



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

Issued by the Chief Inspector

Name of designated centre:	Darraglynn Nursing Home
Name of provider:	Darraglynn Nursing Home Limited
Address of centre:	Carrigaline Road, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	18 March 2026
Centre ID:	OSV-0000220
Fieldwork ID:	MON-0050030

About the designated centre

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

Darraglynn Nursing Home is a family run designated centre and is located within the suburban setting of Douglas, Cork city. It is registered to accommodate a maximum of 26 residents. It is a single storey building with a basement that accommodates the laundry, storage and staff facilities. The centre is set out in two wings named Lucey and Féileacháin (butterfly). Bedroom accommodation comprises 22 single bedrooms and two twin bedrooms; 20 single bedrooms and one twin room have full en suite facilities of shower, toilet and wash-hand basin; one single and one twin room have wash hand basin facilities in their bedroom. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise the sitting room, dining room conservatory and quiet visitors' library room. Darraglynn Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 March 2026	09:00hrs to 15:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and to follow up on the findings of the previous inspection of November 2025. This inspection had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

Darraghlynn Nursing Home provides short term, medium term and long-term care residential care, convalescence, palliative and dementia care for both male and female adults, with a range of dependencies and needs.

There was a calm and welcoming atmosphere in the centre over the course of the inspection. Staff were observed engaging with residents in a respectful and kind manner. The inspector met with the majority of the 26 residents living in the centre and spoke with nine residents at length to gain an insight into their lived experience.

Residents said that they were happy living in the centre and that they were supported by caring and kind staff, who respected their opinions and choices. One resident reported that they chose to move to the nursing home because of its small, homely environment. They also noted that the centre had a positive reputation in the community, which influenced their choice. Another resident described their care as excellent and said that staff go "above and beyond for them" while a further resident described staff as "top class".

Residents had access to newspapers, TV and radio. There was a varied and flexible activities schedule over seven day per week. On the afternoon of inspection, a number of residents were observed partaking in a sing along with a volunteer who visited the centre each week. Residents said they had enjoyed the recent St Patrick's day festivities which were celebrated with a party and live music.

Visitors were observed to be welcomed by staff and it was evident that staff knew visitors by name and actively engaged with them. Visits took place in communal areas and residents bedrooms where appropriate. The inspector spoke with one visitor who complimented the quality of care provided to their relative by staff.

Resident accommodation on the ground floor comprised 22 single bedrooms and two twin bedrooms. Bedroom accommodation met residents' needs with regards to their comfort and privacy and were seen to be nicely decorated and maintained. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

There was a variety of comfortable communal spaces available to residents, including two sitting rooms, a dining room and a prayer room. Communal areas were seen to be supervised at all times and call bells were answered promptly.

Overall, the general environment, residents' bedrooms, communal areas and bathrooms inspected appeared well maintained and clean with some exceptions. For example, surfaces and finishes including flooring in some bedrooms were worn and the carpet in the main sitting room appeared stained. The provider had identified these issues and was endeavouring to improve existing facilities and physical infrastructure at the centre through planned maintenance and renovations.

Ancillary areas were also generally well-ventilated, clean and tidy. The infrastructure and equipment in the on-site laundry, located in the basement, supported the functional separation of the clean and dirty phases of the laundering process. Washing machines and dryers were of an industrial type that included a sluicing cycle.

The main kitchen was clean and of adequate in size to cater for resident's needs. Residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising. Residents were generally complimentary of the home cooked food and the dining experience in the centre.

The sluice room was clean, tidy and equipped to support effective decontamination. However, the detergent in the bedpan washer had expired. This may result in ineffective decontamination of urinals, bedpans and commode basins.

The housekeeping room did not support effective infection prevention and control. The absence of a janitorial unit in the housekeeping room meant that mop buckets were prepared within the sluice room. This practice posed a risk of cross contamination. Details of issues identified are set out under Regulation 27.

Alcohol hand gel was readily available within bedrooms and on corridors. An upgraded clinical hand washing sinks had been installed in the sluice room to support effective hand hygiene. This complied with current recommended specifications for clinical hand hygiene sinks. However, barriers to effective hand hygiene practice were observed during the course of this inspection. For example, hand wash sinks in resident bedrooms were dual purpose, used by staff for clinical hand washing and residents for personal hygiene. A risk assessment, detailing appropriate controls, had not been undertaken to support this practice. Furthermore, soap dispensers did not use disposable single use soap cartridges. Findings in this regard are presented under and Regulation 27.

The next two sections of the report, capacity and capability and quality and safety will describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspector found this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. While some improvements had been made to clinical hand washing facilities following the last inspection, the location and overall number of clinical hand washing sinks did not support effective hand washing practices. Improvements were also required in the oversight and detection of outbreaks, multi-drug resistant organism (MDRO) surveillance and housekeeping facilities. Findings in this regard are presented under and Regulation 23 and Regulation 27.

