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:	Charleville Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Station Road, Rathgoggan, Charleville, Cork
Type of inspection:	Unannounced
Date of inspection:	29 July 2026
Centre ID:	OSV-0008616
Fieldwork ID:	MON-0051178

About the designated centre

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

Charleville Nursing Home is a purpose-built two storey facility, which can accommodate a maximum of 60 residents. It is a mixed gender facility catering for dependent 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. Charleville Nursing Home is situated within a few minutes' drive from the busy town of Charleville with access to local restaurants and shops. All residents' bedrooms are single occupancy with ensuite toilet, hand wash sink and shower facilities. There are a number of communal spaces in the centre including two dining rooms on the ground floor and one dining room on the first floor. There is a large bright day room on the ground floor and a number of other sitting rooms and quiet rooms over both floors. There is a separate visitors' room which is available on the ground floor, and there are internal enclosed courtyard spaces which are safe and accessible for all residents to use at any time. Residents can also walk around the pathways around the centre.
Nursing care is provided 24 hours a day, with a minimum of two nurses rostered seven days a week. 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:	58

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
Wednesday 29 July 2026	10:00hrs to 17:50hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out by an inspector of social services, with a specific focus on adult safeguarding and the measures in place to protect residents from abuse. The inspector arrived in the centre in the morning and over the course of the day, met with many of the residents. The inspector spoke with ten residents and six visitors, to gain an insight into the lived experience of those residing in the centre. The inspector also met with many of the staff working in the centre, observed interactions between staff and residents and reviewed relevant documentation. Residents who spoke with the inspector spoke of the kindness and dedication of staff working in the centre. One resident told the inspector how they were all very kind and "good at their jobs" and "couldn't do better." Two residents told the inspector that they found the turnover of staff in the centre difficult as while the agency staff were kind and caring, they didn't know their preferences and "how you had to tell them what you liked each time." Residents gave very positive feedback regarding the activities available in the centre and how there was always something to do during the day.

Charleville Nursing Home is a purpose built two storey centre near Charleville town and is registered to accommodate 60 residents in single en-suite bedrooms. During a walk around the centre, the inspector saw that many residents' bedrooms were personalised and nicely decorated. Residents confirmed with the inspector that their bedrooms were kept clean by the housekeeping staff. Residents living in the centre had access to ample storage and lockable space for their belongings. The inspector saw that an air conditioning unit had been installed in one residents' bedroom, in response to complaints regarding the heat in the bedroom. Windows on the ground floor had solar reflective films installed to reduce the solar glare, to keep the rooms cooler and the inspector saw several air coolers in use in the centre, to keep the centre temperature cooler during the summer heat. Upstairs bedrooms were noted to be much warmer. This will be discussed further in the report.

On the morning of the inspection there was a relaxed atmosphere throughout the centre and residents were observed eating their breakfast in their bedrooms, or in one of the dining rooms, while other residents were being assisted with their personal care by staff in their bedrooms. One resident was playing a game of pool with the activity co-ordinator and it appeared to be good fun.

The centre was bright and decorated to a very high standard throughout. The internal design and layout supported residents to move around the premises with ease and independence. Wide corridors, adequate handrails, and appropriately placed comfortable seating in communal areas and along the corridors, enhanced accessibility and promoted residents' mobility and comfort. There were several communal spaces for residents use in the centre and these continued to be well-maintained and nicely decorated. The main reception area displayed artwork created by one of the residents to brighten up the area. During the day, many of the

residents spent their day in the large downstairs day room which was the hub of the home. One of the downstairs day rooms had a pool-table and a small basketball area that residents were seen to enjoy during the day. The upstairs day room had a large TV where some residents enjoyed watching TV during the day.

The enclosed courtyard gardens were furnished with parasols and outdoor seating. Raised flower and plant beds were also in bloom in these areas. The inspector saw that residents could easily access these areas and the smoking shelter in the centre.

