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:	Abbeylands Nursing Home
Name of provider:	Abbeylands Nursing Home & Alzheimer Unit Limited
Address of centre:	Carhoo, Kildorrery, Cork
Type of inspection:	Unannounced
Date of inspection:	19 August 2026
Centre ID:	OSV-0000187
Fieldwork ID:	MON-0050689

About the designated centre

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

Abbeylands Nursing Home is a purpose-built, single storey residential centre with accommodation for 50 residents. The centre is located in a rural area of Co. Cork, close to the village of Kildorrery, on large, well maintained grounds with ample parking facilities. The centre is divided into three suites, Funchion suite accommodates 13 residents, Blackwater suite accommodates 16 residents and the designated dementia unit, Lee suite accommodates 21 residents. Bedroom accommodation comprises 16 single bedrooms and 17 twin bedrooms, all except one of which are en suite with toilet, shower and wash hand basin. The centre provides respite, convalescent, palliative and extended care for both male and female residents over the age of 18 but predominantly over the age of 65. Medical care is provided by the residents own general practitioner (GP) or the resident may choose to use the services of one of the other GPs that attend the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41

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 19 August 2026	08:50hrs to 17:00hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

The overall feedback from residents living in Abbeylands Nursing Home was positive. Residents who spoke with the inspector about their experience of living in the centre said they felt very safe and content and described staff as very kind, caring and respectful. During the day of this unannounced inspection, the inspector spoke with many of the residents, but spoke in more detail to fourteen residents. One resident spoken with, stated "they would be lost without the company of others" in the centre and another stated "they felt so safe" in the care of the staff. Residents in general throughout the day commented on the kindness of staff and that they knew the management team well. Many expressed their satisfaction at their presence in the centre on a daily basis. The inspector also spoke to six visitors who were in the centre on the day of the inspection. There was positive feedback overall, with one visitor commenting on the security they felt knowing their loved ones were care for so well.

On arrival to the centre, the inspector was greeted by the Person in charge. Following the centres' sign in procedures, the inspector went on a walk around of the centre. The inspector greeted, spoke with and observed the lived experience of residents at the centre. At the time of the walk through, some residents were receiving assistance with personal care, whilst other residents were up and ready for the days activities. Staff were observed to respectfully knock on residents' bedroom doors prior to entering and were seen offering assistance throughout the day to residents that required it. Following this, the inspector had a short introductory meeting with the person in charge to set out the purpose of the inspection.

Abbeylands Nursing Home is a single storey building and is registered to accommodate 50 residents in 16 single rooms and 17 twin bedded rooms. All bedrooms have en suite facilities with the exception of one single room, which had a hand wash sink only. The centre has three suites, Funcheon, Blackwater and Lee. On the day of the inspection, the inspector observed that the provider had site works ongoing to provide more single bedrooms and decrease twin occupancy rooms. An application to vary had not been submitted at the time of the inspection.

Bedrooms were clean and tidy and there was adequate space for residents to rest and relax and to display personal effects. Corridors were adorned with resident artwork, made largely from sustainable materials. Residents were observed in the morning time, being offered refreshments and in the Dementia specific unit, residents were seen to be watching the Rosary on Television. Staff were found to be attentive.

There was a variety of communal spaces available to residents. Communal areas were used for receiving visitors, and quiet spaces for residents who wished to read

or sit and reflect. On the day of the inspection, residents were seen to come and go to the day spaces with visitors and other residents as per their preference.

A full and varied activity programme was available to residents in the centre five days per week by two activities staff. The centres staff covered activities at weekends. Residents overall said they were happy with the activities on offer. Some residents were observed enjoying the outdoor garden spaces where a local musician came to the centre and played music in the garden throughout the afternoon.

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

Capacity and capability

This was an unannounced, one day inspection, by an Inspector of social services 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 findings of previous inspections. The inspector found overall, that this was a well managed centre, however, some actions were required to come into full compliance with the regulations, which are further detailed in this report.

