Health Information and Quality Authority

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:	Rush Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kenure, Skerries Road, Rush, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	02 June 2026
Centre ID:	OSV-0000155
Fieldwork ID:	MON-0048071

About the designated centre

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

Rush Nursing Home is a purpose-built two storey facility which can accommodate a maximum of 56 residents. It is a mixed-gender facility providing 24 hours nursing care for people aged 18 years and over with a range of needs including low, medium, high and maximum dependency. The service provides long-term residential care, respite, convalescence, dementia and palliative care. Accommodation is provided in 50 single bedrooms and three twin bedrooms. Each bedroom has its own en-suite facility. In addition there are a range of rooms for social gatherings. Residents have access to two internal courtyards and the gardens surrounding the centre. The designated centre is located in the village of Rush, within walking distance from shops and public amenities. Public parking facilities are available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55

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
Tuesday 2 June 2026	09:30hrs to 16:00hrs	Sheila McKevitt	Lead

What residents told us and what inspectors observed

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

On arrival the inspector visited both floors of the centre and observed that residents alone in their bedrooms had access to their call bell and those requiring assistance were receiving it without any delay.

The centre was calm and peaceful. Residents' feedback about life in the centre was mixed. While residents said their rights were upheld and they felt safe and secure living in the centre, some practices observed did not promote the rights of residents. For example, the inspector observed a number of residents having their walking aids removed from their reach this meant that residents could not get up and mobilise independently, if they so wished. Residents had to request staff to retrieve their walking aid prior to moving. Staff said they removed them in order to prevent residents from tripping over them. This restrictive practice was observed twice during the inspection once in the first floor living space, where the walking aids were placed on the opposite side of the room where residents were seated and in the main dining room at lunch time when they were removed and placed outside the dining room. In addition, residents were observed sitting in chairs positioned along the walls around the perimeter of each of the communal living rooms, this layout did not facilitate residents to communicate with each other freely.

Residents were provided with a choice at mealtime and the food served appeared appetising. The inspector observed that residents dining in the main dining room appeared to eat all the food served to them and residents said the food was good and they got plenty of it. Staff were available to assist residents with their lunch and did so in a calm and discreet manner. The inspector observed that although some residents were quite independent they did not have access to a jug of drink or sauce bowl on their table. The jugs of drinks were left out of reach at one side of the dining room and the chef placed the chosen sauce on the residents dinner when plating up their meal, hence the independence of some residents was not maintained or promoted at all times.

The premises was well maintained inside and ou and there was an ongoing maintenance schedule being worked through. However a review of the roster showed that there were not enough cleaning staff rostered each day of the week. There was one vacant shift on the day of inspection, and one of the two cleaning staff finished at 13:00hrs, the second finished at 15:00hrs. The inspector was informed there was no house-keeping staff available to clean one area of the centre on the day of inspection.

Residents said they were listened too. They told the inspector about their meetings where they discussed different areas of care which affected them and they were asked their views. There was a good attendance at each of these meetings as evidenced in the attendance records and the minutes reviewed by the inspector. A number of residents said they had no difficulty in bringing their issues to the fore and assured the inspector these issues were addressed. One resident felt they were treated differently after they brought concerns to the attention of staff this was reported to the management team at the feedback meeting.

Residents had access to a complaints policy which was on display in the centre, together with advocacy services available to them. One relative explained when they had made complaints,the process was followed and they had been escalated to the senior management team.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection with a focus on adult safeguarding. 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 to 2025 (as amended). The inspector also followed up on the compliance plan from the last inspection in June 2025 and on three pieces of unsolicited information brought to the attention of the Chief Inspector since the last inspection, some of which were partially substantiated.

Mowlam Healthcare Services Unlimited is the registered provider of Rush Nursing home. The centre is part of the Mowlam Healthcare Group. On the day of inspection, the inspector met the person in charge (PIC) and assistant director of nursing (ADON). A company director, the director of quality, the quality and compliance officer and the regional operations manager joined the person in charge and assistant director of nursing at the feedback meeting. The inspector found that the staff met were aware of the lines of authority and accountability and they demonstrated a clear understanding of their roles and responsibilities.

There were systems in place for the oversight and monitoring of care and services and these were implemented as per the planned schedule for 2026. The inspector observed that when unplanned absences occurred appropriate measures were not taken in a prompt enough manner, such as, covering vacant shifts on the roster to ensure they did not negatively impact residents or the quality and safety of the environment.

The inspector found that adequate staffing resources were not made available in all areas to ensure the service provided was safe, appropriate, consistent and effectively monitored. Although there were enough clinical staff on duty to meet the needs of the residents, there were not enough house-keeping staff on duty to ensure the centre was kept clean. The centre was short one house-keeping staff shift and one activity staff on the roster, these vacant shifts were not covered on the day of inspection.

