



**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:	Ennis Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Showgrounds Road, Drumbiggle, Ennis, Clare
Type of inspection:	Announced
Date of inspection:	14 September 2023
Centre ID:	OSV-0000683
Fieldwork ID:	MON-0032053

## 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:	55
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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 14 September 2023	09:30hrs to 18:30hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Residents living in Ennis Nursing Home were complimentary of the quality of care they received from staff who they described as caring and kind. Residents told the inspector that staff were attentive to their needs. Following the last inspection, all residents had access to a call bell and residents reported that, in the main, they were satisfied with the call bell response times.

The inspector was met by the person in charge, on arrival at the centre. Following an introductory meeting, the inspector walked through the centre and met with residents. The inspector spoke with residents in detail about their experience of living in the centre. When describing the care received, residents stated "im very well looked after" and "the staff are on top of things", followed by " the care is excellent". Some residents were unable to articulate their experience of living in the centre. However, those residents appeared comfortable and relaxed in their environment.

There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. During the morning, the inspector observed an exercise activity on the first floor. There was twelve residents' partaking in the session. The inspector observed that the staff were inclusive of all in attendance and identified each resident by name.

The centre was visibly clean throughout. Following the last inspection, ten resident bedrooms had undergone an upgrade of the furniture. The inspector sat with a resident in their bedroom who expressed delight with the new furniture. Residents were encouraged to personalise their bedrooms with items of significance, such as ornaments and photographs. Some residents had small fridges in their bedrooms to store snacks brought in from home.

Resident's personal clothing was laundered on-site. Residents expressed their satisfaction with the service provided, and described how staff took care with their personal clothing and returned it promptly to their bedroom.

Meals were served to residents in the dining room on both floors. Some residents attended the dining rooms while others chose to have their meals in their bedrooms. Staff were available to provide discreet assistance and support to residents. Some residents told the inspector that the temperature of their meals was occasionally unsatisfactory. This issue had not been raised by the residents at the meeting. The inspector informed the provider at the feedback meeting, who committed to review the food temperature.

Residents were kept informed about changes occurring in the centre through scheduled resident meetings. Each resident had a folder that contains information of importance placed in their bedrooms. For example, A copy of the residents meetings, and an up-to-date mobility assessment that guided staff on the residents

level of mobility.

Residents told the inspector that they looked forward to activities as they were the most enjoyable part of their day. Residents told the inspector about the variety of activities they could choose to attend. This included arts and crafts and music activities.

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

## Capacity and capability

This was an announced inspection by an inspector 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). The inspector also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in May 2023. While the overall provision of care was found to be of an appropriate standard, some further action was required in the monitoring and oversight arrangements in place that ensure the assessment and care planning systems ensured compliance with Regulation 5: Individual assessment and care planning. In addition, the inspector found that the provider had not taken sufficient action to address non-compliance identified on the last inspection under Regulation 17: Premises. The provider had also submitted an application to renew the registration of this centre and this application was reviewed on this inspection.

The registered provider was Mowlam Healthcare Services Unlimited Company. The management structure in place identified clear lines of authority and responsibility. The person in charge was supported by a regional manager and had access to all support structures available within the Mowlam Healthcare Group. The person in charge was supported in the centre by a team of registered nurses, on duty 24 hours a day, activities staff, health care assistants, maintenance, cleaning, catering and administration staff.

The centre had established management systems in place to monitor the quality and safety of the service provided to residents. For example, there was an auditing system and regularised management meetings. Key aspects of the quality of resident care were collected and reviewed by the person in charge and included information in relation to falls, restrictive practices, medications management, and hygiene and infection control procedures in the centre. There was some evidence that this information was analysed to identify areas for quality improvements. There was a schedule of audits that was completed by the person in charge. However, a review of the sample audits found that some audits were not effectively used to identify risks and deficits in the service. For example, the clinical care audit had a completed section on nutritional management and on wound management. However, the audit did not review any files of residents with known wounds or with

weight loss and therefore, any issues in relation to wound or weight loss management had not been identified. This meant that no quality improvement plan could be developed.

The inspector was informed that the regional manager, who was a person participating in the management of the centre visited the centre monthly, and is accessible by phone on a daily basis. All clinical and operations matters in the centre are discussed at the monthly meetings. However, on the day of inspection there was no documented minutes made available for review from April 2023 until September 2023. Therefore, the inspector could not be assured what issues were raised during this time and what was discussed, or that appropriate follow up and action was taken as a result. For example, on the day of inspection, the programme of works including the role out and completion was not known to the person in charge. This detail was submitted to the Chief Inspector following the inspection.

On the day of inspection there were sufficient numbers of staff on duty delivering direct care. Following the last inspection in May 2023, recruitment of new staff had occurred. Staff files reviewed contained all the items listed in Schedule 2 of the regulations. An Garda Siochana (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were available in the designated centre for each member of staff. All new staff had completed a process of induction and had spent a week working in the centre alongside existing staff to ensure they were familiar with the systems, policies and procedures in the centre. The documentation to support this induction process was completed on all files reviewed.

The inspector reviewed the record of staff training. The registered provider had a comprehensive training programme in place for staff. A review of the records indicated that the majority of staff had received up-to-date training in areas such as safeguarding residents from abuse, fire training and dementia care. Staff responses to questions asked displayed a good level of knowledge.

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

#### Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the

residents, and the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection staff were appropriately trained. While there were gaps in the training records, a plan was in place to address this. Staff responses to questions asked were detailed and displayed a good level of knowledge.

