



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

Issued by the Chief Inspector

Name of designated centre:	Ennis Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Showgrounds Road, Drumbiggle, Ennis, Clare
Type of inspection:	Unannounced
Date of inspection:	05 September 2024
Centre ID:	OSV-0000683
Fieldwork ID:	MON-0042930

About the designated centre

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

Ennis nursing home is located on the outskirts of the town of Ennis. It is purpose built, two storey in design and provides 24 hour nursing care. It can accommodate up to 60 residents over the age of 18 years. It is a mixed gender facility catering from low dependency to maximum dependency needs. It provides long-term residential, convalescence, respite, dementia and palliative care. There is a variety communal day spaces on both floors including day rooms, dining rooms, quiet room, oratory, smoking room, family room, hair dressing room, large reception area with seating and residents have access to landscaped secure garden areas. Bedroom accommodation is offered in single and twin rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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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
Thursday 5 September 2024	10:00hrs to 17:35hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

The inspector found that residents had a good quality of life and were supported by staff to remain independent. Residents expressed satisfaction with the services and described the centre as their "home from home". Residents expressed high levels of satisfaction with the time it took to have their call bells answered, and the quality of the food. From observations made by the inspector, it was evident that there was an ethos of respect for residents promoted in the centre, and person-centred care approaches were observed throughout the day. The inspector observed that residents were well-dressed, and residents confirmed that staff assisted them in a kind and patient way.

Following an introductory meeting, the inspector walked through the centre and spent time talking to residents and staff, and observing the care environment. There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. During the morning, staff were observed to respond to residents requests for assistance promptly. Staff paced their work so that they had time to engage socially with residents, when providing care.

Residents told the inspector that they were happy with their bedrooms. Rooms were personalised with photographs and mementos, which provided glimpses into residents' lives and family connections. The main communal sitting rooms and dining rooms were occupied by residents throughout the day. Residents mobilised independently and unrestricted around the centre. There was manicured, well-maintained enclosed gardens that residents could access via the smoking room, at all times.

However, multiple areas of the premises were not maintained in a satisfactory state of repair. Corridor walls and multiple resident bedroom walls were very heavily stained and had chipped plaster, and consequently appeared unclean. In addition, multiple items of resident bedroom furniture were in a poor state. This is a repeated finding from two previous inspections.

The inspector spent time observing the dining experience. Residents were provided with assistance at mealtimes and were not rushed. Residents expressed a high level of satisfaction with regard to the quality and quantity of food they received. Staff were available to provide discreet assistance and support to residents.

For the most part, residents' feedback was that they felt safe in the centre. However, a number of residents described the impact and challenge of living with other residents who had complex care needs. Residents believed improved support and supervision of residents with complex care needs was required. Residents confirmed that, to date, this concern had not been raised as a complaint or been brought to the attention of the person in charge. As a result the inspector discussed this with the provider who committed to address this concern raised.

The social activities calendar in the centre was important to the residents. The feedback from residents regarding activities held in the centre was very positive. When asked about how they spent their day, one resident responded "I'm never idle". Residents described the variety of activities they could choose to attend. These included bingo, exercise sessions and music activities. There was a member of staff appointed to activities five days a week.

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.

Capacity and capability

This was an unannounced inspection, carried out over one day, by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The inspector also followed up on the progress of the provider to address non-compliance issues identified on the last inspection of the centre.

The findings of this inspection were that the provider had an established management structure that was responsible and accountable for the provision of safe and quality care to residents. While the provider had taken some action to improve the quality and maintenance of the premises and infection prevention and control practices, the actions taken were not sufficient to bring the centre into full compliance with the regulations. This inspection found that the provider had failed to implement the last compliance plan in relation to Regulation 17: Premises, submitted following the last inspection of the centre in September 2023.

Mowlam Healthcare Services Unlimited Company is the registered provider of Ennis Nursing Home. The lines of responsibility were clearly defined. The management structure had gone through a number of changes, including the appointment of a new person in charge. A regional manager, who was a person participating in management, attended the centre on a weekly basis to provide governance oversight and support. The person in charge was supported in the centre by an assistant director of nursing, registered nurses, social care practitioners and a team of healthcare assistants.

Responsibility for key aspects of the service were delegated among the management personnel. The risk register held in the centre was the responsibility of the person in charge and was kept up-to-date. The provider was aware of deficits in the maintenance of the premises. Despite knowledge of the risk, there was no clear time-bound project plan of works required to address those deficits. The commitments given by the provider to address specific issues had not been completed in line with the providers' compliance plan, submitted following the previous inspection. For example, the provider had committed to repainting the

centre and replacing resident lockers and wardrobes that were in a very poor state. While this was due to be completed by 30 June 2024, there had been insufficient progress to address the issue at the time of this inspection. On the day of inspection the provider was unable to provide a time-line for completion of this action.

An annual review of the quality and safety of care delivered to residents had been completed. There was evidence of monthly management meetings and all areas of care delivery was discussed. There was an audit schedule in place to monitor the delivery and quality of the care given. The nursing management team were completing monthly audits. The system included monitoring of wound care, weight management and care plan documentation. The inspector found that the completed audits had identified risk and deficits in the quality and safety of the service. Quality improvement plans had been developed in line with the audit findings. Audit results were communicated to the staff for the purpose of learning and to address the findings.

There were systems in place to record and investigate incidents and accidents involving residents. A review of incident records evidenced that incidents were appropriately recorded and investigated. Records showed that immediate action was taken in response to adverse incidents involving residents, and improvement actions were developed following incident analysis to minimise the risk of further adverse incidents occurring. For example; the nursing management team were monitoring the level of falls within the centre. As a result changes, in the supervision arrangements in the centre had been implemented, and this had resulted in a decrease in the numbers of reported resident falls.

The centre had adequate staffing resources available to ensure resident's care and support needs were met, and to ensure that planned staffing rosters were maintained. The team providing direct care to residents consisted of registered nurses, social care practitioners, and a team of health care assistants. There were sufficient numbers of housekeeping, activities, catering and maintenance staff in place.

The inspector reviewed a sample of staff files. The files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. All staff files had documentation in place to support an induction process and the supports given to new staff.

Records reviewed by the inspector confirmed that training was provided. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and fire safety.

The registered provider had an accessible and effective procedure in place for dealing with complaints. The complaints procedure detailed the personnel responsible for the management of complaints and specified the time-frame for the

resolution of complaints. The person in charge held responsibility for the review and management of complaints and concerns. At the time of inspection all logged complaints had been resolved and closed.

The registered provider had written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations. Policies and procedure were found to be updated following changes in best practice guidelines.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. The person in charge was an experienced nurse who met the requirements of the regulations. The person in charge was known to the residents.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff had access to, and had completed training appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider had not allocated adequate resources to the maintenance and upkeep of the premises. The provider had failed to implement the last compliance plan with regards to Regulation 17: Premises. This failure meant that the overall premises remained in a poor state or repair which also impacted on

the cleanliness of the premises. This is a repeated finding from the last inspections in May 2023 and September 2023.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the logged complaints found that concerns were managed and responded to in line with regulatory requirements. The satisfaction level of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a suite of policies in place in the designated centre. The policies set out in Schedule 5 of the regulations were made available to staff. Policies were in date, with an identified review date.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the designated centre received a high standard of direct care. The inspector found that there was a person-centred approach to care, and residents' well-being and independence were promoted. Residents received care and support from a team of staff who knew their individual needs and preferences. Residents were satisfied with their access to health care and reported feeling safe living in the centre. Nonetheless, there were aspects of the premises that were in a poor state of repair, impacting effective infection prevention and control management. The provider's failure to address this repeated non-compliance with regard to Regulation 17: Premises, meant that residents continued to live in a care environment that did not meet regulatory requirements or the expected standard for a designated centre. Additionally, this inspection found that residents with known responsive behaviours were not always appropriately assessed.

Residents clinical care records were maintained on an electronic record system and staff were observed to be proficient in navigating the system. A sample of residents' files were reviewed by the inspector. Residents' care plans and daily nursing notes

were recorded. In the main, care plans were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity and malnutrition. Care plans were person-centred and guided care. Residents with specialist communication requirements had detailed care plans in place that guided care.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was clear evidence that recommendations made by allied health care professionals were implemented, having a positive impact on a resident's overall health.

The inspector found that the needs of residents were known to the nursing staff. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received respectful and non-restrictive care that supported their physical, psychological, and social care needs. However, care documentation, guiding staff to identify precipitating events causing or triggering residents with responsive behaviours, was not in place. Consequently, there were missed opportunities to identify and remove factors which may contribute to responsive behaviours occurring. In addition, the inspector found that there was no assessment of how residents' behaviours were impacting on other residents living in the centre.

The provider had taken some action with regard to the maintenance of the premises. Some corridor walls had been painted and some resident lockers had been replaced. However, there were parts of the premises that did not meet the care and safety needs of the residents. There were areas of the premises, such as bedrooms and bathroom facilities, that were not maintained in a satisfactory state of repair. Walls in some bedrooms were visibly damaged and not suitably decorated. The inspector found that the processes in place, and described to the inspector on the management of the sluicing arrangements were not in line with best practice, or the centres policy. The ancillary facilities available in the centre were out of service. This meant that staff had no option to dispose of waste in a manner that was not in line with infection prevention and control practices. In addition, on the day of inspection, the inspector observed multiple items of resident equipment marked as clean that was visibly unclean. Some items of resident equipment was not cleaned to an acceptable standard.

A risk management policy met the requirements of Regulation 26, Risk management. Hazards in the centre were identified, assessed and documented in the centre's risk register. Controls were specified to mitigate levels of assessed risk. For example; the sluicing facilities were out of order and required repair. This was an infection prevention and control risk. This risk had been escalated to the provider and a response was outstanding.

Residents' rights were promoted in the centre and residents were encouraged to maximise their independence with support from staff. Arrangements were in place for residents to meet with the management to provide feedback on the quality of

the service they received. Residents spoken with were aware of the recent changes in the management of the centre and told the inspector that they were satisfied with the communication received.