There was an up-to-date complaints procedure in place. There was one open complaint on the day of inspection; these together with the closed complaints were being managed in line with the centre's policy.

Records reviewed including the notification of incidents met the legislative requirements.

Regulation 15: Staffing

There were not enough staff on to meet the needs of the residents. The centre was short two staff on the day of inspection. There was no activity staff on duty hence a health care assistant was facilitating activities from 10 am. This role was in addition to their care responsibilities that day as no alternative arrangements had been made to replace the healthcare assistant role. The third house-keeping shift was not covered on the day of the inspection, hence one corridor on the ground floor was not cleaned on the day of inspection. A review of the roster showed that this occurred at least one day each week.

Judgment: Not compliant

Regulation 16: Training and staff development

The staff had access to appropriate training. Training records were maintained and updated and the inspector was assured that all staff working in the centre had completed all the required mandatory training in safeguarding vulnerable residents and those requiring updates were booked into training scheduled.

Staff were appropriately supervised on the day of the inspection. The management team were providing supervision and support to staff and residents.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to ensure the service provided was safe, appropriate and consistently monitored were ineffective in a number of areas and improved oversight in aspects of service are required. For example:

- Oversight of staff practices to ensure a human rights-based approach and person-centred culture was provided at all times required to be strengthened. For example, a number of residents did not have access to their walking aids on the day of the inspection which appeared to be institutionalised practices.
- The registered provider did not have sufficient resources to ensure the effective delivery of care in line with the statement of purpose as no contingency arrangements were in place for unplanned absences, as detailed under Regulation 15: Staffing.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social Services of any allegations or confirmed abuse within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

Records of complaints were available for review and the inspector reviewed a number of complaints received since the last inspection. Complaints were listened to, investigated and the complainant was informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. The process of how to make a complaint was displayed around the centre to guide both residents and visitors.

Judgment: Compliant

Quality and safety

Overall, residents were safeguarded them from abuse and the person in charge was striving to promote a rights-based service for all residents. However, some staff

practices did not reflect a positive risk-taking approach and institutional type practices had crept into care practices.

Residents had computerised care plans in place and each resident was assessed prior to admission had appropriate risk assessments in place and a comprehensive care plan developed to direct care. These comprehensive care plans included safeguarding care plans where required and communication care plans. However, improvements were required as they were not person-centred and some care plans were duplicated for each resident. Furthermore, for those residents who had medications changes, these changes were not reflected in their care plan.

Where residents presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), there was a specific care plan in place to guide staff in how best to support the resident. The monitoring of these behaviours was well-documented and from this, triggers were identified and measures put in place in mitigate the risk of re-occurrence.

The person in charged had notified the Chief Inspector of incidents of alleged and confirmed abuse. The inspector reviewed the investigations which were in progress and were being dealt with under the complaints process. Where learning was identified this was shared with all staff as appropriate.

There was a rigorous recruitment procedure in place. Staff had An Garda Síochána (police) vetting prior to starting work in the centre. The provider was a pension-agent for a small number of residents. The inspector was assured that monies collected on behalf of residents was being managed, in line with the Social Protection Department guidance

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the number and needs of the residents living in the centre and in accordance with the statement of purpose.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While, overall care plans reviewed were person-centered, some gaps were identified in the safeguarding care plans and care plans on how to manage behaviours that are challenging, as follows:

- Some care plans were not detailed enough to reflect the care being provided. They were generic in content and were not person-centred.
- The residents' care plan was not always updated after changes being made to their plan of care. For example, when there was a change made to the residents' anti-psychotic medications.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. There were appropriate care plans in place which reflected the residents' individual needs, known triggers and known de-escalation techniques. The use of restraint was minimal in-line with national policy.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents living in the centre. There was a safeguarding policy in place. All staff had were garda vetted and completed safeguarding training prior to commencement of their role.

The provider was a pension-agent for a small number of residents. There was clear and transparent documentation in place ensuring residents' finances were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

A rights-based approach to care was not reflected in all care practices. For example, the right to mobilise freely, the right to have ones independence promoted and maintained was restricted due to staff recurrent practices.
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
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rush Nursing Home OSV-0000155