Judgment: Compliant

### Regulation 22: Insurance

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

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that action was required to strengthen the system of oversight and monitoring of the direct care. This was evidenced by;

- the clinical care audit completed in July 2023 was not effective. For example, the review of skin integrity and the nutritional well being of residents did not look at any residents, who at the time, had developed pressure related wounds or residents that had known weight loss. This meant that the non-compliance identified by the inspector was not identified through the auditing system.
- the management had a daily handover sheet in place that guided staff on residents specific care requirements. This information sheet was not accurate and so the information that the staff required was not effectively communicated. For example; the clinical management team had decided that a resident with a history of multiple falls was to have 15 minute checks in place to ensure their safety. The inspector reviewed the records and this information had not been communicated to staff which meant there was significant gaps, of up to 24 hours in the safety checks.
- While the inspector was informed that management meetings with senior



management are held monthly the minutes of the meetings were not available. This meant that it was not clear what agenda items were discussed, what action was agreed, who held responsibility and what was the time frame for completion of actions.

Judgment: Substantially compliant

## Quality and safety

The inspector found that the interactions between residents and staff was kind and respectful throughout the inspection. Residents were satisfied with the quality of care they received and staff were observed to respond to residents requests for assistance in a timely manner. Nonetheless, the inspector found that Regulation 5; Individual assessments and care plans was not in line with regulation requirements. Further action was also required to ensure compliance with Regulation 17; Premises.

Following the last inspection in May 2023, the provider had taken action to improve the quality of the premises to address non compliance with the overall state of repair of the premises. Flooring had been replaced and repaired. New counter tops had been installed in both dining rooms where residents had their meals. The kitchenette on the first floor had been replaced. The repainting of resident bedrooms and main corridors was in progress. Multiple resident bedrooms had had all of the bedroom furniture replaced. The inspector observed that the works completed were of a high standard. Notwithstanding the positive findings, further upgrade, as identified in an internal environment audit dated December 2022, was required to bring the centre into full compliance with the regulations.

The inspector reviewed a sample of assessments and care plans and while there was evidence that the residents' needs were being assessed using validated tools, some care plans reviewed did not reflect guidance on the current care needs of the residents. Consequently, the care plans did not provide accurate information to guide appropriate care of the residents. This detail is outlined under Regulation 5: Individual assessment and care planning.

A review of residents' records found that there was regular on site medical reviews occurring in the centre. Arrangements were in place for residents to access the services of allied health and social care professionals.

The inspector reviewed the documentation that supported the monitoring of fire safety in the centre. Daily checks were completed. Fire equipment, such as fire extinguishers had been inspected by a competent person. Frequent fire drills had been completed. In addition, residents had participated in the evacuation drills. Staff spoken with were very clear on what action to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff.

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. There were systems in place to safeguard residents monies and items of importance handed in for safekeeping. A record was maintained to record deposits and withdrawals for residents in the centre.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre.

Residents were provided with opportunities to consult with management on how the centre was run. Resident meetings were held and resident satisfaction surveys were completed. A small number of residents and their relatives had completed questionnaires on the views of the service, issued by the Chief Inspector, in advance of the inspection. Satisfaction level with the service, and access to activities was mainly positive. Residents had expressed that more music sessions in the centre would be welcomed.

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

### Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

### Regulation 17: Premises

The ongoing maintenance programme specific to the replacement of resident bedroom furnishings, identified on the last inspection, was in process. The provider had ordered additional bedroom furnishings that required replacement and was awaiting delivery of same. In addition, there were plans in place to complete the repainting of parts of the building as the walls were unsightly and in some areas chipped. The completion date for the works will be addressed in the compliance plan response.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

A review of residents' assessments and care plans found that care plans were not always revised when there was a changes in a residents condition. For example:

- A resident had not been assessed for pain, despite receiving regular pain relief medication. This meant that an appropriate care plan was not developed to ensure that the care interventions were appropriate.
- A resident with a history of falls did not have a care plan reviewed and updated to reflect the changes in his care needs required to keep the resident safe.

Judgment: Substantially compliant

## Regulation 6: Health care

The centre had good access to a general practitioner and weekend cover through an external provider. 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.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

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

Staff had up-to-date training in safeguarding residents in their care. Residents reported that they felt safe living in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. For example; multiple residents had chosen to lock their bedroom doors and this choice was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Residents had access to information, news and a selection of newspapers. Independent advocacy services were available for 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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ennis Nursing Home OSV-0000683

Inspection ID: MON-0032053

Date of inspection: 14/09/2023

## 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The PIC will ensure that the clinical care audit focuses on residents who have known clinical issues, including those who have developed pressure related wounds or are at risk of developing pressure related wounds. Residents with known weight loss will be part of the audit. The PIC will ensure that audit findings and associated quality improvement plans are shared with staff.</li> <li>• The PIC and CNM will ensure that the information communicated at handover meetings is accurate. The handover sheet will be updated prior to safety pause and evening handover.</li> <li>• The PIC will ensure that minutes of all meetings are readily available and include clear guidance as to actions, timeframe for completion and person responsible. There is a monthly action register that is completed by the PIC and reviewed by the Healthcare Manager (HCM) prior to discussion with representatives from all departments at the monthly management meeting.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• There is a phased refurbishment programme in progress to address the required replacement of furniture in resident bedrooms and painting throughout the centre; this plan will continue until the end of Q2 2024.</li> </ul>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"><li>• The PIC will ensure that resident care plans are updated to reflect the assessed care needs of the resident. For those residents who are prescribed regular pain relief the PIC will ensure that pain assessments are carried out and an individualised pain management care plan will be developed to ensure that the care interventions are appropriate.</li><li>• The PIC will ensure that resident care plans are reviewed and updated to reflect post fall to reflect their current care needs. This information will also be shared at handover and safety pause.</li></ul>	



## 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.	Substantially Compliant	Yellow	30/06/2024
Regulation 23(c)	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	31/10/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Substantially Compliant	Yellow	31/10/2023

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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