



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

Issued by the Chief Inspector

Name of designated centre:	Killarney Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Rock Road, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	15 January 2026
Centre ID:	OSV-0000685
Fieldwork ID:	MON-0049346

About the designated centre

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

Killarney Nursing Home is situated in a leafy suburb of Killarney town, just five minutes from the town centre. It is a purpose built centre that can accommodate a maximum of 56 residents. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. There are 52 single bedrooms with en-suites and two twin bedrooms with en-suites. The communal space includes a large comfortably furnished day room a large dining room and a number of smaller sitting rooms, two further smaller dining rooms and an oratory. Nursing care is provided 24 hours a day, seven days a week and supported by a General Practitioner service. A multidisciplinary team is available to meet resident's additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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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 15 January 2026	08:45hrs to 17:30hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

This unannounced inspection was conducted by an Inspector of social services over one day. During the day, the inspector met with many of the 56 residents, visitors and staff working in the centre. The inspector spoke in detail to nine residents and six visitors over the course of the day. Residents who spoke to the inspector, commented on the great care they receive and the homely atmosphere that was created by management and staff. One resident who was very articulate about the level of care they received, stated "the staff in the centre encourage friendship and centre their work around the happiness of residents living there". Another resident who spoke to the inspector stated they felt safe and assured by the care they received.

On arrival to the centre, the inspector was guided through the sign in process and through infection prevention and control procedures by the receptionist and then was met by the person in charge. Following an initial walk around the centre, where kind interactions between staff and residents were observed, the person in charge and the inspector had a short introductory meeting.

Killarney Nursing Home is situated in the town of Killarney, Co Kerry. The centre is registered to accommodate 56 residents in 52 single rooms and two twin bedrooms. There was one main entrance to the centre, with a visitor sign in area prior to entering the main hallway. Visitors to the centre had to ring a bell to gain access to the centre. In the front hall, the reception area was tastefully decorated with comfortable seating to create a homely feel. Visitors were seen coming and going from the centre throughout the day.

Residents throughout the course of the inspection, were seen to come and go to the communal spaces in the centre at their leisure. Those who required assistance were accommodated by staff to attend these areas as per their choice and preference also. A dedicated activity coordinator who was well known to the residents, was assisted by another staff member in the afternoon, to provide a full and meaningful array of activities to ensure residents were offered choice in relation to group activities or one to one activities based again, on resident preference.

Refreshments were seen being offered to residents during the day. Residents who chose to remain in their rooms were offered a trolley service of snacks and beverages during the morning and afternoon during the inspection. Improvements were noted, since the last inspection in relation to residents who chose to remain in their bedrooms for mealtimes, however, the centre was still using a mix of paper and electronic recording options which at times were difficult to ascertain information around food and fluid intake. This is discussed further under Regulation 21: Records.

Dining rooms were bustling during mealtimes in the centre. Residents were seen chatting and enjoying each others company and the Chef served them from a bain-marie style serving area, in the dining room. It was evident the kitchen staff knew residents well as the inspector heard the staff discussing residents preferences with the residents directly. Staff were attentive and were assisting residents who required it with respect and kindness. A table of residents in the dining room were chatting to the inspector prior to commencing their meal and commented how much they loved the social atmosphere that was promoted in the centre, and " this kept loneliness at bay".

The centre was clean and well maintained. Bedrooms were seen to be decorated to residents taste and personalised with furniture, pictures and items of sentimental value to ensure a homely feel. All bedrooms had en-suite and shower facilities and these areas were clean and maintained by the staff in the centre.

The next two sections of this report will detail the findings in 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 risk 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). This inspection was triggered on receipt of unsolicited information submitted to the Office of the Chief Inspector in relation to care practices. The inspector found that the unsolicited information was largely unsubstantiated but record management in the centre required attention. This finding will be discussed under the relevant regulations.

The registered provider of Killarney Nursing Home is Mowlam Healthcare Unlimited Company. This company comprises of four directors, who are also involved in the operation of other designated centres nationally. The provider employs two senior managers, namely a Director of Care Services and a Healthcare Manager and are both named as Persons participating in Management on the centres registration. These managers are directly involved in the operational management of the centre.