Inspection ID: MON-0048071

Date of inspection: 02/06/2026

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The Person in Charge (PIC) will ensure that there are always appropriate staffing levels available to ensure the safe and effective operation of the centre and to ensure that residents' care needs are met. • The PIC will ensure that there is always a sufficient number of suitably qualified and skilled staff available to ensure the safe and effective operation of the centre so that the residents' individual care needs are provided in accordance with their plan of care. • The PIC will complete a risk assessment and add it to the centre's Risk Register in relation to the contingency planning for the management of unanticipated staff shortages at late notice. This contingency plan will focus on the need to always prioritize resident care. • The PIC will ensure that nurses are aware of the appropriate escalation procedures in relation to staff shortages so that the contingency plan can be implemented without delay. • In the event of staff shortage, every effort will be made to provide replacement staff to ensure that there are sufficient staff numbers in place to ensure that all residents' care needs can be met. This will include booking agency staff if it is not possible to fill the vacant shift from the centre's own staffing resources. • The program of activities will be reviewed and further developed to ensure that residents have access to a range of activities that are in keeping with their choices and preferences. • The PIC will ensure that the full range of activities for residents can be provided without impacting on the care team. • The electronic activities support application (Altra) available in the centre will be used to supplement the activities provision and facilitate electronic communication between residents and their families. • On the day of inspection, the centre had a vacancy for one Activities Coordinator and one outsourced cleaning staff member provided through the outsourced contract cleaning service. • The PIC is actively recruiting for the Activities Coordinator position, with candidates shortlisted and interviews scheduled.	

• Engagement has taken place with the outsourced contractor in relation to staffing and ensuring that any absences are backfilled so that the quality of cleaning service in the centre is not adversely affected.
• The outsourced contractor has put measures in place to ensure that staffing is in place in line with the contract service level agreement to ensure environmental hygiene standards are maintained.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The PIC will ensure that the updated handover and safety pause template is in use, which incorporates "What Matters to Me", an Age-Friendly Health System, endorsed by the Institute for Healthcare Improvement (IHI). The PIC / CNM will attend daily handover and safety pause meetings to ensure all relevant information is shared.
• The PIC will ensure that there are effective and consistent supervision and oversight arrangements for staff providing care in the centre; the PIC and Clinical Nurse Manager (CNM) have increased their visibility and presence on the floor and are more accessible to residents and staff which will improve oversight, supervision, and communication.
• The management team have revised their daily workflow, to ensure that all members of the management team monitor practice and care delivery on each unit. Daily environmental walk-rounds will include monitoring of accessibility of mobility aids.
• A formal contingency staffing plan has been developed to address unplanned absences.
• Escalation procedures have been established for staffing shortages, including redeployment and agency support where required.
• Staffing resources will be reviewed at monthly governance meetings to ensure services are delivered in accordance with the Statement of Purpose and residents' assessed needs.
• Staff have been instructed to ensure mobility aids remain accessible to residents where it is safe and appropriate to do so, taking into consideration resident individual risk assessment and personal preference.
• Education sessions on rights-based care, dignity, autonomy, independence and choice have been delivered to all staff.
• Observational audits will be completed to monitor compliance and promote residents' independence and autonomy, the results of which will be shared as part of handover / safety pause meeting.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

• The PIC / CNM will ensure that residents care plans are updated to reflect the assessed care needs of the residents.

• The PIC will ensure that residents assessments are completed accurately and reviewed / updated as necessary to ensure they reflect the current status of the resident, this information will be shared at handover and safety pause. This will include the accurate and timely assessment of residents' behavioural status and appropriate responses to significant escalation such as use of ABC charts, referral to GP for medication review and use of psychotropic medication as necessary. The impact of such interventions will be evaluated and recorded to guide practice.

• For those residents with responsive behaviour issues, the PIC will ensure that appropriate assessments are carried out and the care plan is updated to ensure that the care interventions are appropriate. Responsive behaviour care plans will identify patterns or triggers to escalations in behaviours and appropriate distraction or de-escalation techniques to ensure all staff adopt a similar approach towards the care of the residents.

• The PIC will ensure that the care plan is developed only after a series of assessments are completed, the care plan will then be developed in consultation with the resident / representative.

• The care plan will focus on what matters to the resident and will incorporate the Age Friendly framework, the 4 Ms (what matters to me, medication, mentation and mobility).

• The PIC/CNM will complete a care plan audit monthly and develop a QIP as necessary, the results of which will be shared with nurses and used as an opportunity for learning.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

• The PIC will ensure that residents are afforded an opportunity to mobilise freely throughout the centre. The PIC will monitor as part of Manager's daily walkabout and will ensure appropriate supervision arrangements are in place.

• The PIC and CNM will complete a review of staff practices to ensure resident independence is promoted.

• The PIC / CNM will ensure that the updated ISBAR handover template is in use and that all information relating to individual resident is shared; the template includes information on what matters to the resident and incorporates the 4m's, What Matters to residents / Medication / Mentation and/ Mobility.

• The PIC will ensure any deficits identified as part of monitoring standards will be addressed and quality improvements required will be implemented as part of a QIP and

reflective practice meetings with individual staff.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/08/2026
Regulation 23(1)(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	31/08/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	31/08/2026

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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 been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/08/2026
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	31/08/2026