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:	Adare and District Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Adare Road, Croagh, Limerick
Type of inspection:	Unannounced
Date of inspection:	03 June 2026
Centre ID:	OSV-0000404
Fieldwork ID:	MON-0050703

About the designated centre

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

Adare and District Nursing Home is a designated centre which is located in the village of Croagh, a few miles from Adare, Co. Limerick. It is registered to accommodate a maximum of 84 residents. The entrance to the centre is the foyer and this is an expansive place with seating areas for residents and visitors to gather. Most of the building is single storey with a two-storey edifice to the right of the foyer which houses two single occupancy apartments. The centre comprises two units: The Main House (46 bedded) and The Willows (35 bedded) which is the memory care unit. Bedrooms are single and twin occupancy and all have en suite shower, toilet and wash-hand basin facilities. Additional toilet and bath facilities are located throughout the centre. Each unit has their own main dining room, smaller dining room, day room, quiet room and resting areas. Residents have access a sensory room, and to paved enclosed courtyards with seating, parasols, garden furniture and raised flowerbeds. Adare and District Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, respite, convalescence and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	75

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 June 2026	09:40hrs to 18:00hrs	Rachel Seoighthe	Lead
Wednesday 3 June 2026	09:40hrs to 18:00hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

Overall, the feedback from residents living in Adare and District Nursing Home was very positive. Residents told inspectors they were well cared for in a centre that was ' five stars', and they spoke positively about staff and management, who were described by one resident as 'top class'.

On the inspectors unannounced arrival to the centre, they were greeted by the person in charge. Following an introductory meeting, inspectors spent time walking through the centre, where they met with residents and staff.

Located on the outskirts of Adare Village in Co. Limerick, the designated centre is a purpose-built building, registered to provide care to a maximum of 84 residents. There were 75 residents living in the centre on the day of inspection.

The entrance to the centre opened into an reception area. There was a two-storey edifice to the right of the reception, which contained storage rooms, an office, and two single occupancy apartments, located on the first floor. The apartments were accessible by stairs and chair lift. The main entrance to the apartment stairwell was through a door leading from the reception, or through a separate entrance at the front of the building. Inspectors were informed that both apartments were unoccupied on the day of inspection, as the provider was reviewing fire safety precautions in this area of the centre. The remainder of resident private and communal accommodation was laid out on the ground floor, in two units, known as 'the house' and 'the willows'.

Residents were frequently seen spending time in the main reception throughout the day, having breakfast, receiving visitors and reading the newspapers. A large communal sitting room was located behind the reception, where there was constant activity. Inspectors observed that staff were present in the communal sitting room, to offer support and assistance to residents. Other communal spaces in the main centre included two dining rooms and a designated smoking room. The main centre was generally clean and tidy. However, inspectors observed that flooring and wall surfaces in several bedrooms were in a poor state of repair. Inspectors also noted that maintenance supplies were being stored in a resident communal sitting room.

The willows unit was designed to accommodate residents who were living with dementia. The entrance to the unit opened into a corridor containing resident bedroom accommodation. Inspectors observed that resident bedroom doors replicated front doors and were painted in a variety of colours, in order to assist residents to identify their rooms. Wall murals depicting images of familiarity, such as shops and a post office were displayed and some wall decor had tactile features, to encourage resident activity. Inspectors observed that corridors were wide and had handrails on both sides to support residents who wished to mobilise around the unit. Inspectors noted that there was unrestricted access to an enclosed garden area.

Communal spaces in the willows unit included a dayroom, two dining rooms, a sensory room and a hairdressing salon.

Resident private accommodation in the willows unit consisted of single and shared bedrooms, with ensuite facilities. Inspectors noted that many bedrooms were personalised with items of significance. Call bells and televisions were provided in all resident bedrooms. Inspectors noted that furniture, including beds, had been replaced in many resident bedrooms and floor covering had been replaced in the majority of bedrooms on the unit. However, there were several bedrooms where floor and wall surfaces were damaged, and not amenable to cleaning. Inspectors noted that privacy and window curtains in several resident bedrooms were not clean.

As inspectors walked through the centre, they observed that many residents were up and about and moving freely throughout the communal areas. An enclosed courtyard garden was accessible for residents which contained seating, decorative features, and raised beds for resident interest. Several residents were observed relaxing their bedrooms. Inspectors met with residents whom had they had spoken with on previous inspections and with residents who had moved into the centre more recently. One resident described feeling nervous about coming to live in the centre, but told inspectors that they were reassured upon moving in. Inspectors were told that staff were 'fabulous' and 'nothing is a problem'. It was evident that the management team were well known to the residents.

There was sufficient space for residents to meet with visitors in private. Inspectors observed a number of residents receiving visitors during the inspection and found that appropriate measures were in place for residents to receive visitors.

