



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Moycullen Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinahalla, Moycullen, Galway
Type of inspection:	Unannounced
Date of inspection:	11 February 2025
Centre ID:	OSV-0000365
Fieldwork ID:	MON-0045308

About the designated centre

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

Moycullen Nursing Home is a purpose built facility located in Ballinahalla, Moycullen, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is single storey in design and accommodates up to 53 residents. Residents are accommodated in 47 single bedrooms and 3 double bedrooms. Resident living space is made up of a large sitting room and a large dining room. In addition, the centre has a smaller lounge, a visitors room and an oratory. Residents also have access to an enclosed courtyard and gardens. 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:	44
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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
Tuesday 11 February 2025	19:45hrs to 21:45hrs	Leanne Crowe	Lead
Wednesday 12 February 2025	09:15hrs to 17:45hrs	Leanne Crowe	Lead
Tuesday 11 February 2025	19:45hrs to 21:45hrs	Rachel Seoighthe	Support
Wednesday 12 February 2025	09:15hrs to 17:45hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

This unannounced inspection was completed over one evening and one day. Inspectors spoke with many of the residents living in Moycullen Nursing Home. Inspectors also spent periods of time observing staff and resident engagement in communal areas. Overall, the feedback from residents was positive about the care they received and the quality of the service provided.

On the first evening of the inspection, inspectors were welcomed to the centre by members of the care team. Inspectors met with the nurse in charge to discuss the inspection process. The person in charge was informed that the inspection was in progress and attended the centre. The person in charge also facilitated the second day of the inspection.

Moycullen Nursing Home is located in the village of Moycullen in Co. Galway. The designated centre was a purpose built, single-storey facility, registered to provide long term and respite care to a maximum of 53 residents.

At the entrance to the centre, there was a reception area which contained an office and an open nurses' station. There were a variety of communal spaces for residents' use, including a large dining room, a visitors' room, several sitting rooms and a chapel.

On the first evening of the inspection, 44 residents were accommodated in the centre. When the inspectors arrived to the centre, they observed that there were approximately 20 residents up and about. The majority of these residents were sitting in the large day room, which was being supervised by staff. A small number of residents were mobilising independently around circulating corridors and in the reception area. The remaining residents were settled in their rooms. Inspectors spent time chatting with, and observing, residents in the various areas of the centre. Many of these residents were content living in the centre and spoke positively regarding their quality of life. A small number of residents voiced concerns about other residents wandering into their rooms, stating that they would prefer if this didn't occur.

As the evening progressed, inspectors noted that at times, the atmosphere in the communal areas became chaotic and disorganised. There were occasions where staff were not available to provide timely assistance or supervision to residents that required it. For example, a number of residents, assessed as requiring additional supervision, were restless and continued to mobilise around the dayroom, reception area and nearby corridors. Some of these residents were seen intermittently entering other residents' bedrooms. Two residents accommodated in these bedrooms told inspectors that they did not want other residents entering their rooms, and were upset when this happened. Additionally, two residents requesting

assistance waited an extended period of time to be assisted with their care needs. This is discussed further under Regulation 15, Staffing.

The following morning, the environment was observed to be more relaxed and organised. While staff were seen to be busy, they were observed to respond to residents' requests for assistance promptly and in an unhurried manner.

The centre was found to be well-lit and warm. Residents' bedroom accommodation consisted of 47 single and three shared bedrooms. Many residents' bedrooms were seen to be personalised with items of significance, such as ornaments and photographs. Call bells and televisions were provided in all bedrooms.

The corridors in the centre were long and wide and provided adequate space for walking. Handrails were available along all the corridors, to maintain residents' safety and independent mobility. Residents were observed mobilising freely throughout the centre during the inspection and there was unrestricted access to an enclosed courtyard area.

The general environment of the centre was clean on both days of the inspection. Inspectors noted that some mobility and laundry equipment was stored in a number of communal toilets during the inspection, which restricted access to these toilets. While the majority of the centre was in a good state of repair, some surfaces of furniture and equipment were observed to be damaged and required repair or replacement.

Cleaning schedules were in place and there was evidence that residents' equipment such as hoists, were labelled appropriately to indicate that they were clean.

Residents were observed engaging in activities on the second day of the inspection and could choose what activities they wished to attend. An activities board was displayed outside the dining room detailing the planned activities for the week. The schedule of activities included bingo, baking, singalongs, board games, pet therapy and garden walks. Residents were observed socialising with each other and staff, and they were seen enjoying a live music in the afternoon. Several residents attended the hairdresser in the centre on the second day of the inspection.

Visitors were observed attending the centre throughout the inspection and inspectors noted that there was adequate private space for residents to meet their visitors. Inspectors spoke with several visitors and feedback was very positive regarding the quality of the service provided.

The next two sections of the report detail the findings in relation to the capacity and capability of the provider and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations.

Capacity and capability

This was an unannounced inspection that was carried out by inspectors of social services over one evening and one day to:

- monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulations 2013 (as amended)
- review solicited and unsolicited information received by the Chief Inspector. The unsolicited information was partially substantiated in relation to staffing and supervision of residents
- follow up on the actions taken by the provider to address regulatory non-compliance identified on the previous inspection in May 2024.

