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:	Hillview Private Nursing & Retirement Residence
Name of provider:	Alvin Nursing Limited
Address of centre:	Rathfeigh, Tara, Meath
Type of inspection:	Unannounced
Date of inspection:	22 June 2026
Centre ID:	OSV-0000141
Fieldwork ID:	MON-0050380

About the designated centre

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

The designated centre provides care for both women and men over the age of 18 from low to maximum dependency needs. It can provide twenty four hour nursing care to meet a range of care needs including for residents with intellectual and physical disability, dementia, acquired brain injury, convalescence, palliative, long term care and short term stay. The centre is located in a rural area. The centre is all located on one floor with an additional activity area located in a basement area accessed by residents via the garden. Accommodation is provided in 25 single bedrooms some of which have en-suite facilities. The aim of the centre is to provide a wide range of nursing and care services to meet the individual needs of residents while actively encouraging residents to fulfil their own potential.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25

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
Monday 22 June 2026	07:45hrs to 14:15hrs	Sinead Lynch	Lead
Monday 22 June 2026	07:45hrs to 14:15hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out by two inspectors of social services, which took place over one day.

Inspectors spoke with residents and visitors throughout the day of the inspection, to elicit their experiences of life in Hillview Private Nursing Home and Retirement Residence.

Overall, feedback was complimentary, and many residents spoken with expressed satisfaction about the standard of care provided. Residents reported that they felt safe in the centre and that staff were kind and helpful while providing support. Visitors were very positive about the way their loved one was taken care of and spoke about the great efforts that were made by staff saying they were 'outstanding'.

Hillview Private Nursing Home and Retirement Residence is a single storey building with 25 single bedrooms. Residents' bedrooms were found to have personal items on display and some residents who spoke with the inspectors said they were invited to bring in personal items from home if they wished. Each bedroom had a lockable locker and a wardrobe for their personal belongings. There was a small oratory residents could access freely. There was a courtyard with seating, tables and sun umbrellas available for residents and their relatives to utilise if they wished.

Notwithstanding the positive feedback from residents, some improvements were required in a number of areas to ensure compliance with the regulations. This included the maintenance of premises as some areas, in particular the flooring was observed to be stained and unclean. Medication storage practices were observed to be unsafe. For example, a dedicated specimen fridge was not available for the storage of laboratory samples awaiting collection. The inspectors observed a blood sample stored within the medication fridge. This posed a risk of cross-contamination. The use of restraints in the designated centre was not always informed by assessment, which meant that there was a lack of assurance that restrictive measures such a bed rails were appropriate, proportionate and informed by consent, as further detailed in the report.

The premises was laid out to meet the needs of residents and to encourage and facilitate independence. However, the cleanliness in some areas was not to an appropriate standard such as the flooring.

Inspectors arrived early to the centre and immediately undertook a walk around the centre. Inspectors met with staff working on the night shift and observed the early morning routine and the morning handover (the exchange of relevant information about the residents between day-time and night-time staff). The inspectors observed that some residents were up and sitting in the nurse's station while most

residents were either sleeping in their bedrooms or had already started their morning routine in the privacy of their bedroom. Staff were observed busily attending to residents' requests for assistance.

On the day of inspection, some residents were seen enjoying their meals in the dining room, while others chose to eat in their bedrooms. When asked about their food, all residents who spoke with the inspectors said that the food was mostly good. They said that there was always a choice of meals, and it was always hot.

Some residents informed the inspectors at the lunchtime service that they had forgotten what they had ordered. There was no menu on display on the tables or in the dining room.

There was a variety of activities for residents to choose from and residents confirmed that they were happy with the activity schedule. All activities were displayed on a notice board and were available for the enjoyment of the residents.

Visitors who spoke with the inspectors were complimentary of the service and felt that there was good communication and they were kept up-to-date at all times.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This unannounced risk inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 to 2025 (as amended) and to follow up on the actions taken by the provider to address significant issues of non-compliance identified during the inspection of the centre in October 2025. Overall, the inspectors found that the provider was delivering a good quality service, however, some further actions were required to ensure the service was safe and upheld residents' rights at all times.

The registered provider is Alvin Nursing Limited. This was the first inspection of this designated centre since it had changed ownership in April 2026. One of the previous directors continued to be involved in the governance and management of the new company, and the inspectors observed that some, but not all, of the actions that the provider committed to complete at the time of registration had been addressed.

For example, a privacy lock had been installed in a communal toilet and some works were completed in the hot press. A new hot water tank had been installed and the provider confirmed that repairs to holes in the cement floor had been carried out. However, this inspection found that a number of areas that required stronger

oversight and more robust governance and management including the management of records, premises, restrictive practices, storage and medication management. These are discussed further in this report.

There was a person in charge who was responsible for the local day-to-day operations in the centre and was supported in the role by an assistant director of nursing. The inspectors observed that all accidents and incidents had been notified with in the required time-frame.

