

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

Issued by the Chief Inspector

Name of designated centre:	Castle Gardens Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Drumgoold, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	10 October 2025
Centre ID:	OSV-0000696
Fieldwork ID:	MON-0047649

About the designated centre

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

Castle Gardens Nursing Home is a purpose-built single-storey facility that first opened in 2008. The centre is situated on the outskirts of Enniscorthy town. The premises can accommodate 64 residents. Bedroom accommodation consists of 54 single and five twin bedrooms and all bedrooms have full en-suite facilities. There is a large kitchen adjacent to the main dining room. There is a large central day room and several other seating areas. The centre has designed a memory care unit which has 19 of the 64 beds. Appropriate communal areas are provided within this unit as well. Other facilities include an oratory, hair salon and laundry room. All are adequate in size, decorated in a domestic manner and easily identifiable for residents to find. The centre offers nursing care for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs with low, medium, high and maximum dependency. The stated objective of the centre is to ensure that the needs and wishes of residents will be fully taken into account through their involvement in making service decisions. The centre offers 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff. Two well maintained enclosed garden areas were available to residents and were freely accessible from a number of locations throughout the centre. Adequate parking is available at the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
--	----

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
Friday 10 October 2025	09:40hrs to 18:00hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The inspector found that Castle Gardens Nursing Home was a well-run centre where residents were supported to enjoy a good quality of life. Feedback from residents was that this was a very good place to live, and that they were very well cared for by staff who were kind and attentive to their needs.

This unannounced inspection was carried out over one day. On arrival, the inspector spent time walking through the centre, which provided an opportunity to greet and chat with residents and staff, and to observe the environment and interactions between staff and residents. Some residents were observed to be in the dining room having breakfast while others were in their bedrooms having breakfast in bed, and others up and relaxing in the communal areas.

Castle Gardens Nursing Home is a purpose-built premises located on the outskirts of Enniscorthy in Co. Wexford. There are two distinct areas for residents' accommodation: the smaller Memory care unit, which comprises 19 beds, and the Main house which has the remainder of the bedroom accommodation. Each area has dedicated communal and dining space. Overall the premises was bright and clean and nicely decorated. There was also access to two enclosed garden areas which were well kept and attractive, with seating, water features and walkways. On the day of the inspection, the large day room in the Main house was an area where many residents gathered, where activities took place and visitors spent time with their loved ones. Although the centre appeared clean and well-maintained, some areas of improvements were identified in respect of infection prevention and control and fire safety, as further detailed in the report under their respective regulations.

Throughout the day of inspection, the atmosphere was relaxed and calm, and the inspector observed staff tending to residents' needs in a caring and respectful manner. The inspector spent time greeting residents and spoke in more detail with seven residents and four visitors to elicit their feedback on the service provided in the centre. The overall feedback was that residents were happy living in the centre and felt safe. Residents spoken with were happy with staffing levels and response times to call-bells. One resident told the inspector that "this is a special place" and another said "all the staff are my friends". Visitors spoken with were complimentary of the care that their family members received and the communication they received from staff, including that management were responsive to action any areas of feedback.

Residents were offered a choice of appetising meals and hot and cold drinks and snacks were provided throughout the day. The inspector observed the breakfast and lunch servings on the day of the inspection and found that there were sufficient staff available to provide assistance to residents where required. Overall, from speaking with residents and from a review of records of residents' consultations, the inspector found that residents were very satisfied with the food offered.

On the day of inspection, due to the unplanned absence of the dedicated activities staff member, there was a healthcare assistant assigned to provide activities for residents. A review of recent staff rosters identified that the activity staff hours had been covered in full by healthcare staff during the absence. Residents confirmed that they were engaged in activities and were satisfied with the arrangements in place. In the morning, a small group took part in an art and craft session, while a larger group listened to and watched concerts of popular music on television. In the Memory care unit, the staff worked as a team to incorporate therapeutic activation into their roles. Staff engaged residents with music, balloon games and reminiscence. In the afternoon, a volunteer carried out a game of Bingo in the main sitting room, which was well-attended by residents from both the Memory care unit and the Main house.

The next two sections of this report will describe the governance and management arrangements in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspection found that there was a consistent commitment by the registered provider to deliver a quality service, designed to improve and enhance the lives of residents. There was a system of ongoing quality improvement, and staff of all grades were dedicated to sustaining the high levels of care provided in the centre. The governance and management of the centre was well organised and sufficient resources were provided to ensure that residents were supported to have a good quality of life.

This was an unannounced inspection conducted over the course of one day to monitor the provider's compliance with the regulations and standards. Mowlam Healthcare Services Unlimited Company is the registered provider of the centre. There are two directors of this company and a well-established senior management team who are actively engaged in the operations of the centre. The person in charge was well known to residents and staff and it was clear that she had responsibility for the day-to-day running of the service. Within the centre, the person in charge was supported by an assistant director of nursing, clinical nurse managers, a team of nurses, healthcare assistants, administration and support staff. This management structure was found to be effective for the current number of residents. The centre was registered to accommodate 64 residents. Staff members spoken with told the inspectors that the management team were supportive and had a visible presence within the centre daily. On the day of inspection, there were 60 residents living in the centre. There were sufficient numbers of suitably qualified nursing, healthcare and household and catering staff available to support residents' assessed needs.

There was evidence of good communication through clinical governance and quality and safety meetings, which discussed all areas of the service provided to residents. There was evidence of shared learning through the wider Mowlam group. There was a system in place to ensure that the service was consistently monitored, including the collection of key clinical data such as falls, incidents, restraints, infections and wounds, which informed a regular schedule of audits. The centre had a risk management policy, and accidents or incidents that occurred within the centre were reported internally and followed up by senior staff. On a day-to-day basis, there were regular handovers of care between the staff, highlighting any areas of concern or risk that may have occurred and ensuring that staff were engaged in the daily delivery of care and support to residents.

The standard of overall record-keeping in the centre was good, with required files maintained in compliance with regulatory requirements. The inspector reviewed a sample of staff files. The files contained the necessary information as required by Schedule 2 of the regulations including employment histories and references. The complaints procedure was on display in prominent positions within the centre. This procedure identified the personnel to deal with the complaints and outlined the complaints time frames. It included a review process and referrals to the Ombudsman should a complainant be dissatisfied with the outcome of the complaints process

Regulation 14: Persons in charge

The registered provider ensured that there was a suitable person in charge, who met the criteria of the role in terms of qualifications and experience. There was a suitably qualified person who was able to deputise in the absence of the person in charge.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained in the centre and contained all the information specified in paragraph 3 of Schedule 3 of the regulations. For example, the name and date of admission of each resident.

Judgment: Compliant

Regulation 21: Records

All required records were securely stored and maintained in a manner which made them easily accessible to the inspector.

A sample of staff files were found to contain the requirements of Schedule 2 of the Regulations. The records required under Schedules 3 and 4 of the regulations were also maintained and made available to the inspector for review, for example, the residents' guide, records of on-going medical assessment and records of complaints.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place. Supporting documentation indicated that the policy covered injury to residents and loss or damage to a residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place with identified lines of authority and accountability. The management team had systems in place to monitor and evaluate the effectiveness of the service. An annual schedule of audits were carried out. The inspector examined recent audits including infection control, restraint use and care planning and noted that audits were used to inform service improvements.

Incidents and accidents occurring in the centre were responded to quickly. For example, the falls audit showed that each resident was assessed immediately and a falls risk assessment was completed following a fall. Changes to the resident's plan of care were implemented as necessary. Records of management and staff meetings were reviewed and the agenda included clinical audit results, ensuring that required actions were taken and all staff were informed about changes to practice or required improvements.

The person in charge carried out an annual review of the quality and safety of care in 2024 which was available to staff and residents. The review included feedback from the residents satisfaction survey and an improvement plan for 2025.

Judgment: Compliant

Regulation 30: Volunteers

There was a small number of volunteers who attended the centre regularly. All volunteers had their role and responsibilities outlined in writing. In addition, there was safe recruitment practices evidenced through Garda Síochána (police) vetting disclosures.

Judgment: Compliant

Regulation 34: Complaints procedure

The record of open and closed complaints was reviewed by the inspector. There was evidence that complaints were investigated and concluded as soon as possible, with the complainant informed of the outcome of the investigation and any improvements recommended.

Judgment: Compliant

Quality and safety

Overall, the care and support of residents was delivered in a person-centred way. Management and staff promoted an ethos of a human rights-based approach to life and care in the centre. Residents told the inspector that staff were kind and that this contributed to a good atmosphere in the centre. There was evidence of consultation with residents and their needs were being met through good access to health and social care. Some improvements were required in relation to infection control and fire safety, as discussed under the relevant regulations.

Residents each had a detailed individualised care plan in place on admission to the centre. Validated risk assessment tools were used to inform care planning. The inspector reviewed a sample of care records and saw that these were person-centred and updated, when residents' needs changed. There were good arrangements in place for consultation with relatives and families.

Cleaning staff were knowledgeable about appropriate cleaning and decontamination procedures and were provided with suitable equipment to ensure the centre was cleaned to a high level. An up-to-date outbreak contingency plan was in place, and this had been communicated to staff to ensure prompt action should an outbreak be declared. Good procedures were seen in relation to staff practices such as hand hygiene. Audits of staff practices and the environment were completed regularly and showed good levels of compliance. Some of the inspector's findings, which had the

potential to impact upon the spread of infection, were not captured in the infection control audits. These are detailed under Regulation 27: Infection control.

Annual fire training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective. Simulated evacuation drills were being carried out at regular intervals, however, as outlined in more detail under Regulation 28: Fire precautions, procedures for safe evacuation of residents from the building in the event of an emergency required review, to ensure that staff were aware of each residents' specific evacuation requirements.

Regulation 11: Visits

There was a written visitor policy which included the process for normal visitor access, and access during an outbreak of a communicable disease, for example COVID-19.

The current visiting arrangements were appropriate, and did not place undue restrictions on residents. There were sufficient private and communal facilities for residents to receive visitors.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents of the centre and this was made available to each resident. Information in the guide was up to date, accurate and easy for residents to understand. The guide included a summary of the services and facilities in the centre, terms and conditions relating to residence in the centre, the procedure respecting complaints and visiting arrangements.

Judgment: Compliant

Regulation 27: Infection control

Notwithstanding the good practices seen during the inspection, some issues were identified, which were not in line with the National standards for infection prevention and control in community services (2018):

- The management of clinical waste required review. The temporary closure mechanism was not engaged on some sharps bins in use. Additionally, there

was no availability of safety engineered needles. The use of hollow-bore needles increases the risk of needle stick injury.

- One of the centre's two bedpan washers was out of service, and had been for a number of weeks. Evidence was provided that this would be serviced shortly after the inspection. Nonetheless, the interim arrangements to manage sanitary equipment did not support effective infection prevention and control.
- There were no laboratory swab tests available in the centre, should there be a suspicion of an outbreak of a respiratory disease. This could delay effective management of a potential outbreak.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Not all aspects of this regulation were assessed.

The inspector observed that the personal emergency evacuation plans (PEEP's) displayed in residents' rooms did not correlate with the PEEP's in each resident's personal documentation. For example, the PEEP's on file detailed specific evacuation measures for day and night scenarios, however those on display in the rooms showed only one method of evacuation. This is important, as the PEEP displayed in the bedroom should clearly show the specific requirements to ensure safe and timely evacuation.

One cross-corridor fire door located adjacent to the smoking room, was observed to have a large gap at the base of the door, which would not allow for smoke containment in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were good medicine management systems in place in the centre. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were carefully managed in accordance with professional guidance for nurses.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated as needed, or at a minimum of every four months.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant

Compliance Plan for Castle Gardens Nursing Home OSV-0000696

Inspection ID: MON-0047649

Date of inspection: 10/10/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none">• The PIC completed an Infection Prevention & Control (IPC) audit after the inspection, and this included the management of sharps in the home. A quality improvement plan was developed which includes a daily checklist of all sharps bins to ensure that they are kept closed; if the bins are found open, a reflective practice will be completed with the nurse responsible. The improvement plan also requires the Facilities team to review the closure mechanism on the sharps bins in use to ensure they close easily. Nurses will report faulty closure mechanisms to the Maintenance Person if this is found to be a concern following daily checks.• All nurses will complete refresher training in sharps safety.• Safety engineered needles are now in stock in the home.• A new bed pan washer has been installed in the centre. Staff are aware that decanting of waste is not permitted in line with standard IPC procedures, and all soiled equipment is placed directly into the bedpan washer for cleaning and disinfection.• As an interim arrangement disposable urinal and bed pan liners are in use in the home.• Respiratory swabs are now available in the home. Public Health will support and advise the home in the event of any infection outbreak.	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none">• The PIC has reviewed the Personal Emergency Evacuation Plans (PEEPs) in the centre. All bedroom PEEPs will be reviewed and replaced to ensure there is clear information on the residents' evacuation needs during the day and will also include the evacuation needs at night.	

- The Facilities Manager will ensure that all fire doors in the centre will be reviewed to ensure they are providing adequate smoke containment in the event of a fire.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/01/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe	Substantially Compliant	Yellow	30/11/2025

	placement of residents.			
--	-------------------------	--	--	--