The inspector saw that visitors were warmly welcomed to the centre during the day and those that spoke with the inspector were full of praise for the staff and care their relatives received. Residents were encouraged to go on outings from the centre with their relatives if they wished.

On the day of inspection, the food served, appeared nutritious and appetising. A variety of cold and hot drinks and snacks were available to residents at mealtimes and throughout the day. The inspector observed that the lunchtime and evening meal was a sociable and relaxed experience on both floors. The dining rooms were nicely decorated and tables displayed the menu of the day on each table. Relaxing music was played during the meals. Residents who required assistance were provided with this from staff in a respectful and unhurried manner. The evening mealtime had been changed from 16.30hrs to 17.00hrs in response to feedback from residents since July. Residents were offered a choice of main course and dessert and most of the feedback from residents was positive regarding the quality and choice of food available. However, a few residents told the inspector that the meals could be ''repetitive.'' From a review of feedback from a recent survey in the centre, more choices regarding how potatoes were served such as the option for roast or baked or baby potatoes was proposed. The management team was in the process of reviewing the menu with the chef at the time of inspection.

During the day, the inspector saw that staff were very respectful in their interaction with residents. Staff were observed knocking on residents' bedroom doors before entering and greeting residents by their name. Residents who experienced a cognitive impairment and who were unable to verbalise their views to the inspector, appeared content and relaxed in the company of staff. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choices, and the ethos of care was person-centred. Staff spoken with were clear on who to speak with, should they have any concerns with regards resident's care. Residents confirmed to inspectors that they could retire to bed and get up when they choose. Residents told the inspector that when they called for assistance, staff attended promptly. On the day of inspection, three of the nursing staff were agency staff. They had completed many shifts in the centre in the previous months and were knowledgeable regarding the residents in their care.

There was a schedule of activities available for residents over seven days of the week, that was facilitated by two activity co-ordinators. This schedule included stretching and exercise sessions, reminiscence sessions, seated exercises, bingo and live music once a week. Residents also participated in one-to-one sessions with staff. Residents' views on the running of the service were sought through residents'

meetings and surveys. Residents reported feeling safe living in the centre and many were aware how to make a complaint. They told the inspector that the person in charge was familiar to them and that they could raise their concerns with them.

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 the quality and safety of the service being delivered.

Capacity and capability

This unannounced inspection was focused on adult safeguarding, and the systems the provider had in place to ensure that residents were safeguarded from all forms of abuse. Findings of this inspection were that there were effective management systems in place to protect residents from abuse. However, some action was required with regard to governance and management and premises as outlined under the relevant regulations.

Charleville Nursing Home is operated under the governance structures of Mowlam Healthcare Services Unlimited Company, who is the registered provider. The centre is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. The inspector found that there was a clearly defined management structure in place, with identified lines of responsibility and authority for all aspects of care provision. There had been a change of person in charge since April 2026 and the person in charge worked full time in the centre. On the day of the inspection, it was evident to the inspector that they had good knowledge of residents' care preferences and needs and their regulatory responsibilities. The person in charge was supported by a full-time assistant director of nursing, however, the person in this role had recently resigned and a new person was due to commence working in the centre in the coming weeks. A clinical nurse manager and a senior nurse alternated days to provide supervision in the centre during the week.

From a review of the rosters and speaking with management and nursing staff, there were vacancies for six full-time nurses and two healthcare assistants. Records demonstrated that recruitment was ongoing to fill these posts. Agency nursing staff were used to supplement the roster on a daily basis. The inspector found that the staffing number and skill mix on the day of inspection were appropriate to meet the care needs of the 58 residents living in the centre on the day of inspection. Nursing staff working in the centre had experience of working in the centre and were knowledgeable regarding residents needs. The inspector saw that the provider and person in charge had checks in place to ensure agency staff had appropriate garda vetting in place and appropriate registration with the nursing regulatory body. Registration details for each staff nurse working in the centre were in place and Garda vetting was up-to-date for staff working in the centre. However, the inspector found that the provider's recruitment systems required strengthening as there was

an over reliance on agency staff to provide nursing care in the centre as outlined under Regulation 23; Governance and management.

