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:	Acorn Lodge
Name of provider:	Acorn Healthcare Limited
Address of centre:	Ballykelly, Cashel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	30 March 2026
Centre ID:	OSV-0000188
Fieldwork ID:	MON-0048631

About the designated centre

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

Acorn Lodge is a single storey, purpose-built centre established in 2001, and the registered provider is Acorn Healthcare Limited. The centre is registered to accommodate 50 residents both male and female over the age of 18 years. Residents are accommodated in single bedrooms, each containing en suites. Bedroom accommodation is provided in two wings and each wing also accommodates a linen room, sluice room, a non-assisted bathroom and a nurses' station.

The aim of the centre is to provide person centred care and services to residents, and caters for residents of all dependencies; low, medium, high and maximum care needs. These include persons requiring extended or long term care as well as those who require respite care or convalescence, dementia and cognitive impairment; residents with physical and sensory impairments and residents who may also have mental health needs. In addition, the centre caters for residents requiring Percutaneous Endoscopic Gastrostomy (PEG) feeds or special diets, subject to and in conjunction with, the support of the residents' General Practitioner (GP). There is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, administration, catering, and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

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 30 March 2026	09:00hrs to 17:00hrs	Sinead Corbett	Lead
Monday 30 March 2026	09:00hrs to 17:00hrs	Mary Veale	Support

What residents told us and what inspectors observed

Over the course of the day, the inspectors spoke with fourteen residents and met one visitor during the inspection. Residents were highly complementary of the centre, the staff, the quality of the care and activities provided, for example inspectors were told that the staff were 'angels' and were 'lovely'. Residents said that they felt safe in the centre and could choose how they wished to spend their day. The inspectors spent time observing the environment, interactions between residents and staff, and reviewing various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests and needs.

This inspection was a one day inspection conducted by two inspectors to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 (as amended). The inspectors followed up on the compliance plan submitted by the provider following the inspection of the centre in August 2024.

Acorn lodge is a single storey building situated near Cashel, Co. Tipperary. The design and layout of the premises met the individual and communal needs of the residents'. There was a choice of communal spaces. For example, a day rooms, a dining room, a visitors room, a library, a drawing room and oratory. The environment was homely, clean and decorated suitably. The drawing home had a fireplace, large television and a piano. The day rooms had a television, large tables and was a space in which residents' could read the newspaper, listen to music or partake in activities. The dining room tables were covered with white cloth table clothes and had a fine dining room atmosphere.

Bedroom accommodation consisted of 50 single bedrooms with en-suite with a shower, toilet and wash hand basin facilities. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Pressure relieving specialist mattresses, cushions and fall prevention equipment were seen in some of the residents' bedrooms.

Residents had access to a secure garden area and the doors to the garden area were open and were easily accessible. Residents also had access to garden areas to the front of the building. Inspectors were informed that residents were encouraged to use the garden spaces. The garden areas were attractive and well maintained with raised flower beds, seating areas and decorative animal ornaments.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' enjoyed homemade meals and stated that there was always a choice of meals, and the quality of food was excellent. The daily menu was displayed outside the dining room. There was a choice of two options available

for the main meal. Jugs of water and cordial were available for residents. The inspectors observed home baked scones being offered to residents outside of meal times.

The centre provided a laundry service for residents. All residents' whom the inspectors spoke with on the days of inspection were happy with the laundry service.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios, the internet and televisions. The activities programme was displayed on the notice board near the dining room and included seated exercises, music, dog therapy, games and mindfulness. The inspectors observed residents watching a movie in the drawing room in the afternoon. Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services. Safeguarding information including details of the safeguarding officer were displayed in the centre

Friends and families were facilitated to visit residents, and the inspectors observed many visitors in the centre throughout the day. Visitors who spoke with the inspectors were happy with the care and support their loved ones received.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

There were effective governance and management arrangements in place, which ensured residents received a good quality of care and support, from a staff team who knew them well.

Acorn Healthcare Limited is the registered provider for Acorn Lodge. The person in charge worked full-time and is supported by a team consisting of an assistant director of nursing, registered nurses, health care assistants, kitchen staff, housekeepers, activities staff, administration and maintenance staff. There were good management systems in place to monitor the centre's quality and safety. There were clear reporting structures and staff were aware of their roles and responsibilities. There was a stable management team in the centre and overall there was good oversight of the service and its current risks.

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a

timely manner, such as providing assistance at meal times and responding to requests for support.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of training. An extensive suite of mandatory training was available to all staff in the centre and training was up-to-date. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control. Staff with whom the inspectors spoke with, were knowledgeable regarding fire safety, infection control and safeguarding procedures.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, falls, care planning and medication management audits. Audits were objective and identified improvements. Records of management and staff meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Regular management meeting and staff meeting agenda items included key performance indicators (KPI's), training, fire safety, care planning, and residents' feedback. It was evident that the centre was continually striving to identify improvements and learning was identified in post falls analysis, complaints and audits. The annual review for 2025 was available during the inspection. It set out the improvements completed in 2025 and improvement plans for 2026.

Records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspectors throughout the day of inspection. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet needs of the residents. There was a minimum of two registered nurse on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff have access to a wide range of training and a review of documentation identified that all staff had completed training in topics such as fire safety, infection prevention and control, safeguarding and managing responsive behaviours. There

was also good compliance with training in other topics, such as hand hygiene, antimicrobial stewardship and outbreak management.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Quality and safety

Overall, from what residents told inspectors and what inspectors observed, residents were supported to have a good quality of life in Acorn Lodge. Staff and resident interactions were kind and respectful. Residents and visitors that spoke with inspectors were complimentary about the centre and care from the staff.

Notwithstanding this, inspectors found some issues with premises that will be discussed further in the report.

Inspectors reviewed a sample of residents' care plans. Good practice was observed in the area of care planning for residents. Care plans were documented within 48 hours of a resident's admission to the centre. Care plans were developed following an assessment of the residents' needs and were detailed sufficiently to direct care. A wide range of validated assessment tools were utilised to identify risks of falls, pressure ulceration, and malnutrition. Care plans were person-centred, for example food and nutrition care plans included personal preferences. Care plans were reviewed following any changes and at minimum intervals of four months. Daily progress notes were recorded to facilitate continuity of care. Transfer letters were recorded and included all relevant information about the resident, in addition discharge letters from hospital were stored in the residents' electronic records.

Residents' medical and health needs were met through a broad range of community-based health and social care services, for example General Practitioner (GP), speech and language therapy, specialist nurses in infection control, physiotherapy and palliative care teams. Residents were supported to access national vaccination programmes such as for Covid-19 and Influenza vaccines.

Residents told inspectors that they could choose how they wished to spend their day and they had a choice at mealtimes and in relation to activities. A varied activity schedule was available for residents to join as they wished, such as cards, art, 'Gramophone Circle' and poetry and stories. Residents had access to an oratory for quiet reflection or prayer. Residents' suggestions and input was sought, resident meetings were held in the centre and the centre had named resident ambassadors. A comment box was located at reception. Residents had access to television, radio and Wi-Fi.

On the day of inspection, the centre was warm and comfortable. Residents had a choice of communal spaces in the centre and there was adequate space for activities to take place. Residents had access to call bells in their bedrooms and in bathrooms and they had adequate space for personal items and lockable storage in their bedrooms. The internal and external areas of the premises appeared well maintained, with some areas of wear and tear noted, this is discussed further under Regulation 17: Premises.

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request. The quality and presentation of the meals were of a high standard. Some residents required special diets or modified consistency diets and these needs were provided as recommended. The daily menu was displayed and choice was available at every meal.

Overall, communal areas and bedrooms were observed to be cleaned to a good standard. Household staff were observed cleaning the centre on the day of the inspection and they used cleaning trolleys with separate sections for clean and soiled mop heads and cloths. Staff had access to relevant infection, prevention and

control training and staff that spoke with inspectors were knowledgeable about infection control practices. A review of the records identify that infection control training is up to date. Hand sanitiser gel were located close to the point of care and this reduces risk of cross contamination. Frequent audits were conducted on infection control practices including anti-microbial stewardship and these identified high levels of compliance. Risk assessments for infection prevention and control were completed in 2026 to identify actions to reduce the risk of infection. The centre has an up to date infection control policy. There are good links in the centre with the community infection control team.

Good systems were in place to manage the risk of fire in the centre. A fire risk assessment was completed quarterly and staff were practicing fire drills approximately three times per month. Fire equipment such as fire doors, emergency lighting, fire extinguishers and blankets were in place. Personal Emergency Evacuation Plans (PEEPs) were in each resident' room. The fire alarm panel showed no fault when checked on the day of the inspection. A system was in place for servicing the fire equipment.

Regulation 11: Visits

Arrangements were in place for residents to receive visitors. The centre had arrangements in place to ensure the ongoing safety of residents. There was suitable private spaces for residents to receive a visitor if required.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

While the premises was well laid out to meet the needs of the residents there were some areas of wear and tear noted, for example: small areas of flooring were noted to be damaged, the surface of a wardrobe door was noted to be peeling off, and some door frames and showed wear and tear.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietitian. Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 27: Infection control

The centre was very clean and there was adequate cleaning staff employed. Staff were observed to be adhering to good hand hygiene techniques. There were two sluicing facility on the premises which were clean and well maintained. There were two cleaning staff on duty daily. These staff members were knowledgeable about cleaning practices, processes and chemical use. Handwashing facilities were available for staff.

Judgment: Compliant

Regulation 28: Fire precautions

Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Fire safety management servicing and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times. Daily checks were completed to ensure fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation. Each resident's evacuation needs were regularly assessed and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills. All staff had completed annual fire safety training specific to Acorn Lodge and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate, for example the dietitian, and physiotherapist. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Acorn Lodge OSV-0000188

Inspection ID: MON-0048631

Date of inspection: 30/03/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Wardrobe door - complete. Painting scheduled to commence June 2026 – September 2026. Floor Covering Replacement – can only be scheduled when rooms are vacated. Service contractor has been secured.	

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	30/09/2026