



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

## Issued by the Chief Inspector

Name of designated centre:	Kilrush Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kilimer Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	11 September 2025
Centre ID:	OSV-0000452
Fieldwork ID:	MON-0048220

## About the designated centre

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

Kilrush Nursing Home is a purpose built facility located on the outskirts of Kilrush, Co. Clare. It is part of the Mowlam Healthcare group. The nursing home is two storey in design and accommodates up to 46 residents. It is a mixed gender facility catering for dependant persons over 18 years. It provides long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met. There is a designated memory care unit which offers care for residents with a diagnosis of dementia. Bedroom accommodation is provided in 17 single bedrooms on the ground floor and 23 single and three twin rooms on the first floor. All bedrooms have en suite toilet and shower facilities. There is a variety of communal day spaces including day rooms and dining rooms on each floor and a lift is provided between floors. Residents also have access to an enclosed courtyard and gardens.

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

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

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 11 September 2025	10:25hrs to 18:00hrs	Rachel Seoighthe	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector observed residents that were supported to enjoy a good quality of life, by a team of staff who were caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received. The inspector heard several positive comments such as 'I love it here', 'the staff are very good to me', and 'they look after me very well'.

The inspector was greeted by the person in charge on arrival to the centre. Following an introductory meeting, the inspector walked through the centre where they met with residents and staff.

Located in the town of Kilrush, Co. Clare, the designated centre was a purpose built building, registered to provide care to a maximum of 46 residents. The centre is laid out over two floors, with stairs and passenger lift access between floors. Resident living and bedroom accommodation was provided on both floors. On the day of the inspection, the centre was fully occupied. The memory care centre, on the ground floor, accommodated a maximum of 17 residents, and 29 residents were living on the first floor of the centre.

The inspector spent time walking through the centre with the person in charge, and observed that staff were busy attending to the morning care needs of residents. The majority of residents living in the main centre were seen to spend their time in a spacious communal sitting and dining room, located on the ground floor, beside the main reception. There was constant activity in this area and residents were seen engaging in group activities, watching television and relaxing there during the day. Residents enjoyed live music here on the afternoon of the inspection. The inspector noted that nursing and care staff were present in this area at all times, to support and supervise residents. There were some residents living on the first floor who chose to remain in their bedrooms, and they expressed that this was their preference.

Care for residents living with dementia was provided in the memory care centre. Residents living in the unit had access to a variety of communal rooms, including a traditional style dining room and two sitting rooms. The inspector observed that most residents' bedrooms were personalised with items of significance, such as photographs and ornaments. The memory care unit was generally clean and well maintained, and floor surfaces in many resident bedrooms and ensuite bathrooms, had been replaced, since the previous inspection. Corridors were decorated with colourful feature walls, designed to be stimulating for residents with dementia, and had handrails on both sides to support residents' safe mobility. An enclosed courtyard garden provided accessible outdoor space for residents.

Residents were observed mobilising freely throughout the unit, and some residents spent time in the communal areas. Some residents living in the centre had complex care needs and several residents were assessed as requiring enhanced supervision.

The inspector observed that residents were well-supported by staff, and there was a constant staff presence in communal rooms. The inspector observed that staff knew the residents well and were familiar with each residents' daily routine and preferences.

The inspector observed a lunch-time meal service in the memory care centre. Staff worked hard to ensure that the dining experience was a pleasant occasion. Tables were set neatly and residents were offered a choice of drinks. A pictorial menu displayed a choice of menu for resident information. Meals were seen to be well-portioned and staff were observed offering residents a choice of condiments and drinks. The majority of residents required minimal assistance to eat their meals and the staffing arrangements ensured that any residents who required assistance with their meals, received support in a timely manner. The meal service was supervised by a member of the nursing staff.

The inspector spoke with residents who they had met on the previous inspection, and to residents who had come to live in the centre more recently. Several residents chatted about how they spent their day. Some residents described how they liked to spend their time in their bedrooms, and other residents explained that they liked to socialise in the communal areas. Residents said that they could speak freely with staff if they had any concerns.

There was sufficient space for residents to meet with visitors in private. The inspector observed a number of residents receiving visitors during the inspection and found that there were flexible visiting arrangements in place. A number of visitors who spoke with the inspector said they felt that their loved ones were well cared for, and that they were kept informed about their care needs.

The general environment of the centre was visibly clean on the day of inspection, with the exception of high surfaces in some resident bedroom accommodation in the main centre, and the first floor kitchenette. The inspector noted that resident communal areas were clean, warm and well-furnished, however storage arrangements on the first floor of the centre were disorganised, and many items of resident equipment were being stored in a resident communal sitting room and hairdressing salon.

The following sections of this report details the findings with regard to the capacity and capability of the centre, and how this supports the quality and safety of the service being provided to residents.

## Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013,

as amended. This inspection also reviewed the action taken by the registered provider to address issues of non-compliance with the regulations found on a previous inspection in August 2024 in relation to the premises, infection control, notification of incidents, and the complaints procedure. Overall, this inspection found evidence improved compliance in many aspects of the service, and the management team demonstrated a commitment towards achieving full compliance with the regulations.

The registered provider for Kilrush Nursing Home was Mowlam Healthcare Services Unlimited Company. There was a clearly defined management structure in place. The person in charge was appointed in June 2025 and they worked full time in the centre. The person in charge had senior clinical support from a director of care services and regional healthcare manager. The person in charge was supported in their role by a clinical nurse manager, who deputised in their absence. A team, including nurses, health care assistants, household, activity, catering and maintenance staff made up the staffing compliment. The person in charge facilitated this inspection and they demonstrated an understanding of their role and responsibilities.

The inspector found that the staffing number and skill mix, on the day of inspection, was appropriate to meet the care needs of the 46 residents who were living in the centre. Records showed that there was a minimum of two registered nurses on duty at all times, to oversee the clinical care of the residents. It was evident from discussion with the person in charge and a review of management meeting records, that staffing levels were kept under continuous review. For example, records demonstrated that staffing levels were increased in the memory care centre since the previous inspection, in response to a recognised need for increased resident supervision. Records reviewed demonstrated that there was a training programme in place for all staff, and staff spoken with displayed an appropriate awareness of their training, with regard to their responsibility in recognising and responding to allegations of abuse, and fire evacuation procedures. Staff also displayed an appropriate awareness of residents' supervisory needs.

There were communication systems in place, and regular meetings took place with staff and management, in relation to the operation of the service. Meeting records demonstrated that agenda items included the quality and safety of the service, complaints, safeguarding and health and safety. Meeting records detailed the actions agreed and persons responsible. There was a programme of auditing clinical care and environmental safety, to support the management team to measure the quality of care provided to residents. Audits were accompanied by time-bound quality improvement plans. There were systems in place to manage risk. The risk register identified clinical and environmental risks and included the additional control measures in place to minimise these risks.

An electronic record of all accidents, incidents and complaints involving residents that occurred in the centre was maintained. Incidents were reported in writing to the Chief Inspector, as required under Regulation 31: Notification of incidents.

The inspector reviewed a sample of complaints and found that complaints records contained sufficient detail of the nature of the complaint, and the investigation carried out. Records evidenced communication with the complainant, and the complainant's satisfaction with the outcome was recorded.

The provider ensured that records were securely stored, accessible, and maintained in line with the requirements of the regulations. A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

An annual report on the quality of the service had been completed for 2024 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

### Regulation 15: Staffing

There were adequate staff available on the day of the inspection, having regard for the size and layout of the centre and the assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training, and mandatory training was up to date for all staff. Staff also had access to additional training to inform their practice which included restrictive practices, infection prevention and control, falls prevention, dementia, and cardiopulmonary resuscitation (CPR) training.

Staff were appropriately supervised in their roles to ensure residents received safe and quality care. Staff demonstrated awareness of individual residents needs.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured that the centre was provided with sufficient resources to ensure effective delivery of care in line with the centre's statement of purpose. There was a clearly defined management structure in place with identified lines of accountability and authority.

The provider had management systems in place to ensure the quality of the service was monitored.

An annual review of the service was completed.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. All incidents and allegations had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an up-to-date complaints policy in place and the complaints procedure was displayed prominently within the centre.

A review of the complaint management system found that complaints were recorded, promptly responded to, and managed in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

The findings on the day of inspection were that the provider was delivering satisfactory care to residents, in line with their assessed needs. Residents had access to health care services, including GPs, dietitians, speech and language and tissue viability services. Clinical risks, such as nutrition, falls and wounds were monitored. Residents spoke highly of the quality of the service provided and reported feeling safe living in the centre. However, this inspection found that infection control and fire precautions did not fully align with the requirements of the regulations.

Infection prevention and control measures were in place and monitored by the person in charge. There was evidence of good practices in relation to infection control such as provision of additional clinical handwash sinks since the previous

inspection. Utility rooms were clean and well-organised and alcohol hand gel dispensers were available for use on the corridors. However, some parts of the premises were not cleaned to a high standard. This is discussed further under Regulation 27: Infection Control.

The provider had a number of measures in place to ensure that residents were protected in the event of a fire emergency. These included regular servicing of fire safety equipment and regular checks of means of escape to ensure they were not obstructed. However, the inspector found that the arrangements for the containment of smoke and fire in the centre were not in line with the requirements of the regulations. These findings are addressed under Regulation 28: Fire precautions.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of communal and private areas observed in use by residents on the day of inspection. The inspector found that the majority of areas identified as requiring repair and maintenance on the previous inspection had been addressed.

The centre had an electronic resident care record system. 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 number of validated nursing tools were used to assess residents' care needs. Care plans were informed through the assessment process and developed in consultation with residents. A sample of resident care plans were noted to be person-centred, and reviewed in line with regulatory requirements.

Records demonstrated that residents were referred to allied health specialists such as tissue viability nurses, and speech and language therapist. A review of residents' records found that residents had access to a GP, when required.

The registered provider had put measures in place to safeguard residents from abuse. There was a policy and a procedure available for safeguarding vulnerable adults and training records identified that staff had participated in training in adult protection. The registered provider was a pension agent for four residents. There were systems in place to safeguard resident's monies, and to support residents to use their funds as they wished.

The centre was actively promoting a restraint-free environment. There was a low number of bed rails in use in the centre at the time of the inspection. Restrictive practices were implemented in accordance with national restraint policy guidelines.

There were arrangements in place for residents to participate in the organisation of the centre. Records demonstrated that residents' meetings were convened and that there was discussion around various topics including the quality of personal care, menu choices, laundry and house-keeping services. Residents had access to television, wifi, radios, books and newspapers. A member of staff were assigned to provide activities daily. The schedule of activities included exercise programmes,

cookery, games and music. The planned activities schedule also included sensory activities for residents with dementia.

Advocacy services were available to residents, and there was evidence that residents were supported to avail of these services, as needed. Residents had access to religious services and resources, and were supported to practice their religious faiths in the centre. There was a chapel for resident use and mass was held on alternative weeks in the centre.

Visitors attending the centre throughout the day of the inspection were welcomed by staff. There were flexible visiting arrangements in place, and residents were observed spending time with visitors in communal areas, or in the privacy of their bedrooms.

### Regulation 11: Visits

The registered provider had arrangements in place for residents' to receive visitors. On the day of the inspection, visits were unrestricted.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that the premises of the designated centre were appropriate to the number and needs of the residents. The premises were generally clean, well-maintained and well laid out to support residents' needs. There was an ongoing programme of maintenance in the centre.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found that some procedures had the potential to impact the effectiveness of infection prevention and control within the centre and posed a risk of cross infection. For example:

- Residents equipment was not stored in a manner that reduced the risk of cross contamination. For example, residents mobility and care equipment was stored in the communal sitting room and hairdressing room on the first floor of the centre.

- Some areas of the centre were visibly unclean with dust and debris observed on high and low surfaces in the first floor kitchenette and in some resident bedrooms.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The arrangements in place to ensure that the containment of fire in the event of an emergency was not adequate.

- Intumescent strips were damaged and loose on a small number of fire doors, and some cross corridor fire doors did not form an effective seal when closed. This could compromise the effective containment of smoke and fire, in the event of a fire emergency.

Inadequate fire precautions were observed on this inspection. For example:

- An emergency evacuation aid was stored in a locked linen supply room. This may pose a delay in evacuating residents in a fire emergency.
- A call bell in the internal smoking room was not operating.
- One fire door was found to be held open in a way that impeded the fire door's closing mechanism, which would be required in the event of a fire.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Resident's health and social care needs were assessed on admission to the centre. A review of resident's care plans found that they were developed and reviewed at intervals not exceeding four months, in consultation with the resident, and where appropriate, their families. Care plans contained sufficient detail to guide staff in the provision of person-centred care to residents.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to medical assessments and treatment by General Practitioners (GP).

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

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The centre was actively promoting a restraint free environment. There were no bed rails in use in the centre. Any implementation of restraint was following the trial of alternatives, and was informed by appropriate assessments and subject to regular review.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. Safeguarding training was up-to-date for all staff and a centre-specific safeguarding policy provided guidance to staff in recognising and responding to allegations of abuse.

Records demonstrated that any potential or alleged safeguarding concerns were investigated in accordance with the centres safeguarding policy. Records of preliminary screening investigations and safeguarding care plans were available to review on inspection.

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	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially 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 Kilrush Nursing Home OSV-0000452

**Inspection ID: MON-0048220**

**Date of inspection: 11/09/2025**

## **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 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	
<ul style="list-style-type: none"><li>• The Person in Charge (PIC) will ensure there is no inappropriate storage of equipment in the centre; residents' equipment will be safely and appropriately stored in designated areas.</li><li>• The PIC and Clinical Nurse Manager (CNM) will monitor equipment storage as part of daily walkabouts and any areas requiring improvement will be addressed.</li><li>• The PIC and CNM will monitor standards and systems of cleaning throughout the centre on daily walkabouts. Any deficits in cleaning standards will be brought to the attention of the housekeeping supervisor and where necessary a Quality Improvement Plan (QIP) will be developed.</li><li>• The PIC and Housekeeping Supervisor will complete a weekly walkabout and will include checks on hard-to-reach areas.</li><li>• Cleaning schedules and findings from Hygiene Audits will be discussed at safety pause meetings and at monthly management meetings. Corrective actions will be identified as part of the overall Quality Improvement programme.</li></ul>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
<ul style="list-style-type: none"><li>• The PIC and Facilities Manager will ensure that a comprehensive review of all fire doors is completed, and where intumescent strips are found to be damaged, replacement strips will be fitted by the Facilities team.</li><li>• The PIC will ensure that staff have easy access to the fire evacuation aid, which is now appropriately stored in an area that can be easily accessed in the event of an emergency.</li><li>• The PIC will ensure that there is a working call bell in the smoking room; while a</li></ul>	

replacement is being sourced a handheld bell will be provided and smoking room will be monitored by staff.

- As part of the daily walkabout the PIC will ensure that all fire doors are free from obstruction.
- The PIC / CNM will ensure that the importance of maintaining an obstruction free area around fire doors is highlighted at daily handovers and safety pause meetings.
- The PIC will ensure that the intumescent strips on fire doors are checked as part of routine maintenance checks in the centre.

## 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 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	31/12/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/01/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	31/01/2026

	containing and extinguishing fires.			
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