The centre employs a full time person in charge, who is supported in their role by a Clinical Nurse Manager, a team of registered nurses, healthcare assistants, activity staff, an administrator, catering staff, maintenance and household staff. The centre had a clearly defined management structure and all staff working in the centre were aware of their own roles and responsibilities.

There was an appropriate number and skill mix of staff available, on the day of the inspection to meet the assessed needs of the 56 residents living in the centre. In

response to the previous inspection, the provider had rostered an extra carer at night in response to fire safety and resident care needs and had also increased cover at weekends in the household roster to provide assurances around cleaning the centre at weekends.

There was a schedule of mandatory training in the centre, whereby staff were supported to attend appropriate training to their role. This was provided in both face to face and online formats. From a review of the training matrix and speaking with staff, it was evident to the inspector that staff were up to date with training in fire safety, safeguarding vulnerable adults, managing challenging behaviour and infection prevention and control.

Governance meetings were held between the registered provider and the persons in charge of each of the Mowlam centres so that learnings across all the providers' centres could be shared. These meetings reviewed and discussed key performance indicators around incidents, infection control, incidence of wounds, falls and restrictive practices. Staff had daily update meetings in which if they had any concerns about residents, they could escalate their concerns to management.

Records in the centre were kept on an electronic recording system. However, a review of the management of records, found that some records were not accurately reflective of the care delivery by staff. This will be further discussed under Regulation 21: Records.

A register of incidents and accidents was maintained in the centre. This log showed that incidents were investigated and preventative measures were recorded and implemented. All notifications which required notification to the Office of the Chief Inspector were notified in the required timeframes.

Regulation 15: Staffing

There were 56 residents living in the centre on the day of the inspection. The number and skill mix of staff was appropriate having regard to the needs of the residents and the size and layout of the centre. The provider had increased the staff resources allocated to the night time roster since the previous inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices, Cardiopulmonary resuscitation, and safeguarding for residents as part of the mandatory suite of training provided at the centre with plans in place for future training dates. A robust

induction programme was in place for new staff to ensure they had the required knowledge and skills required for their respective role.

Judgment: Compliant

Regulation 21: Records

Action was required in relation to the maintenance of records specifically in relation to schedule 3 and 4 of the regulations. Evidenced by:

- One residents care records, were not adequately robust to display ongoing medical assessment, recording of observations as described in the daily progress notes. These were not available on the residents electronic care record.
- some care documentation was compiled on paper and was not uploaded to a residents electronic care plan which did not allow for systematic records of the changing needs of the resident and was difficult to locate and could lead to errors.
- Food and fluid intake records were not always filled out accurately and were not uploaded to residents' electronic care plans to inform changing requirements of the resident in relation to food and nutrition.

Judgment: Not compliant

Regulation 23: Governance and management

Management systems in place required action to ensure the service is safe, appropriate, consistent and effectively monitored:

- there was a lack of oversight of visiting arrangements for the centre. This is a repeat finding and is actioned under Regulation 11: Visits.
- Findings of this inspection were that the provider failed to have a robust system of record maintenance as required by Schedule 3 of the regulations. This is actioned under Regulation 21: Records.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the incidents in the centre indicated that any incidents requiring notification to the office of the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was clearly set out, in accordance with regulations. Residents spoken with were aware how to raise a complaint and with whom they could speak with. Complaints received were seen to be appropriately recorded, investigated and the outcome was discussed with the complainant. An appeals and review procedure was in place. Information on the complaints procedure was on display in a prominent position within the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider prepared written policies and procedures in accordance with Schedule 5 of the regulations. A review of these policies showed that policies and procedures were reviewed and updated accordingly and were available to staff.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. Residents rights and choice were promoted and respected in this centre. Residents had access to relatives at any time during the day for visits, however, access to the centre outside of reception hours, was reported as difficult with increased wait times to enter and leave the centre. This is discussed under Regulation: 11 Visits.

There was a focus on social interaction led by the activity co-ordinator and residents had daily opportunities to participate in group or individual activities. During the day of the inspection, residents were seen coming and going from the activities room as

per their wishes. A varied and full activities schedule was posted at various points throughout the centre for residents to view.

