



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

## Issued by the Chief Inspector

Name of designated centre:	Douglas Nursing and Retirement Home
Name of provider:	Golden Nursing Homes Limited
Address of centre:	Moneygourney, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	30 October 2025
Centre ID:	OSV-0000223
Fieldwork ID:	MON-0048743

## About the designated centre

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

Douglas Nursing and Retirement Home is a designated centre located within the suburban setting of Douglas, Cork city. It is registered to accommodate a maximum of 58 residents. It is a single storey building set out in six wings. Bedroom accommodation comprises 50 single bedrooms with en-suite facilities of shower, toilet and hand-wash basin, and eight single rooms with wash-hand basins. Additional bath, shower and toilet facilities are available throughout the centre. Communal areas comprise the main day room, conservatory lounge, garden activities room, conservatory smoking room, green quiet room, library and large dining room. Residents have access to three well-maintained gardens with walkways, garden furniture and shrubbery. Douglas Nursing and Retirement 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:	56
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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
Thursday 30 October 2025	08:50hrs to 16:45hrs	Ella Ferriter	Lead
Thursday 30 October 2025	08:50hrs to 16:45hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

Overall, inspectors observed that residents in Douglas Nursing Home were well supported and cared for by a kind team of staff who were responsive to their needs. It was clear that residents' views and suggestions were listened to and they were supported to live their life to the maximum of their ability. The inspectors' observations on the day and feedback from over 20 residents' gave assurances that residents were happy and content with living in the centre. Visitors spoken with, ten in total, reflected the residents' feedback about the staff telling inspectors that they were very kind and provided very good care.

The inspectors arrived unannounced to the centre and were introduced to the person in charge before undertaking a walk around the premises. The inspectors met with residents and staff, observed the care environment and the overall standard of care being provided. A couple of residents were up and dressed in the sitting room when the inspectors arrived, while others were having their breakfast in their rooms or being assisted with their care needs by staff.

Douglas Nursing and Retirement Home is a purpose built single storey building located on the outskirts of Douglas village in Cork city. The centre is registered to accommodate 58 residents in single bedrooms, fifty of which have ensuite facilities. Resident bedrooms were seen to be clean and well maintained. Many bedrooms were observed to be personalised by the residents, with items of individual interest such as personal family photographs. Some residents also brought in furniture from home such as arm chairs and chests of drawers, which had a personal significance for them and made them feel comfortable and at ease in their environment.

The centre was warm, bright, comfortable and clean throughout. Inspectors saw that some flooring in residents' bedrooms had been replaced since the previous inspection and there were plans for further upgrades. Residents' communal sitting rooms and the dining room was bright, spacious and well decorated in a comfortable style. However, the inspectors observed that CCTV located in some areas of the centre, did not ensure residents' privacy was maintained at all times, which is actioned under Regulation 17. There is a large garden in the centre, accessible from the dining room, which residents had easy access to. This area had nice planting, seating and a miniature golf course.

During the day, inspectors observed that the atmosphere was calm and relaxed in the centre. Inspectors saw that residents' preferences were accommodated by staff and their choices were respected with regards to how they wished to spend their day. Inspectors observed many person-centred interactions between staff and residents. Staff were observed to knock before entering residents' bedrooms and were observed to respectfully support residents with their care needs. Residents appeared well-groomed in their own personal style and some ladies told inspectors that they were encouraged to wear their jewellery and makeup. Residents gave positive feedback about the access they had to the hairdresser, who came to the

centre every Saturday. The hairdressing room had been recently redecorated in sage green and floral prints which had been planned in consultation with a resident.

Inspectors spoke with a number of residents who had lived in the centre for several years, as well as residents who had been recently admitted to the centre. Overall, residents were extremely positive about their lived experience in the centre. They described staff as supportive and kind and one said they were "treated like royalty" while another stated they "couldn't ask for a nicer place to live". Another resident told the inspectors that staff always attend to them when they call the bell and that "we are well looked after and are in fact spoilt" Some residents were observed walking independently through corridors, with one resident assigned to delivering the post. The inspectors observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. Residents appeared to be relaxed and enjoying being in the company of staff. Staff had name badges that were visible for residents to read.

There was one main dining room in the centre which was nicely furnished, bright and homey. It overlooked the garden and residents told inspectors they looked forward to coming to have their meals there every day. Residents were complimentary of the quality and quantity of food provided, and the availability of snacks, teas, biscuits and sandwiches throughout the day. The inspectors observed that the lunchtime meal was a relaxed and social occasion for residents. Residents were offered a choice at mealtimes and spoke highly of the standard of food served. Staff were available to provide assistance discreetly and sensitively, and residents' preferences were respected regarding whether they wished to dine in their bedrooms or in the main dining room. Residents were observed enjoying each other's company; laughing, chatting and engaging socially with each other.

There was a schedule of activities available to the residents which was available to them in their rooms and also posted on a large electronic screen outside the day room in the main foyer. Inspectors observed the activity coordinator engaged with a group quiz in the day room in the morning and residents were actively engaged in this session. Before lunch an external company had been booked to attend with different types of animals. Inspectors saw residents were introduced to a rabbit, snake and a lizard. Residents told the inspectors they really enjoyed this event and learning about these different animals. Residents spoke highly of the activities provided in the centre and it was evident that they had enjoyed the summer, with days out to Blackrock Castle and to a local garden centre. On the afternoon of this inspection residents enjoyed a music session with a live musician who attended weekly. Residents told the inspectors that there was enough social activities on offer and they could choose whether or not to participate in the social activities scheduled throughout the week.

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

The findings of the inspection was that Douglas Nursing Home was a good centre. The governance and management was well-organised and the centre was sufficiently resourced to ensure that residents were supported to have a good quality of life. Inspectors reviewed the actions taken by the provider to address issues identified on the last inspection of the centre in March 2025. The findings of this inspection were that the provider had taken significant action to strengthen the overall governance and management of the service which was reflected in the good levels of compliance found on this inspection and residents positive quality of life. Some actions were required in relation to records and the premises, which will be detailed under the relevant regulations of this report.

This was an unannounced inspection conducted over the course of one day 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. The provider had also submitted an application to renew the registration of the centre and this inspection would inform the decision making process. The registered provider of Douglas Nursing Home is Golden Nursing Homes Limited, which comprises of two directors, one of which represents the provider and is actively engaged in the operational management of the centre.

There was a clearly defined management structure in place. The provider employed a Director of Clinical Care Quality and Standards to support the centre and they were a named person participating in management (PPIM) on the centre registration. The management structure supporting the designated centre had been increased since the previous inspection with the appointment of an operations manager, responsible for non-clinical aspects of the service. Within the centre, a person in charge was supported clinically and administratively by an assistant director of nursing and a clinical nurse manager. The management structure was found to be effective to ensure the care to residents was of a high standard and to ensure the service was adequately resourced.

On the day of the inspection, there were sufficient numbers of qualified staff available to support residents' health and social care needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of registered nurses and a team of health care assistants. Communal areas were observed to be appropriately supervised, and inspectors observed kind and person-centred interactions between staff and residents.

As mentioned, the provider had taken action to address issues identified on the previous inspection with regard to complaints management, residents' rights and the governance and management of the centre. The centre had established and strengthened management systems to monitor the quality and safety of the service provided to residents. Key aspects of the quality of resident care were collected and reviewed by the clinical management team weekly and included information in

relation to falls, weight loss, nutrition, complaints, antimicrobial usage, and incidents. Frequent clinical care audits were carried out within the centre in areas such as care planning, infection control and safeguarding.

Records as set out in Schedule 2, 3 and 4 of the regulations were made available to the inspectors on the day of the inspection. These were stored safely and easily accessible when requested. However, this inspection found that some records relating to the retention of monies at residents request were not robust as actioned under Regulation 21. Schedule five policies, as required under the regulations, were available to staff and had been updated and reviewed following any changes, as required.

Risk management systems were underpinned by the centre's risk management policy. The policy detailed the systems in place to identify, record and manage risks that may impact on the safety and welfare of the residents. As part of the risk management systems, a risk register was maintained to record and categorise risks according to their level of risk and priority. Where risks to residents were identified, controls were put in place to minimise the risk impacting on residents.

There was a comprehensive training and development programme in place for staff. There were systems in place to induct, orientate, support and supervise staff through senior management presence and a comprehensive induction programme. Improvements were noted in the management of complaints and the procedure for making complaints was on display in the centre. Action had been taken by the provider, since the previous inspection, to ensure that records relating to incidents and complaints were maintained in line with the requirements of the regulations.

#### Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted, as per legally required.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection, the staffing level and skill mix were appropriate to meet the needs of residents, in line with the centre's statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff. The staffing compliment also included catering, activities, housekeeping, administrative and management staff.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records reviewed evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, the management of responsive behaviors and manual handling. In response to internal audits and findings of the previous inspection, additional training had been sourced for nurses on the management of wounds and in care planning.

Judgment: Compliant

### Regulation 21: Records

Action was required to ensure that accurate records were maintained of all money and other valuables deposited by a resident for safekeeping. These records should contain information pertaining to the date on which the money or valuables were received and returned.

Judgment: Substantially compliant

### Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

Improvements were seen in governance and management of the centre. There was now a more clearly defined management structure in place, which was further enhanced by the recruitment of an operations manager and the vacant role had been filled, since the previous inspection. This has assisted with staff supervision, oversight of clinical care and induction of new staff.

The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through newly established systems

of communication. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents occurring in the centre was well maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were discussed with the person in charge on inspection and records were reviewed. The inspectors found that complaints were promptly managed and responded to, in line with regulatory requirements. Residents' complaints were listened to and acted upon in a timely, supportive and effective manner. There was evidence that residents and relatives were satisfied with measures put in place in response to issues raised.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

Findings of this inspection were that residents received person-centred care in Douglas Nursing and Retirement Home which supported them to feel safe, valued and respected. Residents received a good standard of nursing and medical care, from a team of staff who knew their individual clinical needs and preferences well.

Residents had access to a social and recreational programme and spoke positively about life in the centre.

Residents were provided with appropriate and timely access to general practitioner services. Arrangements were in place for residents to access the expertise of health and social care professionals such as dietetic services, speech and language, physiotherapy and occupational therapy through a system of referral. Resident care plans were accessible on a computer-based system. Improvements were noted with regards to care plans since the previous inspection and inspectors acknowledge that the nursing team were in the process of removing some duplicated information from their systems at the time of this inspection. It was evident that care plans were updated every four months, or as residents needs changed.

Daily progress notes demonstrated appropriate monitoring of the residents care needs and the effectiveness of the care provided. Transfer documents were in place, to ensure that when a person was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure their safety. The inspectors found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice. The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management. Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse. Any incidents that had occurred in the centre were appropriately investigated and all residents reported that they felt safe and secure in the centre.

Residents' rights were protected and promoted in the centre. Regular residents' meetings were held, which provided a forum for residents to actively participate in decision-making and provide feedback for a variety of areas of the service provision. The person in charge also ran weekly meetings with residents which focused on ensuring residents knew their rights. Topics discussed over the past month included information on future planning, advocacy, the presidential election and technology. Residents had an activities assessment completed which reflected each resident's interests, likes and preferences.

Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone, WiFi and television. There was access to advocacy with contact details displayed in the centre.

## Regulation 17: Premises

Inspectors observed that there was closed circuit television (CCTV) in some communal rooms of the centre, which was visible from the nurses station and person in charges office. This was not considered suitable when considering residents expectation of privacy in these communal rooms.

Judgment: Substantially compliant

## Regulation 25: Temporary absence or discharge of residents

Where a resident had been transferred to a hospital, inspectors noted the sharing of relevant information about the resident with the receiving hospital to support the safe transfer of care. Similarly, upon the resident's return to the centre, the person in charge took steps to obtain relevant information from the treating hospital.

Judgment: Compliant

## Regulation 26: Risk management

The provider had policies and procedures in place to identify and respond to risks in the designated centre. They met the regulatory requirements and included specified risks. The risk register was a live document which was maintained up-to-date to reflect risks related to the environment and people in the designated centre.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Where residents requested to self administer their medication this was supported, in line with the centres policy.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents had a comprehensive assessment of their needs completed prior to admission to the centre, to ensure that the service could meet their health and social care needs. An individualised care plan was developed for each resident, within 48 hours of admission as per the requirements of the regulations. The inspectors reviewed a sample of five residents' nursing care records. Care plans reflected the individual assessed needs of residents and the interventions which were required to ensure safe quality care for residents.

Judgment: Compliant

## Regulation 6: Health care

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to tissue viability and dietitians as required. The centre had a small number of residents with pressure ulcers that were in the healing process and were being managed appropriately.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre on the day of this inspection.

Judgment: Compliant

## Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' civil, political and religious rights were promoted in the centre. The provider ensured that residents were supported to exercise choice in relation to their care and daily routines. Staff demonstrated an understanding of residents' rights

and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated 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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	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 Douglas Nursing and Retirement Home OSV-0000223

**Inspection ID: MON-0048743**

**Date of inspection: 30/10/2025**

## **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
Outline how you are going to come into compliance with Regulation 21: Records: This issue was addressed on the day of the inspection. Following the inspector's findings, the Operations Manager immediately conducted a full audit of all processes related to the safekeeping of residents' money and valuables.  All required corrective actions were implemented without delay, and the inspector was satisfied with the measures taken. To ensure ongoing compliance, monthly checks will be carried out, followed by quarterly audits. This will be spot-checked by the Director of Care Quality & Standards.  In addition, our Resident Personal Property and Personal Finances Policy has been revised and updated to reflect these improvements	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A CCTV Risk Assessment and Privacy Impact Assessment have been completed to evaluate the implications of retaining CCTV in communal areas. CCTV will remain in these areas for safety and safeguarding purposes, including falls prevention and timely response to emergencies.  As an initial action, residents and their nominated support persons will be requested to complete a survey regarding the use of CCTV in communal areas. This feedback will inform ongoing monitoring and ensure transparency.  To mitigate privacy concerns we will ensure:	

- Clear signage is displayed in all monitored areas.
- Monitoring screen is placed only in the Person in Charge's office.
- Access to recorded footage is restricted to the Data Processor.
- Recorded footage is retained for 28 days in a secure system compliant with GDPR.
- The CCTV policy has been updated to reflect these changes and GDPR requirements.
- Ongoing consent will be sought from all residents residing in the centre and regular feedback sought through the residents meetings.

## **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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2025
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	04/12/2025