



**Health  
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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:	Middletown House Nursing Home
Name of provider:	Joriding Limited
Address of centre:	Ardamine, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	17 June 2025
Centre ID:	OSV-0000251
Fieldwork ID:	MON-0045597

## About the designated centre

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

This centre was opened in 1984 and has undergone a series of major extension and improvement works since then. The premises consist of two floors with passenger lifts provided. It is located in a rural setting in north county Wexford close to Courtown. The centre is near to a range of local amenities including Courtown community and leisure centre, with a large swimming pool and a gym offering keep-fit and aerobics for the over-65s. Resident accommodation consists of 31 single bedrooms with en-suite facilities, ten twin bedrooms with en-suite facilities, a sitting room, an oratory, three lounges, a sunroom, a reception lobby and a visitors' tea room. The centre is registered to accommodate 51 residents and provides care and support for both female and male adult residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. The centre currently employs approximately 65 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, and maintenance staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	49
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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
Tuesday 17 June 2025	10:00hrs to 17:45hrs	Catherine Furey	Lead
Tuesday 17 June 2025	10:00hrs to 17:45hrs	Mary Veale	Support

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Over the course of the inspection, the inspectors spoke with residents, visitors and staff to gain insight into the residents' lived experience in the centre. Residents spoken with were mostly complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspectors spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests and needs on the day of inspection.

Middletown House Nursing Home is a two storey designated centre registered to provide care for 51 residents close to Gore and Courttown in Co. Wexford. There were 49 residents living in the centre on the day of the inspection.

As the inspectors walked through the centre, residents were observed to be content as they went about their daily lives. Residents sat together in the communal rooms watching television, listening to music, or simply relaxing. Other residents were sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were socially engaged with each other and staff. A small number of residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas **due to the limitations of their medical condition** were supported by staff throughout the day.

The inspectors chatted with a number of residents about life in the centre. Residents spoke positively about their experience of living in Middletown House. Residents commented that they were very well cared for, comfortable and happy living in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. One resident told the inspectors "I am the focus of their attention" and another resident told the inspectors that "I have become a friend to the staff and we enjoy and laugh or a joke together". Staff who spoke with the inspectors were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspectors observed that staff were kind, patient, and attentive to their needs.

There was a very pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff. A number of residents explained their reasons for moving to the centre and told the inspectors that they were very happy with their decision. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. There were a number of

residents who were not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

Friends and families were facilitated to visit residents, and the inspectors observed many visitors in the centre throughout the day. Visitors who spoke with the inspectors were very happy with the care and support their loved ones received. One visitor said they were always warmly welcomed into the centre, and that staff were great to communicate any changes or updates in relation to their family member.

A range of recreational activities were available to residents which included exercise, movies, music and bingo. The centre employed activities staff who facilitated group and one-to-one activities throughout the day. Residents told the inspectors that they were free to choose whether or not they participated. On the day of the inspection, the inspectors observed residents attending Mass in the centre. Residents had access to television, radio, newspapers and books. The inspector observed on the day of inspection that some residents spent long periods of time watching television in the day room and sun room, however they told inspectors they were happy.

The residents had access to adequate quantities of food and drink. Residents were offered a choice of wholesome and nutritious food at each meal, and snacks and refreshments were available throughout the day. Residents were supported during mealtimes. Residents who required help were provided with assistance in a respectful and dignified manner. Residents were complimentary about the catering staff and the quality of the food provided in the centre.

The centre provided a laundry service for residents. All residents' who the inspectors spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

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

## Capacity and capability

There were effective management systems in place in this centre, ensuring the delivery of good quality care to the residents. The management team were proactive in response to issues as they arose and used regular audits of practice to improve services. The provider ensured that the centre was adequately resourced and the majority of improvements required from the previous inspection in July 2024 had been addressed and completed.

The centre is operated by Joriding Ltd., who are the registered provider, and part of the wider Evergreen Care group, who operate a number of other nursing homes nationally. There are two company directors, one in the role of Operations Manager

and one as Chief Executive Officer for Evergreen Care. There is a clearly defined overarching management structure in place which includes a regional operations manager who visits the centre at a minimum of once a fortnight. A newly-recruited head of quality safety and risk was providing additional oversight of systems to ensure best practice and to drive quality improvement.

The person in charge is supported in her role by a full-time assistant director of nursing and a team of nurses and healthcare assistants. The centre also has dedicated activities, catering and domestic teams. Staff had a good awareness of their defined roles and responsibilities. Staff members spoken with told the inspector that the person in charge was supportive of their individual roles and had a visible presence within the centre daily.

The provider implemented a systematic approach to monitoring the quality and safety of the service delivered to residents that included an extensive schedule of both clinical and environmental audits. Quality improvement plans were developed following audits and improvements were seen to be actioned within specific timelines. Management were implementing a number of new audit tools including audits of safeguarding practices with the aim of improving staff awareness and promoting positive outcomes for residents. Various staff members were involved in different committees such as the restraint committee and quality and safety committee. This provided additional development opportunities for staff while also enhancing the quality of the service provided to the residents. Oversight of infection control practices required some additional focus, to ensure a safe environment for residents.

Records viewed by the inspector confirmed that there was a high level of training provided in the centre. Training courses were a mixture of online and in-person through an external training company. All staff had received up-to-date training specific to their roles. Registered nurses completed annual medication management training and had undertaken additional training such as venepuncture and palliative care. A review of a sample of staff files showed that the provider had a robust induction process in place for new staff. Regular staff performance appraisals were conducted by the person in charge and staff confirmed that they were encouraged to identify their individual training and development needs.

Overall, there was a very low level of documented complaints. There were no open complaints at the time of the inspection. A review of the complaints log showed that complaints were investigated and well managed in line with the centre's own policy and procedures.

## Regulation 15: Staffing

Inspectors reviewed planned and worked rosters which identified that the number of staff employed in the centre was in line with the statement of purpose. Based on the centre's layout, and the dependency needs of the residents, there was an

appropriate number and skill-mix of staff rostered on a daily basis, across all departments, to ensure that care and support was delivered appropriately.

Judgment: Compliant

### Regulation 16: Training and staff development

The training records reviewed by inspectors indicated that all staff had completed training modules deemed mandatory by the provider, for example; moving and handling and infection control. A schedule of ongoing staff training was in place to ensure staff knowledge was kept up-to-date.

There was a good system of staff induction in place which included an initial induction period, followed by three and six-monthly performance reviews. These reviews gave staff opportunities to identify any additional learning supports they required. Staff were well-supervised in their respective roles.

Judgment: Compliant

### Regulation 23: Governance and management

Further action was required to ensure that the service provided is safe, appropriate, consistent and effectively managed. For example;

- The registered provider had set out written commitments in their compliance plan response following the previous inspection in July 2024 to address areas of non-compliance with Regulation 27: Infection control. As described under the findings of that regulation, not all of the commitments had been achieved.
- While overall risk management procedures were good, the registered provider had not identified that residents at risk of leaving the centre unaccompanied, could access two ground floor windows, which did not have window restrictors. The inspectors reviewed policies and procedures relating to resident absconsion and access from open windows had not been considered in any risk assessments.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure



A record of complaints received was maintained in the centre. There was an overall low level of formal complaints being made, and there were no open complaints at the time of the inspection. The record of closed complaints identified that all complaints were managed in accordance with the centre's own policy, and in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

The inspectors found that residents were supported and encouraged to have a good quality of life and saw evidence of individual residents' needs being met. Improvements were required to comply with infection prevention and control.

Improvements were found in care planning since the previous inspection. The person in charge had arrangements for assessing residents before admission into the centre, to ensure that their needs could be met. Comprehensive care plans were based on validated risk assessment tools. Care plans were seen to be highly person-centred and reflected the residents' assessed needs, preferences and wishes. There was evidence that care plans were reviewed on a four-monthly basis or earlier if required. Furthermore, these care plans were reviewed in consultation with the resident and, with the resident's consent, their family.

The health of residents was promoted through ongoing medical review and access to a range of external community and outpatient-based healthcare providers such as chiropodists, dietitians, physiotherapy, occupational therapy, palliative care and mental health services. The recommendations of these healthcare providers was seen to be documented in the residents' care plans.

Wound care assessments and care plans were completed in line with best practice guidance and the recommendations of social and healthcare professionals was being adhered to. Residents had timely access to general practitioners (GP's), specialist services and a range of professional expertise, such as psychiatry of old age, physiotherapy, dietitian and speech and language therapy, as required. A GP was available to residents in the centre on the day of inspection. Residents had access to a mobile X-ray service referred by their GP which reduced the need for trips to hospital. Residents had access to nurse specialist services such as community mental health nurses, and tissue viability nurses. Residents had access to local dental and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

Improvements were found in the systems in place for the management of residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment). There was a policy in place to inform the management of responsive behaviours and restrictive practices in the centre. There was evidence that staff had

received training in this regard. The use of bed rails as a restrictive device was kept to a minimum. Bed rails risk assessments were completed, and the use of restrictive practice was reviewed regularly. Less restrictive alternatives to bed rails were in use such as low beds and falls prevention mats. The entrance door to the ground floor reception area was observed not locked.

The provider had systems to oversee the centre's infection prevention and control practices. The provider had one registered nurse trained as an infection control link practitioner, to guide and support staff in safe infection control practices and oversee performance. The environment was very clean and tidy on the day of inspection. There was surveillance of healthcare acquired infections. A targeted infection control auditing programme was undertaken. Hand sanitiser dispensers were conveniently located in all bedrooms and on corridors to facilitate staff compliance with hand hygiene requirements. Staff were observed to have good hand hygiene practices. Notwithstanding these good practices, some areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), as discussed under Regulation 27.

The provider had effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There were automated door closures to all bedrooms and all compartment doors, and the doors were seen to be in working order. All fire safety equipment service records were up to date and there was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors to ensure the building remained fire safe. Fire training was completed annually by staff and records showed that fire drills took place regularly in each compartment with fire drills stimulating the lowest staffing levels on duty. Records were detailed and showed the learning identified to inform future drills. There was evidence that fire safety was an agenda item at meetings in the centre.

The inspectors reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Improvements were noted in residents' rights since the previous inspection. All residents could access the secure garden. There was a rights-based approach to care in this centre. Residents' rights and choices were respected. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre and records demonstrated that this service was made available to residents if needed. Residents have access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radio. Mass took place in the centre weekly. Residents had access to an oratory room in the centre.

## Regulation 10: Communication difficulties

The inspectors found that residents with communication difficulties had their communication needs assessed and documented in their care plan. Staff were knowledgeable about each residents specialist communication requirements and ensured residents had access to any aids or supports to enable effective communication and inclusion. All residents had access to audiology, ophthalmology and speech and language services, as required.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner.

Judgment: Compliant

## Regulation 27: Infection control

While the provider had taken action on a number of the findings of the previous inspection, one item remained outstanding:

The provider had outlined in their previous compliance plan that an external area at the back door of the kitchen, which had been designated as a storage area for kitchen cleaning equipment, would be cleared. Despite this assurance, inspectors observed that the area still contained mops, buckets and sweeping brushes which were exposed to the elements and in close proximity to a number of waste and recycling bins. This entire area required review as it did not promote good infection control practices.

Additional findings which were not in line with national infection control guidance included the following;

- Some areas of the premises including doors, skirting boards and walls were deeply marked and scuffed due to repeated friction from pieces of equipment such as hoists. This presents broken surfaces which cannot be effectively cleaned or decontaminated.
- Some fixtures and fittings, for example back supports on toilets, were rusted and required replacement as they could not be effectively cleaned or decontaminated.

- Inspectors noted a malodour from waste bins which were placed on bedroom corridors. Alternative arrangements for the holding of waste products should be considered, to ensure that waste is managed appropriately, and also so as not to detract from a homely environment for residents.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Up-to-date service records were in place for the maintenance of fire fighting equipment, fire alarm system and emergency lighting. Residents all had personal emergency evacuation Plans (PEEP's) in place and these were updated regularly. This identified the different evacuation methods, and equipment required for each resident, in the event of an emergency.

Fire safety training was completed annually by all staff and regular fire drills were undertaken including the simulation of a full compartment evacuation.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

### Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. There was evidence of ongoing referral and review by health and social care professionals who supported the residents in the centre where possible and remotely when appropriate, for example the dietitian, and physiotherapist.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours. At the time of inspection there were no residents identified as displaying responsive behaviour.

The use of any restrictive practices was based on a risk assessment, with evidence of alternatives trialled. Consent was sought and documented prior to use. Restrictive devices such as bedrails were regularly checked when in use. Overall, the management of restrictive practices was in line with the Department of Health guidance, as required by the regulation.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction, led by staff. Residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Middletown House Nursing Home OSV-0000251

Inspection ID: MON-0045597

Date of inspection: 17/06/2025

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Window restrictors are in place for the two ground floor windows; ongoing monitoring checks will be completed to ensure safety of residents is maintained.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: A storage unit has been put in place outside the kitchen for mops, buckets and sweeping brushes. The floor outside the kitchen is being deep cleaned and painted.  The areas which can be deeply marked by hoists and wheelchairs are continuously monitored and maintained. Back rests on toilets are included in the monthly audit and will be replaced as needed. The areas are revisited, and corrective measures are taken.  Storage units have been ordered to enclose new slimline bins.	





## 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 23(1)(d)	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	18/06/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	29/09/2025