Inspectors reviewed staff files, which were found to be all in place and readily available on the day for the inspectors. However, some improvements in relation to the safe storage of residents' records were required as discussed in further detail under Regulation 21: Records.

Staffing levels were observed to be sufficient to meet the needs of the residents for both day-time and night-time. This was confirmed by the residents spoken with, as well as staff and visitors who met with the inspectors. There were sufficient staff in place on the day of inspection to meet the assessed needs of the residents.

Staff were provided with mandatory and relevant training to meet the needs of their role. Staff training was monitored by the person in charge and all staff completed training to meet the regulatory requirements, which proved effective in the staff members' knowledge and practices.

There was a directory of residents in place that was found to be complete with the required information in relation to residents' admissions and transfer details.

Regulation 15: Staffing

A sample of staff rosters were reviewed, and in conjunction with communication with staff, residents and visitors, the inspectors found that the number and skill-mix of staff were sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were well-maintained and made available to the inspectors on request. Inspectors were assured that staff had completed all the mandatory training and had access to other relevant training to support them in their role.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had a directory of residents which was made available to the inspectors. This included all the information required as per Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 21: Records

Residents' records were not maintained in such a manner as to be safe and accessible. For example:

- The door to the nurses' station was left unlocked. Inside there were residents' files on a work top not secured and easily accessible.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management systems in place required strengthening to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. This was evidenced by the following:

- The general oversight of the physical environment and management systems to ensure that all areas of the premises were safe was not sufficiently robust and the local auditing systems had failed to identify inappropriate storage practices as potential risks to the residents, as further outlined under Regulation 17: Premises, Regulation: 21 Records and Regulation 29: Medicines and pharmaceutical services.
- The provider had not completed all actions committed at the time of registration. For example, cleaning of the carpets and some premises works had not been actioned.
- The oversight of restrictive practices was inadequate as inspectors found that restraints were in place in the absence of appropriate assessments and consent obtained. This was a breach of residents' rights to freedom and liberty of movement and was not in line with best practice and local and national policies.
- Oversight of staff practices required improvements to ensure appropriate infection prevention measures were implemented. For example; Inspectors noted many toiletries were unlabelled and stored inappropriately on window

sils and on a soap dispenser. It was unclear to which resident these items belonged and this posed a risk of cross-contamination. In addition, a dirty urinal was being stored alongside resident toiletries in one of the communal bathrooms.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social services of any accident or incident required to be notified under the regulations within the required time-frame.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures as set out in Schedule 5. These policies were reviewed every three years or more frequently, if required.

Judgment: Compliant

Quality and safety

Overall, the service aimed to deliver quality care to the residents, aided by a team of staff who were respectful and kind. However, improvements were required in several areas, specifically in respect of managing restrictive practices and premises, to ensure that the care provided was safe and appropriate at all times.

Residents had timely access to general practitioners (GP) from a local practice. From a sample of residents' care plans reviewed there was evidence of appropriate referral to health and social care professionals, where required.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place which largely reflected trigger factors, if identified, for individual residents and de-escalation techniques that staff should use to prevent the behaviour escalating. However, the use of

restrictive practices was not found to be fully in line with best practice and national policy as published on the website of the Department of Health.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre. However, the registered provider was required to action works with regard to the premises, in order to provide a safe and comfortable living environment for all residents and will be discussed further under Regulation 17: Premises.

Residents expressed overall satisfaction with food, snacks and drinks. Food and snacks were available at all times, including out-of hours. Inspectors followed up on residents with specific dietary requirements and found that the dietary needs of all residents reviewed were met.

Appropriate arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure their safety. Transfer letters accompanied residents upon transfer to another service and copies of documents were available for review. They contained relevant resident information including medications, mini mental state examination score (MMSE) and communication difficulties where relevant.

While medication administration practices were good, medicines were not stored securely in the centre. The nurses' station could be accessed by residents or visitors without restrictions, which had an unlocked medication fridge, which posed a health and safety risk. This is discussed further under Regulation 29: Medicines and pharmaceutical services.

Regulation 17: Premises

The registered provider did not ensure that all aspects of the premises conformed to the requirements of Schedule 6 of the regulations; for example:

- Some areas in the centre were not safe and secure. The sluice room was found unlocked which increased the risk of residents accessing chemicals that may cause injury.
- General wear-and-tear was noted throughout the centre with chipped paint observed on walls and doors. The carpet on the corridor floors and communal areas appeared dirty and heavily soiled.
- The flooring in some rooms was not sealed. Damaged flooring was observed at the floor to wall junctions in the hot press and in the sluice room. This meant that it could not be cleaned appropriately, which posed a safety risk.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They 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 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre was done in a planned and safe manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The storage of medicines was not appropriate and posed a risk to residents. For example:

- The door into the nurses' station was open and the medicine fridge was found to be unlocked. This was used on the day to store medication and a blood sample.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence-based health care provided, with regular oversight by GPs and referrals made to specialist professionals in line with their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Improvements were required to ensure that each resident experienced care that supported their physical, behavioural and psychological well being, as evidenced by;

- Some residents who had restraint such as bed rails in use, did not have an individualised risk assessment in place. There was no documented evidence that signed consent was obtained or that the risks of using that restraint had been explained to the resident or their representative prior to use.

Judgment: Substantially compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. Training records indicated that all staff had completed safeguarding training. Inspectors reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment. The nursing home was not a pension-agent for any residents.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Hillview Private Nursing & Retirement Residence OSV-0000141

Inspection ID: MON-0050380

Date of inspection: 22/06/2026

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Staff have been reminded of their responsibility to ensure confidential records are not left accessible on worktops. Checks will be carried out by the Person in Charge or delegated senior staff to monitor compliance with findings recorded. Suitable locks have been ordered to retrofit the existing cupboard doors to ensure Records are maintained in a secure and accessible manner to ensure full compliance with Regulation 21. These measures will ensure residents' records are maintained securely while remaining accessible to authorized staff only, in full compliance with Regulation 21.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider in accordance with Regulation 23 will ensure that the management systems in place ensure that the service provided is safe, appropriate, consistent and effectively monitored. Oversight and compliance will be monitored through; 1. Increased room and premises audits conducted on a weekly basis. 2. Regular Governance meetings which will address any issues identified and generate corrective actions ,ongoing supervision and policy review.	

Specific measures taken to enhance compliance include

1. The Monthly risk assessment has been enhanced with the following provisions ; (i) 'All medications stored appropriately in locked cupboards' (ii) .'All medication stored separate to non-medicated items e.g. samples.
2. A Cleaning Rota for the carpets has been established and included as an entry on the "deep clean" duties.
3. Oversight of staff practices has been strengthened through enhanced supervision, spot checks on infection prevention and control. All staff have been reminded to ensure residents' toiletries are clearly labelled and stored appropriately. Daily environmental checks have been introduced to ensure personal care items are stored correctly and that contaminated equipment, such as used urinals, is cleaned, disinfected, and stored separately in line with IPC policies. Compliance will be monitored through regular audits and management oversight.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The following actions have been taken to ensure that all aspects of the premises conform to the requirements of Schedule 6 of the regulations.
The following have been actioned to achieve full compliance with Regulation 17

1. A Keypad lock has been purchased for installation on the sluice room door to enhance security, safety and mitigate access risk.
2. Tenders for painting works have been issued on 3/07/2026 and arrangements in place for the works to commence imminently following the appointment of the contractor.
3. Seal/flooring purchases have been made for the hot press and the sluice room to ensure full compliance.
4. On the 29th of June 2026, the Carpets in the entire premises were cleaned and sealed by an external Professional Carpet Cleaning service. The appropriate cleaning chemicals for our carpet cleaning machine have been procured, and an ongoing internal carpet cleaning schedule has been implemented.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
To ensure full compliance with Regulation 29, the following actions have been taken to ensure the storage of medicines is appropriate.
1. An additional fridge ordered/purchased for the use for laboratory samples only and additional signage has been created and mounted.

2. Additional signage has been installed. The Person in Charge reinforced with staff the requirement to ensure the medication fridge remains locked at all times Staff were reminded of the procedure to ensure the nurses' station is always secured.

3. The Person in charge will conduct ongoing monitoring on compliance with this procedure.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The following have been actioned to ensure full compliance with Regulation 7.

The Person in Charge has improved and updated the restraint forms and risk assessments to reflect current best practice (attached). These updates reflect the noted issued in the inspection finding and include the following additions.

1. A nurse signature line and tick box has been added to ensure risk explanation has been provided to all residents/representatives.
2. A Resident/representative signature and date lines have been added.
"I _____ confirm that I have been advised that while the use of _____ may mitigate impact injuries, the use of _____ may pose increased risks of accidental _____. I confirm that the above risks have been discussed and understood. Nevertheless, I agree with this intervention being utilised. I understand that this risk assessment shall be reviewed every 4 months or sooner if my conditions change.

Resident/ Representative
Name_____ Date: _____
Signature _____

Staff Nurse
Name_____ Date: _____
Signature _____

GP
Name_____ Date: _____
Signature _____

The Registered Provider will ensure that any use of restraint is in accordance with current national policy and legislation. Compliance will be monitored through
• Regular audit
• Review of restraint records, risk assessments, Staff training,
• Governance meetings, any issues identified will be addressed through corrective actions, supervision, and policy review to ensure ongoing compliance.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	27/07/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	27/07/2026
Regulation 29(4)	The person in charge shall ensure that all	Substantially Compliant	Yellow	27/07/2026

	medicinal products dispensed or supplied to a resident are stored securely at the centre.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	12/07/2026