The findings of this inspection were the provider had an established management structure that ensured the provision of safe and quality care to residents. The provider was found to have taken action to address regulatory non-compliance from the previous inspection, resulting in full compliance with Regulation 16, Training and staff development and Regulation 31, Notification of incidents on this inspection. While a good level of compliance was identified on this inspection, inspectors found that Regulation 23, Governance and management, Regulation 17, Premises and Regulation 5, Individual assessment and care plan, were not fully aligned to the requirements of the regulations.

Mowlam Healthcare Services Unlimited Company is the registered provider of Moycullen Nursing Home. There was a clearly defined management structure in place and the management team were aware of their individual roles and responsibilities. The person representing the registered provider was the chief executive of the company. The director of care services and a healthcare manager participated in the management of the centre at a senior level. The person in charge worked full-time in the centre. They were supported in their role by a CNM, as well as a team of nurses, healthcare assistants, catering, housekeeping, social care practitioners and maintenance staff.

The overall management systems in place ensured that the service was safe, appropriate, consistent and effectively monitored. An audit schedule was implemented to support the management team to measure the quality of care provided to residents. This included audits of falls management, health and safety, medication management and the oversight of clinical care. Any areas of quality improvement identified through these audits had a corresponding action plan that had been assigned to a member of the management team. There was evidence that regular meetings occurred between the person in charge and the senior management team to review key clinical and operational aspects of the service. Minutes of these meetings were available for review and demonstrated that time-bound action plans were developed as needed. However, inspectors found that the systems in place to manage risk were not fully robust. This is detailed under Regulation 23, Governance and management.

While staffing levels on the second day of the inspection were observed to meet the assessed needs of the residents, inspectors found that the number and skill mix of

staff on duty on the first evening was not sufficient, given the size and layout of the centre. During this time, a number of residents assessed as requiring additional supervision were observed wandering in and out of other residents' bedrooms, while others were seen attempting to mobilise independently to the toilet after waiting for assistance from staff. Inspectors observed that staff were frequently required to redirect their attention away from residents whom they were assisting, to residents with high supervision needs.

Staff were facilitated to attend training that was appropriate to their role. This included moving and handling practices, fire safety and the safeguarding of vulnerable adults.

There were systems in place to support the induction of newly-recruited staff, as well as annual appraisals of all staff.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in nursing management and in the care of older persons. They were suitably qualified for the role and worked full-time in the centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff on the first evening of the inspection was not adequate to meet the assessed needs of the residents accommodated in the centre. This was evidenced by:

- the staffing levels did not ensure that staff could appropriately supervise residents in communal areas, while also assisting residents to retire to bed and providing additional supervision and support to residents with complex care needs
- Residents were observed waiting extended periods of time for assistance.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were arrangements in place to ensure that staff were facilitated to access training in areas such as fire safety, safeguarding of residents and moving and handling practices.

There were systems in place to support the induction of newly-recruited staff.

Judgment: Compliant

Regulation 22: Insurance

There was an up-to-date insurance policy in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place were not sufficiently robust to ensure that the service provided was safe and appropriate. For example, the systems in place to manage risk in the centre were not robust. Inspectors observed a practice where some residents were requesting that their bedrooms doors were locked. While bedrooms remained easily accessible to staff, potential risks such as residents' falls or residents dropping their call bells and being unable to call for help had not been considered as part of an assessment of risk. Therefore, there had been no mitigating interventions put in place to ensure the safety of residents for whom this was an issue.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of complaint records found that complaints and concerns were responded to promptly and managed in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents living in the centre received a good standard of care and that they were supported to enjoy a good quality of life. Residents had good access to health care services, including general practitioners (GP), dietitian and speech and language therapy services. Clinical risks such as falls, nutrition, and wounds were well monitored. Residents spoke highly of the quality of the service provided. However, Regulation 7, Managing behaviour that is challenging and Regulation 17, Premises, did not meet the requirements of the regulations.

A sample of residents' records were reviewed by inspectors. Resident care records were recorded in an electronic system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the resident being admitted. A range of validated nursing tools were in use to identify residents' care needs. Inspectors viewed a sample of files of residents with a range of needs and found that, whilst the majority of resident care plans were very detailed and contained person-centred information, some resident care plans were not always updated in line with changes to residents' care needs. This is detailed further under Regulation 5, Individual assessment and care plan.

Overall, the premises was clean and well-maintained, both internally and externally. The design and layout of the centre met the needs of the residents that were accommodated there. Inspectors observed that some surfaces of equipment and furniture were not well-maintained. Additionally equipment and linen trolleys were stored in the centre's communal toilets on multiple occasions during the inspection.

Residents had access to general practitioners (GPs) and there was evidence of regular medical reviews within residents' records. Residents were referred to specialist services including speech and language therapy, podiatry, palliative care and old age psychiatry, as required.