Capacity and capability

This was an unannounced inspection by inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on the actions taken by the provider to address issues identified on the last inspection in May 2025, in relation to assessment and care planning, protection, premises and fire precautions and governance and management. Inspectors found that, while the management team had taken action to improve the quality of the service, contracts for the provision of care services, and governance and management arrangements did not achieve full compliance with the regulations. Furthermore, the actions committed to by the provider in relation to the care environment had not been completed.

The centre was operated by Mowlam Healthcare Unlimited who were the registered provider for Adare and District Nursing Home. The person in charge worked full-time in the centre and they had senior clinical support from a healthcare manager and a

director of care services. The person in charge was supported in their role by a full-time assistant director of nursing, who deputised in their absence. A team, including clinical nurse managers, nurses, health care assistants, activities coordinators, household, catering and maintenance staff made up the staffing compliment. The person in charge facilitated the inspection and they were knowledgeable regarding residents' individual care needs.

On the day of inspection, the number and skill mix of staff was appropriate with regard to the needs of the 75 residents living in the designated centre. Communal rooms were seen to be supervised at all times and residents were observed receiving support in a timely manner. There were a minimum of two registered nurses on duty at all times to oversee the clinical needs of the residents.

Training records reviewed demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices, and the safeguarding of residents. Records viewed indicated that the majority of staff were up-to-date with the centre's mandatory training requirements. Staff also had access to additional training to inform their practice which included infection prevention and control, dementia care and cardiopulmonary resuscitation (CPR) training. Staff who spoke with inspectors were knowledgeable regarding fire safety procedures and the protection of residents. Inspectors found that the care team displayed good knowledge regarding residents' individual care needs and preferences.

There were regular meetings at local and management level, with records of these being made available for review. There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. The audit schedule included audits of falls management, medication management and nutrition. Any areas of quality improvement identified through these audits had a corresponding action plan. However, inspectors found that some deficits in relation to the premises which were identified though the centres' management monitoring systems, and escalated to the provider, were not addressed a timely manner.

A review of the contracts for the provision of care services found that the terms of the contract relating to the bedroom to be provided to the resident, did not include the bedroom number, and the number of occupants of that bedroom. This is detailed further under Regulation 24: Contracts for the provision of care services.

A review of complaints management found that all complaints had been appropriately managed, in line with the centres' complaints management policy.

A review of record management in the centre found that staff files contained all of the required information, as set out under Schedule 2 of the regulations.

An annual report on the quality of the service had been completed for 2025. The report set out the service's level of compliance, as assessed by the management team and it contained a quality improvement plan.

Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the needs of the current residents, taking into consideration the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by inspectors demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents.

There were systems in place to supervise staff.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not taken appropriate actions to ensure that their compliance plan from the previous inspection had been implemented in full. In particular, deficits in relation to the premises were identified on audits, and on repeated inspections. While some action was taken by the provider, the issues in relation to damaged flooring had not been fully addressed at the time of inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of care was reviewed by inspectors. Contracts viewed did not align fully with the requirements of the regulation. For example:

- The resident bedroom number and occupancy of the bedroom were not recorded in contracts for residents who were admitted to the centre on a short-term basis.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an up-to-date policy in place for the management of complaints. Records demonstrated that complaints documented within the centre's complaint log were managed in line with the requirements of the regulation.

Judgment: Compliant

Quality and safety

The findings on the day of inspection were that the provider was delivering good quality clinical care to residents, in line with their assessed needs. Residents had good access to health care services, including general practitioners (GP), dietitian, speech and language and tissue viability services. There were opportunities for social engagement in the centre, and there were established links with the local community, which enabled residents to attend activities outside of the centre. However, premises and fire precautions did not achieve full compliance with the regulations.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Resident's accommodation was individually personalised. The centre was warm and homely, and residents were supported to personalise their bedrooms. The provider had taken some action in response to the previous inspection findings, and floor covering and furnishings had been replaced in many resident bedrooms in the willows unit. However, some areas of the centre were in a poor state of repair. For example, floor surfaces were damaged in several resident bedrooms and en-suite bathrooms in the main centre.

A review of fire precautions evidenced that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Records demonstrated that fire drills were completed on a regular basis, including simulated evacuation drills of the centre's largest compartment, with minimal staffing levels. The provider had commissioned a fire safety risk assessment by a competent person prior to the inspection. Notwithstanding these positive findings, inspectors found that some of the fire doors were observed to be in a poor state of repair and may not be effective in containing smoke and fire, in the event of a fire safety emergency. This is addressed under Regulation 28: Fire precautions.