Residents healthcare needs were met to a good standard. A review of documentation found that residents had timely access to their General Practitioner (GP), specialist services and health and social care professionals, such as physiotherapy, dieticians, chiropody and speech and language therapy. There was a low reported incidence of wounds including pressure sores in the centre.

Residents were observed to enjoy a varied and plentiful array of food on the centres' menus. The chef was familiar with the residents preferences and residents in the dining room were observed to be content with the quality and amounts of food they received. Staff were attentive to residents who attended the dining rooms. Improvements were observed in relation to assistance given to residents who chose to dine in their rooms to ensure their dietary needs were being met. The inspector observed trays coming out of residents rooms with only small amounts of food left. Notwithstanding this positive finding, further action was required in relation to recording of daily food and fluid intake as this was in paper format and accuracy could not be assured. The records were not entered into the electronic care record to inform care planning. This will be actioned under Regulation 21: Records.

A review of care plans showed staff used validated assessment tools to inform care plan delivery. Care plans were updated within required timeframes, however, not all changes in resident status were updated to care plans which did not assure the inspector that up to date information was available to staff to inform care delivery.

A sample of care plans were reviewed and whilst overall they were reviewed within the required time frames, some action was required in relation to ensuring all updates to care plans based on changing needs of residents were documented to inform daily care delivery. This is actioned under Regulation 5: Individual assessment and care plan.

The National Transfer Document was used when residents were temporarily absent from the centre for treatment in hospital. The document contained details of the residents medical history and some, but not all areas of relevant information were provided to the receiving centre to ensure ongoing care. This is discussed under Regulation 25: Temporary absence or discharge of residents.

Regulation 11: Visits

Action was required in regard to arrangements for a resident to receive visitors in the centre. As evidenced by:

- Feedback received from two visitors on the day of the inspection was that it was difficult to access the centre when the reception desk was not occupied. It was reported it took a prolonged time for staff to open the door and again

there were delays reported on being able to depart the centre post visiting. This is a repeat finding from the previous inspection.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu and dietary requirements such as modified diets were accommodated. Residents were provided with access to dietetic support where required. Improved oversight and supervision of mealtimes was observed since the last inspection.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Action is required to ensure when a resident is temporarily absent from a designated centre for treatment at another hospital, the person in charge ensures that all relevant information about this resident is provided to the receiving centre. As evidenced by:

- One resident who was transferred to hospital did not have details relating to a fall within 24 hours of the hospital admission or any information relating to the current mobility status of the resident. therefore the receiving hospital were not informed of up to date information.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Regular fire drills were being held in the centre. Staff were knowledgeable and were aware of fire panels, compartments and evacuation procedures. Night time staffing had been improved from the previous inspection and assurances were provided that residents could be evacuated in a timely manner from the largest compartments.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure care plans and documentation around care of the deteriorating resident were updated to direct care to the resident for staff.

Evidenced by:

- One residents' care plan was observed to have gaps in the daily care notes which would not adequately guide staff to the changing needs of the resident. For example, some staff were carrying out 15 minute safety checks on the resident, but care plans reviewed were not updated to reflect this directive to inform staff coming on duty.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to a range of allied healthcare professionals such as dietetics, tissue viability nursing and speech and language therapy which were available on referral. A physiotherapist visited the centre every wednesday and provided assessments as required to residents. A General Practitioner (GP) attended the centre twice a week to review residents and was available if required for urgent consultations.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were observed to be upheld in the centre. Interactions on the day of inspection were person centred and courteous. Residents spoke of exercising choice and control over their day and were satisfied with the level of activities available to them in the centre.

Meaningful activities were available to residents in the centre. Residents meetings were held and any concerns were responded to appropriately. Residents were supported to maintain their links to their community, family and friends.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Killarney Nursing Home OSV-0000685