An immediate action was issued to the provider during the inspection in relation to Regulation 28: Fire prevention. A large open shelving unit containing large amounts of combustible items including sanitary wear, gloves, gels was situated in an alcove next to resident bedrooms. This area also contained electronic equipment which posed a fire risk. The provider removed these items during the inspection. This is actioned under Regulation 28: Fire prevention.

The centre was owned and operated by Abbeylands Nursing Home and Alzheimer Unit Limited who is the registered provider. The company had a board of directors, one of whom was the person representing the provider and was actively involved in the operational management of the centre. The person in charge was an experienced nurse and was supported in her role by two assistant general managers, two clinical nurse managers(CNM),(one CNM was in the process of being recruited), nursing staff, health care assistants, activity, catering and household staff.

The inspector had concern in relation to the staffing levels to ensure the service provided was safe, appropriate, consistent and effectively monitored. It was reported that there was a deficit in staffing as a number of resignations had been received recently resulting in a high level of reliance on existing staff to fill the roster. Upon review of the rosters and speaking to the person in charge, night time staffing levels in particular were concerning having regard to the assessed high needs of residents, layout of the centre, including one resident who had a 24 hour

supervision plan in place. Three staff who spoke to the inspector, described being very busy to ensure all care needs and requirements of residents were carried out, but felt they were under staffed to provide appropriate supervision at times when the roster was short. The provider had a plan in place to secure new staff, but these staff were going through recruitment processes and were not ready to commence their roles in the centre. This is actioned under Regulation 15: Staffing.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was evidence of all staff attending training in areas such as fire safety, manual handling, safeguarding vulnerable adults, management of challenging behaviour, and infection prevention and control.

The provider had an audit schedule examining key areas, including Infection prevention and control, documentation, medication management which were in line with findings on the day of the inspection. A sample of staff files were reviewed. Upon review of one file, it was evident that not all the required documentation was available for one staff member as per regulatory requirements. Further discussed under Regulation 21: Records.

The oversight of incidents and accidents in the centre were well managed in the centre ad all notifications requiring submission to the Office of the Chief Inspector were notified within the required time frames to meet regulatory requirements.

Complaints were well managed in the centre with evidence of the complaints procedure displayed in the centre. On review of the complaints documentation, it was evident that complaints were dealt with, with written correspondence given to the complainant with learnings attached for staff and management.

Regulation 15: Staffing

Action was required by the provider to ensure the number and skill mix of staff was appropriate having regard to the needs of the residents and the size and layout of the centre. For example:

- Night time staffing levels were not sufficient. There was one nurse and three health care assistants on duty from 8pm-8am for 41 residents on the day of the inspection over three wings including a dementia specific unit. In the evening time, nurses who were on day duty(8am-8pm) were required to remain on duty until 10pm to assist the night nurse with medications as the nurse is occupied with medication rounds for some time.
- One resident in the centre required one to one supervision as documented in their care records. On review of rosters and speaking to staff, it was evident that there was not enough staff available at all times to adequately support this residents' supervision plan.

Judgment: Not compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and safeguarding residents. All mandatory training required by staff were completed in a timely manner and refresher training was planned for future training sessions required later in the year.

Judgment: Compliant

Regulation 21: Records

A sample of staff records were reviewed which showed that one new staff member who was working on the day of the inspection, did not have a vetting disclosure from the National Vetting Bureau prior to the commencement of their employment in the centre as required by Schedule 2 of the regulations.

Judgment: Not compliant

Regulation 23: Governance and management

Action was required to ensure that management systems in place are safe, appropriate, consistent and effectively monitored.

For example:

- the provider did not have effective oversight of fire precautions and mitigating risk in the centre. Outlined under Regulation 28: Fire Precautions.
- there was a lack of oversight in the recruitment processes of hiring new staff specifically in relation to documents required under Schedule 2. Actioned under Regulation: 21 Records.
- The registered provider did not have sufficient resources to ensure the effective delivery of care in line with the statement of purpose. Actioned under Regulation 15: Staffing.
- oversight was required at mealtimes to ensure each resident had access to choice. Actioned under Regulation 18: Food and Nutrition.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the incidents log in the centre indicated that any incidents that required notification to the office of the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre and met the requirements of the regulation. The inspector reviewed the complaints records maintained in the centre and saw that these were actioned by the management team. Written responses were provided to complainants and evidence of details of the review and learnings actioned from the review were observed.

Judgment: Compliant

Quality and safety

Overall, residents living in Abbeylands Nursing Home were found to be supported to have a good quality of life, which was respectful of their wishes and preferences. There was timely access to health care services and appropriate social involvement. A human rights based approach to care was evident and seen to be promoted. Residents spoken with stated they felt safe living in the centre and were very content in the care of staff in the centre.

The inspector reviewed a sample of care plans and found that nursing staff completed a comprehensive assessment of residents' health, personal and social care needs on admission. Validated assessments tools to assess residents' risk of falls, malnutrition and pressure ulcers were completed by staff and used to inform care plans. The inspector saw that care plans were person-centred and detailed to provide good guidance on the care needs of residents.

The inspector was assured that residents' health care needs were met to a high standard. There was a General practitioner onsite every Thursday or was available for review of residents where required. Care records demonstrated that referral

systems were in place for residents to access allied health and social care professionals such as dieticians, speech and language and physiotherapy. The centre had access to Tissue viability nursing and could refer a resident or seek advice where required.

The premises was bright, clean and had a warm homely feel. However, on the walk through of the centre, there was evidence of inappropriate storage of equipment around the centre, for example, hoists and large equipment which blocked resident access to a door to the enclosed garden in one area. Actioned under Regulation 17: Premises.

Staff were knowledgeable regarding residents' individual needs in terms of managing and supporting those with responsive behaviours. A restrictive practice register was maintained in the centre. Associated bed rail assessments and care plans were evident in resident care records. Residents who displayed responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) had care plans in place which were person centred and showed evidence of the use of behaviour assessment tools to pinpoint triggers for behaviour escalation to direct care for staff.

The centre has two dining rooms where residents could choose to sit with other residents to enjoy a sociable dining experience. Residents were observed to be unsure of the choice of meal on the menu for the day. There was no menu displayed in the dining room or on the tables for residents to see the choice of meals available to them. One resident recalled it was "fish or chicken" to the other residents at the table, but commented that it is not known what type of fish was being served. Another resident who spoke with the inspector said that whilst the food is generally good, not knowing what type of fish was on and the lack of a menu was not satisfactory. As the inspector was speaking to another resident, staff came and set the lunch meal in front of the resident. They received a salmon dish which they stated they disliked and chose not to eat it.This will be actioned under Regulation 18: Food and Nutrition.

An engaging activities programme was available to residents in the centre. Residents participated in the organisation of the designated centre through resident meetings. From a review of minutes, the inspector saw that there was open discussion with residents. Residents' religious rights were supported onsite in the chapel with a mass held once a week. Residents complimented the activity staff and praised recent activities including outings to Millstreet Horse Show. On the morning of the inspection, the activities staff were busy assisting residents to make resin table tops with dried flowers encased in them. Independent advocacy arrangements were available to residents who required it.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

The provider required to ensure the centre was compliant with matters set out in Schedule 6 of the regulations. For example:

- one registered bedroom was used as an inappropriate storage area which did not align to the Statement of Purpose or Floor Plans for the centre.This was a repeat finding.
- inappropriate storage of equipment and Personal protective equipment which occluded access to the large enclosed garden spaces and did not assure these areas could be cleaned appropriately.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Action was required by the provider to ensure that each resident is offered choice at mealtimes:

Four residents in the dining room stated they did not know what was on for lunch as there was no menu available in the dining room for them to view. Residents' were served fish as an option for the main meal, but it was not explained what type of fish and therefore, some residents expressed dissatisfaction as they stated they would prefer to know what type of fish was on the menu to make a decision on their meal choices for the day.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to take adequate precautions against the risk of fire. For example:

- an immediate risk was identified on the day of the inspection. An open shelving unit with large supplies of combustible materials such as sanitary wear, gloves and clothes, with electrical equipment such as the nurses' computer next to it, was situated on an open corridor adjacent to a fire exit door directly next to resident bedrooms. The shelving and combustible items were removed immediately from this area as they were a potential fire hazard and were stored in a more suitable area behind a fire door.
- The door to a registered bedroom had large gaps which did not provide assurances that adequate protection from fire could occur. This is a repeat finding from the inspection carried out in October 2025.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of care plans reviewed on the day of the inspection were found to be updated as required, as well as, following a change in residents assessed care needs. Validated assessment tools were used to inform care planning. The inspector found that there was sufficient information in the sample reviewed to guide staff in the provision of health and social care to residents, based on their individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Records reviewed showed that residents had access to a high standard of evidence based nursing care in accordance with professional guidance. Wound care assessments and reviews were carried out to ensure up to date information was available to direct care for staff.

Residents had timely access to their general practitioner(GP) and access to additional medical professional expertise as required such as Tissue viability nursing, dietetics, speech and language, occupational therapy and physiotherapy.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had up to date knowledge and skills, appropriate to their role, to manage and respond to residents displaying responsive behaviours. There was good oversight and management of restrictive practices with good evidence of multidisciplinary discussion around reductive measures as necessary.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector saw that there was a schedule of activities in the centre that was supported by two activity staff. Residents choices were respected in the centre and residents had access to advocacy services as required. Residents' views on the running of the centre were sought through residents' meetings and surveys that were held regularly 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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not 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 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbeylands Nursing Home OSV-0000187

Inspection ID: MON-0050689

Date of inspection: 19/08/2026

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Six of our nursing staff left in a very short period of time to take up roles elsewhere, as a result we were caught cold with the staffing levels. We have filled this void with Agency Nursing Staff and have successfully recruited additional full time staff nurses, they will begin employment with us by October 15th, this is unprecedented in all our time managing Abbeylands Nursing Home and is as a result of a change in Visa and Permit rules which allow recruited Nurses to leave before the previous two year employment term was reached.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: We have since corrected our records, the new staff member was vetted in her home country and a Garda Vetting application was submitted for process, this was an oversight on our part and will not be repeated. The correct Garda Vetting was issued on September 1st.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
New storage arrangement has been agreed and are being worked on at present to avoid future improper storage of hazardous materials.

Staffing and recruitment policies have been amended following the rule changes in Visa rules on a national level, we anticipate a higher than before turnover of Nursing Staff and will ensure we are prepared for such instances by anticipating such occurrences.

Resources were more compromised on a temporary basis due to the unprecedented number of staff leaving to take up opportunities elsewhere, as per the above we are far more aware and prepared for such instances in the future.

We believe the choice of food offering is not the issue to hand but one of communication on our part to our residents, we verbally let each resident know of choices for Lunch and evening meals, orders are taken at that point (mid-morning) however we will introduce visual displays of our food offering each day by way of visual display menus on each dining table along with on our notice board, this will be updated daily and changes in orders will be easily facilitated for residents by our Kitchen.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
We are in the process of converting and repurposing seven rooms/spaces to offer more single occupancy rooms for residents and reduce shared room capacity. During this process we were under space pressure for storage, this is now being corrected and the garden access on the day of inspection has been rectified.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
We will display meal options to residents by way of verbal communication as always bolstered by visual display menus on each dining table and through our notice boards, this will be updated daily to ensure clear communication of both visual and verbal means and avoid any confusion as a result.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Hazardous material has been stored away, additional appropriate storage is being created for safe storage of Gloves and Clothes, the practice of storing staff drinks near electrical equipment has ceased.

Repairs to the affected fire door noted are being corrected and sections of joinery to complete the repair are on order and due to us in the coming days.

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.	Not Compliant	Orange	29/09/2026
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	01/09/2026
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	06/10/2026

Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	01/09/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	29/09/2026
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	16/10/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	16/10/2026