The centre had an electronic resident care record system. Records demonstrated that pre-admission assessments were undertaken by the person in charge to ensure

that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing assessment tools were in use to identify residents' care needs. Inspectors viewed a sample of files of residents with a range of needs and found that care plans were generally person centred, informative and reviewed in line with regulatory requirements.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). Residents were also referred to health and social care professionals such as dietitians and speech and language therapy, as needed. A physiotherapist attended the centre weekly and referrals were made to occupational therapy services, as required.

There was a low use of restrictive practice in the centre, and use of restrictive practices was risk-assessed and monitored. 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 evidence-based care and support from staff that was kind and respectful.

The provider had measures in place to safeguard residents from abuse. The provider acted as pension agent for seven residents and pensions were paid into a separate resident bank account. Records of each resident's payments and surplus amounts were maintained and made available to review. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse and training records identified that staff had completed up-to-date training in the prevention, detection and response to abuse.

Regulation 11: Visits

There were flexible visiting arrangements in place. Visitors were observed attending the centre throughout the day of the inspection. Inspectors observed that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

Regulation 17: Premises

The designated centre did not conform to the matters set out in Schedule 6 of the regulations in the following areas;

- Wall and door surfaces in some resident bedrooms were scuffed and paintwork was damaged.
- Floor covering in some resident bedrooms and ensuite bathrooms, and along some corridors, was damaged. This is a repeated finding.

- A socket was damaged in one resident bedroom.
- Furnishings including dressers, lockers and beds were damaged, in a small number of bedrooms.
- An exit door in the centres laundry did not close fully and a window restrictor was not fitted.

There was a lack of suitable storage in the centre. This was evidenced by the storage of supplies of maintenance equipment in a residents' communal sitting room.

Judgment: Not compliant

Regulation 28: Fire precautions

The arrangements in place to ensure the containment of fire and smoke in the event of an emergency was not adequate. This was evidenced by the following:

- Gaps were visible underneath under the main kitchen door which was damaged, and it did not close fully to form an effective seal.
- Gaps were visible under several resident bedroom doors in the main centre and in the Willows unit. This could compromise the effective containment of smoke and fire in the event of a fire emergency.
- A storage room on the first floor which contained archived resident records had a domestic style door fitted, and there was a gap large under the door.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to general practitioners.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

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) were observed to receive care and support from staff that was person-centred and respectful. Staff had up-to-date knowledge to support residents to manage their responsive behaviours.

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. A safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. Safeguarding care plans were in place when required and detailed additional supportive measures in place to protect 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Adare and District Nursing Home OSV-0000404

Inspection ID: MON-0050703

Date of inspection: 03/06/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Facilities Manager has developed a scheduled program of works to complete the flooring and to undertake repainting of residents' bedrooms. Since the inspection, the flooring work has commenced, and progress will be monitored daily by the PIC to ensure compliance with completion date. • The PIC and Facilities team have reviewed outstanding works and have prioritized areas for completion. Outstanding works are reviewed and discussed at senior management meetings and will be monitored by the PIC .	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: • The PIC and Administrator will review all contracts of care for short-term residents and will ensure bedroom numbers and type of occupancy are clearly written.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The PIC, HealthCare Manager (HCM) and Facilities team have undertaken a comprehensive review of the internal works, wall surfaces, painting works to be	

completed, a refurbishment plan is in place.
• The flooring work has commenced with a phased plan in place for completion. This plan includes flooring work in the bedrooms, en-suite bathrooms and corridors. This was prioritized by facilities team and is now almost complete.
• The maintenance man has replaced the damage socket in resident bedroom. The PIC and Maintenance Person will ensure that all electrical sockets are secure, the PIC will monitor as part of daily walkabout so that repairs, when necessary, can be completed without delay.
• The PIC will complete a review of all furniture in resident bedrooms and submit to Facilities team. Replacement furniture will be provided on a phased basis and will be monitored by the PIC.
• The PIC will ensure that the exit door in laundry is repaired as a matter of urgency and a window restrictor is fitted. The PIC will monitor as part of Manager daily walkabout audit.
• All maintenance equipment/supplies have been removed from resident communal sitting room.
• The PIC will monitor storage of maintenance equipment as part of daily walkabout and will ensure there is no inappropriate storage of same.
• The PIC and facilities team have identified a suitable area to build an external storeroom and works have already commenced.
• The PIC, with the support of the HCM, will ensure Facilities works are escalated and reviewed with the Facilities team, and progress on the works reported are reviewed at the Monthly Governance meeting.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• The PIC and Facilities team have completed a comprehensive review of fire doors.
• An inspection of fire doors, strips, smoke seals and gaps under the doors has been taken place by a Fire expert and required works have been identified.
• There is a phased plan of works in place to address deficits and this will be closely monitored by the PIC.
• The kitchen door was reviewed by the Facilities team, and this will be replaced with a Fire door.
• The door to the records storage room has been reviewed and will be replaced with a Fire door.

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	30/09/2026
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	31/08/2026
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	30/09/2026

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2026