A review of training records indicated that staff were up to date with mandatory training in relation to safeguarding vulnerable residents. Staff were aware of their role in protecting and safeguarding residents and how to report concerns and identify all forms of abuse.

There were systems in place to oversee the quality and safety of the service such as quality and safety governance reports and a system of audits were in place. The registered provider had completed an annual review of the centre for 2025. Staff were aware of the systems in place to report any concerns they may have.

Incident records and a complaints log were maintained and made available for inspection. All accidents and incidents were investigated and actions taken to mitigate identified risks. Arrangements were in place for notifying the office of the Chief Inspector as required by the regulations. From a review of records, the inspector found that notifiable incidents, including incidents of alleged or confirmed abuse, had been reported in writing in a timely manner.

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels available to meet the needs of the current residents, taking into consideration the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured that the staffing resource was sufficient to provide care and services, in line with the centres' statement of purpose. A review of staffing in the centre found that the nursing resources available were not line with the

centres' statement of purpose and there was an ongoing reliance on agency staff to supplement rosters.

The completion date regarding the compliance plan submitted following the previous inspection of the centre had not been met with regards to the control of the temperature in the centre.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that there were measures in place to meet the safeguarding needs of residents. Residents who spoke with the inspector all spoke positively about living in the centre and the care they received. However, some action was needed with regards to individual assessment and care planning and premises.

From a review of residents' records and from speaking with residents and staff, it was evident that residents had good access to health care from local GP practices and allied health care professionals. The physiotherapist was on site on the day of inspection assessing residents who required review. Residents had good access to speech and language therapy, dietitian services and occupational therapists if required. Residents' communication needs were assessed and individualised care plans were in place. Where assistive equipment, such as hearing aids, were required this was clearly detailed. Overall, care plans were person-centred and were detailed enough to direct care. A range of evidence-based assessment tools were used to assess clinical factors such as cognition, risk of malnutrition and skin integrity. Care plans were reassessed and updated every four months; however, some action was required to ensure they were updated when a resident's condition changed as outlined under Regulation 5; Individual assessment and care plan.

The provider had put reasonable measures in place to protect residents from abuse. Staff were up to date with training on the detection and prevention of abuse. Staff who spoke with the inspector confirmed they had attended training, and that they were able to report safeguarding incidents. From a review of incident and complaint records, it was evident that the person in charge investigated any incident or allegation of abuse.

Staff in the centre had also completed training in restrictive practice and responsive behaviour. On the day of inspection there was a low use of restrictive practice in the centre. The inspector saw from documentation that where restrictive practice had been used, it was the least restrictive option in line with national guidance and regularly reviewed.

The premises was well laid out and decorated to meet the individual and group needs of residents living in the centre. Maintenance staff were employed to ensure ongoing maintenance and repair in the centre. From a review of complaints and from speaking with residents and management, some action had been taken to review the temperature in the centre including replacement of the heat pump transformer, replacement of the heat pump controller card and enhanced management of thermostats. While six air coolers had also been purchased and were in use in communal rooms, further action was required to ensure that the temperature was suitable for all residents living in the centre especially on the first floor as outlined under Regulation 17; Premises.

Residents' meetings took place regularly and included discussion of topics including staffing levels, advocacy, safeguarding, activities and food choices and quality. Residents had access to advocacy services as required. Residents' surveys were completed annually and an action plan was developed in response to issues identified by residents. Residents had good access to activities to provide them with meaningful opportunities to participate in activities in accordance with their interests and capacities.

Regulation 10: Communication difficulties

Communication needs were assessed and clearly documented in their care plans. Where a resident required additional supports, these were clearly referenced. There was clear signposting throughout the centre to support residents.

Judgment: Compliant

Regulation 17: Premises

While it was evident that some action had been taken by the provider to address the regulation of the temperature and heating system in the centre, a number of rooms on the first floor remained warm and residents continued to complain about the warmth in the centre.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place. This contained all information as set out in Schedule 5. The registered provider had ensured that there was a plan in place for responding to major incidents and serious disruption to essential services.