Residents had access to advocacy services and information regarding their rights. Residents were supported to engage in activities that aligned with their interests and capabilities. This was supported by the observations of the inspector who observed a number of positive interactions between staff and residents. This was further supported by the positive comments from visitors. Visiting was found to be unrestricted, and residents could receive visitors in either their private accommodation or communal area if they wished.

Regulation 10: Communication difficulties

Residents with specialist communication requirements had detailed care plans in place that guided care. The provider had systems in place to ensure residents with communication difficulties were facilitated to communicate freely.

Judgment: Compliant

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

Following the last inspection in September 2023 the provider had committed to replacing damaged furniture and to paint the premises. This work remained outstanding. The inspector found that the premises was not fully in compliance with Schedule 6 of the regulations. This was evidenced by;

- walls were heavily marked and bedroom walls, door frames and skirting boards were observed to be damaged.
- numerous items of residents' furniture showed visible signs of damage and wear and tear, including wardrobes and bedside lockers.

This is a repeated non-compliance.
Judgment: Not compliant
Regulation 25: Temporary absence or discharge of residents
Transfer letters to and from the centre were observed on review of residents care documentation. This ensured that the most relevant information was provided in accordance with the residents current care needs.
Judgment: Compliant
Regulation 26: Risk management
A centre-specific risk management policy was in place, in line with the requirements of Regulation 26.
Judgment: Compliant
Regulation 27: Infection control
The provider did not fully ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. There was poor oversight of the cleaning practices and the quality of environmental hygiene. For example; there was multiple examples of individual resident equipment that was visibly unclean. In addition, the sluicing arrangements in the centre was not in line with best practice. The practices in place on the day of inspection increased the risk of environmental contamination and cross infection. This was a risk on the quality of environmental hygiene.
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. The care plans reviewed were person-centered and guided care. Comprehensive assessments were completed and informed the care plans.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to health and social care professional services, as necessary. In addition, there was good evidence that recommendations were implemented.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that the management of residents who displayed responsive behaviours was not always identified and managed in line with best practice guidelines. This was having a negative impact on the quality of life of other residents. For example; the arrangements in place to monitor the behavioural support needs of residents with complex needs. Documentation to support the management of residents who experienced responsive behaviours was not in place. This impacted on identification of behavioural triggers to support and manage their responsive behaviours.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Independent advocacy services were available. Residents expressed high levels of satisfaction with the activities in the centre. A variety of daily national and local newspapers were available to residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	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 25: Temporary absence or discharge of residents	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
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ennis Nursing Home OSV-0000683

Inspection ID: MON-0042930

Date of inspection: 05/09/2024

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The Provider will ensure that the furniture replacement plan will be completed. All damaged furniture will be repaired or replaced with new items of furniture. • The painting refurbishment plan throughout the centre will be completed as part of a scheduled programme of works. 	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • A comprehensive review of premises that included an audit of all furniture and status of decorative upgrade programme was undertaken following the previous inspection. • Furniture that was identified as damaged was replaced on a phased basis, the last set from the previous action plan was delivered at the end of September 2024. • We will continue to repair and/or replace damaged or worn furniture items on a phased basis, focusing on the replacement of furniture deemed not fit for purpose. • The Maintenance Person will address the walls and wooden surfaces that require redecoration or repair. • The painting of the centre will be resumed as part of a scheduled programme of works. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • There is a handbook in place which includes details of cleaning procedures, schedules, equipment required and cleaning products to be used. This will be issued to the housekeeping staff and adherence to the procedures and expected cleaning standards will be monitored by the housekeeping supervisor. • The Person in Charge (PIC) will ensure that all staff have up to date training in Infection Prevention & Control (IPC). • The Clinical Nurse Manager has completed the HSE IPC Link Practitioner course and will support the PIC in monitoring practice in the home. • The CNM will support the PIC in ensuring that sluicing arrangements in the centre are in line with best practice. • There is a monthly IPC Committee meeting in the centre, chaired by the PIC and attended by staff members from all disciplines. • The PIC will monitor cleaning standards as part of daily walkabout, and will check resident equipment to ensure that it is maintained in a clean condition with the correct tagging system in place, and stored safely and appropriately. 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • The PIC will ensure that all staff have up to date training on Managing Responsive Behaviours, which will enable them to understand the cause and nature of responsive behaviours and enable them to provide appropriate care with compassion and confidence. • Antecedent, Behaviour & Consequence (ABC) charts will be implemented periodically to document the pattern of behaviours and help to identify triggers to responsive behaviours so that staff can implement and record a consistent and appropriate response to reducing agitation and anxiety for these residents. • Residents with Responsive Behaviours will have a person-centred care plan that identifies the nature of their individual behaviours and clearly guides staff in recognition of behavioural triggers and management of such behaviours, by consistently implementing agreed appropriate de-escalation techniques. • The PIC will ensure that residents with complex needs are discussed at Daily Handover and Safety Pause, and that a comprehensive care plan is in place. 	



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(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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/12/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	31/12/2024