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:	St Colmcille's Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Oldcastle Road, Towns Park, Kells, Meath
Type of inspection:	Unannounced
Date of inspection:	14 January 2026
Centre ID:	OSV-0005531
Fieldwork ID:	MON-0046158

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36

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 14 January 2026	08:00hrs to 15:30hrs	Maureen Kennedy	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector spoke with many residents to gain insight into their experience of living in St Colmcille's Nursing Home. Residents reported that they were 'very happy here' and that the 'staff were great'. The inspector also spoke with some family members who were visiting their loved one on the day, who said that 'everyone was very well looked after' and the staff were 'worth their weight in gold'. There was 36 residents living in the centre on the day of this unannounced inspection.

The centre is situated on the ground floor facilitating free movement and access to the enclosed garden area available for residents to use. The centre was visibly clean, tidy, well-maintained and tastefully decorated and residents were observed as they went about their daily routines. The inspector noted that following the last inspections, the registered provider had addressed some but not all of the issues identified. The inspector observed that the flooring in some bedrooms had significant markings of paint which were unsightly and did not support a homelike environment. This was a repeat finding, which the provider had committed to address following the last inspection in February 2025.

The inspector viewed bedrooms with permission and found that they were warm, bright and homely spaces. They were personalised with ornaments, soft furnishing and photographs from home. Bedrooms were observed to have sufficient storage space for residents' clothing and personal possessions. Many residents told the inspector that they were satisfied with their accommodation, including the support they received from staff to keep it clean. Residents were seen to have adequate lockable space to store and maintain clothes and personal possessions. There was a laundering service available and residents told the inspector that the service was good.

Carers were in attendance to assist residents if and when required. Staff who spoke with the inspector were knowledgeable about the residents they cared for and what their needs were. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs. Staff were observed busily attending to residents' requests for assistance in a timely manner. The inspector observed good practices in relation to standard precautions. For example, waste and laundry linen were managed in a way to prevent the spread of infection. Linen was appropriately segregated at point of care. Staff were observed to have good hand hygiene practices.

Residents had access to television and newspapers. A seven day activities schedule was on display which included home-baking, exercises, board games and art and crafts. Residents were observed having manicures on the morning of the inspection and bingo was ongoing in the afternoon. There was an information notice board for residents and visitors on display. This was to inform residents of the services

available to them whilst being a resident in the centre such as how to make a complaint, advocacy and other support services with their contact details displayed. Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous. Residents were supported to enjoy a good quality life in the centre.

While residents' needs were comprehensively assessed using validated assessment tools at regular intervals, there were findings identified where action was required to ensure that the care provided was appropriate, consistent and effectively monitored, as further detailed under Regulation 5: Individual assessment and care plan.

The inspector observed the dining experience in the home's dining room. Some residents chose to dine in the day room and in their bedrooms. The lunch food served on the day of inspection was seen to be wholesome and nutritious with a choice of food available. A variety of drinks was offered to residents with their lunch and condiments, butter, and sauces were within easy reach enabling them to maintain their independence. Mealtime was observed to be relaxed and calm with music playing in the background. Feedback received from residents on the day of the inspection was that they enjoyed the meals on offer. Outside of regular mealtimes, morning, afternoon and supper was provided to the residents with tea, coffee, smoothie and snacks including fruit available.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that residents benefited from a well-run centre with good leadership and good governance and management arrangements in place. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being.

This was an unannounced inspection carried out to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). In addition the inspector also followed up on registered provider's compliance plan following the last inspection in February 2025 and found that while some action had been taken, there continued to be similar findings in respect of marked flooring in some of the bedrooms. The inspector was informed on the day of inspection that this will be addressed as part of the next stage of the refurbishment schedule.

The registered provider of St Colmcille's Nursing Home is Mowlam Healthcare Services Unlimited, which have a number of designated centres for older people throughout Ireland. Since the last inspection, a new person in charge had been

appointed who was present on the day and facilitated the inspection. The person in charge had responsibility for the day-to-day operations of the centre and was supported by an assistant director of nursing and a team of nurses and healthcare support staff. From a governance perspective, the person in charge was also supported by a regional manager. There was a schedule of regular meetings in place and the management team had developed audits that identified where improvements were required.

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 a well-established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

On the day of the inspection, there were adequate staffing levels and skill-mix to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. Throughout the day of inspection, staff were observed to be very interactive with the residents attending to their needs in an unrushed, kind and patient manner.

Documents were available for review including, directory of residents and contracts of care and were compliant with the legislative requirements.

Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all of the required information under the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had committed to address the findings of the last monitoring inspection carried out in February 2025 by end of June 2025. There had been no communication with the Chief inspector in respect of delays to the completion of compliance plan. While work had been completed with regards to the reconfiguration of the twin bedrooms and flooring replacement in some areas, there continued to be repeated findings regarding flooring in some bedrooms marked with paint which could not be removed despite deep cleaning efforts. The inspector acknowledges that there was a plan in place to replace it in the near future.

In addition, management system to oversee that the service provided was effective and in line with the statement of purpose required strengthening in the following areas:

- Improved oversight of staff practices was required to ensure premises registered for residents' use were available to the residents. For example, inspector observed inappropriate storage of equipment in a communal bathroom.
- Provider's own monitoring audits in respect of care planning arrangements had not identified that interventions outlined in individual residents' care plans were not consistently implemented in practice, and consequently there was no action plan in place to address this.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident’s residency in the centre and any additional fees. The contract also clearly stated the bedroom to be occupied, and the occupancy number of the room.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

The premises was designed and laid out to meet the needs of the residents. It was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. The

general environment and residents' bedrooms, communal areas and toilets inspected appeared clean and clutter-free. Notwithstanding, further action continued to be required in respect of flooring as further outlined under Regulation 17: Premises. The inspector observed that a bath was not available for residents' use on the day of the inspection due to inappropriate storage of items in the bathroom of the centre including commodes. This was despite additional storage which was made available in line with a previous compliance plan.

Care planning documentation was available for each resident in the centre. A sample of resident care plans were reviewed. Each resident had a pre-admission assessment carried out to ensure the centre could meet the residents' needs. Assessments were completed within 48 hours of admission and all care plans updated within a four month period or more frequently where required. However, further improvements were required to ensure full compliance with Regulation 5: Individual assessment and care planning and will be discussed further in the report.

The inspector observed the calm unhurried atmosphere in the centre's dining room as residents dined. The meals provided appeared appetising and were served hot with feedback from residents on the day of the inspection that they enjoyed the meals on offer.

The environment was very clean and tidy on inspection day. Hand sanitizer dispensers were conveniently located on corridors to facilitate staff compliance with hand hygiene requirements and clinical hand wash sinks were available in the centre for staff use. Staff spoken with had the required knowledge of infection prevention and control (IPC) practices. The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and labelled appropriately as per local policy.

The inspector was assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked as per local policy. Checks were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out.

Regulation 12: Personal possessions

Residents were provided with adequate storage space and there was a system in place for laundering residents clothes.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding the improvements made in respect of the premises since the last inspection, there were repeated findings and areas identified where action was required. For example:

- Flooring in some bedrooms was marked with paint which could not be removed despite deep cleaning efforts.

In addition, the designated centre was not used in line with its statement of purpose. Registered facilities such as a communal bathroom were not available to the residents, as they were used instead for storage. Commodes and other items were being stored in the bathroom of the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control training was up to-date. The registered provider had adequate resources available to ensure safe infection prevention and control practices were effectively implemented.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed good practices in how the medicine was administered to the residents. Medicine was administered appropriately, as prescribed and dispensed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Not all care plans which prescribed the required interventions to support residents' care were consistently implemented in practice. For example:

- Requirements of two hourly repositioning were outlined in the care plan as informed by a risk assessment, but records showed that resident repositioning was not within the prescribed time frames. This posed a risk that residents assessed as being at risk were not effectively protected from the risk of pressure sore or skin breakdown.
- Requirements of recording intake and output were outlined in the care plan, but records showed that resident dietary and fluid intake was not recorded. This posed a risk that residents assessed with poor nutritional and hydration intake could not be effectively reassessed and have appropriate interventions identified in their care plan.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

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

Inspection ID: MON-0046158

Date of inspection: 14/01/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • There is a programme of works in place to address the remaining damaged bedroom flooring. • The Person in Charge (PIC) has completed a review of equipment storage and there is no longer equipment being stored inappropriately in the communal bathroom. • Equipment is now stored in the designated storage room leaving all communal spaces safe and available for resident use. • The PIC will maintain oversight of this during daily walkabout and with spot checks and audits on a routine / regular basis. The Hygiene and Infection control audit has been increased in frequency to improve surveillance and quality improvement plans are implemented if deficits are identified during the audit. • A full review of residents' care plans will be completed by the named nurses with oversight and support from the clinical management team. A SMART Quality Improvement Plan (QIP) will be developed to address any findings, and this will be shared with all staff. Monthly clinical care audits will be completed by the nursing team with oversight and verification by the PIC to ensure that all required documentation is maintained in full.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • A planned programme of upgrade works is in place and will be overseen by the Facilities Manager. The flooring in the six outstanding bedrooms is included in the	

upgrade plan of works.
• The PIC will ensure there is no inappropriate storage of equipment in the centre and that all equipment is safely and appropriately stored. All staff have been advised not to store any items in communal bathrooms / areas. The PIC will monitor communal rooms as part of daily walkabout to ensure that no equipment is stored inappropriately in the centre.
• The PIC has reviewed the storage of equipment and equipment is now stored in the designated storage room leaving all communal spaces safe and available for residents' use.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

• The PIC will ensure that residents' care plans are updated to reflect the assessed care needs of the residents.
• The PIC will ensure that residents' assessments are completed accurately and reviewed/updated as necessary to ensure they reflect the current status of the resident, and this information will be shared at handover and safety pause.
• The PIC will ensure that for those residents identified at risk of skin breakdown, accurate repositioning charts are in place. These charts will be monitored by the management team and any deficits found will be brought to attention of staff and used as an opportunity for learning.
• The PIC will ensure that accurate records are maintained of intake and output and nutritional status are recorded for residents assessed as being at risk and appropriate interventions are implemented as required, including referral to a Dietitian and/or GP. The impact of such interventions will be evaluated and recorded to guide practice.

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/03/2026
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	31/10/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	31/03/2026

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/03/2026