

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

## Issued by the Chief Inspector

Name of designated centre:	Rush Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kenure, Skerries Road, Rush, Co. Dublin
Type of inspection:	Announced
Date of inspection:	04 June 2025
Centre ID:	OSV-0000155
Fieldwork ID:	MON-0043834

## About the designated centre

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

Rush Nursing Home is a purpose-built two storey facility which can accommodate a maximum of 56 residents. It is a mixed-gender facility providing 24 hours nursing care for people aged 18 years and over with a range of needs including low, medium, high and maximum dependency. The service provides long-term residential care, respite, convalescence, dementia and palliative care. Accommodation is provided in 50 single bedrooms and three twin bedrooms. Each bedroom has its own en-suite facility. In addition there are a range of rooms for social gatherings. Residents have access to two internal courtyards and the gardens surrounding the centre. The designated centre is located in the village of Rush, within walking distance from shops and public amenities. Public parking facilities are available.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	55
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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
Wednesday 4 June 2025	09:30hrs to 17:00hrs	Sheila McKevitt	Lead

## What residents told us and what inspectors observed

The inspector met with many residents during the inspection and spoke with 17 residents in more detail, to gain an insight into their experiences of living in Rush Nursing Home. All 17 residents spoken with gave positive feedback about living in the centre and were complimentary about the staff and the care provided. One resident said that staff gave '101%' to ensure their care needs were met. The inspector also received five completed questionnaires containing feedback about life in the centre. 4 of the 5 were satisfied with the standard of care provided in the centre.

The inspector also spoke with five relatives and the feedback was mixed. 3 of the 5 relatives provided similar feedback to the residents, while 2 relatives raised concerns in relation to the quality of care provided to their loved one. Both of these relatives confirmed that they had brought these concerns to the attention of management, some verbally and some in writing, however, the responses received had not been to their satisfaction. One complainant had brought some of their concerns to the attention of the Ombudsman. The inspector brought the issues of concern to the attention of management on the day of inspection. They were aware of the concerns which had been managed through the available process and assured the inspector that they were actively working with the both complainants to resolve the current outstanding issues.

Residents were observed to be well-groomed, content and comfortable in their surroundings. Residents who required support with their personal care and mobility were observed to receive timely support. Mobility equipment was observed to be clean, serviced and in a good state of repair. Residents were observed being facilitated to mobilise along the corridors with staff supervising where necessary.

Throughout the day, the atmosphere in the centre was relaxed and calm. The inspector observed a number of staff and residents interactions and found them to be a positive experience for both parties. It was clear that the staff working in the centre knew the residents well. Residents were observed to be called by their first name in a respectful manner.

The centre was bright and clean throughout. All communal rooms were well-used by residents throughout the day. Residents who spoke with the inspector were happy with their bedrooms. Many residents had pictures, soft furnishings and photographs in their rooms and other personal items which gave the room a homely feel. Notwithstanding this the inspector observed that the walls of the corridors were heavily scuffed and required repair, so too were the walls of some single and twin bedrooms. One relative highlighted one of these damaged walls to the inspector.

The inspector observed that residents living in the centre were provided with activities in accordance with their capacities and capabilities. On the day of inspection, staff were observed encouraging residents to participate in exercise

related activities, which they all appeared to be really enjoying. An activities schedule was on display and the inspector observed that residents could choose to partake. One relative told the inspector that they felt the range of activities available to residents living with dementia was not adequate. However, the inspector found that residents who required additional support to participate or to engage with the activities were given assistance to do so. The inspector brought the information to the attention of the provider. Residents said they loved the trips out 'even when it rained non-stop' and said they went out every second week to some place of interest to them.

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. Residents' independence was promoted with easy access to condiments and drinks on each dining room table.

Residents said that they felt listened to and had the opportunities to make choices in their daily lives. There were resident meetings to discuss any issues they may have and suggest ideas on how to improve the centre. Residents confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns. There was evidence of active involvement of advocacy services in this centre. Details of advocacy services including the national advocacy service were advertised in the centre beside the complaint process and contact details for the Ombudsman. There were no open complaints on the day of this inspection.

The inspector saw that the centre was adequately resourced with serviced equipment, such as manual handling equipment, an appropriate stock of supplies to ensure residents received a good standard of nursing care. However, two relatives informed the inspector that on one recent bank holiday weekend there had been a shortage of one type of incontinence wear. This had been brought to the attention of the person-in-charge who assured the inspector the complaint had been dealt and a review of the supply of incontinence wear had taken place to ensure this issue did not reoccur.

Laundry facilities were provided off site. Residents told the inspector that they were very happy with the laundry service. They said it was a good service and that they had had issues with items going missing in the past but these issues were highlighted at the resident meetings and the service had improved since then. The inspector saw that each resident had access to storage for their clothes and personal items.

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**

This was an announced inspection during which the compliance plans from the inspection in December 2023 were followed up on. The inspector found that the compliance plan responses had been implemented. The inspector found that the centre was appropriately resourced for the effective delivery of care and that there were good governance and management arrangements in place to ensure the service was consistent and appropriate. However, further improvements were required in relation to the premises.

Mowlam Healthcare Services Unlimited is the registered provider of Rush Nursing home. The centre is part of the Mowlam Healthcare Group. The person in charge was supported by the management team from the Mowlam Healthcare Group and by the assistant director of nursing (ADON). Both the person in charge and ADON worked full-time in the centre. The inspector found that the staff spoken with were aware of the lines of authority and accountability and they demonstrated a clear understanding of their roles and responsibilities.

The inspector saw that systems were in place to manage risks associated with the quality of care and the safety of the residents and found that the provider was proactive in identifying and responding to risks in the centre. Residents were provided with a good standard of care. There were sufficient resources available to provide the service in line with the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability.

Staffing levels were adequate to the size and layout of the centre and the number of residents accommodated at the time of inspection. Staff had received all their mandatory training together with training in infection prevention and control precautions, managing behaviour that is challenging and medication management.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Residents and their families knew who to complain to.

All the required documents were accessible and available for review.

## Regulation 15: Staffing

The skill-mix and number of staff on duty were adequate to ensure that residents needs were met. There was at least one registered nurse on duty at all times.

There were sufficient staff resources to maintain the cleanliness of the centre. There were housekeeping staff in the centre on the day of the inspection.

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. All registered nurses had completed training in medication management.
Judgment: Compliant
Regulation 21: Records
The records requested for review under Schedule 2, 3 and 4 were made available to the inspector. Those reviewed were compliant with the relevant legislative requirements.
Judgment: Compliant
Regulation 22: Insurance
A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.
Judgment: Compliant
Regulation 23: Governance and management
There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through an established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.
Judgment: Compliant
Regulation 3: Statement of purpose



There was a written statement of purpose that accurately described the service and facilities provided in the centre. It had been updated within the last year.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All policies and procedures as required under Schedule 5 of the Care and Welfare Regulations 2013 to 2025 (as amended) were available for review, they had all been updated within the last three years.

Judgment: Compliant

#### Quality and safety

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

The inspector found that there was a good standard of care planning in the centre. The recording and administration of care plans was on an electronic system. Care plans were based on a comprehensive assessment of residents' needs, using a selection of validated nursing assessment tools to identify the most appropriate intervention to meet residents' assessed needs. Records confirmed that residents and or their families were consulted about the development of individualised care plans. It was observed that through ongoing comprehensive assessment resident's health and well-being were prioritised and maximised.

Residents' rights and choices 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 were resident meetings to discuss key issues relating to the service provided.

Appropriate arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety. Staff confirmed they complete and send 'The National Transfer document' with the resident to the hospital. Copies of documents were available for review and they

contained all relevant resident information including infectious status, medications and communication difficulties where relevant.

Residents retained access and control over their own belongings and were supported to bring their personal belongings into the centre. Residents' linen and clothes were laundered regularly and there was a system in place to label residents clothing. Each resident had adequate storage facilities available to them for their personal possessions.

Clinical wash hand sinks had been installed on the corridors throughout the nursing home, which had lead to improved infection control practices. The screening in twin bedrooms ensured the privacy of each resident and each bedroom door had a privacy lock in place. Notwithstanding these improvements to the premises, some internal areas were not well-maintained which is further discussed under Regulation 17: Premises.

### Regulation 12: Personal possessions

There was adequate storage in the residents' rooms for their clothing and personal belongings, including a lockable unit for safekeeping.

Judgment: Compliant

### Regulation 17: Premises

Notwithstanding the refurbishments that had been completed since the inspection carried out in December 2023, further action was required to ensure the centre came into compliance with the regulation as per Schedule 6 requirements in the following areas:

- Aspects of the premises were not sufficiently maintained internally, with some areas of the centre in need of painting and repair. For example, the inspector observed heavily chipped paint on walls of occupied bedrooms and corridors, wooden skirting and handrails.
- The grout in a number of ensuite showers required repair, as it appeared unclean in some areas.
- There was an unpleasant odour in the communal shower room on the first floor, the room appeared to be poorly ventilated.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents
The inspector saw evidence that all relevant information accompanied residents who were transferred out of the centre to another service, such as completed nursing referral letters.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Care planning documentation was available for each resident in the centre. A sample of resident care plans were reviewed. Each resident had a person-centred end of life care plan in place; this assured the inspector that the residents' needs in the end-of-life stage could be met in the centre. Assessments were completed within 48 hours of admission and all care plans updated within a four month period or more frequently, where required or requested by the resident or their next-of-kin.
Judgment: Compliant
Regulation 6: Health care
Residents had access to their general practitioner (GP) and members of the inter-disciplinary team.
Judgment: Compliant
Regulation 9: Residents' rights
Residents' rights were upheld in the centre and all interactions observed on the day of inspection were person-centred and courteous. There was access to independent advocacy services on display in the centre.
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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Rush Nursing Home OSV-0000155

Inspection ID: MON-0043834

Date of inspection: 04/06/2025

## 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
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"><li>• There is a planned schedule of refurbishment for the Centre. Phase 1 has been completed and Phase 2 of the plan of works has now commenced.</li><li>• Completion of Phase 2 works will address the issues identified in relation to décor, paintwork on corridors, wooden skirting and handrails, and the grout in the ensuite tiling.</li><li>• The works will be carried out in order of priority, commencing with the bedrooms highlighted by the inspector.</li><li>• A monthly audit has been developed to ensure that once works are completed, the standard of the premises will be maintained in line with regulatory requirements.</li><li>• The Facilities Manager will review the ventilation in the communal shower room on the first floor to resolve the issue of the unpleasant odour identified on the day of inspection.</li></ul>	

## 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	30/11/2025