



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

## Issued by the Chief Inspector

Name of designated centre:	Kilcolgan Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Killeely More, Kilcolgan, Galway
Type of inspection:	Unannounced
Date of inspection:	20 November 2025
Centre ID:	OSV-0000351
Fieldwork ID:	MON-0046337

## About the designated centre

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

Kilcolgan Nursing Home is a purpose built facility located near Kilcolgan, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on ground level. The centre is divided into two units. One unit has capacity for up to 30 residents. The dementia specific unit can accommodate up to 18 residents. All resident bedrooms are single occupancy and have ensuite, handwash basin, toilet and wheelchair accessible showering facilities. The provider employs a staff team consisting of registered nurses, social care workers, care assistants, housekeeping and catering staff.

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

Number of residents on the date of inspection:	47
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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 20 November 2025	10:00hrs to 16:00hrs	Fiona Cawley	Lead
Thursday 20 November 2025	10:00hrs to 16:00hrs	Sharon Kane	Support

## What residents told us and what inspectors observed

Inspectors found that residents living in this centre received a good standard of care and were supported to live a good quality of life, by a team of staff who knew their individual needs and preferences. Feedback from residents was that this was a very good place to live, and that staff were very kind and considerate. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful manner. Inspectors observed that residents appeared at ease in the company of staff and management. This unannounced inspection was completed over one day.

Kilcolgan Nursing Home is situated in a rural setting on the outskirts of the village of Kilcolgan, County Galway. The designated centre is a single-storey purpose-built facility which is registered to provide accommodation for 48 residents. There were 47 residents accommodated in the centre on the day of the inspection and one vacancy.

Inspectors arrived in the centre mid-morning. A number of residents were relaxing in communal areas, while other residents were being assisted and supported by staff with their personal care needs. Following an opening meeting with the person in charge, inspectors completed a walk around the centre observing the care provided to residents, talking with residents and staff, and reviewing the residents' living environment.

The premises was bright, spacious and laid out to meet the needs of residents. Residents' bedroom accommodation consisted of single bedrooms, all of which had ensuite facilities. The size and layout of bedrooms was appropriate for residents' needs, and ensured their privacy and dignity. Residents were supported to decorate their bedrooms with personal items, such as ornaments and photographs, to help them feel comfortable and at ease in the home. Many bedrooms provided pleasant views of the local countryside. There were adequate facilities available for residents to store their personal belongings, and residents has access to facilities for the safekeeping of their valuables.

There were a number of communal areas available to residents throughout the centre for rest and recreation, including day rooms and dining rooms. There was sufficient space available for residents to meet with friends and relatives in private should they wish to. There was also an oratory available which provided a tranquil space for residents. There was a Memory Care Unit that was designed and decorated to provide an environment to meet the specific needs of residents with symptoms of dementia. All areas of the centre were styled and furnished to create a comfortable and accessible living environment for residents.

The centre was warm and well-ventilated throughout. Corridors were wide, with appropriately placed handrails, and were maintained clear of items to allow residents

with walking aids to mobilise safely around the centre. Call-bells were available in all areas and were observed to be answered in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents. Appropriate ancillary facilities were available including a housekeeping room and sluice rooms. The centre was clean, tidy and generally well-maintained.

On the day of the inspection, the person in charge had identified issues with a small number of fire doors in the centre, and there was a plan in place to address these issues.

There was a designated indoor smoking area which was adequate in size. There were measures in place to ensure the residents' safety when using this facility, including access to suitable fire-fighting equipment.

There was safe, unrestricted access to outdoor areas which provided residents with direct access to nature and fresh air. The enclosed gardens contained colourful, seasonal flowers beds and lawns and a variety of appropriate outdoor furniture and shelter.

Throughout the day, the inspector spent time observing staff and resident interactions in the various areas of the centre. The majority of residents were up and about, relaxing in the communal areas or mobilising freely through the centre. A small number of residents were observed enjoying quiet time in their bedrooms. Communal areas were appropriately supervised and those residents who chose to remain in their bedrooms were supported by staff. While staff were busy assisting residents with their needs throughout the day, care delivery was observed to be unhurried and respectful. There was a very warm, convivial atmosphere throughout the centre and residents appeared comfortable in their surroundings. Friendly, familiar chats could be heard between residents and staff. It was evident that residents were supported by staff to spend the day as they wished. Inspectors observed that personal care was attended to in line with residents' wishes and preferences. Staff who spoke with inspectors were knowledgeable about residents and their needs.

The centre provided residents with access to adequate quantities of food and drink. Residents had a choice of meals from a menu that was updated daily. Snacks and refreshments were available throughout the day. One resident told inspectors that 'I can have tea any time I like, day or night'. Residents were complimentary about the quality of the food provided. Many residents attended the dining room for their lunch, while some residents chose to have lunch in their bedrooms. There were adequate numbers of staff available to residents that required assistance and they were supported with their meal in a respectful and dignified manner.

Inspectors spoke with a number of residents throughout the day. Residents were happy to chat with inspectors, providing an insight into their life in the centre. Residents said that they were happy with life in the centre and that they felt safe and well-looked after. One resident said 'this house is my home and everybody is brilliant', another resident told inspectors that 'the staff look after you very well here', and another resident said that 'the staff are doing a great job here'.

There were a number of residents who were unable to speak with the inspector and were therefore not able to give their views of the centre. However, these residents were observed to be comfortable in their environment.

Residents told inspectors that they had choice in how they spent their day and that there were opportunities to take part in recreational activities should they wish to. There was an activities schedule in place, seven days a week, which provided residents with opportunities to participate in a choice of activities throughout the day. Inspectors observed residents enjoying a variety of activities on the day of the inspection including exercise and a lively game of skittles in the afternoon. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished.

Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This was an unannounced inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). Inspectors followed up on the actions taken by the provider to address areas of non-compliance found on the inspection in February 2025.

This inspection found that there was evidence of significant improvements in relation to the governance and management arrangements in place. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents. Overall, this was a well-managed centre where the quality and safety of the services provided were of a good standard. The provider had addressed the non-compliances found on the previous inspection in respect of governance and management, notifications, complaints, premises, fire precautions, and care planning.

The registered provider of this designated centre is Mowlam Healthcare Services Unlimited Company. There were sufficient resources in place in the centre to ensure that the rights, health and wellbeing of residents were supported. There was an established and clear management structure in place, with identified lines of

responsibility and accountability at individual, team and organisational level. The person in charge, who was new in post since the previous inspection, facilitated this inspection. They demonstrated a good understanding of their role and responsibility, and were a visible presence in the centre. The clinical management team consisted of the person in charge supported by an assistant director of nursing and one clinical nurse manager. The person in charge was further supported by a full complement of staff including nursing and care staff, activity, housekeeping, administration, maintenance and catering staff. On the day of the inspection the posts of clinical nurse manager and social care practitioner were vacant. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge. Management support was also provided by a regional management team.

A review of the staffing rosters found that staffing levels and skill-mix were appropriate for the size and layout of the building, and to meet the assessed health and social care needs of residents. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of registered nurses and a team of healthcare assistants. Staff demonstrated an understanding of their roles and responsibilities, and were observed to be interacting in a positive and considerate way with residents. Staff were observed working together as a team to ensure residents' needs were addressed. The person in charge and assistant director of nursing provided clinical supervision and support to all the staff. There were appropriate levels of supervision of care delivery in place on the day of the inspection.

A review of staff training records evidenced that all staff had completed relevant training to support the provision of safe care to residents. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

There were a number of management systems in place to ensure that there was effective oversight of the quality of care received by residents. Clinical and environmental audits were completed which included reviews of care planning, pressure ulcer management, falls prevention, restrictive practice and medicines management. Where areas for improvement were identified, action plans were developed and completed. The person in charge carried out an annual review of the quality and safety of care in 2024 which included a quality improvement plan for 2025.

There were systems and processes in place to ensure effective communication between management and staff in the centre. The management team met with each other and staff on a regular basis. Minutes of meetings reviewed by inspectors showed that a range of relevant issues were discussed including clinical issues, audits, facilities, training and staff issues.

The centre had a risk register in place which identified clinical and environmental risks in the centre, and the risk control measures in place to mitigate those risks. Arrangements for the identification and recording of incidents were in place.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frame.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

#### Regulation 14: Persons in charge

There was a newly recruited person in charge of the centre since the last inspection. They were a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had responsibility for the clinical oversight of the delivery of health and social care to the residents, and displayed good knowledge of the residents and their needs.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role. Arrangements were in place to ensure staff were appropriately supervised to carry out their duties.

Judgment: Compliant

#### Regulation 23: Governance and management

There were effective governance arrangements in the centre. There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

A review of the complaints records found that residents' complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider prepared written policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

Residents were satisfied with the care provided in Kilcolgan Nursing Home and spoke positively about the support they received from staff. Inspectors observed

that residents' rights and choices were upheld. Staff were respectful and courteous with residents.

Nursing and care staff were knowledgeable regarding the care needs of the residents and this was reflected in the nursing documentation. Inspectors reviewed a sample of residents' care records. Residents had a comprehensive assessment of their needs completed prior to admission to the centre, to ensure the service could meet their health and social care needs. Validated clinical assessment tools were used to identify potential risks to residents such as poor mobility, impaired skin integrity, and the risk of malnutrition. The outcomes of assessments were used to develop a holistic care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed were person-centred and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents received a good standard of nursing care and there was appropriate oversight of residents clinical care by management. Residents had access to medical assessments and treatment by their general practitioners. Arrangements were in place for residents to access the expertise of health and social care professionals when required. From the sample of files reviewed, it was evidenced that recommendations from health and social care professionals were implemented to improve residents' health and well being.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. Residents who experienced 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) had appropriate assessments completed. Person-centred care plans were developed detailing the supports and the interventions to be implemented by staff, to support a consistent approach to the care of the residents. Care plans included details of interventions to support the resident to manage responsive behaviours. Interactions observed between staff and residents was observed to be person-centred and non-restrictive.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Inspectors observed that residents' rights and choices were upheld, and their independence was promoted. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they chose. Opportunities to participate in recreational activities in line with residents' choice and ability were provided. There were sufficient staff available to support residents in their recreation of choice. Residents were supported to meet together and to consult with management and staff on how the centre was organised as evidenced by the

minutes of resident meetings. Access to an independent advocacy service was facilitated where required.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The environment and equipment used by residents were visibly clean and the premises was generally well-maintained.

The provider had systems in place to ensure residents' nutritional status was effectively monitored. Staff were knowledgeable regarding the nutritional needs of individual residents. Residents who were assessed as being at risk of malnutrition were supported by appropriate health and social care professionals when necessary.

The person in charge ensured that, where a hospital admission was required for any resident, transfers were safe and effective by providing all relevant information to the receiving clinicians and that all relevant information was obtained on the resident's return to the centre.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

### Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

### Regulation 12: Personal possessions

Inspectors found that residents living in the centre had appropriate access to, and maintained control over, their personal possessions.

Judgment: Compliant

### Regulation 17: Premises

The designated centre provided appropriate facilities for the number of residents and their assessed needs, in accordance with the statement of purpose.

Judgment: Compliant

### Regulation 18: Food and nutrition

There were sufficient amounts of food and drink available to residents at all times. Residents were provided with a choice of meals from a menu that was updated daily. Food was properly and safely prepared, cooked and served including specialist consistency meals. Residents were assisted with their meals in a respectful and dignified manner when necessary.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital and that all relevant information was obtained on the resident's return to the centre.

Judgment: Compliant

### Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements, as set out in Regulation 26.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals to meet their assessed needs.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding had access to training and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives. Residents told inspectors that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant