



**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

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|----------------------------|---------------------------------|
| Name of designated centre: | Kilmainhamwood Nursing Home |
| Name of provider: | Kilmainhamwood Nursing Home |
| Address of centre: | Kilmainhamwood, Kells, Meath |
| Type of inspection: | Unannounced |
| Date of inspection: | 29 January 2026 |
| Centre ID: | OSV-0000144 |
| Fieldwork ID: | MON-0049522 |

About the designated centre

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

Kilmainhamwood Nursing Home is a purpose-built facility which can accommodate a maximum of 43 residents. The designated centre is a mixed gender facility providing 24 hour nursing care to dependent persons aged 18 years and over, who require long-term residential 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 seven multi-occupancy rooms each of which accommodate up to three residents. The remaining 22 beds are made up of eight twin bedrooms and six single rooms. There are three small secured courtyards available to use for the residents. The centre is decorated and furnished to a high standard throughout. Care is provided to all dependency levels. The centre has a team of medical, nursing, direct care and ancillary staff and access to other health professionals to deliver care to the residents. The philosophy of the centre is to enhance residents' quality of life by providing high quality resident-focused nursing care.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 36 |
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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 29 January 2026 | 07:20hrs to 16:00hrs | Geraldine Flannery | Lead |

What residents told us and what inspectors observed

This was an unannounced monitoring inspection, conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

The inspector met with many residents during the inspection, and spoke with 12 residents and three relatives in more detail, to elicit their experiences of life in Kilmainhamwood Nursing Home. Overall, residents said that they were supported to live comfortably in the centre and were adequately cared for by staff who were attentive to their needs for assistance.

Some residents spoke with great anticipation about the new extension to the nursing home and said they were 'excited about the grand opening'. One resident said they were very happy with the cleanliness of the centre, but also said that the décor was 'dated and old-fashioned' and that they were looking forward to the new build opening.

On the morning of inspection the atmosphere in the centre was quiet and calm. Staff were observed assisting some residents with their daily morning routines, in an unrushed and patient manner.

The lived-in environment was warm and clean throughout. There were signs of general wear and tear in the centre, including heavily stained carpet in the visitor's room, scuffed flooring in the dining room and brown stains visible on the ceilings of some bedrooms. The inspector heard about plans for a total refurbishment of the existing centre when the new build was complete.

Fire exits were not obstructed however, due to insufficient storage, the inspector observed inappropriate storage of resident wheelchairs overnight in the sun-room. This was a repeat finding from the previous inspection. During the day the sun-room was available as a communal space as the chairs were utilised for residents' use.

Also due to insufficient storage, some resident records were stored in an external storage unit which was not part of the registered designated centre. The inspector was invited to view this area and while it was observed that the records were stored securely, further improvement was required to ensure all records were accessible and safe in the centre.

The inspector observed that staff endeavoured to keep residents safe, by providing supervision to them when in the communal living areas and in the dining rooms. One-to-one support care for some residents was provided in a discreet and respectful manner.

Lunchtime was observed to be a sociable and relaxed experience. Residents told the inspector that the food was very good. They said that there was always a choice of meals, and it was always hot and tasted good. They confirmed that food and snacks were available at all times, including out-of-hours.

Residents had access to a range of media, including newspapers, telephone and TV. An activity schedule was visible in the open plan foyer, however it mostly did not reflect the activities taking place while the inspector was present. In the morning the inspector observed a television-based group activity, which the residents did appear to enjoy; however the same activity was observed in the afternoon, despite some residents saying 'we did that already this morning'.

Some residents informed the inspector that there were insufficient activities taking place to cater for their interests, saying they 'had no interest in the TV'. The inspector noted that there were long periods of time where some residents remained in their bedrooms, with minimal opportunities for engagement and activation.

A record of complaints was kept in the centre and appropriate action appeared to be taken to address any concerns. There was one open complaint at the time of inspection. Residents spoken with confirmed that they would not hesitate to speak with a staff member or contact head office if they had any complaints or concerns.

Residents and relatives spoken with informed the inspector that they were happy with visiting arrangements in the nursing home. Relatives said they were welcome to the home at any time. Visitors informed the inspector that they were happy with the care provided and felt it was a good place for their relative to live.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found that the management team were striving to improve practices and services. However, additional improvements were required in respect to notification of incidents, governance and management, managing behaviour that is challenging and residents' rights, and will be detailed further under the relevant sections of the report.

The inspector followed up on the compliance plan from the previous inspection, and observed that the registered provider had ensured that the bath was available for

residents' use, enabling residents to exercise choice in relation to their preferred hygiene routine.

The inspector also followed up on some unsolicited information received in relation to the care and welfare of residents living in the designated centre. While some aspects were under review by management at the time of inspection, there was a failure to submit all the required notifications to the office of the Chief Inspector of Social Services.

This was an unannounced inspection to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). This inspection had a specific focus on the provider's performance with respect to safeguarding vulnerable adults.

The registered provider is Mowlam Healthcare Services Unlimited Company. A senior management team was in place to provide managerial support. The person in charge was responsible for the management of the day-to-day operations in the centre and was supported in the role by a senior staff nurse, in the absence of the clinical nurse manager. Management confirmed that the new clinical nurse manager was due to start in the coming weeks. Also in support was a team of staff nurses, health care assistants, activity, catering, household, administration and maintenance staff.

The provider had nominated a staff member to the role of designated Safeguarding Officer, with responsibility for safeguarding oversight, reporting and compliance.

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 the inspector 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 training records indicated that the majority of staff were up-to-date with mandatory training, with a small amount of staff who were due updates booked into upcoming dates.

Records requested on the day of inspection were all made available for the inspection. However, a review of the records in the centre found that the management of records was not in line with the regulatory requirements.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 21: Records

The registered provider did not ensure that all required records under the regulation were stored in the designated centre. The on-site storage unit where records were maintained, was not part of the registered designated centre and it was not linked to the fire alarm to enable records to be stored safely.

Judgment: Substantially compliant

Regulation 23: Governance and management

Notwithstanding that management systems generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, further action was required to be fully compliant. This was evidenced by the following:

- The oversight system for notifying the Chief Inspector of specific incidents was not effective, as outlined under Regulation 31: Notifications of Incidents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not notified the Chief Inspector of an incident of alleged or confirmed abuse to a resident within two working days of the incident occurring.

The inspector acknowledges that the notification was submitted retrospectively.

Judgment: Not compliant

Quality and safety

Overall, the inspector was assured that residents were effectively safeguarded in their home and that their health care needs were met.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. There was evidence that they were completed within 48 hours of admission and reviewed at four month intervals.

It was observed that through ongoing comprehensive assessment residents' health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place which largely reflected trigger factors for individual residents and de-escalation techniques. The majority of residents who had restraint in use had an individualised risk assessment in place and a signed consent prior to restraint being used, however further improvement was required to ensure the use of restraint was aligned with national policy.

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. The inspector reviewed a sample of staff files and all files reviewed showed that staff had obtained Garda vetting prior to commencing employment.

Residents were supported to make informed choices, with advocacy support offered where required. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings. However, improvement was required to support residents' recreational needs.

Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on inspection, and reflected a person-centred approach to safeguarding residents and upholding their rights. Care plans demonstrated consultation with the residents and where appropriate their family.

Judgment: Compliant

Regulation 6: Health care

There was evidence of access to medical practitioners, through residents' own GP and out-of-hours services when required. Systems were in place for residents to access other healthcare care professionals as required, including tissue viability nurse and dietitian.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of restrictive practices was not fully in line with national policy as published on the website of the Department of Health. For example;

- Low-low beds were utilised as a restrictive device for a small number of residents. However, their use was not recorded in the restraint register, there was no risk assessment in place and there was no evidence that consent had been obtained.

Judgment: Substantially compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Based on feedback from residents and the inspector's observations, action was required in relation to supporting residents' rights to meaningful occupation and social engagement.

On the day of inspection there was an over-reliance on TV planned activities, which was also in some of the residents' feedback to the inspector.

The inspector observed long periods of time where some residents, including those that remained in their bedrooms, had minimal interactions with staff other than task-related activity, and limited time being engaged in meaningful activities.

Judgment: Substantially 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 | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Kilmainhamwood Nursing Home OSV-0000144

Inspection ID: MON-0049522

Date of inspection: 29/01/2026

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 | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) will conduct a risk-based assessment and ensure that records are stored safely, appropriately and retained in line with legislative requirements while building works are ongoing. | |
| 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 PIC will screen all incidents regularly and ensure that all notifications are submitted to the Chief Inspector within the required timeframe and in accordance with legislative requirements. • The Healthcare Manager (HCM) will monitor recorded incidents to ensure that they are screened effectively, and those that meet criteria for notification are notified to the Authority in line with the regulatory timeframes. | |

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| Regulation 31: Notification of incidents | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • The PIC will review all incidents and ensure that all incidents that meet the criteria for notification to the Authority are submitted to the Chief Inspector within the required timeframe, in accordance with legislative requirements. • The HCM will monitor compliance with this regulation as part of management meetings with the PIC. • The PIC and HCM will continue to review incidents weekly and will ensure that quality improvement plans are developed, implemented, reviewed and updated as necessary. | |
| Regulation 7: Managing behaviour that is challenging | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • Low-low beds are utilized as part of the falls management plan for a small number of residents in the home. The use of these low-low beds has been added to the restraint register maintained in the Centre and will be monitored by PIC/Clinical Nurse Manager (CNM). • The PIC will ensure that an individual risk assessment is completed for all residents that use a low-low bed as part of their falls management plan. • The PIC will ensure that resident consent is obtained and recorded for each individual device that is in use. • The PIC will ensure that the consent form indicates other devices that are not on the pre-determined list. These will be designated as 'other', and the details of the device will be included. | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The PIC will ensure that the program of activities is reviewed and further developed to ensure that residents have access to a range of activities that are in keeping with their choices and preferences. • The PIC will ensure that activities provision is planned over the seven-day period each week and will ensure that in the absence of the activity coordinator alternative arrangements are in place to ensure that residents can avail of activities that they will enjoy. • The electronic activities support application (Altra) is available in the centre and will be used to supplement the activities provision and facilitate electronic communication between residents and their families. | |

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 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. | Substantially Compliant | Yellow | 30/06/2026 |
| Regulation 21(6) | Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible. | Substantially Compliant | Yellow | 30/06/2026 |
| 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 | Substantially Compliant | Yellow | 31/03/2026 |

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| | effectively monitored. | | | |
| Regulation 31(1) | Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence. | Not Compliant | Orange | 31/03/2026 |
| Regulation 7(3) | The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. | Substantially Compliant | Yellow | 31/03/2026 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Substantially Compliant | Yellow | 31/03/2026 |