



**Health
Information
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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:	Mullinahinch House Private Nursing Home
Name of provider:	Mullinahinch House Private Nursing Home Limited
Address of centre:	Mullinahinch, Monaghan
Type of inspection:	Unannounced
Date of inspection:	12 February 2025
Centre ID:	OSV-0000148
Fieldwork ID:	MON-0046380

About the designated centre

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

Mullinahinch House Private Nursing Home is a purpose built facility that can accommodate a maximum of 52 residents. It is a mixed gender facility for dependent persons over the age of 18 which provides 24 hours general nursing care for both long term residents and short term such as respite, convalescence, palliative and end of life care. Based on a pre-admission assessment, residents with dementia can also be admitted if it is established that the facilities and services provided could adequately meet their needs. Care is provided for people with a broad range of needs: low, medium, high and maximum dependency. The centre is a two storey building situated 2.5 km from Monaghan town in a quiet country area on over an acre of landscaped gardens. Accommodation comprises of 30 single and 11 twin bedrooms, each with its own en-suite facility. There are also two common rooms, a dining room, day room, activities room, a hairdresser salon and an Oratory on site. There are sitting areas on both floors and there is a lift and stairs to enable access to the first floor. The centre's stated aims and objectives are to provide excellent health care, tailored to each individual resident needs in a place designed to emulate an environment as comfortable, welcoming, safe, and pleasant as residents' own homes. Parking facilities are available on site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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How we inspect

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 12 February 2025	09:00hrs to 17:00hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in Mullinahinch House Private Nursing Home. There was a friendly atmosphere in the centre and the residents told the inspector that they were happy living there and that they felt safe.

All of the residents who were spoken with were complimentary of the staff. One resident informed the inspector that 'staff were kind and caring', while another said 'staff would do anything for you'.

The lived in environment was bright, clean and homely throughout, with the communal areas beautifully decorated for the upcoming Valentine festivities. There was sufficient private and communal space for residents to relax in. Residents had easy access to an enclosed outdoor courtyard and flowers provided pops of cheerful colour.

Communication screens were a new addition in the centre. They were located in various communal areas throughout the centre. Residents told the inspector how they appreciated this valuable technology as it kept them up-to-date on information about local matters, including daily menu choices, activity schedule and event highlights, including birthday celebrations.

The inspector found that the registered provider had made positive changes in response to the previous inspection, specifically relating to the premises. For example, the occupancy of six twin bedrooms had been reduced to single occupancy. Residents who spoke with the inspector were 'delighted' with their 'new' bedrooms and said that they had 'plenty of space for their clothes and belongings'.

The inspector saw that the registered provider had re-furbished and re-configured four other double-occupancy bedrooms ensuring they had adequate area of floor space for each resident. The provider had identified that should assistive equipment be required in these double-occupancy bedrooms, the privacy and dignity of the residents may be compromised. They informed the inspector that careful assessment of residents to occupy double-occupancy would be required in those rooms, and they had addressed same in their statement of purpose.

The inspector saw that many other areas within the home had been refurbished, including painting and flooring replacement. Works was still ongoing, and maintenance staff was observed on the day of inspection busy attending to outstanding items. This included an on-going program of works to install new locks on en-suite bathrooms, which was nearing completion. However, further action regarding premises was required, to fully meet the requirements of the regulations, and will be discussed further in the report.

The inspector observed that mealtime in the centre's dining room was a relaxed and social occasion for residents. The lunch food served on the day of inspection

appeared appetising and was served hot. All residents who spoke with the inspector said that the food was very good. The menu was displayed and the tables were laid out with cutlery and condiments for the residents to access easily. Mealtime was observed to be well-managed and unhurried, with adequate numbers of staff offering encouragement and assistance to residents.

The inspector observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. The inspector observed a comfortable familiarity between the person in charge, staff and residents that created a positive atmosphere and all parties appeared to enjoy the lively banter.

Overall, residents said that they felt listened to and had opportunities to make choices in their daily lives. There were resident meetings to discuss any issues they may have and suggest ideas on how to improve the centre. Residents confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns. Advocacy services were available to all residents. Details of independent advocacy groups were on display in the centre.

The inspector observed many instances of good practices in respect of infection prevention and control including good hand hygiene techniques and effective processes to mitigate the risks associated with the spread of infection. Since the last inspection, the provider had installed a clinical hand wash sink in the treatment room, reducing the risk of cross-contamination. Overall, procedures were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018)*.

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

The inspector found that residents in the centre benefited from well-managed resources and facilities. The provider sustained good levels of care and oversight of service across all regulations reviewed, with some further improvement required in respect of premises.

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), and review the application to renew registration of the centre for a further three years.

Mullinahinch House Private Nursing Home Limited is the registered provider, which is part of the Evergreen Care Group. A senior management team was in place to provide managerial support at group level. The person in charge had responsibility for the day-to-day operations of the centre and was supported in their role by the deputy person in charge. Also in support was a clinical nurse manager (CNM), staff nurses, healthcare assistants, catering, activity, housekeeping, laundry, administrative and maintenance staff.

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

An application to renew registration was submitted to the Chief Inspector of Social Services within the required time frame. The statement of purpose accurately reflected the facilities and services provided. It promoted transparency and responsiveness by accurately describing the designated centre's aims and objectives.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay and residents informed the inspector that they did not have to wait long for staff to come to them.

Records reviewed were stored securely and made available for the inspection. The policy on the retention of records was in line with regulatory requirements.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents, found that the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

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
The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspector on the day of inspection.
Judgment: Compliant
Regulation 23: Governance and management
There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles, and details responsibilities for all areas of care provision. Effective management systems were in place to ensure the service was appropriately managed.
Judgment: Compliant
Regulation 24: Contract for the provision of services
The inspector 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 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1 and was revised at intervals of not less than one year.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre.

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out of hours.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse.

The inspector 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.

The premises was of suitable size to support the numbers and needs of residents. The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance and renovations. However, the inspector observed that the temperature in the treatment room exceeded the maximum limit and therefore the ventilation system required review, to ensure medicines were stored at safe temperatures. These findings will be discussed under Regulation 17: Premises.

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 including infectious status, medications, mini mental state examination score (MMSE) and communication difficulties where relevant.

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.

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. There was adequate space for residents to receive their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 17: Premises

The provider generally met the requirements of Regulation 17, however further action was required to be fully compliant as per Schedule 6 requirements. For example;

- Appropriate ventilation and heating were not in place in all areas of the designated centre. For example, the temperature in the treatment room was not appropriate, reaching 28.3 degrees Celsius. This posed a risk that the efficacy of medicines stored in that room would be compromised.

Judgment: Substantially 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 comprehensive 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 6: Health care

Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to all required allied health professionals services, as required.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse.

The inspector reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment.

The registered provider was pension-agent for five residents and a separate client account was in place to safeguard residents' finances.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Mullinahinch House Private Nursing Home OSV-0000148

Inspection ID: MON-0046380

Date of inspection: 12/02/2025

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">• To address the ventilation issue in the treatment room, an immediate measure has been implemented, requiring staff to keep the window open to maintain an optimal temperature below 25°C, as required. This has been reflected in the temperature records since the inspection, with no recorded instances exceeding 25°C. For a long-term solution, the provider has approved the installation of an air flow mechanism. This system will include both an intake fan and an extraction fan to ensure continuous air circulation, thereby maintaining appropriate ventilation and ensuring the temperature remains within the desired range.	

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.	Substantially Compliant	Yellow	15/04/2025