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a well-defined management structure in place with identified lines of accountability and authority. The person in charge (PIC) worked full-time in the centre and was supported in the role by a team of nurses, healthcare assistants, housekeeping, activities, administration, maintenance and catering staff. On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix to meet the assessed needs of the residents.

The provider had nominated a nurse to the role infection prevention and control link practitioner to increase awareness of infection prevention and control and antimicrobial stewardship issues locally as recommended in national infection prevention and control guidelines.

There were also sufficient numbers of housekeeping staff available seven days a week to meet the infection prevention and control needs of the centre. A number of assurance processes were in place in relation to the standard of environmental hygiene. These included color coded cloths and mops to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day and a monthly deep cleaning schedule was also in place.

There were a number of management systems in place to monitor and review the quality and safety of the service. The person in charge submitted a monthly report to the Director of Clinical Operations outlining key performance indicators within the centre, such as infections and antibiotic usage. The annual review of the quality and safety of care delivered to residents also included data on infections and antibiotic use in the centre. A review of documentation indicated that infection prevention and control was a standing agenda item at monthly HCA, nursing and clinical governance meetings.

Infection prevention and control audits were undertaken and covered a range of topics including catheter care, hand hygiene, use of personal protective equipment (PPE), equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress.

Notwithstanding the positive findings, the inspector identified that potential outbreaks were not managed in line with national guidance. Findings in this regard are detailed in the Quality and Safety section of this report.

Surveillance of healthcare associated infection (HCAI) and MDRO colonisation was also routinely undertaken and recorded. However, records were not accurate and staff were unaware that a small number of residents were colonised with MDROs including Spectrum Beta-Lactamase (ESBL) and Vancomycin-resistant Enterococci (VRE). As a result accurate information was not recorded in all resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.

A review of training records indicated that all staff were up to date with mandatory infection prevention and control training. However, findings on the day of the inspection indicated that further training was required to ensure staff are knowledgeable and competent in the detection and management of potential outbreaks. Findings in this regard are reported under Regulation 27.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Staff were appropriately supervised and supported.

However, as reported under Regulation 27, findings on the day of the inspection indicated that further training was required to ensure staff are knowledgeable and competent in the early detection and management of outbreaks.

Judgment: Compliant

Regulation 23: Governance and management

Management systems generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(1)(d). However, further action was required to be fully compliant. This was evidenced by the following:

- Improved oversight of the systems in place to assure that potential outbreaks are detected and managed in a timely manner was required. Details of issues identified are set out in the Quality and Safety section of this report.
- Records of MDRO colonisation were not accurately monitored and recorded. Staff and management were unaware that a small number of residents were colonised with MDROs including VRE and ESBL. Lack of awareness meant that appropriate precautions may not have been in place to prevent the spread of the MDROs within the centre.

Judgment: Substantially compliant

Quality and safety

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to live a good quality of life in the centre. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. There was a focus on social interaction led by the activity co-ordinator and residents had daily opportunities to participate in group or individual activities.

The centre adopted an open visiting policy for residents during the day except during protected meal times where visiting was restricted in order to allow residents time and enjoyment of meals without distraction. Visitors confirmed that visits were encouraged and facilitated in the centre.

Residents had access to appropriate medical and allied health care support to meet their needs. This included timely access to their general practitioners (GPs) and other health and social care professionals such as physiotherapy, speech and language therapy, dietitian and chiropody.

Antimicrobial stewardship initiatives reviewed provided ongoing assurance regarding the quality of antibiotic use within the centre. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice.

Electronic prescribing and medicine administration software was used by the pharmacy, GPs and nurses in the centre. The system streamlined medication management within the centre by improving efficiency in prescribing, dispensing and

administration, reducing the potential for medication errors and facilitating greater oversight of antimicrobial stewardship in the centre.

Resident care plans were accessible on a computer based system. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. The inspector focused on resident's elimination (urinary catheter) and wound care plans. The standard of care planning was good and described person centred and evidenced based interventions to prevent catheter associated urinary tract and wound infections.

Effective information and communication systems supported a smooth transition for temporary absence or discharge of residents to hospital. Transfer documentation contained the necessary information required to give a clear picture on residents transfer to the hospital. When residents returned to the designated centre, all reasonable steps were taken to ensure that relevant medical information was obtained from the discharging hospital.

The overall premises were designed and laid out to meet the needs of the residents. The general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained with few exceptions.

The inspector also identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and safe handling and disposal of sharps and used linen.

Notwithstanding the good practices observed, small number of areas were identified that required review to ensure that the registered provider complied with the national standards for infection prevention and control. For example, a recent increase in the number of residents with symptoms of an acute respiratory infection (ARI) was detected through local monitoring systems. While the timing and clinical presentations met the case definition of an ARI outbreak, Public Health and Infection Prevention and Control guidance on the prevention and management of cases and outbreaks of respiratory viral infections were not implemented.

The inspector was informed that the majority of residents had received COVID antigen testing, however there was no evidence that PCR testing for influenza, COVID and RSV testing was undertaken in line with national guidelines. The Department of Public Health was not notified of the potential outbreak. Furthermore, general outbreak control measures such as twice daily active surveillance for symptomatic residents or isolation of symptomatic residents was not implemented.

A vaccination programme was available to staff and residents to mitigate the burden of influenza and COVID-19 in the centre. Strategies to promote flu vaccination uptake in 2025 had been implemented and staff were encouraged and supported to

receive their vaccinations. However, rates of staff influenza vaccine uptake in 2025 fell well below the national uptake target of target of 75%. This increased the risk of infection transmission within the centre.

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.

The visiting policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the individual and collective needs of residents. There were sufficient communal spaces for residents and their visitors to enjoy. The centre was clean and generally well maintained and it met the requirements of Schedule 6 of the regulations.

Minor wear and tear was observed to flooring in some areas. However, the provider had already identified this and a plan was in place to address same.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital.

Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital. Copies of transfer documents were filed in the residents charts.

Judgment: Compliant

Regulation 26: Risk management

The provider ensured that a comprehensive risk management policy which met the requirements of the regulations was implemented in practice. For example, ensuring risks related to infectious diseases such as legionella were assessed and appropriate controls were implemented.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example

- A potential acute respiratory infection (ARI) outbreak was not managed in line with national Public Health and Infection Prevention and Control guidance on the prevention and management of cases and outbreaks of respiratory viral infections in Residential Care Facilities. The failure to respond to the potential outbreak impacted effective infection prevention and control within the centre and may have contributed to onwards transmission.
- There was no janitorial unit within the housekeeping room. Mop buckets were filled and emptied within the sluice room which posed a risk of cross contamination.
- There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's en-suite bathrooms and bedrooms were dual purpose used by residents and staff. However, there was no risk assessment in place to support this practice.
- Soap dispensers were topped up and refilled. National guidelines advise that disposable single use cartridges or containers should be used to reduce the risk of contamination.
- The detergent in the bedpan washer had expired. This may impact the efficacy of decontamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Catheter and wound care plans were sufficiently detailed to guide staff in the provision of person-centred care.

However, as reported under Regulation 23, an accurate MDRO colonisation status was not recorded to effectively guide and direct the care of a small number of residents that were colonised with an MDRO.

Judgment: Compliant

Regulation 6: Health care

Residents' nursing care and healthcare needs were met to a good standard. Residents had timely access to GPs, allied health professionals, specialist medical and nursing services including community palliative care specialists as necessary.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, antibiotic usage was monitored and usage was tracked and trended each month.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre. All interactions observed on the day of inspection were person-centred and courteous. Residents spoke of exercising choice and control over their day and being satisfied with activities available. Residents were consulted through residents meetings on issues such as the environment, food and mealtimes and activities.

Systems were in place to monitor the vaccination status of residents and to encourage vaccination including booster vaccination, to the greatest extent practical.

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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Darraglynn Nursing Home OSV-0000220

Inspection ID: MON-0050030

Date of inspection: 18/03/2026

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. Strengthen Outbreak Detection and Escalation Systems <ol style="list-style-type: none"> 1. The Clinical Governance Committee will implement a revised surveillance and escalation protocol to ensure timely identification and risk assessment of potential ARI clusters. This includes introducing weekly surveillance logs reviewed by the IPC link nurse and PIC, mandatory escalation checklists, and monthly audits over the next three months. 2. Improve Oversight and Accuracy of MDRO Monitoring <p>A centralized MDRO register will be established to ensure accurate, visible colonisation status, with all results entered within 24 hours. The PIC will lead weekly reviews, update care plans and signage, and monthly audits will be conducted. Completion by 30 April 2026.</p> 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. ARI Outbreak Management Alignment <p>Update outbreak management policy and flowcharts, deliver scenario-based training, and</p> 	

implement an outbreak response checklist. The PIC will also maintain stock of multiplex antigen test kits for SARS-CoV-2, Influenza A & B, and RSV. Completion by 31 May 2026.

2. Janitorial Facilities

A dedicated janitorial unit will be installed by 30 June 2026.

3. Hand-wash Sinks and Risk Assessment

Risk assessments will be completed to address the dual use of hand wash sinks in residents' en-suite bathrooms and bedrooms. Completion by 30 April 2026

4. Soap Dispenser Replacement

Refillable soap dispensers will be removed and replaced with single-use cartridge-based systems in line with national guidelines. Completion by 31 May 2026.

5. Detergent Management and Stock Monitoring

Expired detergent in the bedpan washer was immediately replaced, with checks introduced to ensure all consumables remain in date. Completion by 31 May 2026.

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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 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	31/05/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/05/2026
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to	Substantially Compliant	Yellow	31/05/2026

	infection prevention and control and outbreak management is implemented in the designated centre, as required.			
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