

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

Issued by the Chief Inspector

Name of designated centre:	St Colmcille's Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Oldcastle Road, Towns Park, Kells, Meath
Type of inspection:	Unannounced
Date of inspection:	06 February 2025
Centre ID:	OSV-0005531
Fieldwork ID:	MON-0046151

About the designated centre

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

Mowlam Healthcare Services Unlimited Company is the registered provider of St Colmcille's Nursing Home. St Colmcille's Nursing Home is a single-storey, purpose-built home in a rural setting overlooking the town of Kells, Co. Meath. According to the centre's statement of purpose, it can provide care for up to 42 residents over the age of 18, with low, medium, high or maximum dependency needs. It is a mixed gender facility, providing long term care, respite, convalescence dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit. There are a variety of communal spaces within the centre, as well as 21 single rooms, five ensuite single rooms and eight twin rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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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
Thursday 6 February 2025	09:00hrs to 16:30hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

The feedback from residents living in St Colmcille's Nursing Home was very positive. All of the residents who were spoken with were complimentary of the staff. One resident informed the inspector that 'staff were kind and caring', while another said 'I appreciate the staffs' great care and compassion'.

There was a friendly atmosphere in the centre and the residents told the inspector that they were happy living there and that they felt safe.

This inspection found that the registered provider had made positive changes since the last inspection. For example, bedrooms 13 A/B and 14 A/B were reconfigured to ensure both residents had adequate space for seating within their personal room space. The inspector observed that in addition to the reconfiguration, the bedrooms were freshly painted, flooring replaced and new furniture installed. The renovations were ongoing and will be discussed later in the report.

The design and layout of the home promoted free movement and relaxation. There was sufficient private and communal space for residents to relax in. Residents had easy access to an enclosed outdoor courtyard.

Resident bedrooms were seen to be bright homely spaces and residents had chosen to personalise their rooms with photographs, soft furnishings and souvenirs from their own homes which reflected their life and interests.

The inspector observed that mealtime in the centre's dining room was a relaxed and social occasion for residents. The residents informed the inspector that they had a good choice of food available to them and could request alternative meals should they not like what was on the menu. A variety of drinks were being offered to residents with their lunch and at frequent intervals throughout the day. The inspector observed staff offering encouragement and assistance to residents and staff spoken with were knowledgeable regarding residents' dietary requirements.

Residents were supported to enjoy a good quality life in the centre. An activity coordinator was on site to organize and encourage resident participation in events. One resident spoken with said that there was lots of activities to choose from and that in particular they enjoyed the outings, including a trip to a local shopping centre. The inspector observed laughter and banter between staff and residents and it was evident that there were good relationships between both parties.

Overall, the centre was clean and there was good adherence to the prevention and control of infection. The inspector followed up on the compliance plan from the previous inspection and acknowledged the positive changes. For example, waste, used laundry and linen was segregated in line with national guidelines. Staff had access to safety engineered devices on needles in line with best practice guidelines. Additional alcohol-based hand-rub wall-mounted dispensers were installed along the

corridor, to ensure alcohol hand gel was readily available at point of care for all residents.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a well-governed centre with effective management systems to monitor the quality of care to residents. The provider sustained good levels of care and oversight of the service across regulations reviewed, with further improvement required in respect of premises and will be detailed in the report under the relevant regulation.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

Mowlam Healthcare Services Unlimited Company is the registered provider of St Colmcille's Nursing Home. A senior management team was in place to provide managerial support at group level. The person in charge had responsibility for the day-to-day operations of the centre and was supported in their role by the Assistant Director of Nursing (ADON), a team of nurses, healthcare assistants, activity, administration, catering, housekeeping and maintenance staff.

Through conversation with the management and staff and review of the documentation, the inspector noted a commitment to provide quality care to residents in the centre. There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

Policies and procedures were in place in line with the requirements set out in the regulations. They were easy-to-read and understand so that they could be readily adopted and implemented by staff.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay and residents informed inspectors that they did not have to wait long for staff to come to them.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training had been completed.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time-frame. The inspector

followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if they needed to.

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge of the centre on a full-time basis. The inspector found that the person in charge was familiar with the needs of residents and committed to a continuous quality improvement strategy to deliver safe consistent services to them.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number of staff and skill-mix to meet the needs of the residents on the day of inspection. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All accidents and incidents had been reported to the Office of the Chief Inspector of Social Services within the required time-frame as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspector found that residents were supported and encouraged to have a good quality of life in the centre.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a

resident's condition.

Residents were facilitated to communicate and enabled to exercise choice and control over their life while maximising their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided.

The premises was of suitable size to support the numbers and needs of residents. Notwithstanding the ongoing refurbishment works in respect of premises, projects were still ongoing as detailed under Regulation 17: Premises.

Residents' nutritional and hydration needs were met. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required.

There was evidence of staff fire training and fire drills occurring at regular intervals to maintain staff competency in safe evacuation of all residents in the event of fire. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person on a quarterly basis. There were comprehensive Personal Emergency Evacuation Plans (PEEPS) developed for each resident and these included residents' mobility needs to inform staff of residents' needs in the event of an emergency evacuation.

Regulation 17: Premises

The provider generally met the requirements of Regulation 17, however further action was required to be fully compliant as per Schedule 6 requirements. For example;

- The provider had given previous assurances that works to some double bedrooms would be complete. However, due to some delays, that had been already communicated to the Chief Inspector, rooms 16 A/B and 29 A/B were yet to be reconfigured. The inspector acknowledges that works were ongoing on the day of the inspection and the provider was committed to complete the works.
- Flooring in some areas of the centre required attention and was on the refurbishment schedule. For example, flooring in the majority of bedrooms were heavily marked with paint and flooring on the corridor adjacent to

rooms 25 and 26 required repair. Assurances were given that once the double room reconfiguration was complete, flooring in those areas was next to be addressed.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.
Judgment: Compliant
Regulation 28: Fire precautions
Fire safety arrangements in the centre were in line with the regulation and the registered provider had taken adequate precautions to ensure that residents were protected from the risk of fire.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Care plans were personalised and contained detailed information specific to the individual needs of the residents. They were updated quarterly or sooner, if required. Care plans demonstrated consultation with the residents and, where appropriate, their family.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
The designated centre's policy was available for review. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal and where deemed

appropriate, the rationale was reflected on individualised risk assessments.
Judgment: Compliant
Regulation 9: Residents' rights
Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.
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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Colmcille's Nursing Home OSV-0005531

Inspection ID: MON-0046151

Date of inspection: 06/02/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The Facilities Manager and the Person In Charge will ensure that the planned works to reconfigure the remaining twin bedrooms will be completed as per the refurbishment programme timeframe. • The Facilities Manager and the Person In Charge will ensure that the flooring identified on the day of inspection, will be addressed as part of the the next stage of the refurbishment schedule.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2025