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:	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:	28 May 2026
Centre ID:	OSV-0000683
Fieldwork ID:	MON-0050545

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:	59

How we inspect

To prepare for this inspection the inspector or 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 28 May 2026	09:55hrs to 17:30hrs	Sharon Kane	Lead
Friday 29 May 2026	10:00hrs to 12:15hrs	Sharon Kane	Lead
Friday 29 May 2026	10:00hrs to 12:15hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Overall, inspectors observed that residents in the centre enjoyed a good quality of life in the centre and that care provided was in a person-centred and evidence based manner. Residents reported feeling well-cared for and feeling safe living in the centre. Visitors who spoke with inspectors expressed satisfaction with the care provided and stated that their relatives were well-supported.

On arrival to the centre, on the first day of inspection, the inspector was greeted by the person in charge. Following a brief introductory meeting, the inspector completed a walk-through of the premises with the person in charge. This provided an opportunity to observe the environment and meet with residents and staff. Residents were observed making use of the communal spaces throughout the day. Some residents were observed having breakfast in the dining rooms, while others were socialising in the day rooms and reception area. Other residents were having their care needs met in the privacy of their bedrooms.

Ennis Nursing Home is located on the outskirts of the town of Ennis. The centre is a purpose built two-storey facility offering accommodation and communal spaces across both floors, for up to sixty residents. Bedroom accommodation consisted of a mix of single and twin bedrooms. There was sufficient toilet and bathroom facilities available for residents. Residents had access to a variety of communal rooms including day rooms, dining rooms, a quiet room, a family room and a large reception area. There were 59 residents accommodated in the centre on the day of inspection, with one vacancy.

The centre was pleasantly decorated, well-lit and appeared clean and tidy. Corridors were wide, with handrails available to support residents' mobility needs. Residents' bedrooms were personalised with personal belongings such as art work and soft furnishings. One resident described being happy that they could have their "things from home around them". While some areas of wear and tear were observed in the centre, there was a schedule of maintenance and furniture replacement in place. Residents spoken with described being happy with the changes made to their bedrooms. They described that they were told in advance when their rooms would be painted and decorated.

Residents were observed taking part in a variety of activities throughout the inspection, including music, baking and religious service. A group of residents were observed taking a walk outside with the support of staff. Residents described this as a regular feature of life in the centre, and stated that they welcomed the chance to enjoy the outdoors, and get some gentle exercise. Residents described that there was always plenty to do and they were happy with the variety of activities on offer. Residents were observed being facilitated to partake in activities by dedicated staff.

The dining experience was observed over the two floors of the centre. While it was observed to be a busy time, mealtimes were well-organised and residents appeared relaxed and comfortable. Dining tables were appropriately laid and the dining environment was pleasant, with soft background music playing. The mealtime experience appeared to be a social occasion, across three dining areas, with positive interactions between residents and staff. The meals presented to residents looked appealing, and residents' were complimentary of the quantity and quality of food on offer. Residents who required assistance were given this in a safe, discreet and respectful manner.

The inspector spoke with a number of residents throughout the inspection. Residents who could not communicate with the inspector appeared relaxed and content. Residents described what it was like to live in the centre. Words like "homely", "warm" and "safe", were used by the residents to describe life in the centre. Residents were very complimentary of the staff in the centre. A resident stated that the "staff here are like family and many have been here for as long as I have". They spoke of how staff were always patient and kind. One resident described how they never "felt rushed or hurried, even though my walk is bad". Residents reported that the calls bells were answered quickly and you could get a "cup of tea or biscuit whenever you fancied it".

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced inspection carried out over two days 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). The inspectors followed up on statutory notifications submitted to the Chief Inspector since the previous inspection in May 2025. Inspectors also reviewed the progress of the actions set out in a compliance plan following the previous inspection. There was a programme of works underway to address the non-compliance's identified on previous inspections in 2024 and 2025. The findings of this inspection reflected a commitment from the provider to ongoing quality improvement. Overall, this was a well-managed centre where the quality and safety of the services provided were of a good standard.

Mowlam Healthcare Services Unlimited Company is the registered provider of Ennis Nursing Home. There was a clearly defined organisational structure in place, with identified lines of responsibility and accountability at individual, team and organisational level. The person in charge facilitated this inspection and they demonstrated a good understanding of their role and responsibilities. Theperson in

charge was visible in the centre and was well known to the residents. They were supported in their role by a clinical nurse manager, who deputised in their absence. The staffing complement included a team of nurses, healthcare assistants, activity staff, social care practitioners, and catering staff.

Inspectors found that there were management systems in place to monitor the environment and clinical areas of the centre. These systems included a programme of audits covering areas such as infection prevention and control, falls, care planning and a risk management system.

On the day of inspection, there was sufficient levels of staffing in the centre with appropriate skill mix. A review of the staffing rosters found that staffing levels and skill-mix were appropriate for the size and layout of the building, and to meet the assessed health and social care needs of residents. Staff spoken with demonstrated an understanding of their roles and responsibilities.