The centre was actively promoting a restraint-free environment. There was a very low use of restrictive practices in the centre at the time of the inspection. Restrictive practices were implemented in accordance with national restraint policy guidelines. 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) received care and support from staff that was person-centred, kind and non-restrictive. However, some residents with complex behaviours, requiring increased levels of supervision did not always receive the supervision required to ensure resident safety and well-being. This was evidenced by the observations of the inspectors on the first day of the

inspection, and from residents who told the inspectors that residents would sometimes come into their room uninvited.

Residents' meetings were regularly convened and records showed that they were well-attended by residents. Meeting records demonstrated that items discussed included the quality of food, recreational activities, services and fire safety procedures. Residents' views on the quality of the service provided were also sought through satisfaction surveys. There was evidence that residents had access to independent advocacy if they wished. Residents had access to local and national newspapers, televisions and radios.

Residents had access to religious services and were supported to practice their religious faiths in the centre. A Church of Ireland service was held in the centre and Catholic mass took place on alternate weeks. There was an oratory available for residents' use and there was a facility for ceremonies to be live streamed, if preferred.

The registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found to be flexible and there was adequate private place for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

Some aspects of the premises were not fully aligned to Schedule 6 of the regulations:

- There was insufficient storage space for equipment. Some mobility and laundry equipment was stored in a number of communal toilets during the inspection, which restricted safe, unobstructed access to these toilets
- Some surfaces of furniture and equipment were not in a good state of repair.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and medications were stored securely in the centre. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. There was a system in place to ensure the segregation and return to pharmacy of unused medication stock.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. The care plans reviewed were person-centered and guided care. Comprehensive assessments were completed and informed the care plans.

Judgment: Compliant

Regulation 6: Health care

A review of a sample of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). Residents were referred to allied health care professionals including a physiotherapist, dietitian, and a speech and language therapist as required. Residents were also supported by the community palliative care and psychiatry for later life teams.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The systems in place did not ensure that residents with responsive behaviours were appropriately supported by staff. A number of residents with complex care needs were assessed as requiring additional supervision and support. While care plans were in place to support these residents, incident reports, feedback from residents who spoke with inspectors, and records of residents' meetings demonstrated that the guidance for staff was not fully effective.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Residents moved freely within the centre, and they had a choice about how they spent their day.

Residents attended regular meetings and contributed to the organisation of the service. Resident feedback was used to improve the quality of the service they received. This included feedback in relation to the activities programme and the laundry service provided.

There were facilities for residents to participate in a variety of activities, and residents were supported to participate in activities, in line with their interest and capabilities.

There was an independent advocacy service available to residents living 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Moycullen Nursing Home OSV-0000365

Inspection ID: MON-0045308

Date of inspection: 12/02/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none">• The Person in Charge (PIC) with the support of the Healthcare Manager (HCM) has undertaken a review of staffing levels and introduced a twilight shift to assist with supervision of communal areas and to provide assistance and support to residents during the evening and early nighttime.• The PIC will continue to monitor staffing levels and the effectiveness of additional staff in the evening times. Staffing levels will be determined based on the number and dependency levels of the residents in the centre, including those residents with complex care needs. The PIC will ensure that the residents have prompt access to assistance as required.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• The PIC, with the support of the Clinical Nurse Manager (CNM), will complete a review of all the risks and mitigating interventions associated with residents who wish to have their bedroom doors locked, including regular safety checks to ensure that residents are safe, can access what they need and have their call bells within reach.• The PIC will ensure that a comprehensive risk assessment is completed to reflect all the potential risks which will be highlighted within the risk assessment.• The PIC will ensure that residents will have suitable mitigations initiated and will monitor effectiveness closely.• The PIC will ensure that all staff are aware of the risk assessments and discuss at Daily Safety Pauses.	

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"> • The PIC will check all equipment and furniture to ensure that they are maintained in a good state of repair; damaged or obsolete items will be disposed of and replaced with new items as required. • The PIC will monitor the safe storage of equipment in the appropriate areas. This will facilitate the communal areas to be utilised for their purpose and that there are no obstructions that could hamper access. 	
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"> • The PIC will ensure that all staff have up to date training on Managing Responsive Behaviours, including positive behaviour support planning and de-escalation techniques. This will enable staff to understand the cause and nature of responsive behaviours and enable them to provide appropriate support and care with compassion and confidence. • All staff are familiar with the PINCH ME (Pain, Infection, Nutrition, Constipation, Hydration, Medication, Environment) tool used to help determine the cause of a behaviour, and are competent to use it. • Antecedent, Behaviour & Consequence (ABC) charts will be reviewed periodically to assess the pattern of behaviours and help to identify triggers. Staff can implement and record a consistent and appropriate response. • Residents with Responsive Behaviours will have a person-centred positive behaviour support care plan that identifies the nature of their individual behaviours and clearly guides staff in recognition of behavioural triggers and management of such behaviours, by consistently implementing agreed appropriate de-escalation techniques. • The PIC will ensure that residents with complex needs are discussed at Daily Handovers and Safety Pauses, and that a comprehensive care plan is in place. • The PIC will ensure that Responsive Behaviours is discussed weekly with the CNM and monthly as part of the Management Meeting. 	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/04/2025
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
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	30/04/2025

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/04/2025