

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

Issued by the Chief Inspector

Name of designated centre:	Ennis Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Showgrounds Road, Drumbiggle, Ennis, Clare
Type of inspection:	Unannounced
Date of inspection:	01 May 2025
Centre ID:	OSV-0000683
Fieldwork ID:	MON-0047001

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
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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 1 May 2025	09:30hrs to 18:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Overall, residents living in Ennis Nursing Home were happy living in the centre. Residents had a high level of praise for the staff as individuals and as a group. The residents reported that the staff were very kind. Residents were satisfied that their call bells were answered in a timely manner. A lot of good practice was observed during the inspection, with progress towards regulatory compliance across the majority of regulations reviewed. In conversation with a small group of residents, one resident stated that the staff "are gracious", with all residents in agreement. Based on the observations of the inspector, and from speaking with residents, it was clear that the staff providing direct care were committed to providing person-centred care to residents.

In the main, residents spoke positively about their experience of living in the centre. Residents said that they felt safe, and that they could freely speak with staff if they had any concerns or worries. Residents told the inspector that there were no unnecessary restrictions in place. When asked about living in the centre one resident stated "I love the freedom". Multiple residents knew what the main entrance security key code number was, this enabled them to enter and exit the centre without assistance. Multiple residents locked their bedroom doors and kept hold of the key.

The inspector spent time observing residents in the communal day rooms on both floors. Residents appeared relaxed and comfortable in their environment. Staff were present to provide assistance and support to residents. The inspector observed a large group of residents attend weekly Mass in the communal area. There was mixed feedback from the residents in relation to the quality of the activities held within the centre. A small number of residents told the inspector that their days felt long. Some residents told the inspector that the current activities that were held were not of interest to them. Multiple residents told the inspector that they spent long periods of time sitting with the television on or sitting with music on in the background. The activities schedule on display outlined that listening to relaxation music in the communal room was listed as an activity. Residents felt that the range and choice of activities to choose from required development.

The inspector observed that the premises was clean. Following the last inspection in September 2024 the provider had a programme of renovation in progress. Some improvements to the overall state of repair of the premises had taken place. For example, the purchase of new equipment used to clean and decontaminate toileting aids, flooring had been repaired and the provider had purchased multiple new wardrobes and bedside lockers. The inspector observed that resident bedroom walls, throughout the centre, were stained, heavily marked, chipped and in many cases unsightly.

Resident bedroom accommodation comprised of double and single bedrooms. Residents' bedrooms were personalised with items of personal significance such as

photographs and ornaments. The inspector observed that single occupancy bedrooms were noted to be spacious and in the main, there was sufficient storage space for residents' personal possessions. However, there were three double bedrooms that had inadequate space for residents.

Residents complimented the staff who they described as caring. Residents told the inspector that staff supported them to get up from bed at a time of their choosing, and that they could have a shower when they wished. Staff spoken with were familiar with the residents and were familiar with the individual care needs of the residents.

Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the residents living in Ennis Nursing Home were supported to have a good quality of life, and their direct care needs were met to a good standard.

This unannounced inspection was carried out over one day by an inspector of social services to;

- monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).
- follow up on the actions taken by the provider to address issues of non-compliance found on the last inspection in September 2024.

Mowlam Healthcare Services Unlimited Company is the registered provider of the centre. The centre was registered for 60 residents. There was a clearly defined management structure in place, both within the provider entity and the designated centre. A regional manager, who was a person participating in the management of the centre attended the centre frequently and was available for support by phone at all times. A person in charge worked full-time in the centre. They were supported in this role by a clinical nurse manager (CNM) as well as a team of nurses, social care practitioners, healthcare assistants, catering, housekeeping, maintenance and administrative staff. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities. There was a minimum of two

registered nurses on duty 24 hours a day. The centre had an on-call system to ensure adequate management support at weekends.

While this inspection found that progress had been made in many areas, the provider had not completed a compliance plan specific to Regulation 17, Premises and Regulation 23, Governance and Management submitted following previous inspections of the centre in May 2023, September 2023 and September 2024. An environmental audit completed in October 2024, following the last inspection, had identified that there was 20 resident bedrooms in need of urgent painting. On the day of inspection, no painting of resident bedrooms had been carried out. While the state of repair and outstanding maintenance was an ongoing issue and discussed at monthly management meetings, no action had been taken to address the outstanding maintenance issues.

There were systems in place to monitor the quality and safety of the service. There was evidence of ongoing audits of the direct care delivered being completed by the person in charge and CNM. For example, the quality of care planning, falls management and health and safety audits were completed on a scheduled basis. Areas of improvement identified were used to develop action plans. Notwithstanding the premises issues, a system was in place to follow up on outstanding issues identified. For the purpose of improvement and learning, audit findings were communicated to staff at meetings and daily handover.

The inspector reviewed a sample of staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, dementia care, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and fire safety. Staff demonstrated an understanding of issues such as safeguarding and what actions to take on the sounding of the fire alarm. The person in charge provided clinical supervision and support to all the staff.

The person in charge held responsibility for the management of complaints. A review of complaints management found that all complaints had been appropriately managed, in line with the centres' complaints management policy.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services, as required.

The provider had ensured that a contract of insurance against injury to residents was in place.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in nursing management and in the care of older persons. They were suitably qualified for the role and worked full-time in the centre. The person in charge had a strong presence in the centre and was known to all resident spoken with.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff on duty on the day of inspection was appropriate with regard to the healthcare needs of the residents and the size and layout of the designated centre. A review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. Staff were appropriately trained.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

In a compliance plan submitted to the office of the Chief Inspector following an inspection of this centre in September 2024, the registered provider committed to ensuring that premises issues found on previous inspections of the centre would be addressed. This inspection found that resident bedrooms remained in a poor state of repair, with paint on bedroom walls appearing chipped and heavily marked. The

management systems in place to ensure the care environment was appropriate, safe and well maintained were inadequate.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of the services provided in this centre were of a good standard. Residents who spoke with the inspector said that they felt safe and that they were well cared for by staff in the centre.

The inspector observed that the premises was clean. However, the poor state of repair of bedroom walls had been identified on previous inspections, and no action had been taken to address this issue. In addition, residents in three of the double rooms in the centre did not have adequate space to sit by their bedside, and did not have appropriate access to storage for their clothes.

A sample of seven residents' files were reviewed by the inspector. Residents' care plans and daily nursing notes were recorded on an electronic system. A comprehensive assessment on admission ensured that residents' individual care and support needs were being identified. The inspector found evidence that residents' care plans were developed within 48 hours following admission to the centre to guide the care to be provided to residents. Care plans developed were underpinned by validated assessment tools to identify potential risks to residents such as

impaired skin integrity, malnutrition and to establish the resident's dependency needs.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals had been implemented to ensure the best outcome for residents. For example, residents that had been assessed as high risk of malnutrition had gained weight following the implementation of recommendations of external allied healthcare professionals.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. Following the last inspection, a review of the monitoring of residents with complex care needs had been completed, and as a result, increased monitoring was implemented, which had a positive impact on residents.

All residents who spoke with the inspector reported that they felt safe in the centre. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Resident meetings were held. Minutes of the most recent resident forum meeting showed that relevant topics of interest to the residents were discussed. For example; the cleaning of the centre had been discussed, residents satisfaction levels with the choice and quality of the food, and a discussion on advocacy services available to the residents.

There were facilities for recreation available in the designated centre. A schedule of activities was in place, which included baking, music, mass and games. Some residents were facilitated to attend external day care services. However, while there were some opportunities for residents to participate in activities, multiple residents told the inspector that the current activities held were not of interest to them. On the day of the inspection, residents who spoke with the inspector described how inconsistent social care provision negatively affected the quality of their overall lived experience in the centre.

Visiting was found to be unrestricted, and residents could receive visitors in either their private accommodation or communal area, if they wished.

Regulation 11: Visits

Visiting was found to be unrestricted, and residents could receive visitors in either their private accommodation or communal area, if they wished.

Judgment: Compliant

Regulation 17: Premises

This inspection found that the premises was not maintained in a good state of repair. The paint work in resident bedrooms was chipped and heavily marked. This was a finding of previous inspections that had not been addressed.

A review of a number of twin bedrooms in the centre found that residents did not have adequate space to occupy a bed, a chair and personal storage space. For example,

- one double bedroom had inadequate storage space for residents clothes. two residents shared one wardrobe and one chest of drawers.
- a resident informed the inspector that they sat at the end of the bed, as an armchair that met their care needs, would not fit in between the beds without impinging on their neighbours space to allow them get in and out of the bed.
- the inspector noted that the privacy screening in one shared bedroom did not ensure that each resident could carry out personal activities in private.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The needs of residents were appropriately assessed and used to inform the development of care plans. There were arrangements in place to ensure that care plans were revised on a four monthly basis, or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Ennis Nursing Home OSV-0000683

Inspection ID: MON-0047001

Date of inspection: 01/05/2025

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: There is a phased programme of works in place to continue the refurbishment plan that commenced after the last inspection. This programme of works includes: <ul style="list-style-type: none">• Decorative upgrade of resident bedrooms to include painting and repairs to scuffed wooden surfaces and skirting boards.• Continued replacement of damaged or worn furniture items on a phased basis.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• A comprehensive review of premises was undertaken prior to this inspection and a Quality Improvement Plan with achievable timelines has been developed to continue to address identified deficits.• Phase 1: Decorative upgrade of 1/3 of residential rooms – 31/12/2025• Phase 2: Decorative upgrade of 1/3 of residential rooms – 31/03/2026• Phase 3: Decorative upgrade of 1/3 of residential rooms – 30/06/2026• Note: 20+ rooms have already had replacement furniture in the last 12 months. This will continue as part of the phased upgrade.• The PIC will review the layout of the shared occupancy rooms, and where practicable will reposition items of furniture to allow for extra storage in those rooms and more appropriate placement of furniture to facilitate comfort while not encroaching on the other resident's living space.• A review of privacy screens will be completed and where necessary screens will be replaced in shared occupancy rooms to ensure complete privacy when fully extended.	

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	30/06/2026
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.	Not Compliant	Orange	31/12/2025