The provider supported staff to attend mandatory and role-specific training. There was training available in areas such as fire safety, manual handling, safeguarding, medication management, and infection prevention and control. Staff demonstrated an appropriate awareness of their training with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse.

Inspectors 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.

Notifications, as set out in Schedule 4, were reported to the office of the Chief Inspector, as required.

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. A record of complaints was maintained by the person in charge. While inspectors reviewed one complaint that had not been managed and documented in line with the centre's own policy, all other complaints were well managed and documented.

Regulation 15: Staffing

There were sufficient numbers of staff available, with the required skill mix, to meet the assessed needs of the residents in the designated centre, on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training, and staff had completed all necessary training appropriate to their role. The person in charge and the clinical nurse manager provided appropriate supervision.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and an effective monitoring system in place to ensure positive outcomes for residents living in the centre.

Judgment: 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

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Quality and safety

The inspectors found that the residents in the centre enjoyed a good quality of life and were in receipt of good quality, person-centred care. Residents spoken with described feeling happy living in the centre and were satisfied with the level of care that they received. The interactions observed between staff and residents was kind caring and respectful. It was evident that staff and residents' were familiar with one another, and the staff demonstrated a good awareness of residents' preferences, likes and interests.

Action had been taken by the provider to improve the physical environment of the centre and to ensure the premises met the needs of the residents. A programme of renovation and furniture replacement works were underway in the centre, in line with committed time lines submitted by the provider following the previous inspection in May 2025. The works completed to date resulted in significant improvement to the centre. Residents spoken with, who resided in shared bedrooms, were satisfied with their bedroom accommodation and felt that they had adequate space for their belongings.

A sample of residents' files was reviewed by inspectors. An electronic nursing documentation system was in use. A comprehensive assessment of residents' care needs was completed before admission to the centre, to ensure the needs of the resident could be met by the provider. Residents underwent a range of clinical assessments using validated nursing assessment tools. The outcomes of these assessments informed the development of individualised care plans to guide staff in meeting the needs of the residents'. Care plans were reviewed every four months, or as changes occurred, in line with regulatory requirements.

Residents' healthcare needs were met by regular review by their general practitioner. Residents also had access to allied healthcare professionals such as physiotherapists, occupational therapists, dietitians and tissue viability nurses. Residents reported that their GP came to review them regularly.

A safeguarding policy provided guidance to staff on protecting residents from the risk of abuse. Residents reported that they felt safe living in the centre. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. The provider had a system in place for residents who required a pension agent. The arrangements reviewed were found to be in line with regulatory requirements.

Residents' rights were respected in the centre. It was evident that residents were supported to decide how they wished to spend their day. Residents reported that they could get up and retire to bed at a time of their choosing. Staff actively supported residents' in their right to choose and demonstrated an understanding of the importance of their role in ensuring residents were supported to make decisions about their care and routines. Residents attended resident's meetings, during which issues relating to the centre were discussed including premises issues, complaints, staff and food. Where suggestions were made by residents, action was taken by staff and then reported back to residents, as observed in resident meetings records.

A varied programmed of activities was in place in the centre and was facilitated by dedicated staff. The activity schedule was distributed to residents' bedrooms on a weekly basis. Residents were complimentary of the range and variety of activities available to them.

Residents had access to adequate quantities of food and drink. Residents had a choice of meals from a menu that was updated daily. Snacks and refreshments were available throughout the day. Residents' were complimentary of both the quality and choice of food provided. Residents' nutritional care needs were monitored appropriately. Residents' weights were monitored and staff were familiar with the level of assistance each resident required during meal-times. Staff were familiar with residents requiring specialised diets. Appropriate referral pathways were in place for residents assessed as being at risk of malnutrition.

The centre had a risk management policy and risk register in place, which identified clinical and environmental risks in the centre, and outlined the control measures in place to mitigate those risks. Arrangements were in place for the identification, management, and recording of incidents.

Visitors were observed attending the centre throughout the inspection. Residents and visitors confirmed that flexible visiting arrangements were in place. Residents said that they could spend time with visitors in communal areas or in the privacy of their bedroom.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

The designated centre provided appropriate facilities for the number of residents and their assessed needs, in accordance with the statement of purpose.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily, providing a range of choices to all residents, including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services, when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of the nursing care documentation found that all residents had an assessment of their health and social care needs completed, and a care plan was in place to address the needs of the residents.

The provider ensured that care plans were implemented and reviewed, in line with the changing needs of the residents, and regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to general practitioners (GP), specialist services and health and social care professionals such as physiotherapy, dietitian and speech and language therapy, as required.

Judgment: Compliant

Regulation 8: Protection

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 staff with support and guidance in recognising and responding to allegations of abuse. Pension agent arrangements were in line with regulatory requirements.

Judgment: Compliant

Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice. Residents' choice was respected and facilitated in the centre. Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services, as required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
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
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant