

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

Issued by the Chief Inspector

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| 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: | 05 November 2025 |
| Centre ID: | OSV-0000220 |
| Fieldwork ID: | MON-0047571 |

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.

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| Number of residents on the date of inspection: | 26 |
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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 5 November 2025 | 09:30hrs to 16:00hrs | Louise O'Hare | Lead |
| Wednesday 5 November 2025 | 09:30hrs to 16:00hrs | Ella Ferriter | Support |

What residents told us and what inspectors observed

Overall, the inspectors found that residents were supported to enjoy a good quality of life in this designated centre. Residents received a good standard of care from a stable team of staff who ensured their individual needs and preferences were met. Inspectors spoke with fourteen residents and five visitors during the day of inspection. One resident told the inspectors that "it's lovely here" and another "they look after us well". One resident told inspectors that they "love my life here", while others described the staff as "fantastic" and "excellent".

On arrival at the centre inspectors were greeted by the person in charge and conducted an initial walk around, followed by a brief introductory meeting. Residents were observed going about their day in line with their own preferences. Some residents were relaxing in the sitting room or their bedrooms, while others were in the dining room having breakfast. Residents who preferred to get up later were still in bed.

Darraglynn nursing home is a single-storey premises, located in the suburb of Douglas, close to Cork city. The front entrance leads to a reception area with a well appointed and comfortable seating area. The centre is divided into two units Féilecháin and Lucey. Bedroom accommodation consisted of 22 single bedrooms and two twin rooms, and had sufficient storage space for residents' clothing. Bedrooms were personalised with family photographs and other personal mementos. One visitor told inspectors that they were encouraged to bring in pictures and furniture from home for their relative. Another had purchased shelving to display their family members' photographs, and this was to be installed the following day. On the day of inspection, the centre was visibly clean, well lit, warm and welcoming. Communal areas included a large dining room, two sitting rooms and a quiet room, they were decorated to a high standard and had a homely atmosphere. There was a well-maintained, internal courtyard garden that residents could access throughout the day. There was a red alarm box on the door accessing the courtyard which said "Stop"; however, the person in charge stated this was not switched on. This may have given residents, or their visitors, the false impression that they could not access this area, and could possibly trigger an alarm by opening the door. The inspectors discussed this with the person in charge who committed to reviewing this matter. Residents' personal clothing and linen was laundered on site.

Inspectors spent time in communal areas and walked around the centre at various times during the day to observe care. Residents were well dressed. Call bells were seen to be answered promptly, and this observation was supported by one resident who told inspectors that staff were "good to come" to them when they called. A number of kind and caring interactions were observed between residents and staff, and it was evident that staff knew residents well. Residents told inspectors they could choose how to spend their day and this was respected. Residents and visitors told inspectors that they were comfortable speaking to staff about any issues.

Inspectors observed the mealtime experience, where residents could opt to eat in the dining room or their bedrooms. Tables were well laid out and residents were offered choice. There was a small handwritten blackboard-style menu board on the dining room wall, above eye level. Therefore, the menu may have been difficult for all residents to easily read. There was a diverse activity programme delivered in the centre seven days a week. On the day of inspection residents were observed taking part in a lively exercise group, facilitated by activities staff who clearly knew the residents well and engaged with them throughout. Other staff members were observed to join in the fun when they were in the room. A beauty care station had been set up for residents to enjoy after the exercise session. One-to-one activities were scheduled daily for some residents who preferred not to participate in group sessions. The centre had its own choir and men's shed which met regularly. One resident told inspectors they really enjoyed the art sessions and always attended them. One visitor told inspectors that the range of activities had increased since a change in management earlier in the year, and that there had been a "brilliant" western-themed summer party.

Residents had been facilitated to vote in the recent presidential election. Mass took place every month in the centre, and residents who belonged to the Church of Ireland also received monthly visits from a clergy member.

Inspectors spoke to a number of staff during the inspection who said they were supported in their roles and felt comfortable raising issues with management. Staff told inspectors that they enjoyed working in the centre, and some had been there for several years.

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

Capacity and capability

Overall, inspectors found this was a well-managed centre, where governance structures, staffing levels and policies and procedures were supporting the provision of a good quality service for residents. While inspectors were satisfied overall with the level of compliance demonstrated by the provider, some improvements were required in the areas of record keeping, contracts for services and the management of complaints, which are discussed in this section of the report.

This was an unannounced inspection, carried out by two inspectors of social services over one day, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended. Inspectors also followed up on the compliance plan (an action plan) received from the provider following the previous inspection in February 2025.

The registered provider of Darraglynn Nursing Home is Darraglynn Nursing Home Limited. The company directors changed in May 2025, and were comprised of two directors involved in the day-to-day operations of the centre. One director was in the centre five days a week and provided clinical oversight and support as the director of clinical operations, as well as deputising for the person in charge in their absence. The other director was the general manager. The person in charge had been in their role for four years, and was supported by a stable team of nursing staff, healthcare assistants, housekeeping, catering and activities staff. There were no agency staff working in the centre on the day of inspection. Collectively, this meant that residents benefited from being familiar with staff members who knew them well, and knew their individual preferences and needs. There was a clearly defined management structure in the centre, with identified lines of accountability. There were sufficient resources to ensure effective delivery of care in line with the statement of purpose that had recently been updated by the provider.

Residents were benefiting from a number of provider initiatives to improve the quality of life in the centre, including embedding a number of new management systems in the centre. The new directors had conducted resident and relatives' surveys and identified a number of areas for improvement. A clinical governance and quality compliance plan had been developed for the centre, and a number of quality improvement programmes were underway, targeting areas such as the laundry, kitchen management and menus. There was a programme of audits in place. Management meetings were taking place every two months, and clinical governance meetings were taking place monthly. A recent staff meeting had been conducted online to allow all staff to attend.

On the day of inspection, there was a sufficient number and skill-mix of staff on duty to meet the needs of residents. Residents and visitors told inspectors that staff were quick to respond. There was good oversight of training, and all staff were up to date on topics including fire safety, people moving and handling, safeguarding, CPR and managing behaviour that is challenging. There were two incidences of poor manual handling practice observed during the inspection, which were highlighted to the person in charge. The person in charge had identified this as an issue, as indicated from staff meeting minutes, and had a plan in place to improve practice, including manual handling refresher sessions for staff.

A sample of staff files reviewed showed that staff had valid Garda Síochána (police) vetting in place before commencing their role in the centre. However, further action was required to ensure that records contained all information required, and that all records were available to inspectors as detailed in Regulation 21: Records.

A review of incident records at the centre found that they were well maintained, and incidents that required notification were submitted to the Chief Inspector in a timely manner. A sample of complaints records were reviewed, and showed that complaints were being managed promptly and effectively in line with the provider's policy for the centre. However, action was required to ensure the complaints officer and review officer were identified as detailed in Regulation 34: Complaints procedure.

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| Regulation 15: Staffing |
| On the day of inspection, the provider had ensured that there was an adequate number and skill-mix of staff to meet the needs of the residents, in accordance with the size and layout of the centre. There was a registered nurse on duty in the centre at all times. |
| Judgment: Compliant |
| Regulation 16: Training and staff development |
| The person in charge had ensured that staff had access to appropriate training. There was good oversight of training in the centre and all staff were up to date with all the required mandatory training. |
| Judgment: Compliant |
| Regulation 19: Directory of residents |
| The directory of residents was established and maintained in the centre. It contained the information specified in Schedule 3 of the regulations, such as admission and discharge details. |
| Judgment: Compliant |
| Regulation 21: Records |
| <p>While the provider had maintained good records, in a sample reviewed by inspectors, further action was required to ensure compliance with the regulations. For example:</p> <ul style="list-style-type: none"> • One staff file had two gaps in their employment history which had not been explained. • Some financial records and the provider's statement of purpose for the centre were not on site for review by inspectors on the day of inspection as is |

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| required by legislation, However they were sent on shortly after the inspection to the inspectors. |
| Judgment: Substantially compliant |
| Regulation 23: Governance and management |
| The registered provider had ensured that there were sufficient resources to ensure the effective delivery of care. There was a clearly defined management structure with identified lines of authority and accountability, and management were aware of their roles and responsibilities. Deputising arrangements were in place for key management roles. There were effective management systems in place to ensure the service was safe and effectively monitored, and there was evidence of a number of quality improvement plans. Staff meetings were conducted and staff could raise concerns to management as needed. |
| Judgment: Compliant |
| Regulation 3: Statement of purpose |
| The statement of purpose was provided to the inspectors following the inspection. It contained the information set out in Schedule 1 of the regulations, such as the services and facilities provided in the centre, and had been recently revised by the provider. |
| Judgment: Compliant |
| Regulation 31: Notification of incidents |
| The person in charge had ensured that incidents and reports as set out in Schedule 4 of the regulations were submitted in writing to the Office of the Chief Inspector in a timely manner. |
| Judgment: Compliant |
| Regulation 34: Complaints procedure |
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Inspectors found that complaints were being managed appropriately; however, further action was required to ensure the complaints procedure met all the requirements of the regulations, as follows:

- The complaints policy did not contain a named complaints and review officer.
- The complaints procedure displayed in the centre contained out-of-date information, and the font size was small which may make it difficult for some residents to read.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had prepared policies and procedures as set out in Schedule 5, and ensured they were available to staff. Policies had been reviewed within the required timelines.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents in Darraglynn nursing home were supported to have a good quality of life, and received a good standard of nursing and healthcare in line with their assessed needs. The compliance plan from the previous inspection had been followed up by the provider, and the majority of actions had been completed, including review of care plans and infection prevention and control. However, some action was required in relation to clinical handwashing sinks as detailed in Regulation 27: Infection prevention and control.

A GP visited the centre once a week. A referral system was also in place for residents to access health and social care professionals as needed, and a review of a sample of care plans indicated that their recommendations had been incorporated into the residents' care plan. Referrals to specialist services, such as the Integrated Care Programme for Older People (ICPOP), operated by the Health Service Executive (HSE), and disability services, had also been completed.

