



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

## Issued by the Chief Inspector

Name of designated centre:	Charleville Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Station Road, Rathgoggan, Charleville, Cork
Type of inspection:	Unannounced
Date of inspection:	15 January 2025
Centre ID:	OSV-0008616
Fieldwork ID:	MON-0041280

## About the designated centre

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

Charleville Nursing Home is a purpose-built two storey facility, which can accommodate a maximum of 60 residents. It is a mixed gender facility catering for dependent people over the age of 65, but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Charleville Nursing Home is situated within a few minutes' drive from the busy town of Charleville with access to local restaurants and shops. All residents' bedrooms are single occupancy with ensuite toilet, hand wash sink and shower facilities. There are a number of communal spaces in the centre including two dining rooms on the ground floor and one dining room on the first floor. There is a large bright day room on the ground floor and a number of other sitting rooms and quiet rooms over both floors. There is a separate visitors' room which is available on the ground floor, and there are internal enclosed courtyard spaces which are safe and accessible for all residents to use at any time. Residents can also walk around the pathways around the centre.

Nursing care is provided 24 hours a day, with a minimum of two nurses rostered seven days a week. A multidisciplinary team is available to meet resident's additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

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

Number of residents on the date of inspection:	59
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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
Wednesday 15 January 2025	09:55hrs to 17:30hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

This unannounced inspection, was conducted by an inspector of social services over one day. During the day, the inspector spoke with residents, staff and visitors to gain insight, into what it was like, to live in Charleville Nursing Home. The inspector spent time observing daily life in the centre to understand the residents' lived experiences. The inspector spoke in detail with seven residents. A significant number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content, appropriately dressed and well-groomed. Residents expressed their satisfaction with the kindness of staff, staffing levels, and attention to personal care. Residents told the inspector, "Staff here are excellent" and "they are the best."

Charleville Nursing Home is a purpose built two storey centre that was first registered in August 2023. It is registered to accommodate 60 residents in single ensuite bedrooms. Resident accommodation is over two floors with accommodation for 31 residents on the ground floor and 29 residents on the first floor. Residents' bedrooms were clean, nicely decorated and many of them were personalised, with residents' photographs and personal affects to give them a homely feel.

The main reception area was a warm, welcoming space and the receptionist greeted visitors as they arrived to the centre. There were many communal spaces in the centre, where residents could relax in private or participate in the centre's activity schedule. Residents could access the internal courtyards on the ground floor, from two doors, and one of the courtyards, contained the designated smoking shelter for the centre. The main entrance door was locked and a number of residents had access to the code for the door so that they could walk around the pathways, surrounding the centre, if they so wished. The second floor could be accessed by a spacious lift and residents were seen to freely move between floors if they wished. The inspector noted that the centre was very warm and a number of residents told the inspector that they also found it to be very warm. This is discussed further in the report.

The inspector walked around the centre accompanied by the person in charge to meet with residents, visitors and staff. It was evident to the inspector that the person in charge was well known to residents and their visitors and was knowledgeable regarding residents' assessed needs.

Interactions between residents and staff, observed on the day of inspection, were person-centred and courteous. Staff were responsive and attentive without any delays, when attending to residents' requests and needs. Staff knocked on residents' bedroom doors before entering. They were familiar with residents' needs and preferences and greeted residents by name. Residents were seen to be moving freely and unrestricted throughout the centre on the day of inspection and staff

were observed to gently assist residents who had a cognitive impairment with way finding.

The inspector saw that residents were offered regular snacks and drinks during the day. The inspector observed the lunch time and evening meals and saw that the majority of residents enjoyed their meals in the dining rooms on each floor. Soft music was playing during mealtimes and residents appeared to be enjoying a sociable dining experience and chatting together or with staff during the mealtimes. Condiments were available and menus were displayed on each table. Residents who required assistance were provided with this, in an unhurried and respectful manner. The inspector saw there was choices available for each meal and the lunch time meal appeared appetizing and nutritious. However, the inspector saw that a texture modified meal prepared for a resident for the evening meal was presented in an unappealing manner. Although a number of residents were complimentary regarding the food choices and quality of food and described it as good; other residents gave feedback to the inspector regarding the lack of choice of vegetables and the lack of variety for the evening meal. This is outlined further in the report under Regulation 18: Food and nutrition.

The inspector saw that there was a schedule of activities available over the seven days in the centre. These were led by the two activity co-ordinators who were employed in the centre. During the morning of the inspection, the inspector saw that a group of residents were participating in an exercise session led by the activity facilitator, while other residents downstairs were watching mass on the large television in the day room. There were other scheduled activities in the afternoon such as a sing song and a lively game of bingo. Residents had access to local and regional papers and television. Residents, who spoke with the inspector, outlined that they could choose to participate in the schedule of activities in the centre, if they wished and many reported that they enjoyed the music, singing and dancing in the centre. Residents were supported to go on outings with their relatives if they wished. Regular residents' meetings were held to seek residents' views on the running of the centre. From a review of minutes of these meetings, a number of residents had also given feedback regarding the variety and quality of the food served in the centre. The inspector was informed that this under review by the management team. Scheduling of planned outings from the centre were also requested. An action to include these for 2025 was planned.

The next two sections of the report present the findings of this inspection in relation to capacity and capability of the provider, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

people) Regulations 2013 and to follow up on the findings of the previous inspection. The inspector found that the governance and management arrangements, required by regulation, to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out.

Charleville Nursing Home is operated under the governance structures of Mowlam Healthcare Services Unlimited Company, who is the registered provider. The centre is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. The inspector found that there was a clearly defined management structure in place with identified lines of responsibility and authority for all aspects of care provision. The person in charge worked full time in the centre and was supported by a full time clinical nurse manager, who was supernumerary to the nursing complement in the centre. The person in charge was supported by a team of nurses, care staff, catering, administrative and activity staff in the centre. Since the previous inspection, housekeeping services had been outsourced to an external company and the management team ensured sufficient staff were allocated to maintaining the required standards of cleanliness in the centre.

The provider had two persons participating in management appointed for the centre; and both actively supported the person in charge with the operational management of the centre. Other resources available through the Mowlam Healthcare Group included a facilities manager and human resources manager.

From a review of rosters and speaking with staff and residents, it was evident that there was an adequate number and skill mix of staff available, to meet the assessed needs of residents living in the centre. Recruitment was ongoing to ensure any vacancies were filled as they arose.

The person in charge maintained a schedule of training to maintain oversight of staff training in the centre. It was evident that staff were provided with face-to-face and online training appropriate to their roles. Staff who spoke with the inspector were knowledgeable regarding their roles and responsibilities and were appropriately supervised by the person in charge and clinical nurse manager. Newly recruited staff, who were on induction, were scheduled for mandatory training in the week following the inspection.

There was an effective system of communication in the centre; whereby regular meetings with nursing staff, care staff and catering staff were led by the person in charge. From a review of minutes of these meetings, it was evident that updates or service changes were communicated to staff. Safety pauses were also in place daily, to ensure effective communication amongst staff, with regard to residents' care needs. Governance meetings such as clinical key performance indicator monthly meetings, quality and safety meetings and management meetings were held on a scheduled basis to ensure oversight of key aspects of residents' care and services.

The provided had a schedule of audits in place that included hygiene and infection control, medication management, health and safety, falls prevention and restrictive

practices. Action plans were developed and implemented to address the findings of these audits.

As a quality improvement initiative, the provider had designated the centre as a pilot site for the implementation of an internationally validated, Age Friendly Health System(AFHS) which was based on a person centred model of care delivery. Information sessions were held in the centre and ongoing information sessions and meetings were scheduled to progress with the implementation of the programme for residents.

There was a comprehensive record of all accidents and incidents that took place in the centre. Notifications were submitted in a timely manner to the regulator.

### Regulation 15: Staffing

The inspector found that the number and skill mix of staff was appropriate, to meet the assessed needs of the 59 residents, living in the centre, on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training and mandatory training was up-to-date for all staff. Staff were appropriately supervised in their roles.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there was a clearly defined management structure in place and staff who spoke with the inspector were aware of their roles and responsibilities. There were effective management systems in place to monitor the quality of care provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

Judgment: Compliant



## Regulation 31: Notification of incidents

A record of notifiable incidents was being maintained in the centre. Based on a review of a sample of incidents, the inspector were satisfied that notifications had been submitted as required by the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was displayed in the centre. A record of complaints was maintained in the centre in line with the requirements of the regulation.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the care and support residents received was of a good quality and this ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. Some actions were required to individual assessment and care plans and food and nutrition, which will be detailed under the relevant regulations.

Resident care plans were accessible on an electronic system. The inspector viewed a sample of residents' nursing care plans and healthcare records. There was evidence that residents' were comprehensively assessed prior to admission, to ensure the centre could meet residents' needs. However, action was required to ensure that care plans were reviewed and updated at regular intervals, when there was a change in the resident's condition, as outlined under Regulation 5: Individual assessment and care plan.

Residents' nutritional and hydration needs were assessed and closely monitored in the centre and residents were being monitored for the risk of malnutrition. Where required, referral was made to dietetic services and speech and language therapy services. Residents who required assistance with eating and drinking were provided with this, in a respectful and unhurried manner. Residents could choose to eat their meals in the dining rooms or in their bedrooms. The inspector saw that the majority

of residents were served their meals in the dining rooms, on each floor. The inspector found that while some residents gave very positive feedback regarding the quality and choice of food, others did not; as outlined under Regulation 18: Food and nutrition.

The premises was maintained and decorated to a high standard and was suitable to meet the needs of residents living in the centre. Residents' bedrooms were personalised and spacious. Residents could easily access the outdoor courtyards should they wish.

The inspector observed staff providing person-centred care and support to 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). The centre maintained a register of any practice that was or may be restrictive. All restrictive practices were risk assessed and consent was obtained prior to commencement of these devices.

There was a varied programme of activities in the centre, which took place over seven days. Residents' rights were promoted in the centre and residents were supported to participate in meaningful social engagement and activities. Surveys were completed and residents' meetings were held, which provided a forum for residents, to actively participate in decision-making and provide feedback in areas regarding social activities, food and standards of care.

### Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties were assisted to communicate freely. Communication aids and devices were available for residents' use and communication plans were seen to be person-centred.

Judgment: Compliant

### Regulation 11: Visits

There was a number of visitors coming and going to the centre on the day of inspection. Visitors and residents told the inspector that there was no restrictions on visiting and that visitors were warmly welcomed.

Judgment: Compliant

### Regulation 17: Premises

The premises were appropriate to the number and needs of the residents and in accordance with the statement of purpose. The design and layout of the centre promoted residents' independence and residents had access to a safe and secure outdoor space. The inspector saw that the centre was clean, well maintained and homely. The centre was noted to be very warm on the day of inspection and some residents also told the inspector that they found the centre to be very warm. The provider was aware of this concern and was in the process of resolving the issue at the time of inspection.

Judgment: Compliant

### Regulation 18: Food and nutrition

Findings of the inspection were that action was required regarding the choice, presentation and quality of food as evidenced by the following;

- There were mixed reviews on the food from residents. Although some were complimentary about the food, others stated vegetables served for the lunchtime meal lacked variety; as did the evening meal, whereby chips were frequently served with the meal. Other residents feedback was that the portion sizes were small.
- The inspector saw that one textured modified dish, served for the evening meal, was not well presented and appealing.
- The menu displayed for the supper time meal was a chicken pasta dish with garlic bread, however, the inspector saw that there was no garlic bread served with this dish, on the day of inspection.

Judgment: Substantially compliant

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

All relevant information was communicated through the national transfer document on the residents' transfer to hospital or elsewhere.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found that there were effective structures in place to ensure that practices in the centre were consistent with the National Standards for infection prevention and control in community services (2018). The clinical nurse manager had completed an infection prevention and control link nurse course and was the nominated lead for infection control for the centre. There was good oversight of residents who had health care associated infections and MDROS in the centre. There was good resources to ensure bedrooms and communal spaces were cleaned every day and deep cleaned regularly. There was evidence of good compliance with audit findings with regard to hand hygiene and environmental hygiene in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector found that there were mixed findings with regard to residents' assessments and care plans from a sample of records reviewed. While some care plans were person centred and detailed, the following required action;

- Care plans were not consistently updated with the changing needs of residents, for example, a resident's care plan did not reflect changes to their care needs following a recent fall or hospital admission.
- A resident who experienced responsive behaviour did not have this reflected in their care plan.

This may result in errors in care delivery.

Judgment: Substantially compliant

### Regulation 6: Health care

Systems were in place for residents to access the expertise of health and social care professionals through a system of referral, including physiotherapy, occupational therapy and dietetics. A physiotherapist was on site in the centre three times a week and provided assessments to residents as required. Residents had access to medical services from a local GP surgery as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. The inspector saw that staff engaged with residents in a respectful and dignified way. Restrictive practices were monitored by the management team and there was evidence of use of alternatives to bed rails such as low low beds and crash mats in use, in accordance with best practice guidelines. There was a very low use of bed rails in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents' rights were supported and promoted by management and staff working in the centre. Residents had access to a varied programme of activities that were available seven days a week. These were led by two activities co-ordinators. These included music, arts and crafts, exercises, quizzes, bingo and singing. Residents' views were sought on the running of the centre through surveys and regular residents meetings. From a review of minutes of residents' meetings, it was evident that a number of residents had given feedback regarding the quality and choice of food available in the centre. This is detailed under Regulation 18 Food and nutrition.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Charleville Nursing Home OSV-0008616

Inspection ID: MON-0041280

Date of inspection: 15/01/2025

## 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 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> <li>• The Person in Charge (PIC) will ensure that a weekly dining experience audit will be carried out by the Catering Manager and reviewed by PIC. A quality improvement plan will be developed and implemented to address any deficits identified during the audit.</li> <li>• The PIC and the Catering Manager will complete a comprehensive review of food and nutrition that will include:               <ol style="list-style-type: none"> <li>1. Presentation and appearance of meals, with particular attention to portion sizes and presentation of modified diets.</li> <li>2. Quality of food served to residents.</li> <li>3. Enhanced education and awareness to be provided to all staff regarding hospitality, food service and nutrition.</li> <li>4. Review of menus to ensure residents are offered a variety of choices based on their preferences at all meals, particularly vegetable variety.</li> </ol> </li> </ul>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• The PIC will ensure that resident care plans are updated to reflect the assessed care needs of the resident.</li> <li>• The PIC will ensure that resident care plans are reviewed and updated post fall to reflect their current care needs. This information will also be shared at handover and safety pause.</li> <li>• For those residents that experience responsive behaviours, the PIC will ensure that the</li> </ul>	



care plan is updated and provides clear guidance to ensure care interventions are appropriate. This will reflect the individual behavioural triggers and de-escalation techniques that should be used to address any episodes of behaviours that challenge.

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	18/02/2025
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	28/02/2025