The centre promoted a service which maximised residents' choices and respected their decisions, while still protecting their safety as appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a sample of care plans reviewed, two care plans required updating to ensure they were revised following consultation with residents or where a residents condition changed. For example, one care plan did not reflect a residents request for increased frequency of showers, even though this was in place for the resident. A second care plan was not updated to include recommendations made by an allied healthcare professional. These may lead to errors in care delivery.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was a low use of restrictive practice in use in the centre on the day of inspection. Residents could access the garden and external grounds freely. The provider ensured that staff were provided with training in regard to management of responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A restrictive practice register was maintained and when restrictive practice was used, it was subject to regular assessment and review.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. Staff were up to date with online training, and the majority had completed both online and in-person training. Where any incident or allegation of abuse had been identified, these had been investigated by the person in charge as required by the regulations. The centre was a pension agent for two residents on the day of inspection, and there were clear systems in place for the management of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to media including internet, newspapers, radio and television. Information on independent advocacy services was displayed prominently in the centre. Activities were scheduled seven days a week, and these were discussed in resident meetings to ensure they were in line with residents' preferences. Resident meetings took place regularly and actions were taken in response to feedback from residents surveys and meetings. Residents could exercise choice about how they spent their day and supported to exercise their religious rights

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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Charleville Nursing Home OSV-0008616

Inspection ID: MON-0051178

Date of inspection: 29/07/2026

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• The Person In Charge will ensure that there is always a sufficient number of suitably qualified and skilled staff available to ensure the safe and effective operation of the Home so that the residents' individual care needs are provided in accordance with their care plan.
• The PIC will complete a risk assessment and add it to the Risk Register in relation to specific contingency planning for the management of staff shortages, which will focus on the need to always prioritize resident care and safety. The PIC will ensure that nurses are aware of the appropriate escalation procedures in relation to unanticipated staff shortages so that the contingency plan can be implemented without delay. We will book agency staff to cover any shortfalls in the required number of staff.
• The PIC and Assistant Director of Nursing (ADON) will be visible and accessible in the Home and will conduct monitoring rounds every day to provide oversight, to be available to meet staff, residents and families and to review resident care and clinical practice. They will supervise workflow and care practices to ensure that staff are facilitated to provide high quality, safe and effective care to all the residents.
• There is an active recruitment programme in progress there are currently 6 staff nurses who have accepted posts and are going through the vetting/permit process. The recruitment programme will continue until the nursing staffing in post reflects the Statement of Purpose.
• Further works have now commenced to address the room temperatures with a view to restoring a comfortable temperature throughout the centre.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Additional work has been commenced to address the temperature in the centre. Solar film will be applied to all south and east facing windows and to all corridor and communal room windows on both floors of the centre. This will reduce the solar gain that causes the increase in temperature and will restore a comfortable temperature throughout the centre.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • The PIC will ensure that residents' care plans are person centred and developed in consultation with the resident / representative. • The care plan will focus on what matters to the resident and will incorporate the Age Friendly framework, the 4M's (what Matters to me, Medication, Mentation and Mobility). • The PIC/ADON will complete a care plan audit monthly and develop a QIP as necessary, the results of which will be shared with nurses and used as an opportunity for learning. • The PIC and nursing management team will provide support, guidance and direction to nursing staff on clinical documentation, and will monitor the accuracy and quality of the clinical records. Where deficits are noted, they will work with the individual nurses to ensure that the overall quality of documentation improves. • The PIC and ADON will complete a weekly review of clinical documentation to ensure that the care plan guides the delivery of care, and that the care is being delivered in practice to reflect the resident's preferences, evaluated appropriately and in accordance with policy. • Findings and recommended improvements will be discussed at nursing staff meetings, daily handover/safety pause and at monthly management team meetings. Any changes or developments in the resident's condition or plan of care will be updated as they occur.	

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	31/10/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	31/10/2026

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