

- Floor covering along circulating corridors and in multiple resident bedrooms and en-suite bathrooms in the memory care unit were damaged. This is did ensure these surfaces were adequately maintained, and posed a trip hazard to residents. This is a repeated finding.
- There was visible damage to a ceiling surface in a resident assisted toilet in the memory care unit.

Judgment: Not compliant

Regulation 26: Risk management

The registered provider maintained policies and procedures to identify and response to risks in the designated centre. The risk management policy met the requirements of Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

The provider was not in full compliance with infection prevention and control standards and guidance. For example:

- Hand wash sinks in the sluice room did not comply with the recommended specifications for clinical hand wash sinks.
- House-keeping and laundry rooms were visibly unclean and there was a build up of dirt and debris on sinks, floors and wooden surfaces.

- The floor surfaces and some wooden surfaces in the memory care dining room were not clean.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Individual assessment and care planning documentation was available for each resident in the centre. Records showed that care plans contained detailed information, specific to the individual needs of the residents.

Judgment: Compliant

Regulation 6: Health care

A review of a sample of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). Residents were supported by allied health care professionals including a physiotherapist, dietitian, and a speech and language therapist.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Kilrush Nursing Home OSV-0000452

Inspection ID: MON-0043493

Date of inspection: 27/08/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Although a comprehensive review of flooring had been undertaken, due to difficulty sourcing a flooring contractor, the issues had not yet been rectified. An alternative contractor has now been secured, so the flooring will be repaired and replaced as required by 31/12 2024. • The Person in Charge (PIC) will ensure that all complaints are acknowledged, investigated, addressed and recorded in accordance with the centre’s complaints procedure. • Complaints and responses will be reviewed by Healthcare Manager (HCM) during site visits to ensure they are being addressed appropriately. • The PIC will ensure that all incidents are appropriately notified to the Authority in accordance with legislative requirements. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • The PIC will notify the Authority of all suspected and alleged safeguarding concerns in line with legislative requirements. • All incidents will be reviewed by HCM to ensure that appropriate actions and quality improvements have been implemented. • As part of the review of complaints and incidents, the PIC will undertake a preliminary 	

screening as necessary where it is deemed that there is a potential safeguarding concern, and a notification will be submitted to the Authority.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- The PIC will acknowledge, investigate and respond to all complaints in accordance with the centre's complaints procedure.
- The PIC will record and update the progress of each complaint to ensure that there is a comprehensive record of concerns and responses.
- The PIC will ensure that the satisfaction level of complainant is documented prior to closing complaint.
- The HCM will support the PIC in reviewing complaints to ensure compliance with the complaints procedure and that quality improvements have been recorded and implemented as a result of learning outcomes.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- A comprehensive review of floor covering had been completed following previous inspection and a robust action plan was put in place. This action plan has not yet been completed due to difficulty in securing flooring contractor. The Provider has secured an alternative flooring contractor who will address the flooring issues by 31/12/2024.
- The damage to the ceiling surface in resident's assisted toiled in the Memory Care Unit has been addressed by the maintenance person.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- The handwash sinks in the sluice room have been replaced and new sinks have been installed that meet recommended specifications.
- The PIC has included the laundry room to the housekeeper's cleaning schedule and will ensure that this area is cleaned to expected standards.
- The PIC will monitor housekeeping room and laundry room as part of the daily walkabout audit by home management.
- The floor in the Memory Care Unit dining room has been completed and will be maintained to a high standard of cleanliness.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2025
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	31/12/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/10/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	31/10/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	31/10/2024