Inspection ID: MON-0049346

Date of inspection: 15/01/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • The PIC / CNM will ensure that residents' care plans are updated to reflect the assessed care needs of the residents. • The PIC will ensure that residents' assessments are completed accurately and reviewed / updated as necessary to ensure they reflect the current status of the resident; this information will be shared at staff handover and safety pause. This will include the accurate and timely assessment of residents' nutritional status and appropriate responses to significant weight loss, such as referral to a Dietitian and/or GP for consideration of food fortification or prescription of food supplements. The impact of such interventions will be evaluated and recorded to guide practice. • The PIC will ensure that the care plan is developed only after a series of assessments are completed; the plan of care will then be developed in consultation with the resident / representative. • The care plan will focus on what matters to the resident and will incorporate the Age Friendly Health System framework, based on the 4 Ms (what matters to me, medication, mentation and mobility). • The PIC/CNM will complete a care plan/documentation audit monthly and develop a Quality Improvement Plan (QIP) as necessary, the results of which will be shared with nurses and used as an opportunity for learning. We will ensure that the electronic health record includes all the information and records pertinent to each resident's care as far as possible. Manual records and medical correspondence will be scanned onto the individual resident's care record for completeness. • The PIC will ensure that all staff record food and nutritional intake electronically and these records will be monitored closely by the Clinical Nurse Manager (CNM). • The PIC will ensure that the records clearly and accurately display ongoing medical assessment and that vital signs and clinical observations are recorded at appropriate intervals/times as indicated by the resident's condition. • The PIC will ensure that clinical documentation is reviewed daily by Clinical Nurse Manager to ensure completeness and accuracy. • The PIC, supported by the CNM, will ensure that the nursing staff are reminded that all assessments and care interventions must be promptly reflected in residents' care plan. 	

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"> • The Person in Charge (PIC) has completed a review of the visiting arrangements since inspection, with particular attention to access in and out of building. • The PIC will ensure that visitors are aware of who to speak with regarding access to the nursing home and will continue to monitor this system pending installation of a new upgraded front door access system. • There is a plan with the Facilities team to upgrade the current front door access system. This new system will improve monitoring and support a timelier response to visitors when reception is unattended. • Once installed the PIC will review the effectiveness of the upgraded system to ensure appropriate access arrangements are consistently maintained. • The PIC has completed a review of record maintenance and will ensure that clinical assessments, monitoring tools and care plan updates are consistently reflected in the residents' electronic record. • The PIC and Clinical Nurse Manger (CNM) will continue to monitor documentation practices to ensure compliance. 	
Regulation 11: Visits	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <ul style="list-style-type: none"> • There is a plan of works in place with the Facilities team to upgrade the current front door access system, which will improve monitoring and support a timelier response to visitors when reception is unattended. • In the interim, the PIC will ensure that there is a specified member of staff allocated to facilitate access to and from the nursing home in the absence of reception. • The PIC / CNM will discuss at daily handover and Safety Pause meetings so that staff are reminded of their responsibility to ensure visitors are admitted and able to exit the center without unnecessary delay. • The PIC will ensure discussion takes place at resident forum meetings so that residents are aware that a permanent solution is planned. • The PIC will monitor visiting arrangements to ensure timely access is maintained. 	

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <ul style="list-style-type: none"> • The PIC and CNM will monitor transfer documentation to ensure that the information recorded reflects the physical, psychological, social and emotional needs of the residents. • The transfer document will also include any events of significance that may have occurred prior to transfer, and any interventions that took place. 	
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"> • The PIC will ensure that residents' care plans are reviewed and updated post any change in condition to reflect their current care needs. This information will also be shared at handover and safety pause. • For those residents with signs of deterioration, the PIC will ensure that appropriate assessments are carried out and the individualized care plan will be updated to ensure that the care interventions are appropriate. • The care plan will focus on what matters to the resident and will incorporate the Age Friendly framework, the 4 Ms (what matters to me, medication, mentation and mobility). • The PIC/CNM will complete a care plan audit monthly and more frequently should the need arise such as when there is a change in residents' condition. • The PIC will develop a QIP as necessary, the results of which will be shared with nurses and used as an opportunity for learning. 	

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 11(2)	The registered provider shall make arrangements for a resident to receive visitors.	Not Compliant	Orange	30/06/2026
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/03/2026
Regulation 23(1) (c)	Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2026
Regulation 25(1)	When a resident is temporarily absent from a designated centre for	Substantially Compliant	Yellow	28/02/2026

	<p>treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.</p>			
Regulation 5(4)	<p>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.</p>	Substantially Compliant	Yellow	31/03/2026