The scope of the activities programme in the centre had been increased since the previous inspection, with activities now available to residents until 9pm, seven days a week. This involved an increase in the social programme charge for residents. Inspectors saw that this information had been sent to residents and their family members in writing. The provider told inspectors that a very small number of residents had opted out of this in part, but these residents had continued to receive a selection of activities of their choosing. Minutes of residents' meetings seen by

inspectors indicated that residents were happy with the increased activities programme, in particular a recent outing to Kinsale, and residents had requested more outings like this. A Halloween party and a summer party had also taken place, and residents enjoyed these.

The provider had addressed a number of issues outstanding from the previous inspection in relation to infection prevention and control. This included the review of storage of boxes on floors, so effective cleaning could be assured, additional storage in the sluice room (a room used for the safe disposal of human waste and disinfection of associated equipment). Dry food goods were now being appropriately stored in the designated food store, and staff were up to date on hand hygiene training. Despite this, some further improvements to infection control practices were required in the centre, which are set out under Regulation 27.

Residents' meetings happened regularly to ensure residents could voice their wishes or concerns. Meetings indicated that previous issues raised by residents, such as quality and choice of food, had been addressed to their satisfaction. Residents who spoke with inspectors told us they were happy with the choice of food in the centre.

Visitors who spoke with inspectors on the day of inspection were very positive about the care delivered in the centre. One visitor told inspectors that the "staff are fantastic". Visitors who spoke to inspectors were also positive about the new management team in place.

Regulation 10: Communication difficulties

Inspectors found that communication care plans were clear and detailed, and provided all relevant information to support residents who had communication difficulties, to communicate freely in accordance with their needs and ability.

Judgment: Compliant

Regulation 11: Visits

The centre had an up-to-date written visitors' policy. Visitors were observed coming and going from the centre throughout the inspection and told inspectors that visiting was encouraged and facilitated. Visitors could meet with residents in the communal areas or in private.

Judgment: Compliant

Regulation 27: Infection control

The provider had made a number of improvements in the area of infection prevention and control since the previous inspection. Nonetheless, further action was required to ensure compliance with the regulations. For example:

- A clinical handwashing sink had been ordered and delivered, but had not yet been installed. The provider informed inspectors this would be completed the following week.
- The location and number of available clinical handwashing sinks required review to ensure it met the requirements of the *National Standards for infection prevention and control in community services*.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, care plans were person-centred, sufficient to direct care and well maintained by nursing staff. A sample of care plans were reviewed during the inspection and were found to be updated as required, or following a change in the residents' assessed care. Validated assessment tools were used to inform care planning for each resident.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that residents had access to appropriate medical and healthcare. GP visits to the centre had increased since the previous inspection. Residents had access to a range of health and social care professionals, including occupational therapy and dietitians on a referral basis, in addition to specialist services such as tissue viability specialists.

Judgment: Compliant

Regulation 8: Protection

The provider had taken reasonable measures to protect residents from abuse. Safeguarding training was up to date for all staff, and staff who inspectors spoke to

were aware of their role in reporting any issues. The provider was not a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Records of residents' meetings showed that the registered provider had ensured that residents were consulted about the running of the centre. Residents were supported to exercise choice in their daily lives. They had access to media, including television and newspapers, and voting was facilitated in the centre. There was a range of activities available which gave residents the opportunity to participate in line with their interests.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Darraglynn Nursing Home OSV-0000220

Inspection ID: MON-0047571

Date of inspection: 05/11/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records: Employment history gaps have now been fully explained and documented. Compliance actions implemented on 26/11/2025.</p> <p>A comprehensive audit of all staff files has been completed to ensure compliance going forward.</p> <p>All financial records and the Statement of Purpose are now held on site and will remain available for inspection. Compliance actions implemented on 10/11/2025.</p> | |
| Regulation 34: Complaints procedure | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints policy has been updated and now includes a named complaints officer and review officer. Policy review and update completed on 10/11/2025.</p> <p>The displayed complaints procedure has been replaced with the updated version using larger, more accessible text. Updated complaints procedure displayed on 01/12/2025.</p> | |

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| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The ordered sink will be installed on 04/12/2025.</p> <p>A full review of handwashing sink provision across the centre will be undertaken to ensure compliance with infection prevention and control requirements. Full review to be completed by 30/01/2026.</p> | |

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 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. | Substantially Compliant | Yellow | 10/11/2025 |
| Regulation 27(b) | The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required. | Substantially Compliant | Yellow | 30/01/2026 |
| Regulation 34(1)(b) | The registered provider shall provide an accessible and effective procedure for dealing with | Substantially Compliant | Yellow | 01/12/2025 |

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| | complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website. | | | |
| Regulation 34(2)(a) | The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints. | Substantially Compliant | Yellow | 10/11/2025 |
| Regulation 34(2)(d) | The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c). | Substantially Compliant | Yellow | 10/11/2025 |